

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
Bankers Life & Casualty Insurance Company	52.7%
Blue Cross Blue Shield of Florida	5.1%
Genworth Life Insurance Company	11.5%
Great American Life Insurance Company	9.8%
John Hancock Life Insurance Company	14.2%
Metlife Insurance Company	6.7%

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

NAME OF PERSON ORIGINATING PROPOSED RULE: :
 Dan Keating, Actuary, L&H Forms and Rates, Office of Insurance Regulation
 NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: The Financial Services Commission
 DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 14, 2008
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 28, 2007

(1) In Rule 19-11.002(7)(b), the whole paragraph will now read as follows, adding "Social Security Number" in addition to "Taxpayer Identification Number," in three places.

(b) The FRS Investment Plan Administrator will, at the time of distribution, make a reasonable effort to obtain the beneficiary's Social Security Number or Taxpayer Identification Number, using available search tools, including the internet, Nexis Lexis Accurint, the Internal Revenue Service, and the Social Security Administration. Additionally, by calendar year-end, in the year the distribution occurred, the FRS Investment Plan Administrator will attempt to locate and obtain the Social Security Number or the Taxpayer Identification Number of the beneficiary, and, at least one time in the calendar year following the distribution, to locate the beneficiary. The Investment Plan Administrator will document for the Internal Revenue Service the efforts taken to locate the beneficiary's Social Security Number or Taxpayer Identification Number.

(2) In paragraph 19-11.007(5)(a), the ELE-2EZ enrollment form will have the rule number in which it is adopted displayed in accordance with Section 120.55(1)(a)4., Florida Statutes.

Section III Notices of Changes, Corrections and Withdrawals

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."

STATE BOARD OF ADMINISTRATION

RULE NOS.:	RULE TITLES:
19-11.002	Beneficiary Designation for FRS Investment Plan
19-11.007	Second Election Enrollment Procedures for the FRS Retirement Programs

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 34, No. 32, August 8, 2008 issue of the Florida Administrative Weekly.

DEPARTMENT OF CORRECTIONS

RULE NO.:	RULE TITLE:
33-601.733	Visiting – Special Status Inmates

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 34, No. 27, July 3, 2008 issue of the Florida Administrative Weekly.

33-601.733 Visiting – Special Status Inmates.

(1) Inmates in special statuses, except for medical reasons, are not considered inmates with regular visiting privileges and must have special approval to visit. Inmates in special statuses shall be prohibited or restricted from regular visiting due to adverse impacts on security and orderly institutional operation.

(a) During initial reception periods, inmates awaiting transfer to their initial permanent facility shall not be permitted visits. The warden or duty warden shall ~~has authority to~~ grant special visits, as outlined in Rule 33-601.736, F.A.C., ~~exceptions~~ if the inmate remains at the reception center more than 45 days.

(b) through (c) No change.

(2) through (3) No change.

(4) An inmate housed in a mental health unit shall be permitted visits except as prohibited by the warden upon the advice of the ~~and~~ chief health officer on a case-by-case basis.

(a) The warden shall prohibit an inmate housed in a mental health unit from receiving visitation where the warden determines that allowing the visit creates a substantial risk to the security of the institution, inmate, or visitor. In determining whether an inmate should be prohibited from receiving visitation the warden shall consider the custody level, special status, disciplinary history, and any other factors related to the security, order, or effective management of the institution.

(b) The chief health officer shall recommend prohibiting an inmate housed in a mental health unit from receiving visitation where the chief health officer has made or relied on a doctor's determination that visitation with a particular individual or visitation in general is likely to cause substantial harm to the inmate or the individual visiting the inmate.

(5) through (6) No change.

Specific Authority 944.09, 944.23 FS. Law Implemented 20.315, 944.09, 944.23, 944.8031 FS. History--New 11-18-01, Amended 5-27-02,_____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE NO.: 59G-8.500
RULE TITLE: Cause of Disenrollment from Health Plans

NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 34, No. 41, October 10, 2008 issue of the Florida Administrative Weekly.

