

Section I
Notice of Development of Proposed Rules
and Negotiated Rulemaking

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE NO.: RULE TITLE:
59G-13.071 Developmental Disabilities Individual
Budgeting Waiver Provider Rate Table

PURPOSE AND EFFECT: The purpose of new Rule 59G-13.070, F.A.C., is to incorporate by reference the Florida Medicaid Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook, _____. The handbook establishes provider qualifications and enrollment; covered, limited, and excluded services; and standards for implementing the Developmental Disabilities Individual Budgeting Waiver.

SUBJECT AREA TO BE ADDRESSED: Developmental Disabilities Individual Budgeting Waiver Services.

An additional area to be addressed during the workshop will be the potential regulatory impact the amendment to Rule 59G-13.070, F.A.C., will have as provided for under Sections 120.54 and 120.541, Florida Statutes.

RULEMAKING AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 393, 409.902, 409.906, 409.907, 409.908, 409.912, 409.913 FS.

A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: Tuesday, September 2, 2014, 3:00 p.m. – 4:00 p.m.

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Conference Room A, Tallahassee, Florida 32308-5407

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 48 hours before the workshop/meeting by contacting: Sophia Whaley. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Sophia Whaley, Bureau of Medicaid Services, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308-5407, telephone: (850)412-4284, e-mail: sophia.whaley@ahca.myflorida.com

Please note that a preliminary draft of the reference material, if available, will be posted prior to the workshop at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.

Comments will be received until 5:00 p.m. on Tuesday, September 9, 2014.

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-13.070 Developmental Disabilities Individual Budgeting Waiver Services.

(1) This rule applies to all providers of Developmental Disabilities Individual Budgeting Waiver services who are enrolled in the Florida Medicaid program.

(2) All providers of Developmental Disabilities Individual Budgeting Waiver services who are enrolled in the Florida Medicaid program must be in compliance with the provisions of the Florida Medicaid Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook _____. The handbook is available from the Medicaid fiscal agent’s Web site at www.mymedicaid-florida.com. Select Public Information for Providers, then Provider Support, and then Provider Handbooks.

(3) The following form is included in the Florida Medicaid Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook and is incorporated by reference: Medicaid Waiver Services Agreement, AHCA Form 5000-_____. Rulemaking Authority 409.919 FS. Law Implemented 393, 409.902, 409.906, 409.907, 409.908, 409.912, 409.913 FS. History—New_____.

Section II
Proposed Rules

DEPARTMENT OF TRANSPORTATION

RULE NO.: RULE TITLE:
14-15.002 Manual of Uniform Minimum Standards for Design, Construction and Maintenance for Streets and Highways

PURPOSE AND EFFECT: Rule Chapter 14-15.002, F.A.C., is being amended to update material incorporated by reference. Changes to the Manual of Uniform Standards for Design, Construction and Maintenance for Streets and Highways, commonly referred to as the Florida Greenbook, are proposed to reflect new engineering principles used in public roadways including bridge widths, pavement design, and traffic management through roundabouts.

SUMMARY: The proposed rule incorporates the most recent version of federal and state design manuals. The Florida Greenbook providing uniform standards for design, construction, and maintenance of streets and highways has been updated to address new standards for roundabouts, pavement design, and low traffic bridge widths. Tables and figures, previously presented at the end of chapters, have been incorporated into the text of the Florida Greenbook.

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 standards have been developed for use by governmental entities responsible for the design, construction, and maintenance of roadways. Any costs associated with the revised standards will be contractual requirements, not a regulatory cost to small businesses. In addition, the agency has determined that the rule(s) will not require legislative ratification pursuant to Section 120.541(3), Florida Statutes.

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: 334.044(10)(a), 334.048(3), 336.045(1) FS.

LAW IMPLEMENTED: 334.044(10)(a), 336.045 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Susan Schwartz, Assistant General Counsel, Florida Department of Transportation, Office of the General Counsel, 605 Suwannee Street, Mail Station 58, Tallahassee, Florida 32399-0458, (850)414-5392, susan.schwartz@dot.state.fl.us

THE FULL TEXT OF THE PROPOSED RULE IS:

14-15.002 Manual of Uniform Minimum Standards for Design, Construction and Maintenance for Streets and Highways.

(1) The *Manual of Uniform Minimum Standards for Design, Construction and Maintenance for Streets and Highways*, May 2013 2014 edition, is hereby incorporated by

this rule and made a part of the rules of the Department of Transportation. A copy of the manual can be downloaded from the following website: <http://www.flrules.org/Gateway/reference.asp?No=Ref-04506>, or <http://www.dot.state.fl.us/rddesign/FloridaGreenbook/FGB.shtm>.

(2) The following documents also are hereby incorporated by reference and made a part of this rule:

(a) AASHTO Load and Resistance Factor Design (LRFD) *Bridge Design Specifications*, 6th Edition, 2013 Interim Revisions 5th Edition (2010). A copy of the manual may be ordered from the AASHTO Bookstore website: <https://bookstore.transportation.org/>.

(b) Department of Transportation *Office of Maintenance, Bridge Load Rating Manual* (2012). A copy of the manual can be downloaded from the following website: <http://www.flrules.org/Gateway/reference.asp?No=Ref-04507>, or <http://www.dot.state.fl.us/statemaintenanceoffice/LRManual82012.pdf> <http://www.dot.state.fl.us/statemaintenanceoffice/Bridge%20Load%20Rating%20Manual%20-%20January%202011.pdf>.

(c) Sections 2.11 and 2.12 of Department of Transportation *Structures Manual* (2014) , Volume I Structures Design Guidelines Section 2.11 and 2.12. A copy of the guidelines manual can be downloaded from the following website: <http://www.flrules.org/Gateway/reference.asp?No=Ref-04508> or <http://www.dot.state.fl.us/structures/StructuresManual/CurrentRelease/StructuresManual.shtm>.

(d) AASHTO *Guide Specifications for Structural Design of Sound Barriers* (1989) with the 2002 Interim to Guide Specifications for Structural Design of Sound Barriers. A copy of the manual may be ordered from the AASHTO Bookstore website: <https://bookstore.transportation.org/>.

(d)(e) AASHTO *Standard Specifications for Structural Supports for Highway Signs, Luminaires and Traffic Signals*, 6th 5th Edition (2013) (2009). A copy of the manual may be ordered from the AASHTO Bookstore website: <https://bookstore.transportation.org/>.

(e)(f) Chapter 4 of Department of Transportation *Drainage Manual* (2014), Chapter 4. A copy of the chapter manual can be downloaded from the following website: <http://www.flrules.org/Gateway/reference.asp?No=Ref-04509>, or <http://www.dot.state.fl.us/rddesign/http://www.dot.state.fl.us/rddesign/dr/Manualsandhandbooks.shtm>.

