

64F-16.008 Limitation of Income Eligibility.

Rulemaking Specific Authority 154.011(5) FS. Law Implemented 154.011 FS. History–New 10-14-93, Amended 8-2-94, 4-29-96, Formerly 10D-121.009, Amended 6-17-03, Repealed \_\_\_\_\_.

64F-16.009 Continuity of Care of Pregnant Women.

Rulemaking Specific Authority 154.011(5) FS. Law Implemented 154.011 FS. History–New 10-14-93, Amended 8-2-94, Formerly 10D-121.010, Repealed \_\_\_\_\_.

64F-16.010 County Health Department Responsibilities

Rulemaking Specific Authority 154.011(5) FS. Law Implemented 154.011 FS. History–New 10-14-93, Amended 8-2-94, Formerly 10D-121.011, Repealed \_\_\_\_\_.

64F-16.011 Disenrollment.

Rulemaking Specific Authority 154.011(5) FS. Law Implemented 154.011 FS. History–New 10-14-93, Amended 8-2-94, 9-25-95, Formerly 10D-121.012, Repealed \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE: Michael Sentman  
NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: H. Frank Farmer, Jr., M.D., Ph.D., F.A.C.P., State Surgeon General  
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 5, 2012

DEPARTMENT OF HEALTH

Division of Family Health Services

RULE NO.: 64F-20.002 RULE TITLE: Criteria for Distributing Monies  
PURPOSE AND EFFECT: The purpose and effect of the proposed rule is to repeal rules identified during the comprehensive rule review required by Executive Order 11-01 as duplicative, unnecessarily burdensome, or no longer necessary.

SUMMARY: Rule 64F-20.002, F.A.C. was identified during the comprehensive rule review as duplicative, unnecessarily burdensome and no longer necessary and thus appropriate for repeal. There are no other rules incorporating this rule.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

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.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is

required, the information expressly relied upon and described herein: The rule does not meet the requirements for legislative ratification established in Section 120.541(3), F.S.

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.

RULEMAKING AUTHORITY: 794.056(2) FS.

LAW IMPLEMENTED: 794.056 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: Jan Davis, 4052 Bald Cypress Way, Bin #A-13 (HSFFM) Tallahassee, Florida 32399-1723, Telephone: (850)245-4485

THE FULL TEXT OF THE PROPOSED RULE IS:

64F-20.002 Criteria for Distributing Monies.

Rulemaking Specific Authority 794.056 (2) FS. Law Implemented 794.055 (3), 794.056 FS. History–New 9-27-07, Repealed \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE: Jan Davis  
NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: H. Frank Farmer, Jr., M.D., Ph.D., F.A.C.P., State Surgeon General  
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 3, 2012

Section III  
Notices of Changes, Corrections and  
Withdrawals

DEPARTMENT OF EDUCATION

State Board of Education

RULE NO.: 6A-1.004 RULE TITLE: School District Budget 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. 37, No. 41, October 14, 2011 issue of the Florida Administrative Weekly.

In response to comments of the Joint Administrative Procedures Committee, the introductory paragraph and subsection (2) of Rule 6A-1.004, F.A.C., have been changed as shown below:

6A-1.004 School District Budget Requirements.

The Commissioner shall establish procedures so that the District Summary Budget is transmitted to the Department of Education in the manner prescribed in Rule 6A-1.0071, F.A.C.

(2) A budget shall not be considered to be officially received ~~for review and approval~~ until all required forms, schedules, analyses and certifications have been received including Forms ESE 139, District Summary Budget; ESE 524, Resolution Determining Revenues and Millages Levied; and ESE 524(a) Resolution Determining Critical Needs Revenues and Millages Levied, if applicable. Forms ESE 139, 524, and 524(a) are hereby incorporated by reference to become effective March 2012, and may be obtained by contacting the Office of Funding and Financial Program Accounting, Department of Education, 325 West Gaines Street, Tallahassee, Florida 32399.

**DEPARTMENT OF EDUCATION**

**State Board of Education**

RULE NO.:                   RULE TITLE:  
6A-6.0970                   John M. McKay Scholarship for  
  Students with Disabilities Program

**NOTICE OF CORRECTION**

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 37, No. 51, December 22, 2011 issue of the Florida Administrative Weekly.

Due to inaccurate information the notice of proposed rulemaking contained the following statement: "A SERC has been prepared by the Agency." The notice should read: "A SERC has not been prepared by the Agency."