The correct telephone number for the person to be contacted regarding the proposed rule, Ms. Jill Harvey, is 413-8108. Ms. Harvey's phone number was incorrect in the Notice of Proposed Rulemaking.

The Agency is holding a second public hearing regarding the proposed rule on Monday, November 17, 2008, 1:00 p.m. at the Agency for Health Care Administration, 2727 Mahan Drive, Building #3, Conference Room D, Tallahassee, Florida. See Notice of Meeting/Workshop Hearing in this volume of the Florida Administrative Weekly for additional information.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Barbers' Board

RULE NO.: 61G3-16.010
RULE TITLE: Supervised Practice Exception

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 34, No. 29, July 18, 2008 issue of the Florida Administrative Weekly has been withdrawn.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Construction Industry Licensing Board

RULE NO.: 61G4-15.001
RULE TITLE: Qualification for Certification

NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 34, No. 32, August 8, 2008 issue of the Florida Administrative Weekly.

Notice is hereby given that the following correction has been made to the Specific Authority in accordance with subparagraph 120.54(3)(d)1., F.S, published in Vol. 34, No. 32, of the August 15, 2008, issue of the Florida Administrative Weekly. The change is in response to concerns by the Joint Administrative Procedures Committee in a letter dated October 1, 2008, regarding the citations and rulemaking authority listed in Specific Authority.

Specific Authority shall be corrected to read as: 489.108, 489.111 F.S.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: G. W. Harrell, Executive Director, Construction Industry Licensing Board, P. O. Box 5257, Tallahassee, Florida 32314-5257

DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

DEPARTMENT OF JUVENILE JUSTICE

Residential Services

RULE NO.: 63E-7.010
RULE TITLES: Residential Case Management Services
63E-7.011 Delinquency Intervention and Treatment Services

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 34, No. 31, August 1, 2008 issue of the Florida Administrative Weekly.

63E-7.010 Residential Case Management Services.

(1) through (3) No change.

(4) Multidisciplinary Intervention and Treatment Team. A residential commitment program shall implement a multidisciplinary case management process, assigning each newly admitted youth's case to a multidisciplinary intervention and treatment team. The team shall plan for and ensure delivery of coordinated delinquency intervention and treatment services to meet the prioritized needs of each youth assigned.

(a) The program director or his or her designee shall identify a leader for each intervention and treatment team to coordinate and oversee the team's efforts and facilitate effective management of each case assigned to the team.

(b) At a minimum, a multidisciplinary intervention and treatment team shall be comprised of the youth, representatives from the program's administration and residential living unit, and others directly responsible for providing, or overseeing provision of, intervention and treatment services to the youth. Each intervention and treatment team member shall participate in the case management processes addressed in paragraphs 63E-7.010(1)(a)-(d), F.A.C., to ensure provision of coordinated services to each youth. The program shall request and encourage the waiver support coordinator if the youth is an identified APD client, the DCF counselor, if applicable, and a representative of the educational staff to participate as an intervention and treatment team member. However, at a minimum, the intervention and treatment team shall obtain input from the educational staff for use when developing and modifying the youth's performance plan, preparing progress reports to the court, and engaging in transition planning.

(5) Assessment. A residential commitment program shall provide assessment services as follows:

(a) Initial Assessment. The program shall ensure that an initial assessment of each youth is conducted within 30 days of admission. The program shall maintain all documentation of the initial assessment in the youth's official youth case record.