(f)(g) Department of Transportation *Structures Manual* (2014), Volume 3 9 – FDOT Modifications to Standard Specifications for Structural Supports for Highway Signs, Luminaires and Traffic Signals (LTS-6) (LTS-4). A copy of the *specification modifications manual* can be downloaded from the following website: <http://www.flrules.org/Gateway/reference.asp?No=Ref-04510>, or <http://www.dot.state.fl.us/rddesign/http://www.dot.state.fl.us/rddesign/dr/Manualsandhandbooks.shtm>.

fl.us/structures/StructuresManual/CurrentRelease/StructuresManual.shtm.

~~(h) Department of Transportation Bridge Load Rating, Permitting and Posting Manual (2006). A copy of the manual can be downloaded from the following website: http://www.flrules.org/Gateway/reference.asp?No=Ref_01243; <http://www2.dot.state.fl.us/proceduraldocuments/procedures/bin/850010035.pdf>.~~

Rulemaking Authority 334.044(10)(a), 334.048(3), 336.045(1) FS. Law Implemented 334.044(10)(a), 336.045 FS. History—New 1-22-76, Amended 7-13-81, 6-24-84, Formerly 14-15.02, Amended 8-25-86, 11-29-89, 11-1-94, 5-15-01, 7-9-02, 11-24-05, 10-16-07, 6-4-12,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Michael Shepard, State Roadway Design Engineer
 NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Ananth Prasad, P.E., Secretary
 DATE PROPOSED RULE APPROVED BY AGENCY HEAD: May 28, 2014
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: May 28, 2013

DEPARTMENT OF CORRECTIONS

RULE NO.: 33-404.201
 RULE TITLE: Operation, Administration, and Designation of Corrections Mental Health Treatment Facilities

PURPOSE AND EFFECT: The purpose and effect of the proposed rule is to change the list of Mental Health Treatment Facilities to accurately identify the facilities that are currently designated to provide those services.

SUMMARY: Rulemaking was initiated to change the list of Mental Health Treatment Facilities to accurately identify the facilities that are currently designated to provide those services.

SUMMARY: Rulemaking was initiated to change the list of Mental Health Treatment Facilities to accurately identify the facilities that are currently designated to provide those services.

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: upon review of the proposed changes to the rule, the Department has determined that the amendments will not exceed any one of the economic analysis criteria in a SERC as set forth in Section 120.541(2)(a), 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: 944.09, 945.49 FS.

LAW IMPLEMENTED: 944.09, 945.41, 945.42, 945.49 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Paul Vazquez, 501 South Calhoun Street, Tallahassee, Florida 32399-2500

THE FULL TEXT OF THE PROPOSED RULE IS:

33-404.201 Operation, Administration, and Designation of Corrections Mental Health Treatment Facilities.

(1) No change.

(2) The assistant secretary for health services designates mental health treatment facilities at the following institutions:

(a) Lake Correctional Institution (males); and

(b) Florida Women’s Reception Center (females).

~~Zephyrhills Correctional Institution (males); and~~

~~(c) Broward Correctional Institution (females).~~

Rulemaking Authority 944.09, 945.49 FS. Law Implemented 944.09, 945.41, 945.42, 945.49 FS. History—New 11-3-85, Formerly 33-23.01, Amended 10-9-96, Formerly 33-23.001, Amended 10-19-03, 3-1-11,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Olugbenga Ogunsanwo, M.D., Assistant Secretary of Health Services

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Michael D. Crews, Secretary

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: August 14, 2014

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: August 1, 2014

**Section III
 Notice of Changes, Corrections and
 Withdrawals**

DEPARTMENT OF LEGAL AFFAIRS
 Division of Victim Services and Criminal Justice Programs

RULE NOS.:RULE TITLES:

- 2A-2.0001 Definitions
- 2A-2.002 Victim Compensation Claims
- 2A-2.013 Property Claims
- 2A-2.014 Domestic Violence Relocation Assistance
- 2A-2.015 Sexual Battery Relocation Assistance

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. 40, No. 100, May 22, 2014 issue of the Florida Administrative Register.

2A-2.0001 Definitions.

(1) “Actual loss” means the total amount of treatment bills, medical/dental support services, lost wages, disability, funeral expenses, loss of support, and other related out-of-pocket losses, which are compensable by the Crimes Compensation Trust Fund.

(2) “Application” refers to the current Bureau of Victim Compensation Claim Form which can be found at www.myfloridalegal.com.

(3) “Bureau” means the Bureau of Victim Compensation (BVC) within the Division of Victim Services and Criminal Justice Programs of the Office of the Attorney General.

(4) “Compensable crime” is an offense as defined in Section 960.03(3), F.S., which results in physical, psychological, psychiatric, or mental injury, or death for which an eligible applicant seeks benefits for economic loss, medical/dental/mental health treatment, funeral or burial costs, or disability benefits that are not payable by another source.

(5) “Crime scene cleanup” means the removal and disposal of biohazardous and/or biochemical substances following a violent crime that occurs in the private residence or conveyance of the victim and must be performed by a government authorized facility.

(6) “Division” means the Division of Victim Services and Criminal Justice Programs within the Department of Legal Affairs.

(7) “Domestic violence” is defined in Section 741.28(2), F.S.

(8) “Economic loss” means wage loss, loss of support and disability.

(9) “Family or household member” is defined in Section 741.28(3), F.S.

(10) “Forcible felony” is defined in Section 776.08, F.S.

(11) “Guardian” means:

(a) A parent of a minor child

(b) A person who has been appointed by the court to act on behalf of a ward’s person or property, or both;

(c) A court-appointed guardian of funds for a minor;

(d) A relative who has temporary legal custody of a minor for treatment expenses; or

(e) A personal representative on behalf of a mentally incompetent person with a durable power of attorney that preceded the incompetence.

(12) “Habitual felony offender” is defined in Section 775.084(1)(a), F.S.

(13) “Habitual violent felony offender” is defined in Section 775.084(1)(b), F.S.

(14) “Medical/Dental Support” means prescriptions, eyeglasses, contact lenses, dentures or any other prosthetic device which needs to be purchased or replaced as a result of the crime and which the applicant has already paid for with personal funds.

(15) “Occurrence” means the date the crime incident actually happened.

(16) “Physical injury” means bodily harm or hurt, excluding mental distress, fright, or emotional disturbance.

(17) “Proper authorities” includes child protection teams, law enforcement, prosecuting attorneys, and the Department of Children and Families.

(18) “Provider” means the entity that provides goods or services to or on behalf of the victim.

(19) “Psychiatric injury” and “psychological injury” mean emotional injury. These terms are used interchangeably and satisfy the requirement for physical injury pursuant to Section 960.03, F.S., if inflicted by a forceable felony.

(20) “Relocation assistance” is for compensable expenses which include include interim shelter; moving company charges; deposits which include natural gas and utilities deposits for unoccupied residences, housing, or apartmentapartment deposits; short term storage facility charges; prepaid cellular services with limited prepaid service; transportation expenses which include airfare, bus, taxi, train or vehicle rental; emergency food and clothing.