**WATER MANAGEMENT DISTRICTS**

**Southwest Florida Water Management District**

RULE NO.:                   RULE TITLE:  
40D-8.624                   Guidance and Minimum Levels for  
  Lakes

**NOTICE OF CORRECTION**

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 38, No. 1, January 6, 2012 issue of the Florida Administrative Weekly.

Correction is made to the Summary section to read as follows: The proposed amendments to Rule 40D-8.624, F.A.C., establish minimum levels and repeal the previously adopted guidance levels for Lake Carroll in Hillsborough County. (Reference No. OGC No. 2011048)

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Medicaid**

RULE NO.:                   RULE TITLE:  
59G-4.060                   Dental 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. 28, July 15, 2011 issue of the Florida Administrative Weekly.

The following change was made to the Notice of Proposed Rule.

**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. Also, 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.

The following changes have been made to the Florida Medicaid Dental Services Coverage and Limitations Handbook, September 2010.

Page 1-4 Health Access Settings.

Paragraph is changed to read:

Dentists who practice in health access settings as defined in Section 466.003(14), F.S., must enroll as treating dental providers affiliated with the facility. Health access settings are subject to Medicaid reimbursement limitations.

Page 1-5 Adds a new section and corresponding policy as follows:

Registered Dental Hygienist (RDH) Practicing in a Health Access Setting.

Preventive dental services provided to Medicaid beneficiaries by a RDH employed by or in contractual agreement with a health access facility may be reimbursed when those services are provided under the general supervision as defined in Section 466.003(10), F.S. of a dentist.

The Medicaid-enrolled supervising dentist at the facility where the RDH is employed or in a contractual agreement will be listed as the treating provider for these services.

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Medicaid**

RULE NO.:                   RULE TITLE:  
59G-13.050                   Assisted Living Waiver 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. 27, July 8, 2011 issue of the Florida Administrative Weekly.

The following change was made to the Notice of Proposed Rule.

**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. Also, 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.

The following changes have been made to the Florida Medicaid Assisted Living Waiver Services Coverage and Limitations Handbook, March 2011.

Page 1-10 Provider Responsibilities: Personal Needs Allowance (PNA).

Paragraph is changed to read:

All recipients of AL waiver services must be allowed to keep from their personal income an amount equal to the personal needs allowance (PNA) under the Optional State Supplementation (OSS) Program (Rule 65A-2.036, F.A.C.). The PNA must be available to the resident by the tenth day of each month. The facility may assist the resident in managing these personal funds, but may not restrict how the resident chooses to spend the PNA funds.

Page 2-2 Service Requirements: Determination of Medicaid Eligibility.

First paragraph is changed to read:

Individuals not already receiving Optional State Supplementation (OSS) or Medicaid benefits must be referred to the local Department of Children and Families (DCF) Automated Community Connection to Economic Self-Sufficiency (ACCESS) office or online at [www.myflorida.dcf.state.fl.us/ess](http://www.myflorida.dcf.state.fl.us/ess) to apply for Medicaid coverage.

Seventh paragraph is changed to read:

Note: Information regarding Medicaid eligibility is available on the Internet at: <http://www.dcf.state.fl.us/programs/access/>

Page 2-5 Service Requirements.

Comprehensive Client Assessment

Fourth paragraph is changed to read:

Note: See Appendix A in this handbook for a copy of the Department of Elder Affairs Assessment Instrument, DOEA Form 701B. This form is available from DOEA's Web site at: [http://elderaffairs.state.fl.us/english/pubs/pubs/doea701b\\_sep08.pdf](http://elderaffairs.state.fl.us/english/pubs/pubs/doea701b_sep08.pdf).

It is incorporated by reference in Rule 59G-13.030, F.A.C. The Department of Children and Families Assessment Instrument, DCF Form CF-AA 3019, is available from DCF's website: <http://dcf.state.fl.us/dcf/forms/Search/DCFFormSearch.aspx>. It is incorporated by reference in Rule 59G-13.030, F.A.C.

Request for Level of Care

Second paragraph is changed to read:

Note: See Appendix B in this handbook for a copy of the Medical Certification for Nursing Facility/Home and Community Based Services Form (MCNF/HCBS), AHCA-Med Serv Form 3008. The form is available on the DOEA Web site at: <http://elderaffairs.state.fl.us/english/cares.php>. It is incorporated by reference in Rule 59G-13.030, F.A.C.