1. Criminogenic Risks and Needs. The program shall assess each youth to identify criminogenic risk and protective factors, prioritize the youth's criminogenic needs, and determine his or her risk to re-offend. The criminogenic assessment tool used for this purpose shall address, at a minimum, the following domains, with information for its completion being obtained through a multi-disciplinary assessment process:

- a. Criminal history;
- b. Substance abuse involvement;
- c. Attitudes, behaviors and skills;
- d. Relationships;
- e. Family history and current family dynamics;
- f. School and work history and status; and
- g. Use of free time;

2. Educational and Treatment Needs. Additionally, the program shall ensure that the initial assessment process addresses the youth's educational and treatment needs as specified in the following subsections, and that any resulting information that is applicable to the criminogenic risk and needs assessment is reflected on the criminogenic assessment tool addressed in subparagraph 63E-7.010(5)(a)1., F.A.C.

a. Education. An educational assessment shall be conducted as required in Section 1003.52, F.S.

b. Physical Health. A comprehensive physical assessment conducted by a physician, advanced registered nurse practitioner (ARNP) or physician assistant, as well as a health-related history conducted by a physician, ARNP, physician assistant or nurse licensed pursuant to ~~§~~ Chapter 464.003, F.S., shall be made available to the program by the time of the youth's admission. After the youth is admitted, healthcare professionals with the qualifications referenced above shall review the respective documents within seven calendar days of the youth's admission, resulting in verification or update of the youth's medical status, identification of any medical alert relevant to the youth, and provision of healthcare services as indicated.

c. Mental Health and Substance Abuse. The program shall ensure that a comprehensive mental health or substance abuse evaluation is conducted when the need is identified through screening pursuant to paragraph 63E-7.004(2)(b), F.A.C. However, if a comprehensive evaluation, as defined in 63E-7.002, F.A.C., was conducted within the past twelve months, an update to that evaluation may be completed instead. Only a licensed mental health professional or a mental health clinical staff person working under the direct supervision of a licensed mental health professional shall conduct a mental health evaluation or update. Any substance abuse evaluation or update shall be conducted by a qualified professional who is licensed under Chapter 458, 459, 490 or 491, F.S., or a substance abuse clinical staff person who is an employee of a service provider licensed under Chapter 397, F.S., or an employee in a facility licensed under Chapter 397, F.S.

(b) Reassessment. The program shall determine and document changes in each youth's risks and needs so that updated information is available when the intervention and treatment team prepares a 90-day Performance Summary pursuant to paragraph 63E-7.010(9)(b), F.A.C. Additionally, the program shall ensure that any other updates or reassessments are completed when deemed necessary by the intervention and treatment team to effectively manage the youth's case. The program shall maintain all re-assessment documentation in the youth's official youth case record.

(6) Performance Plan. A residential commitment program shall ensure that each youth has a performance plan with individualized delinquency intervention goals to achieve before release from the program. Based on the findings of the

initial assessment of the youth, the intervention and treatment team, including the youth, shall meet and develop the performance plan within 30 days of the youth's admission.

(a) through (c) No change.

(d) The youth, the intervention and treatment team leader, and all other parties who have significant responsibilities in goal completion shall sign the performance plan, indicating their acknowledgement of its contents and associated responsibilities. The program shall file the original signed performance plan in the youth's official youth case record and shall provide a copy to the youth. Within 10 working days of completion of the performance plan, the program shall send a transmittal letter and a copy of the plan to the committing court, the youth's JPO, the parent or legal guardian, and the DCF counselor, if applicable.

1. Electronic transmittal of the performance plan to the youth's JPO and DCF counselor is acceptable.

2. If the parent or guardian did not participate in the development of the performance plan and if the youth is a minor and not emancipated as provided in Section 743.01 or 743.015, F.S., or is over 18 years of age and incapacitated as defined in subsection 744.102(12), F.S., the program shall enclose an additional copy of the plan's signature sheet and shall request in the transmittal letter that the parent or guardian acknowledge receipt and review of the plan by signing the signature sheet and returning it to the program. Any signature sheet signed by the parent or guardian and returned to the program shall be attached to the youth's original performance plan.

(7) through (8) No change.

(9) Performance Review and Reporting.

(a) No change.

(b) Performance Reporting. The intervention and treatment team shall prepare a Performance Summary (~~RS 007, September 2006~~) at 90-day intervals, beginning 90 days from the signing of the youth's performance plan, or at shorter intervals when requested by the committing court. Additionally, the intervention and treatment team shall prepare a Performance Summary prior to the youth's release, discharge or transfer from the program.