(21) “Resident” means one who maintains his or her primary dwelling in Florida. Residency is governed by a person’s intent, as evidenced by all surrounding facts and circumstances. Military personnel stationed in Florida and students shall be deemed residents.

(22) “Treatment” includes services rendered in accordance with a religious method of healing, e.g., religious practitioner and cultural healing practices that use herbal remedies.

(23) “Unjust enrichment” means the offender will benefit directly or indirectly from victim compensation assistance paid to the victim/applicant, or the victim’s total payments from victim compensation and collateral sources will exceed the victim/applicant’s compensable monetary losses due to the crime upon which the application is based.

(24) “Victim/applicant” is a person as defined in Section 960.65, F.S.

(25) “Violent career criminal” is defined in Section 775.084(1), F.S.

(26) “Mental Injury” means an injury to the intellectual or psychological capacity of a child abuse victim as evidenced by a discernible and substantial impairment in the ability of the

child to function within the normal range and behavior as testified to in criminal child abuse proceedings under oath by a psychologist licensed under Chapter 490, F.S., a physician who is licensed under Chapter 458 or 459, F.S., and has completed an accredited residency in psychiatry, or a physician who has obtained expert witness certification pursuant to Section 458.3175, F.S.

Rulemaking Authority 960.045(1) FS. Law Implemented 960.03, 960.05, 960.065, 960.07, 960.12, 960.13(5)(a), 960.15, 960.16, 960.17, 960.18, 960.195, 960.198, 960.199 FS. History—New _____.

2A-2.002 Victim Compensation Claims.

(1) Definitions.

(a) ~~“Actual loss” means the total amount of treatment bills, medical/dental support services, lost wages, disability, funeral expenses, loss of support, and other related out of pocket losses, which are compensable by the Crimes Compensation Trust Fund.~~

(b) ~~“Bureau” means the Bureau of Victim Compensation (BVC) within the Division of Victim Services and Criminal Justice Programs of the Office of the Attorney General.~~

(c) ~~“Compensable crime” is an offense as defined in Section 960.03(3), F.S., which results in physical, psychological, psychiatric, or mental injury, or death for which an eligible claimant seeks benefits for economic loss, medical/dental/mental health treatment, funeral or burial costs, or disability benefits that are not payable by another source.~~

(d) ~~“Crime scene cleanup” means the removal and disposal of biohazardous and/or biochemical substances following a violent crime that occurs in the private residence or conveyance of the victim and must be performed by a government authorized facility.~~

(e) ~~“Division” means the Division of Victim Services and Criminal Justice Programs within the Department of Legal Affairs.~~

(f) ~~“Domestic violence” is defined in Section 741.28(2), F.S.~~

(g) ~~“Economic loss” means wage loss, loss of support and disability.~~

(h) ~~“Family or household member” is defined in Section 741.28(3), F.S.~~

(i) ~~“Foreible felony” is defined in Section 776.08, F.S.~~

(j) ~~“Guardian” means:~~

1. ~~A person who has been appointed by the court to act on behalf of a ward’s person or property, or both;~~

2. ~~A court appointed guardian of funds for a minor;~~

3. ~~A relative who has temporary custody of a minor for treatment expenses; or~~

4. ~~A personal representative on behalf of a mentally incompetent person with a durable power of attorney that preceded the incompetence.~~

~~(k) “Habitual felony offender” is defined in Section 775.084(1)(a), F.S.~~

~~(l) “Habitual violent felony offender” is defined in Section 775.084(1)(b), F.S.~~

~~(m) “Medical/Dental Support” means prescriptions, eyeglasses, contact lenses, dentures or any other prosthetic device which needs to be purchased or replaced as a result of the crime and which the claimant has already paid for with personal funds.~~

~~(n) “Occurrence” means the date the crime incident actually happened.~~

~~(o) “Physical injury” means bodily harm or hurt, excluding mental distress, fright, or emotional disturbance.~~

~~(p) “Proper authorities” includes child protection teams, law enforcement, state attorneys, and the Department of Children and Families.~~

~~(q) “Provider” means the entity that provides goods or services to or on behalf of the victim.~~

~~(r) “Psychiatric injury” and “psychological injury” mean emotional injury. These terms are used interchangeably.~~

~~(s) “Resident” means one who maintains his or her primary dwelling in Florida. Residency is governed by a person’s intent, as evidenced by all surrounding facts and circumstances. Military personnel stationed in Florida and students shall be deemed residents.~~

~~(t) “Treatment” includes services rendered in accordance with a religious method of healing, e.g., religious practitioner and cultural healing practices that use herbal remedies.~~

~~(u) “Unjust enrichment” means the offender will benefit directly or indirectly from victim compensation assistance paid to the victim, or the victim’s total payments from victim compensation and collateral sources will exceed the victim’s compensable monetary losses due to the crime upon which the application is based.~~

~~(v) “Violent career criminal” is defined in Section 775.084(1), F.S.~~

~~(w) “Mental Injury” means an injury to the intellectual or psychological capacity of a child abuse victim as evidenced by a discernible and substantial impairment in the ability of the child to function within the normal range and behavior as testified to in criminal child abuse proceedings under oath by a psychologist licensed under Chapter 490, F.S., a physician who is licensed under Chapter 458 or 459, F.S., and has completed an accredited residency in psychiatry, or a physician who has obtained expert witness certification pursuant to Section 458.3175, F.S.~~

(1)(2) Application. An application for victim compensation should be mailed to the Office of the Attorney General, Bureau of Victim Compensation, PL-01, the Capitol, Tallahassee, FL 32399-1050 or faxed to (850)414-6197 (850)487-1595, (850)487-2625, or (850)414-5779; or emailed to VCIntake@myfloridalegal.com. The application must include the following information:

(a) Name, date of birth, mailing address, telephone number, ~~if any,~~ where victim/applicant claimant can be reached during the day, ~~and~~ email address, ~~if any,~~ for the victim/~~and~~ applicant ~~to receive correspondence,~~ ~~and the victim/applicant's current occupation, if employed for the individual on whose behalf benefits are sought.~~

(b) Optional demographic data for statistical purposes, including race, ~~and~~ gender, ~~and~~ national origin.

(c) A statement indicating if victim is disabled or deceased as a result of the crime.

(d) Agency name, name of agency representative, mailing address, telephone number, and email address for the person or agency assisting the victim/applicant claimant with the victim compensation claim.

(e) Current occupation information including the nName, mailing address, telephone number, and email address for the victim's employer(s), if the victim was employed at the time of the crime.

(f) Applicants submitting an application on behalf of an incompetent adult must have their application signature witnessed by a Notary Public who's whose commission is current on the date the signature is captured.

(g)(f) For loss of support, the name(s) and date(s) of birth of the deceased victim or intervenor's:

1. Surviving spouse;
2. Dependent parent, sibling, or child(ren); or ~~and~~
3. Other person who was dependent on the decedent for his or her principal support.