Page 2-6 Service Requirements.

Informed Consent Form

Second paragraph is changed to read:

Note: See Appendix C for a copy of the Informed Consent Form, AHCA Med-Serv Form 2040 in English and Spanish. The form is available on the DOEA website at: <http://elderaffairs.state.fl.us/english/cares.php>. It is incorporated by reference in Rule 59G-13.030, F.A.C.

Level of Care Determination

Third paragraph is changed to read:

The LOC must be determined annually by CARES for all recipients and documented in the beneficiary's case record. The case manager is required to track LOC reassessment in conjunction with the annual 701B reassessments to ensure that timely evaluations are conducted.

Page 2-9 Service Requirements: Availability of Other Coverage Sources and Services.

First paragraph is changed to read:

When a service must be purchased, services available under the Medicaid state plan must be used before accessing services through the waiver. The waiver cannot supplant or replace a service that is available through the Medicaid state plan. It is a federal requirement to access state plan coverage before the provision of waiver services.

However, this does not affect the services provided by the ALF to recipients under the AL's "assisted living services." These services are part of the waiver program, reimbursed to the facility and not accessed through state plan.

Page 2-11 Case Management Requirements: Visit Requirements.

First bullet is changed to read:

Maintain, at a minimum, face-to-face contact with the recipient to verify satisfaction and receipt of services.

Page 2-12 Case Management Documentation: Recipient Case Records.

Last paragraph is changed to read:

Note: See Appendix E for a copy of the Cooperative Agreement for a Hospice and Medicaid Waiver Enrolled Recipient, AHCA Form 5000-30. It is available on the Medicaid fiscal agent's Web site at [www.mymedicaid-florida.com](http://www.mymedicaid-florida.com). Select Provider Support, and then Medicaid Forms. It is incorporated by reference in Rule 59G-13.030, F.A.C.

Page 2-15 Plan of Care: Plan of Care Document.

First bullet is changed to read:

Client name and Medicaid identification number;

Second bullet is changed to read:  
 Case management agency name and Medicaid provider identification number;  
 Fourth bullet is changed to read:  
 Types, frequency and duration of planned DOEA and non-DOEA services;  
 Page 2-16 Plan of Care: Plan of Care Development.  
 Second paragraph is changed to read:  
 The plan of care must specify all of the client’s services. The plan of care should also include a client’s individual goals for wellness and for accomplishing the recipient’s plan of care objectives. The ultimate goal of the plan must be to enable recipients to live a dignified life in the least restrictive setting appropriate to their needs. The entire care planning process must be documented in the case record.  
 Fifth paragraph deleted  
 Page 2-20 Service Documentation Requirements and Provider Responsibilities: Introduction.  
 The Introduction is changed to read:  
 Medicaid will only reimburse for waiver services that are specifically identified in the approved plan of care by service type, frequency and duration and for which there is sufficient documentation supporting the provision and receipt of the service. Services are authorized indicating frequency of service deemed necessary in the plan of care.  
 Page 2-25 AL Waiver and Covered Services: Medication Administration Component  
 Second paragraph is changed to read:  
 ALF staff should be aware of DOEA’s requirement that assistance with self-administered medications can be provided either by a licensed nurse or, with a documented request and informed consent, an unlicensed staff member. The unlicensed staff member must be trained to assist residents with self-administered medications, in accordance with subsection 58A-5.0191(5), Florida Administrative Code, and must demonstrate the ability to accurately read and interpret a prescription label.  
 Third paragraph is changed to read:  
 Pursuant to Section 429.256, Florida Statutes, assistance with self-administration of medications includes taking the medication from where it is stored and delivering to the resident; removing a prescribed amount of medication from the container and placing it in the resident’s hand or another container; helping the resident by lifting the container to their mouth; applying topical medications; and keeping a record of when a resident receives assistance with self-administration of the medications.  
 Page 2-32 Appeal Rights and Fair Hearing Process: Right to a Fair Hearing  
 First paragraph is changed to read:

In accordance with Chapter 42, Section 431.221 of the Code of Federal Regulations, a recipient has certain appeal rights. A recipient has the right to appeal any action taken by AHCA, DOEA, DCF or service providers that adversely affects the receipt of services. Advance notice of termination of services or program participation must inform the AL recipient of the right to a fair hearing.  
 Page 3-2 Reimbursement Information, continued: Introduction, continued  
 Second paragraph is changed to read:  
 The AL waiver services are paid on a capitated basis. Under a capitated payment, the provider is paid a set fee for each service performed and billed.  
 Page 3-3 Reimbursement Information, continued: Fee Schedule.  
 Second paragraph, third bullet is deleted  
 Page 3-5 Reimbursement Information, continued: Billing for ACS and Assisted Living Waiver Services.  
 Deleted all text

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Medicaid**

RULE NO.:	RULE TITLE:
59G-13.083	Developmental Disabilities Waiver 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. 28, July 15, 2011 issue of the Florida Administrative Weekly.