1. Each Performance Summary shall address, at a minimum, the following areas:

a. The youth's status on each performance plan goal;

b. The youth's overall treatment progress if the youth has a treatment plan;

c. The youth's academic status, including performance and behavior in school;

d. The youth's behavior, including level of motivation and readiness for change, interactions with peers and staff, overall behavior adjustment, and, for any initial Performance Summary, the youth's initial adjustment to the program;

e. Significant positive and negative incidents or events; and

f. A justification for a request for release, discharge or transfer, if applicable.

2. The staff member who prepared the Performance Summary, the intervention and treatment team leader, the program director or designee, and the youth shall review, sign and date the document. Prior to the youth signing the document, program staff shall give the youth an opportunity to add comments, providing assistance to the youth, if requested. The program shall distribute the performance plan as specified below within 10 working days of its signing.

a. With the exception of a Performance Summary prepared in anticipation of a youth's release or discharge, the program shall send copies of the signed document to the committing court, the youth's JPO, and the parent or guardian and shall provide a copy to the youth.

b. As notification of its intent to release a youth pursuant to subsection 63E-7.012(2), F.A.C., or discharge a youth pursuant to subsection 63E-7.012(3), F.A.C., the program shall send the original, signed Performance Summary, together with the Pre-Release Notification and Acknowledgement form (~~RS 008, September 2006~~), to the youth's JPO who is responsible for forwarding the documents to the committing court.

c. The program shall file the original, signed Performance Summary in the official youth case record except when it is prepared in anticipation of a youth's release or discharge, in which case, the program shall file a signed copy in the official youth case record.

(10) Transition Planning. When developing each youth's performance plan and throughout its implementation during the youth's stay, a residential commitment program shall ensure that the intervention and treatment team is planning for the youth's successful transition to the community upon release from the program. The intervention and treatment team shall intensify its transition planning as the youth nears his or her targeted release date as follows:

(a) Transition Conference. In a program with a length of stay over 90 days, the intervention and treatment team shall conduct a transition conference at least 60 days prior to the youth's targeted release date. In any program with a length of stay of 90 days or less, the exit conference, addressed in paragraph 63E-7.010(10)(b), F.A.C., shall suffice to address all necessary pre-release transition activities.

1. The program director or designee, the intervention and treatment team leader, and the youth shall attend the transition conference. Although the program shall encourage other intervention and treatment team members to attend, those not attending shall provide written input to the team leader prior to the conference. If the youth's teacher is not an active intervention and treatment team member, the team leader shall invite the teacher to participate in the transition conference; however, if the teacher chooses not to attend, the team leader shall obtain the teacher's input prior to the conference. Additionally, the program shall invite the youth's JPO,

post-residential services counselor, if different than the JPO, the youth's parent or guardian, the waiver support coordinator if the youth is an identified client of APD, a Division of Vocational Rehabilitation representative if the youth has a disability as evidenced on his or her Individual Education Plan (IEP), and if applicable, the DCF counselor. ~~The program shall encourage invitees' their~~ participation through advanced notifications and reasonable accommodations. However, when arrangements cannot be made for their participation in the transition conference, the intervention and treatment team leader shall request their input and offer an opportunity for them to provide it prior to the conference.

2. During the transition conference, participants shall review transition activities on the youth's performance plan, revise them if necessary, and identify additional activities as needed. Target completion dates and persons responsible for their completion shall be identified during the conference. The intervention and treatment team leader shall obtain conference attendees' dated signatures, representing their acknowledgement of the transition activities and accountability for their completion pursuant to the youth's performance plan.

3. In follow-up to the conference, if anyone not in attendance is identified as having responsibility for completing a transition activity, the intervention and treatment team leader shall send him or her a copy of the plan and request its return with a dated signature. In this case, an original signature is not necessary. Electronic transmittal of the plan to the youth's JPO and, if applicable, the DCF counselor is acceptable. If transmitted electronically, a return email acknowledging receipt and review suffices and shall be printed and filed with the youth's plan.