(h)(g) Insurance information, including the company (carrier) name, mailing address, telephone number, email address, and policy number, and explanation of benefits statements for the following:

1. State and federal programs (i.e., Medicare, Champus, Erisa, Medicaid);
2. Homeowner's, automobile, and ~~major~~ medical insurance;
3. Health maintenance organization;
4. Funeral or burial insurance, and
5. Disability and/or wage replacement coverage.

(i)(h) Name, mailing address, telephone number, fax number, and email address of the attorney who is (or will be) handling civil litigation that has been (or will be) filed as a result of the crime.

- (j)(i) Crime information:
1. Date of occurrence, ~~location~~ and type of crime;
 2. Date reported to law enforcement, the state attorney, or the Department of Children and Families;
 3. Whether crime was reported within 72 hours after occurrence;

4. Official name of the agency to which crime was reported;

5. Law enforcement report number;

6. Name, ~~email address, and telephone number~~ of the law enforcement officer assigned to the case; and

7. Name of offender and status in the criminal justice system, including court case number.

(k)(j) Statements asserting serious financial hardship, authorizing release of information, and acknowledging repayment requirements and subrogation obligations.

(l)(k) Printed name and signature of the adult who is filing the claim.

(m)(l) The following persons can file a claim:

1. Victim or intervenor;
2. Surviving spouse, parent, adult child or sibling of a deceased victim;

3. Guardian applying on behalf of a minor victim, incompetent person, surviving minor child of a deceased victim, or surviving minor sibling of a deceased victim.

4. Relative applying on behalf of a deceased victim when there is no other source for payment of funeral expenses;

5. Non-relative applying for funeral benefits on behalf of a deceased victim when no family member is available to apply ~~(for funeral expenses only)~~; or

6. Other person applying for loss of support benefit who was dependent for his or her principal support upon a deceased victim or intervenor ~~(loss of support benefit only)~~.

(2)(3) Documentation.

(a) The victim/applicant claimant has the ultimate responsibility to provide information and documentation needed to support eligibility and benefits payment.

(b) The victim/applicant claimant must provide updated address and contact information, which shall be considered the address of record. Failure to update this information will result in denial of the claim and a loss of appeal rights.

(c) When the claim is received, the victim/applicant shall claimant may be asked to provide specifically specifically requested specific medical and financial information, if applicable.

(d) When an incomplete claim is received, the department will notify the claimant at their address of record of the information needed for eligibility determination and benefits.

(e) Required information:

1. Completed and signed application claim form.
2. Report from law enforcement, state attorney, or Department of Children and Families documenting that:
 - a. A compensable crime occurred;
 - b. The victim did not contribute to the infliction of his or her injury or death; and
 - c. The victim did not act unlawfully.

3. Proof of crime-related expenses (includes itemized bills from treatment providers).

4. Proof of third-party payments such as insurance, restitution, judgments or settlements (i.e., copy of insurance explanation of benefits, settlement agreements, court documents for restitution and judgments).

5. Proof of time missed from work as verified in writing by the treating physician and the human resources director or other authorized human resources supervisor, employee administrative services supervisor, chief financial officer, chief executive officer, president, or owner chief executive or chief financial officer of the victim's employer. The director of personnel or director of human resources may serve as designees for the chief executive officer or chief financial officer.

6. Proof of the disability incurred as a result of the crime as verified in writing by the treating physician or a copy of the victim's social security disability benefits approval document.

~~(3)~~(4) Filing Time. When a claim is received later than one year after the crime and less than two years after the incident, the victim/applicant claimant must provide an explanation for the late filing which must demonstrate good cause for the delay.

(a) Good cause is demonstrated when the record shows the victim/applicant claimant was pursuing other means of recourse or when the victim/applicant claimant was not emotionally, mentally, or physically able to file the claim within one year after the date of the crime.

(b) No explanation is acceptable for an adult filing a claim more than two years after the occurrence of the crime, unless Section 960.07(2)(c), 960.07(3)(b), 960.07(4), or 960.197(1)(b), F.S., applies.

~~(4)~~(5) Penalty Assessments.

(a) An assessment of non-cooperation must be based on information obtained from the highest jurisdiction at the time of the assessment. If an arrest has been made and the criminal case is at the prosecution stage, the assessment of non-cooperation must be based on information obtained from the assistant state attorney. If the case is open at the local law enforcement agency, the assessment of non-cooperation must be based on information obtained from the law enforcement agency.

(b) Non-cooperation is established when the law enforcement agency or assistant state attorney informs the department in writing that the victim:

1. Failed to appear when requested by law enforcement or after proper notice from the state attorney;

2. Failed to testify or assist in the investigation and prosecution;

3. Gave false or misleading information regarding the crime without recanting; or

4. Aided the offender in his or her defense.

(c) Contributory misconduct is based on information in writing from a determination by law enforcement or the state attorney that the victim's conduct contributed to his or her injury or death. The direct causal relationship between the actions of the victim and the offender must be documented by the assistant state attorney or the law enforcement agency.

(d) Penalty assessments, if imposed, will be applied only to payments made directly to the victim or applicant claimant at the rate of 25 percent of the amount otherwise payable.

~~(5)~~(6) Benefits.

(a) Collateral sources must be exhausted before the amount of any compensable benefit is determined, except loss of support.

(b) Disability benefits are available for eligible victims who suffered a permanent disability as a result of the crime.

1. The disability allowance is calculated at \$250 per percentage point for disability ratings of one through ten percent, and \$500 per percentage point for disability ratings of eleven percent and above.

2. Pre-existing disability is not compensable.

~~3.~~(e) In order to be eligible, a A physician must provide a written statement documenting the disability rating in accordance with the Florida Uniform Guide to Permanent Impairment Rating Schedule or the American Medical Association Guide to the Evaluation of Permanent Impairment. The disability statement from the treating physician must include the following:

~~a.~~1- Victim/patient's full name, date of birth, and other identifying information (e.g., social security number, patient account number);

~~b.~~2- Type of injury, diagnostic code(s) for the injury, whether the victim suffered a permanent disability as a result of the crime, and the permanent impairment to the body as a whole expressed as a percentage.

~~c.~~3- Physician's name, mailing address, email address, telephone number, fax number, ~~and~~ federal or state identification number, and medical license number.

~~d.~~4- Physician's signature and date signed.

~~(d) The disability allowance is calculated at \$250 per percentage point for disability of one through ten percent, and \$500 per percentage point for disability ratings of eleven percent and above.~~

~~(e) Pre-existing disability is not compensable.~~

(c)(f) Wage loss benefits:

1. Aa ~~are~~ are available to eligible victims/applicants or claimants who missed time from work because they are/~~were~~ unable to work as a result of the injuries sustained as a result of the crime. Wage loss benefits are also available to the victim's parent, when he or she misses time from work to provide immediate care to the minor victim.