The following change was made to the Notice of Proposed Rule.

**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. Also, 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.

The following changes have been made to the Florida Medicaid Developmental Disabilities Waiver Services Coverage and Limitations Handbook, November 2010.

Page 1-2 Direct Provider Billing  
 Second paragraph is changed to read:

All claims for DD waiver services must be submitted either on the CMS-1500 Claim Form or electronically directly to the Medicaid fiscal agent.

Page 1-3 Direct Provider Billing

First paragraph is deleted.

Second paragraph is changed to read:

Instructions for completing the CMS-1500 claim form are in the Florida Medicaid Provider Reimbursement Handbook, CMS-1500.

Page 1-9 Purpose of the Handbook

First paragraph is changed to read:

This handbook is intended for use by eligible providers who furnish DD waiver services to recipients enrolled in the waiver. DD Waiver refers to all four DD Waivers (Tiers One, Two, Three, and Four). It must be used in conjunction with the Florida Medicaid Provider General Handbook, which contains information about the Medicaid program in general, and the Florida Medicaid Provider Reimbursement Handbook.

Second paragraph is changed to read:

Instructions for completing the CMS-1500 claim form are in the Florida Medicaid Provider Reimbursement Handbook, CMS-1500.

Page 1-15 Provider Responsibility Regarding HIPAA Requirements

Third paragraph is changed to read:

Note: For more information regarding claims processing changes in Florida Medicaid because of HIPAA requirements refer to Chapter 1 in the Florida Medicaid Provider Reimbursement Handbook, CMS-1500.

Page 2-3 Level of Care Requirements

Second bullet is changed to read:

The recipient is eligible under a primary disability of autism, Down syndrome, cerebral palsy, spina bifida, or Prader-Willi syndrome. In addition, the condition must result in substantial functional limitations in three or more major life activities, including self-care, learning, mobility, self-direction, understanding and use of language, and capacity for independent living.

Page 2-9 Claim Form

First paragraph is changed to read:

The CMS-1500 claim form is the standard claim form to be used when submitting claims for reimbursement for DD Waiver Services. Claim forms must be complete and legible when submitted to the Medicaid fiscal agent for reimbursement for services rendered. The provider may submit claims to the Medicaid fiscal agent either on paper claims forms or electronically by using the free software supplied by the Medicaid fiscal agent.

Note: See Chapter 3 for additional billing and reimbursement information.

Page 2-12 Medication Review

Delete paragraph

Page 2-44 Description

Fourth paragraph is changed to read:

This service is available to recipients enrolled on the DD Waiver – Tier 4 in the family home, including foster homes, and for individuals in Tiers 1, 2 and 3 living in their own home.

Page 2-88

Delete paragraph beginning “For recipients residing”, including related bullets.

Page 2-89

Delete the “Note” at the top of the page which states:

Note: Refer to the medication review service section for additional information.

Page 2-105 Documentation Requirements

Fifth paragraph is changed to read:

Transportation providers that are not CTCs, public fixed-route, fixed-scheduled bus systems, or limited transportation providers must, at the time of enrollment, be able to show proof of current Florida driver’s licenses for all drivers who will be transporting recipients, vehicle registration for all vehicles to be used in the provision of this service and 100/300 vehicle liability insurance coverage.

Page 3-2 Billing Procedures

First paragraph is changed to read:

Paper claims are submitted on the CMS-1500 claim form.

Fourth paragraph is changed to read:

Billing instructions will be in the Florida Medicaid Provider Reimbursement Handbook, CMS-1500.

Sixth paragraph is changed to read:

Note: The Florida Medicaid provider handbooks are available on the Medicaid fiscal agent’s Web Portal at [www.mymedicaid-florida.com](http://www.mymedicaid-florida.com). Select Public Information for Providers, then Provider Support, and then Provider Handbooks. The Florida Medicaid Provider Reimbursement Handbook, CMS-1500, is incorporated by reference in Rule 59G-4.001, F.A.C.