(b) No change.

(11) Coordination of Services for DJJ Youth Also Served by DJJ and DCF and APD. In an effort to coordinate services for youth jointly served by the department and one or both of the agencies identified above DCF, a residential commitment program shall provide information requested by the DCF counselor or APD representative, or the youth's JPO on behalf of these agency representatives DCF counselor, and shall, upon request, make reasonable accommodations for them a DCF counselor to visit the youth. The program shall invite these representatives from other agencies DCF counselor to the youth's transition and exit conferences in accordance with subparagraph 63E-7.010(10)(a)1. and 63E-7.010(10)(b)1., F.A.C., and, if necessary, make reasonable accommodations for telephone or video access to participate in the conference. Additionally, the program shall notify these representatives DCF counselor 30 days prior to a youth's release or, in the event that the program does not have 30 days notice of the youth's release, the program shall notify them DCF counselor immediately upon becoming aware of the release date.

(12) Management of Sexually Violent Predator (SVP) Eligible Cases. A residential commitment program shall establish and implement a tracking system to ensure that any case of a youth who is screened by the department as potentially eligible for involuntary commitment as an SVP is managed as follows:

(a) through (b) No change.

Specific Authority 985.64 FS. Law Implemented 985.601(3)(a) FS. History--New _____.

63E-7.011 Delinquency Intervention and Treatment Services.

A residential commitment program shall provide delinquency intervention and treatment services that are gender-specific pursuant to Section 985.02, F.S., and that focus on preparing youth to live responsibly in the community upon release from the program. The program shall design its services and service delivery system based on the common characteristics of its primary target population, including age, gender, and special needs, and their impact on youths' responsivity to intervention or treatment. However, in accordance with Rule 63E-7.010, F.A.C., the program shall individualize and coordinate the provision of delinquency intervention and treatment services based on each youth's prioritized needs.

(1) No change.

(2) Delinquency Intervention Services.

(a) through (b) No change.

(c) A residential commitment program shall provide delinquency intervention services that include, at a minimum, the following:

1. No change.

2. Life and Social Skill Competency Development. The program shall provide interventions or instruction that focus on developing life and social skill competencies in youth. For purposes of this rule chapter, life skills are those skills that help youth to function more responsibly and successfully in everyday life situations, including social skills that specifically address interpersonal relationships. Non-clinical staff may implement life and social skills interventions or instruction except when the instructional materials are specifically designed for use by clinical staff or when the skill training is delivered in response to a youth's treatment plan, thereby requiring a clinician's implementation. In a DJJ facility or program designated for Medicaid behavioral health overlay services (BHOS) or Medicaid fee-for-service, individuals providing Medicaid funded life skills or social skills shall meet the specific education and training requirements established by the Agency for Health Care Administration (AHCA), as may be found in the Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook.

a. through b. No change.

3. through 6. No change.

(d) Rehabilitative Planning and Follow-up Requirements for Off-Campus Activities. A residential commitment program shall ensure that off-campus activities addressed in this subsection are purposeful, deliberately planned, and related to the rehabilitation of the participating youth. Programs shall comply with eligibility, risk classification, notification and approval, supervision, and other security requirements related to off-campus activities specified in subsection 63E-7.013(19), F.A.C. Additionally, the program shall comply with the following rehabilitative planning and follow-up requirements for youth participating in supervised off-campus activities, such as community service projects, field excursions and other transition-related activities, and unsupervised temporary release activities, such as community employment, or day activities and home visits with youths' parents or guardians. However, the following requirements are not mandatory for supervised recreational off-campus activities earned by youth as incentives in accordance with the program's behavior management system.