~~2.(g)~~ Lost wages will be paid at 66.667 percent based on the ~~victim/applicant's claimant's~~ actual gross average weekly wage or the minimum or maximum gross average weekly wage provided by the Department of Financial Services for workers' compensation benefits. In no case may the wage loss payment exceed the maximum gross average weekly wage established by the Department of Financial Services.

~~3.(h)~~ The victim or ~~applicant claimant's~~ must have been gainfully employed at the time of the crime.

~~4.(i)~~ The following is needed to calculate wage loss benefits:

~~a.1-~~ Pay stub; earnings statement; official notice to the Bureau which specifies the rate of pay, number of hours worked each week, job title, and date of hire; or most recent federal income tax return, schedule C (if self-employed).

~~b.2-~~ Statement from treating physician including:

(I) Victim's full name, date of birth, and other identifying information (e.g., social security number, patient account number);

(II) Type of injury, diagnostic code(s) for the injury;

(III) Dates victim was not able to work as a result of the crime;

(IV) Whether victim requires future treatment directly related to the injury;

(V) Physician's name, mailing address, email address, telephone number, fax number, and federal identification number, and medical license number; and

(VI) Physician's signature and date signed.

~~c.3-~~ Employment report from the victim/~~applicant's claimant's~~ employer(s) that includes:

(I) Employee's name, job title, and social security number (or other identifier).

(II) Date hired and date terminated (if applicable).

(III) Dates ~~victim or applicant claimant~~ missed work as a result of the crime.

(IV) Average number of hours worked per week, hourly rate (including tips, commissions, etc.), and average weekly wage if amount varies by week.

(V) Name(s) of employer(s), name of immediate supervisor, business mailing address, email address, supervisor's telephone number and fax number.

(VI) Printed name and title of the human resources director or other authorized human resources supervisor, employee administrative services supervisor, chief financial officer, chief executive officer, president, or owner; and employer's chief executive or chief financial officer or authorized designee, signature and date.

~~5.(j)~~ When the victim was not employed at the time of the crime but was receiving unemployment compensation (reemployment assistance) benefits, and because of the crime injuries the victim is not able to work or actively seek

employment and is thereby no longer eligible to receive unemployment compensation benefits, the payment for lost wages will be based on the victim's non-discounted unemployment compensation benefit amount.

~~(k) Oral or electronic confirmation shall be obtained for the first five days' wage loss. Subsequent loss is compensable only upon receipt of written document requested herein.~~

~~(d)(4)~~ Loss of support benefits:

~~1. are~~ Available to eligible dependents of a deceased victim or intervenor who was employed, or had applied for and would have been eligible for unemployment compensation benefits (reemployment assistance), at the time of the crime. Persons eligible for this benefit include:

~~a.1-~~ Surviving spouse;

~~b.2-~~ Dependent parent, sibling, and child(ren); and

~~c.3-~~ A person who was dependent for his or her principal support on the deceased victim.

~~2.(m)~~ Proof of dependency is established based on:

~~a.1-~~ The deceased victim's federal income tax return;

~~b.2-~~ Marriage certificate;

~~c.3-~~ Birth certificate;

~~d.4-~~ Copy of approval for Social Security Administration survivor benefits; or

~~e.5-~~ When the ~~applicant claimant~~ can provide actual documentation that joint expenses exceed the ~~applicant's claimant's~~ income and that the expenses had been paid by the deceased. Acceptable documentation includes certified copies of financial records, lease, mortgage or other forms of mutual indebtedness for a minimum of one year preceding the occurrence of the crime.

~~(e)(n)~~ Funeral/burial expenses are compensable and may be paid to the service provider or reimbursed to the ~~applicant claimant~~ when the ~~applicant claimant~~ has already paid the bill. The ~~applicant claimant~~ must be identified on the funeral contract as the party shown to be the party who paid the funeral expenses or the party responsible for the unpaid funeral expense.

~~(f)(o)~~ Mental health treatment (inpatient and outpatient) expenses;

~~1. are~~ Compensable when the treatment is directly related to the crime and when such services are rendered by a person qualified to provide mental health counseling pursuant to Chapter 458, 490, or 491, F.S., and when such treatment is rendered within one year after the date of the crime.

~~2.(p)~~ Inpatient mental health care is limited to acute, crisis stabilization up to seven days.

~~3.(q)~~ Minors who saw or heard the crime incident and who suffered a psychological or psychiatric injury as a result of the crime, but were not physically injured, may receive mental health care, when the law enforcement report reflects that the minor was present at the crime scene.

4. Minors younger than 18 years of age who were the victim of a felony or misdemeanor offense of child abuse that resulted in a mental injury, as defined in Section 827.03, F.S., but who were not physically injured, are eligible for mental health treatment benefits.

5.(s) Persons who suffered a psychological or psychiatric injury as a direct result of a forcible felony may receive mental health care, when the law enforcement report identifies the individual as a victim of the crime. This is the only benefit available to adult victims who did not suffer a physical injury or death.

6.(s) A surviving minor child of a deceased victim, or a minor victim who was physically injured, may receive mental health care. When multiple applicants qualify for this benefit, payment is limited to \$7,500 per claim.

7.(t) A surviving spouse, parent, adult child or sibling of a deceased victim may receive mental health care, provided total treatment/mental health benefits do not exceed \$7,500 per claim.

8.(u) When a minor receiving mental health treatment care reaches the age of 18, the adult benefit level of \$2,500 per claim is applied to the entire claim. If that benefit amount has already been paid, no further benefits are available.

9. Out-of-pocket reimbursement to the victim/applicant for payment to mental health service providers is payable at 100 percent, not to exceed total benefit limits, except when the offender would be unjustly enriched directly or indirectly. In that event, reimbursement is not compensable.

10. Reimbursement for transportation costs to mental health treatment appointments requires the submission of an itemized bill by the treating provider and a reasonable estimate of the mileage between the victim/applicant's residence. Rental car charges may be compensable for travel to another city for mental health treatment. A traveler who uses an indirect route for personal convenience must bear any extra costs; reimbursement for expenses shall be based only on such charges as would have been incurred by a usually-traveled route.

(g)(v) Treatment (Mmedical/dental/non-medical remedial care treatment) costs are compensable.

1.(w) Treatment expenses include any financial obligation or monetary outlay for crime-related medical or non-medical remedial care and other services necessary as a result of the crime for which the victim/applicant claimant is responsible for payment.

2.(x) If the provider rejects payment in full from the department, the funds may be paid to the victim/applicant claimant, who is then responsible for the bill.

3. Out-of-pocket reimbursement to the victim/applicant for payments to medical providers is payable at 100 percent, not to exceed total benefit limits, except when the offender would be unjustly enriched directly or indirectly. In that event, reimbursement is not compensable.

~~(y) Out of pocket reimbursement to the claimant for payments to providers is payable at 100 percent, not to exceed total benefit limits, except when the offender would be unjustly enriched directly or indirectly. In that event, reimbursement is not compensable.~~

4.(z) Crime-related medical expenses of a deceased adult victim incurred prior to his or her death are compensable only when an eligible applicant claimant has (or has assumed) financial responsibility for the expense.