APPENDIX C: WAIVER ELIGIBILITY DETERMINATION:

1. A. (2) (b) is changed to read:

(b) The individual is eligible under a primary disability of autism, cerebral palsy, Down Syndrome, spina bifida, or Prader-Willi syndrome. In addition, the condition must result in substantial functional limitations in three or more major life activities, including self-care, learning, mobility, self-direction, understanding and use of language, and capacity for independent living.

## DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

### Board of Veterinary Medicine

RULE NO.:	RULE TITLE:
61G18-11.003	Reexamination

**NOTICE OF CORRECTION**

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 37, No. 49, December 9, 2011 issue of the Florida Administrative Weekly.

The correction is response to the comments made in the Joint Administrative Procedures Committee letter dated January 11, 2012. The corrections are as follows:

The PURPOSE AND EFFECT should read: should read: After a comprehensive review of existing rules the Board determined the Rule is obsolete and should be repealed. Currently individuals applying for readministration of the national examination, submit all materials directly to the vendor (NBVME), the National Board of Veterinary Medical Examiners.

The SUMMARY should read: Applicants are no longer required to apply for readministration of the national examination with the Board. Therefore, the Board has determined the rule is no longer required and is being repealed.

THE PERSON TO BE CONTACTED REGARDING THIS NOTICE IS: Juanita Chastain, Executive Director, Board of Veterinary Medicine, Department of Business and Professional Regulation, 1940 North Monroe Street, Tallahassee, Florida 32399-0750

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**Board of Veterinary Medicine**

RULE NO.: 61G18-13.002      RULE TITLE: Approved Schools

**NOTICE OF CORRECTION**

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 37, No. 49, December 9, 2011 issue of the Florida Administrative Weekly.

The correction is response to the comments made in the Joint Administrative Procedures Committee letter dated January 11, 2012. The corrections are as follows:

The PURPOSE AND EFFECT should read: The rule is being repealed as it essentially restates the provisions of Section 474.207, Florida Statutes, which sets forth the criteria for approved schools.

The SUMMARY should read: The rule has been deemed redundant of current statutory provisions and is therefore being repealed.

THE PERSON TO BE CONTACTED REGARDING THIS NOTICE IS: Juanita Chastain, Executive Director, Board of Veterinary Medicine, Department of Business and Professional Regulation, 1940 North Monroe Street, Tallahassee, Florida 32399-0750

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**Florida Real Estate Commission**

RULE NO.: 61J2-2.027      RULE TITLE: Applications by Individuals

**NOTICE OF WITHDRAWAL**

Notice is hereby given that the above rule, as noticed in Vol. 36, No. 38, September 24, 2010 issue of the Florida Administrative Weekly has been withdrawn.

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

RULE NO.: 62-761.510      RULE TITLE: Performance Standards for Category-A and Category-B Storage Tank Systems

**NOTICE OF WITHDRAWAL**

Notice is hereby given that the above rule, as noticed in Vol. 37, No. 47, November 23, 2011 issue of the Florida Administrative Weekly has been withdrawn.

**DEPARTMENT OF HEALTH**

**Board of Acupuncture**

RULE NO.: 64B1-3.004      RULE TITLE: Acupuncture Examination

**NOTICE OF PUBLIC HEARING**

The Department of Health, Board of Acupuncture announces a hearing regarding the above rule, as noticed in Vol. 37, No. 42, October 21, 2011 Florida Administrative Weekly.

DATE AND TIME: For Rule 64B1-3.004, at 9:00 a.m. or as soon thereafter as possible, on Friday, March 2, 2012, until business is concluded.

PLACE: Holiday Inn & Suites-Sawgrass Mills, 3003 N. University Drive, Sunrise, FL 33332

GENERAL SUBJECT MATTER TO BE CONSIDERED: Acupuncture Examination.

Notice of the above-referenced proposed rule development was originally published in Vol. 37, No. 42, of the October 21, 2011, Florida Administrative Weekly.

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: Anthony Jusevitch, Executive Director, Board of Acupuncture, 4052 Bald Cypress Way, Bin #C06, Tallahassee, Florida 32399 or by emailing a request to the Board Office at MQA\_Acupuncture@doh.state.fl.us or by calling (850)245-4161. 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).