1. A participating youth shall have specific, written goals or objectives, consistent with his or her performance plan and transition goals, to accomplish during the above-listed off-campus activities. For a home visit, the youth's home visit goals shall be included on the Home Visit Plan/Notification form (~~RS-003, September 2006~~). The program shall send the form to the youth's JPO, the youth's post-residential services counselor, if assigned, the youth's parent or guardian as an attachment to a transmittal letter explaining their responsibilities for providing supervision and support during their child's home visit, and the committing court as an attachment to the Home Visit Plan Approval form (~~RS-004, September 2006~~). When the program sends this form to the committing court, the program shall copy the youth's parent or guardian, the youth's JPO, and the youth's post-residential services counselor, if assigned.

2. No change.

(3) Treatment Services. Treatment services shall be provided in accordance with the following provisions:

(a) Authority for Evaluation and Treatment.

1. For purposes of this rule section, routine physical and mental healthcare services are defined as those specified on the Authority for Evaluation and Treatment (AET) form (~~HS-002, May 2007~~) defined and incorporated into this rule pursuant to ~~Rule 63E-7.002, F.A.C.~~

2. through 3. No change.

4. When the person authorized to consent withholds, revokes or limits consent for any recommended treatment, the program's Designated Health Authority, based on his or her clinical judgment, shall determine whether failure to provide the treatment ~~the treatment, if not provided~~, will potentially result in serious or significant health consequences for the youth or threaten his or her life or jeopardize the health of other youth and staff in the program. If the Designated Health

Authority so determines, the program director shall explain the situation to the person withholding, revoking or limiting consent, encouraging him or her to consent to the needed treatment; however, if consent is still denied, the program director shall contact the department's regional general counsel to request that he or she ~~him or her to~~ obtain a court order authorizing the treatment.

5. If the program anticipates that a youth will reach 18 years of age while in the program and believes that he or she is an incapacitated person as defined in Section 744.102(12), F.S., the treatment team shall track the youth and, at least three months prior to his or her 18th birthday, shall contact the youth's parent or guardian to request that he or she initiate the process to determine incapacitation and guardianship in accordance with the procedures specified in Part V of Chapter 744, F.S., or, in the case of a youth in foster care, notify the ~~DCF Department of Children and Families~~ counselor of the situation. If the program has reason to believe that guardianship is not being pursued, the program shall notify the department's regional legal counsel.

6. through 8. No change.

(b) Physical Health Services. A residential commitment program shall employ or contract with an individual to be the Designated Health Authority. He or she shall be licensed pursuant to Chapter 458 or Chapter 459, F.S. The Designated Health Authority shall be responsible for ensuring the delivery of administrative, managerial and medical oversight of the program's health care system. The program shall promote the health and physical development of the youth in its custody by ensuring the provision of, at a minimum, the following healthcare components.

1. through 2. No change.

3. Sick Call Care. The program shall ensure implementation of an effective method for each youth to access sick call, as well as a system to respond to any youth's sick call complaint of illness or injury of a non-emergency ~~emergent~~ nature with a nursing assessment and, when warranted, a nursing intervention or referral to an off-site health care provider for treatment. Sick call shall be conducted by a registered nurse, or by a licensed practical nurse who shall review the cases daily, telephonically or in person, with a healthcare professional who holds a license with a scope of practice at the level at a licensure level of an RN or higher, i.e. an RN, an ARNP, a PA, an MD, or a DO.

4. through 7. No change.

(c) Mental Health and Substance Abuse Services.

1. Designated Mental Health Authority or Clinical Coordinator. A residential commitment program shall designate a Designated Mental Health Authority or a Clinical Coordinator as follows:

a. Any program with an operating capacity of 100 or more youth or any program providing DJJ specialized treatment services shall employ or contract with a single licensed mental

health professional to be known as the Designated Mental Health Authority. If the program contracts with an agency or corporate entity, rather than a single mental health professional, then a single licensed mental health professional within the agency or corporate entity shall be identified as the Designated Mental Health Authority.

b. Any program with an operating capacity of less than 100 youth or that does not provide specialized DJJ treatment services, shall designate either a Designated Mental Health Authority or a Clinical Coordinator. A Clinical Coordinator is a designated licensed mental health professional or a designated non-licensed mental health clinical staff person who has received training specifically in mental health services coordination, and who is responsible for coordinating and verifying implementation of necessary and appropriate mental health and substance abuse services. Designating a non-licensed mental health clinical staff person as a Clinical Coordinator does not confer upon that person the authority to provide clinical supervision of clinical staff ~~function as a clinical supervisor.~~

2. through 5. No change.