5. Medically necessary equipment (e.g., wheelchairs, oxygen tanks) and prosthetics that are damaged during the crime. When the item was damaged during the crime, the law enforcement report must specifically identify what happened to the items.

6. Reimbursement for transportation costs to medical/dental treatment appointments requires the submission of an itemized bill by the treating provider and a reasonable estimate of the mileage between the victim/applicant's residence. Rental car charges may be compensable for travel to another city for medical/dental treatment. A traveler who uses an indirect route for personal convenience must bear any extra costs; reimbursement for expenses shall be based only on such charges as would have been incurred by a usually-traveled route.

(h)(aa) Other reimbursable costs are:

1. Costs for interpreter services for eligible victims with (foreign) language barriers and/or hearing impairment with regard to treatment services. These costs are included in the respective maximum benefit amounts and must be identified on an itemized bill. This does not apply to interpreter costs incurred for court-related activities.

~~2. Medically necessary equipment (e.g., wheelchairs, oxygen tanks) and prosthetics that are damaged during the crime. When the item was damaged during the crime, the law enforcement report must specifically identify what happened to the items.~~

~~3. Transportation costs to medical appointments. An itemized bill (receipt) for transportation is needed in order for the claimant to receive reimbursement. Rental car charges may be compensable for travel to another city for medical/dental treatment. A traveler who uses an indirect route for personal convenience must bear any extra costs; reimbursement for expenses shall be based only on such charges as would have been incurred by a usually-traveled route.~~

~~2.4.~~ Crime scene cleanup costs for the removal and disposal of biohazardous and/or biochemical substances following a violent crime that occurs in the private residence or conveyance of the victim. These services must be performed by a government-authorized facility within seven days after law enforcement officially releases the scene as a site closed for investigation the occurrence of the crime.

~~(i)(bb)~~ When the maximum benefit amount has been reached, no further benefits are available, regardless of whether that occurs prior to or after the effective date of these rules.

~~(cc) Minors younger than 18 years of age who were the victim of a felony or misdemeanor offense of child abuse that resulted in a mental injury, as defined in Section 827.03, F.S., but who were not physically injured, may be eligible for mental health treatment benefits.~~

~~(6)(7)~~ Documentation Requirements –

(a) The victim/applicant claimant shall provide documentation needed to support a determination of eligibility for benefits under this rule. Failure to provide the requested information shall result in denial of the claim.

(b) A claim for compensation must include the type of benefits requested and the following:

1. Personal identification information for applicant claimant and victim, if different;
2. Full legal name, date of birth, social security or other government-issued identification number, and relationship to victim;
3. Mailing address, including city, state and zip code where department correspondence can be received, which shall be the address of record;
4. Email address, if any, and telephone number, if any, where victim/applicant claimant can be reached during the day; and
5. Indication of whether victim was disabled before the crime occurred.
6. Referral information, if applicable:
 - a. Name of person who assisted victim/applicant claimant in completing the application;
 - b. Name of organization assisting the victim/applicant claimant;
 - c. Organization’s mailing address, including city, state and zip code;
 - d. Email address, if any, and telephone number, if any, for person assisting victim/applicant claimant.
7. Employment information, if applicable:
 - a. Supervisor’s name and title;
 - b. Legal name of company or business;
 - c. Employer’s mailing address, including city, state and zip code; and

d. Supervisor’s email address, if any, and telephone number, if any.

8. An individual federal income tax return with W-2 or schedule C attachments, as appropriate.

9. Insurance and other third party payer information:

- a. Name of insured;
- b. Type of policy and policy number;
- c. Name of insurance company;
- d. Insurance company’s mailing address, including city, state and zip code;
- e. Name of insurance company adjuster or claims representative; and
- f. Email address and telephone number for contact person at insurance company.

10. Crime information:

- a. Date ~~and location (street address, city, county, state)~~ of crime;
- b. Date crime was reported to the law enforcement or other proper authority and report number;
- c. Name of law enforcement agency where crime was reported;
- d. Type of crime;
- e. Name of law enforcement officer ~~and badge/identification number~~;
- f. Name of offender;
- g. Offender’s status;
- h. Name of assistant state attorney handling case; and
- i. Court case number.

11. Affirmative statement signed by victim/applicant claimant that the information provided is true and correct to the best of his or her knowledge.

12. A contractual agreement signed by the victim/applicant claimant or attorney to:

- a. Reimburse the department according to the provisions of Section 960.16, F.S.;
- b. Authorize release of information pursuant to Sections 960.05(2)(k), (l), (m) and (n), F.S.; and
- c. Affirm whether the victim wants to invoke confidentiality pursuant to Section 119.071, F.S.

(c) Acceptable documentation for proof that a compensable crime occurred shall include:

1. A law enforcement report that affirms a crime occurred, regardless of whether an offender can be identified;
2. An affidavit charging an individual with a crime filed by law enforcement;
3. An information charging an individual with a crime filed by a state attorney;
4. An indictment by a grand jury;
5. A child abuse investigation report completed by a Department of Children and Families or child protection team member;

6. A ~~written~~ ~~or~~ communication from the United States Federal Bureau of Investigations; ~~or for victims of human trafficking.~~

7. An OAG cybercrime investigator may certify a crime for purposes of Section 960.197, F.S.

(d) When there is an original law enforcement report showing a compensable crime occurred, the claim should be determined eligible, without regard to the offense to which the offender eventually pled or was convicted of, provided the remaining eligibility criteria are met.

(e) Itemized bills must be submitted before payment to a provider or reimbursement to the ~~victim/applicant~~ ~~claimant~~ can be considered pursuant to Sections 960.13, 960.197, and 960.28, F.S. The itemized bill (invoice) should be prepared using industry standard forms (e.g., CMS-1450, 1500, J400), or on the provider's letterhead and must include the following information:

1. Service provider/facility's name, street address, city, state and zip code, email address, and telephone number (including area code);
2. Organization/treatment facility's mailing address;
3. Federal tax identification number;
4. Beginning and ending date(s) of service;
5. Name and address of individual being billed for services rendered;
6. Revenue code, description of service, CPT or equivalent code, service date, service units, and total charges;
7. Diagnosis code, diagnosis, or nature of injury; and
8. First and last name of attending medical professional and license number.

(f) Acceptable documentation for crime-related wage loss ~~include:~~

1. Documentation signed by the company's human resources director or other authorized human resources supervisor, employee administrative services supervisor, chief financial officer, chief executive officer, president, or owner which specifies the following:

- a. Victim/applicant's name;
- b. Job title;
- c. Date hired;
- d. Date terminated, if applicable;
- e. Dates missed from work as a result of the crime;
- f. Average number of hours the victim/applicant worked per week;
- g. Total number of hours missed from work as a result of the crime;
- h. Hourly wage or average weekly wage;
- i. Company name, address, and telephone number; and
- j. Supervisor's name and telephone number, if applicable.