**DEPARTMENT OF FINANCIAL SERVICES**  
**Division of Insurance Agents and Agency Services**  
 RULE NO.: RULE TITLE:  
 69B-241.035 Crimes of Moral Turpitude  
 NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 36, No. 23, June 11, 2010 issue of the Florida Administrative Weekly has been withdrawn.

## Section IV Emergency Rules

**DEPARTMENT OF THE LOTTERY**  
 RULE NO.: RULE TITLE:  
 53ER12-5 POWERBALL® Ticket Sales on  
 January 14, 2012  
 SUMMARY: On January 14, 2012, POWERBALL® tickets will not be available for purchase after 10:00 p.m., (ET). POWERBALL ticket sales will resume at 6:00 a.m., (ET) on January 15, 2012.  
 THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Diane D. Schmidt, Legal Analyst, Department of the Lottery, 250 Marriott Drive, Tallahassee, Florida 32399-4011

THE FULL TEXT OF THE EMERGENCY RULE IS:

53ER12-5 POWERBALL® Ticket Sales on January 14, 2012.  
On January 14, 2012, POWERBALL® tickets will not be available for purchase after 10:00 p.m., Eastern Time (ET). POWERBALL ticket sales will resume at 6:00 a.m., (ET) on January 15, 2012.  
Rulemaking Authority 24.105(9)(h), 24.109(1) FS. Law Implemented, 24.105(9)(h) FS. History—New 1-11-12.

THIS RULE TAKES EFFECT UPON BEING FILED WITH THE DEPARTMENT OF STATE UNLESS A LATER TIME AND DATE IS SPECIFIED IN THE RULE.  
 EFFECTIVE DATE: January 11, 2012

**DEPARTMENT OF THE LOTTERY**  
 RULE NO.: RULE TITLE:  
 53ER12-6 POWERBALL®  
 SUMMARY: This emergency rule sets forth the provisions for the conduct of POWERBALL® and replaces Rules 53ER09-52 and 53ER11-38, F.A.C.  
 THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Diane D. Schmidt, Legal Analyst, Department of the Lottery, 250 Marriott Drive, Tallahassee, Florida 32399-4011

THE FULL TEXT OF THE EMERGENCY RULE IS:

53ER12-6 POWERBALL®.  
(1) Definitions.  
The following words and terms, when used in this rule, have the following meanings, unless the context clearly indicates otherwise:  
(a) Annuity prize – A Grand Prize paid in thirty annual installments.  
(b) MUSL – The Multi-State Lottery Association.  
(c) MUSL Board – The governing body of MUSL which is comprised of the chief executive officer of each party lottery.  
(d) MUSL Powerball Product Group – The group of lotteries that have joined together to offer the Powerball lottery game under the terms of the MUSL agreement and MUSL Powerball Product Group rules.  
(e) Party Lottery – A State lottery or lottery of a political subdivision or entity which has joined MUSL and, in the context of the Powerball Product Group Rules, which is authorized to sell the Powerball game.  
(f) Licensee Lottery – A state lottery or lottery of a governmental unit, political subdivision or entity thereof which is not a Party Lottery but has agreed to comply with all applicable MUSL and Product Group requirements and has been authorized by the MUSL and by the Powerball Product Group to sell the Powerball game.  
(g) Selling Lottery – A lottery authorized by the Product Group to sell Powerball tickets, including Party Lotteries and Licensee Lotteries.  
(h) Set prize – All prizes except the Grand Prize that are advertised to be paid by a single lump-sum payment and, except as set forth in paragraph (6)(g), will be equal to the prize amount established by the MUSL Board for the prize level.  
(2) How to Play POWERBALL.  
(a) POWERBALL is a multi-state lottery on-line game. In POWERBALL, players select five (5) numbers from a field of one (1) through fifty-nine (59) and one (1) Powerball number from a separate field of one (1) through thirty-five (35).  
(b) Players may make their POWERBALL ticket selections by marking a play slip or by telling the retailer their desired selections. There are five (5) panels on a play slip, each containing an upper play area and a lower play area. Each panel played will cost \$2.00 per drawing. Players may mark their desired numbers on the play slip by selecting six (6) numbers (five (5) in the upper play area and one (1) in the lower play area) from each panel played. Players may also mark the “QP” (Quick Pick) box located at the bottom of each play area for the terminal to randomly select any or all of the six numbers from either or both play areas. 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. For each panel played, the first five of the six numbers appearing in a single horizontal row on a POWERBALL ticket