6. Treatment Plan Development and Implementation. When a comprehensive mental health or substance abuse evaluation indicates the youth is in need of mental health and/or substance abuse treatment, an individualized mental health and/or substance abuse treatment plan shall be developed and timely treatment shall be provided based upon the youth's treatment plan. Pending development of an individualized mental health or substance abuse treatment plan, an initial plan is acceptable.

a. The individualized mental health treatment plan shall include the signatures of the youth, the mental health clinical staff person that prepared the plan, and any intervention and treatment team members who participated in its development. A licensed mental health professional shall review, sign and date the treatment plan within 10 days of completion.

b. The individualized substance abuse treatment plan shall include the signatures of the youth, the substance abuse clinical staff person that prepared the plan and any intervention and treatment team members who participated in its development. The plan shall be completed by a qualified professional who is licensed under Chapter 458, 459, 490 or 491, F.S., or a substance abuse clinical staff person who is an employee of a service provider licensed under Chapter 397, F.S., or an employee in a facility licensed under Chapter 397, F.S. If the treatment plan is completed by a non-licensed substance abuse clinical staff person, ~~it the treatment plan shall be reviewed, countersigned and dated by a qualified professional within 10 calendar days of completion of the treatment plan as provided set forth~~ in Rule 65D-30.004(17), F.A.C.

7. through 9. No change.

Specific Authority 985.64 FS. Law Implemented 985.601(3)(a) FS. History--New_____.

DEPARTMENT OF HEALTH

Division of Environmental Health

RULE NOS.:	RULE TITLES:
64E-2.001	Definitions
64E-2.002	Basic Life Support Service License – Ground
64E-2.003	Advanced Life Support Service License – Ground
64E-2.005	Air Ambulances
64E-2.0321	Certificate of Public Convenience and Necessity

NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to the proposed rule development in Vol. 34, No. 31, August 1, 2008 and Vol. 34, No. 35, August 29, 2008 issues of the Florida Administrative Weekly.

Effective October 15, the Florida Department of Health, Division of Emergency Medical Services, Bureau of Emergency Medical Services and the Office of Trauma has transferred all of the rules under Chapter 64E-2, F.A.C., to Chapter 64J-1 for Emergency Medical Services and Chapter 64J-2 for Trauma. The above rules were noticed have been transferred and renumbered to: Rule 64J-1.001 Definitions, Rule 64J-1.002 Basic Life Support Service License – Ground, Rule 64J-1.003 Advanced Life Support Service, and Rule 64J-1.005 Air Ambulances. In regards to Rue 64E-2.0321, F.A.C., the latest proposal that will be noticed for rulemaking is the definition of Certificate of Public Convenience and Necessity and will be found under Rule 64J-1.001, F.A.C., upon approval.

The full versions of the converted Chapters 64J-1 and 64J-2, F.A.C., will be available on both the Bureau of EMS website <http://www.fl-ems.com> (specifically the legislative page) and the Office of Trauma website.

There will be a cover page with the new numbers to assist parties with the transition. No substantive changes were made to these rules during the conversion. It is the intent of the Bureau of EMS and the Office of Trauma to work on a rule package to remove definitions that should only fall under Chapter 64J-2 Trauma. This requires the department to follow the rule promulgation process in order to make this change.

DEPARTMENT OF HEALTH

Division of Environmental Health

RULE NO.:	RULE TITLE:
64E-16.012	Fees

NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 34, No. 41, October 10, 2008 issue of the Florida Administrative Weekly.