2. If the documentation requirements specified in subparagraph 1. above cannot be obtained, the following documentation shall be accepted:

~~a.1. The victim/applicant's claimant pay stub or individual earnings statement showing loss of dates from work as a result of the crime;~~

~~b.2. Unemployment compensation (reemployment assistance) benefits statement;~~

~~c.3. Recent federal income tax return; or~~

~~d.4. Quarterly federal income tax report;~~ ~~or~~

~~5. Document signed by the company's chief executive or chief financial officer, on the employer's letterhead; and~~

~~6. Document signed by a licensed physician or licensed mental health professional must be confirmed with the employer.~~

3. Oral or electronic confirmation shall be obtained from the employer for the first five days' wage loss.

Subsequent loss is compensable only upon receipt of written document requested herein.

(g) Acceptable documentation for crime-related loss of support includes the following:

1. Deceased victim's pay stub or individual earnings statement,
2. Unemployment compensation benefits statement,
3. Recent federal income tax return,
4. Verification of earnings from the employer on the employer's letterhead and signed by the company's financial or chief executive officer, or
- ~~5. Pension or retirement statement.~~

(h) Proof of dependency may be established by a copy of a court order for support, birth certificate, marriage certificate, or federal income tax return.

(i) Acceptable documentation for crime-related disability benefits includes an assessment in writing by a licensed physician and must be in accordance with the American Medical Association's Guide to Evaluation of Permanent Impairment or the Florida Permanent Impairment Rating Guide. The documentation must include the following:

1. Victim's name and date of birth;
2. Type of injury and diagnostic code(s);
3. Permanent whole body disability rating pursuant to Section 440.15(3)(b), F.S.;
4. Verification that the victim has reached maximum medical improvement, or that the percentage of disability will not change after maximum medical improvement has been reached;
5. Guide used to assess the whole body permanent disability percentage;
6. Subsection of Section 960.03(1), F.S. for which the victim qualifies for catastrophic losses, if applicable; and

7. Attending physician’s name, mailing address, telephone number, federal identification number, medical license number and signature.

(j) Acceptable documentation for crime scene cleanup services includes an itemized bill which provides the following:

1. Service provider/facility’s name, street address, city, state and zip code, email address, and telephone number (including area code);

2. Federal tax identification number;

3. Date(s) of service;

4. Date of occurrence of crime incident for which services are provided;

5. Name and address of individual being billed for services rendered; ~~and~~

6. Description of service, service date, service units, and total charges; and

7. Documentation must prove that services were performed within seven days from the crime incident, or be accompanied by documentation from law enforcement proving that services were performed within seven days after law enforcement released the scene as a site closed for investigation. Provider’s W 9 form for initial payment or when requested, if not available through the Department of Financial Services;

(k) The schedule of benefits for claims timely filed pursuant to the Crimes Compensation Act, except Sections 960.197 and 960.28, F.S., includes:

	Benefit	Maximum benefit amount	Timeframe within which loss must be incurred after the date of the crime
1.	Wage loss		
a.	Victim	\$15,000	one year
b.	Parent	\$15,000	one year
2.	Disability	\$15,000	n/a
3.	Loss of Support	\$25,000	n/a
4.	Catastrophic Injury	\$30,000	n/a
5.	Mental Health Treatment (per claim)	\$7,500	(varies)
a.	Minor (until age 18) when victim is deceased	\$7,500	n/a
b.	Adult when victim is deceased	\$2,500	one year
c.	Adult or minor, inpatient crisis stabilization (7 days)	\$7,500	one year
d.	Adult victim	\$2,500	one year
e.	Minor victim (until age 18)	\$7,500	n/a
f.	Minor witness	\$2,500	one year
g.	Victim of forcible felony	\$2,500	one year
h.	Victim of child pornography	\$7,500	n/a
i.	Minor victim mental injury	\$7,500	n/a
6.	Medical/Dental Treatment	\$7,500	one year
7.	Funeral/Burial	\$5,000	n/a
8.	Crime Scene Cleanup	\$1,500 \$500	seven days
9.	Property Loss	\$500	date of the crime

(l) Total benefits paid on a single claim or after July 1, 2010, cannot exceed the \$15,000 when the victim is not

deceased, or catastrophically injured, \$25,000 when the victim is deceased, or \$30,000 when the victim has sustained a catastrophic injury as defined in Section 960.03(1), F.S.

Rulemaking Authority 960.045(1), 960.13(9)(b) FS. Law Implemented 960.065, 960.07, 960.12, 960.13, 960.15, 960.16, 960.17, 960.18, 960.195, 960.198 FS. History–New 1-1-92, Amended 11-1-92, 9-13-94, 1-8-96, 6-25-96, 10-1-96, 9-24-97, 8-17-99, 2-3-00, 10-23-01, 5-13-03, 1-16-08, 7-1-10, 11-19-12, _____.

2A-2.013 Property Claims.

(1) An application for victim compensation shall ~~must~~ be mailed to the Office of the Attorney General, Bureau of Victim Compensation, PL-01, The Capitol, Tallahassee, FL 32399-1050 ~~or~~ faxed to ~~(850)414-6197 (850)487-1595, (850)487-2625,~~ or (850)414-5779; or emailed to VCIntake@myfloridalegal.com.

(2) through (3) No change.

(4) The criminal or delinquent act ~~crime~~ must be reported to law enforcement within 72 hours from the time that the event is known to have occurred.

(5) through (8) No change.

(9) Compensation is limited to items that are lawful tangible personal property of the victim claimant.

(10) through (11) No change.

Rulemaking Authority 960.045(1)(b) FS. Law Implemented 960.195 FS. History–New 7-1-10, Amended _____.

2A-2.014 Domestic Violence Relocation Assistance.

(1) No change.

(2) A certification must accompany the application for assistance. The claim and certification shall ~~should~~ be mailed ~~or faxed~~ to the Office of the Attorney General, Bureau of Victim Compensation, PL-01, The Capitol, Tallahassee, FL 32399-1050; faxed to (850)414-6197 or (850)414-5779; or emailed to VCIntake@myfloridalegal.com or facsimile (850)487-1595, (850)487-2625, or (850) 414-5779. Failure to submit a properly completed certification will result in denial of benefits. A certification must be obtained from and completed by a certified domestic violence center that has been designated by the Office of the Attorney General to assist in the certification process. Domestic violence center representatives are qualified to certify applications up to two years after completion of specialized training.

(3) Application for relocation assistance must be received by the Office of the Attorney General, Bureau of Victim Compensation ~~department~~ within 30 days immediately following the occurrence of the domestic violence offense.

(4) through (5) No change.