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Ana M. Viamonte Ros M.D., MPH, State Surgeon General

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Family Safety and Preservation Program

RULE NOS.:	RULE TITLES:
65C-16.003	Case Reviews
65C-16.004	Recruitment, Screening and Application Process/Adoptive Applicants

NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 34, No. 41, October 10, 2008 issue of the Florida Administrative Weekly.

The Notice of Change published October 10 should have referenced a change to 65C-16.004, Recruitment, Screening and Application Process/Adoptive Applicants, as the text of this change was incorporated in the notice, but not properly formatted. The change to the rule text for 65C-16.003 and 65C-16.004 should have read as follows:

65C-16.003 Case Reviews.

(2)(b) Quarterly Case Staffings. Staff responsible for planning for children in need of adoption will meet together as a team to collectively discuss staff and assess the needs of waiting children and available families. The teams will meet as often as necessary to assure that permanency needs are met. ~~Each waiting child is to be staffed at least quarterly. The team will meet at least quarterly for each waiting child.~~

65C-16.004 Recruitment, Screening and Application Process/Adoptive Applicants.

(3) The recruitment activities shall reflect the ethnic and racial diversity of children needing adoptive placement pursuant to the Indian Child Welfare Act and Multi-Ethnic Placement Act.

(5) An application to adopt must be made on form CF-FSP 5071, PDF 084/2008, Adoptive Home Application, which is incorporated by reference and which includes necessary identifying information and information required by statute. If a community based provider chooses to use its own form, that form must contain all of the elements of CF-FSP 5071, PDF 084/2008, which is incorporated by reference. A copy of the form is available upon request by contacting the Office of Family Safety, at 1317 Winewood Blvd., Tallahassee, FL.

**Section IV
Emergency Rules**

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

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

DEPARTMENT OF THE LOTTERY

RULE NO.:	RULE TITLE:
53ER08-59	Florida Gator® "VIP" Experience Second Chance Drawing

SUMMARY: The Department of the "VIP" Experience Second Chance Drawing®Lottery will conduct a Florida Gator between October 10, 2008 and December 2, 2008, in which special prizes will be awarded.

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

THE FULL TEXT OF THE EMERGENCY RULE IS:

53ER08-59 Florida Gator® "VIP" Experience Second Chance Drawing.

(1) Beginning Friday, October 10, 2008, players can enter their non-winning Florida Lottery "Big Riches" scratch-off tickets in the Florida Gator® "VIP" Experience Second Chance Drawing on the Florida Lottery Website to win one (1) of two (2) prizes containing University of Florida ("Florida Gators") football tickets, gift cards and Florida Lottery scratch-off tickets.

(2) One (1) Florida Gator® "VIP" Experience Second Chance Drawing to award both prizes will be held on December 2, 2008, from entries received by midnight on Saturday, November 29, 2008. The prizes to be awarded are as follows:

First Prize: Trip for two (2) to the bowl game in which the Florida Gators play at the conclusion of the 2008-2009 season*, including two (2) tickets to the bowl game, one (1) hotel room for two (2) nights, two (2) round trip Delta airlines tickets from anywhere in the U.S. to the city where the game will be played, one (1) rental car for two (2) nights, two (2) University of Florida hats and polo shirts, and \$150 in Florida Lottery scratch-off tickets. (Value – \$2,020.00).

Second Prize: Tailgate party package – to include one (1) 27" flat screen color TV, one (1) compact beverage refrigerator, one (1) gas grill, one (1) autographed football by Urban Meyer, and \$150 in Florida Lottery scratch-off tickets. (Value – \$1,000.00).

* If the Florida Gators do not play in a bowl game at the conclusion of the 2008-2009 season, or if the first prize is not claimed in time for the winner to use the trip for the 2008-2009 bowl game, the trip will be for the next end of season bowl game in which the Florida Gators play. Bowl game package does not include tickets to the National Championship Bowl Game. In the event the Florida Gators play in the 2008-2009 National Championship Bowl Game, the trip will be for the next end of season bowl game in which the Florida Gators play.