~~(6) Proper authority for purposes of Section 960.198, F.S., means a child protection team, law enforcement, state attorney, and the Department of Children and Families.~~

~~(6)(7)~~ The victim must cooperate with proper authorities law enforcement, except when:

(a) The victim has already moved outside the geographical vicinity where he or she resided with the abuser and has no means of providing sworn testimony by phone or in person;

(b) The victim is planning to leave the vicinity and cannot be available to assist proper authorities law enforcement;

(c) The victim is in fear of the abuser; or

(d) A language barrier precludes effective communication with proper authorities .

~~(7)(8)~~ The victim must:

(a) Identify how the domestic violence relocation assistance funds will be used;

(b) Certify that he or she will comply with Section 960.198(2), F.S.;

~~(c)~~ Affirm that he or she is not residing with and will not in the future reside with the abuser;

~~(c)(d)~~ Use the funds to relocate to a safe environment;

~~(d)(e)~~ Accept the funds at the center within 30 days of issuance;

~~(e)(f)~~ Submit receipts to the department within 45 days of receipt of the funds; and

~~(f)(g)~~ Acknowledge that criminal prosecution for fraud under Section 960.18, F.S., may be pursued if he or she has made false representations to receive the money.

~~(g)~~ Verify understanding that he or she must cooperate with the proper authorities; and

~~(h)~~ Acknowledge that the department shall deny, reduce, or withdraw any award if receipts are not submitted within 45 days, or if receipts do not reflect acceptable relocation expenditures.

~~(8)(9)~~ An applicant assistant is a center representative who has completed specialized training provided by the the Office of the Attorney General department and is authorized to assist the victim in filing a claim for domestic violence relocation assistance.

~~(9)(10)~~ The Office of the Attorney General OAG authorized applicant assistant must:

(a) ~~C~~ertify ~~immediate need and~~ compliance with the provisions of Section 960.198(2), F.S.

(b) Affirm that the ~~victim~~ victim/applicant has been notified of all applicable rules and regulations, and that failure to comply with those requirements shall result in a ~~withdrawal~~ withdrawal of the award;

(c) Verify that the crime incident documented by the proper authorities was domestic violence committed by a family or household member pursuant to Section 741.28, F.S.;

(d) Verify that the domestic violence occurred within 30 days of issuing the certification, it is within 30 days prior to the offender's release from incarceration which is documented by the attached Department of Corrections order, or there is a

present need to relocate the victim due to the threat of further domestic violence as specified by the attached written documentation from a law enforcement officer or the assistant state attorney;

(e) Verify that the victim/applicant has cooperated with the proper authorities;

(f) Verify that the victim/applicant was notified that if funds are awarded, he or she must accept the funds at the center within 30 days of issuance;

(g) Acknowledge understanding that if the award is not picked up by the victim/applicant within 30 days of issuance, their certification of the attached application will be revoked;

(h) Verify that an Office of the Attorney General authorized applicant assistant must witness the victim's acceptance of payment and forward a signed Notification of Possible Recoupment and/or Prosecution for Fraud Form to the department; and

(i) Verify that ~~the~~ the victim/applicant has provided personal identification

~~(10)(11)~~ It is the responsibility of the center to obtain and review personal identification documentation before certifying a victim's need for assistance. The center is not required to forward any personal identification documentation to the department.

~~(11)(12)~~ The certification shall include the victim's name and date of birth; the applicant's name and date of birth, if applicable, and the certified domestic violence center applicant assistant's name, mailing address, email address, telephone number and fax number, and the contract number assigned to the domestic violence center by the Department of Children and Families.

~~(12)(13)~~ If approved, the award will be made payable to the victim and mailed to the respective certified domestic violence center. The victim must accept the funds at the certified domestic violence center within 30 days of issue. ~~An~~ The applicant assistant must witness the acceptance of payment.

~~(13)(14)~~ Monies payable under Section 960.198, F.S., may be made in the form of a bank card, voucher, check, or state warrant.

~~(14)(15)~~ Any attempt to spend funds for unauthorized goods or services will result in withdrawal of the award. Any expense not directly related to relocation is an unauthorized expenditure.

~~(15)(16)~~ If the victim has not accepted the funds at the center within 30 days of issue, the center shall return the funds to the department and ~~withdraw the~~ certification of immediate need will be revoked.

~~(16)(17)~~ Upon receipt of the returned funds by the department, eligibility will be ~~rescinded~~ withdrawn. This action does not in any way create further appeal rights.

Rulemaking Authority 960.045(1)(b) FS. Law Implemented 960.198 FS. History—New 7-1-10, Amended _____.

2A-2.015 Sexual Battery Relocation Assistance.

(1) No change.

(2) A certified rape crisis center representative is one who has completed specialized training provided by the Office of the Attorney General, Bureau of Victim Compensation department and is authorized to assist the victim in filing a claim for sexual battery relocation assistance. Rape crisis center representatives are qualified to certify applications up to two years after completion of specialized training. Training certification is withdrawn when the crisis center representative resigns or is terminated from their existing position.

(3) No change.

(4) The certification worksheet shall include the victim's name and date of birth; the applicant's name and date of birth, if different from the victim; and the certified rape crisis center representative's name, mailing address, email address, telephone number, and fax number includes the certified rape crisis center's name, mailing address, telephone number, facsimile number; the printed name and signature of the individual who administered the application and the date the worksheet was signed; a checklist detailing victim/applicant acknowledgements and their printed name, signature, and date; and a brief summary detailing the victim's safety plan.

(5) By certifying the worksheet, the rape crisis center the representative affirms the following:

(a) ~~that~~ The victim reported the crime to the proper authorities and is in need of assistance for relocating based on a reasonable fear resulting from the sexual battery crime;

(b) The victim is cooperating the cooperation of the victim with the state attorney, all law enforcement agencies, and the department;

(c) ~~that~~ The victim/applicant has provided personal identification;

(d) ~~that~~ A certified representative will be available to witness the victim's acceptance of payment and forward a signed Notification of Recoupment Form to the department; and

(e) ~~that documentation is included which affirms that~~ The victim has developed a safety plan.

(f) If the award is not picked up by the victim/applicant within 30 days of issuance, their certification of the attached application will be revoked;

(g) A crisis center representative must witness the victim's acceptance of payment and forward a signed Notification of Possible Recoupment and/or Prosecution for Fraud Form to the department.

(6) A certification must accompany the application for assistance. The claim and certification shall be mailed to the

Office of the Attorney General, Bureau of Victim Compensation, PL-01, the Capitol, Tallahassee, FL 32399-1050; faxed to (850)414-6197, or (850)414-5779; or emailed to VCIntake@myfloridalegal. The claim and certification should be mailed to the Office of the Attorney General, Bureau of Victim Compensation, PL 01, The Capitol, Tallahassee, FL 32399 1050; transmitted by facsimile to (850)487 1595, (850)487 2625, (850)414 5779, (850)414 5405, or (850)414-6197; or emailed to VCIntake@myfloridalegal.com. Failure to submit a properly completed certification will result in denial of benefits.

(7) through (8) No change.

(9) ~~Proper authority for purposes of Section 960.199, F.S., means a child protection team, law enforcement, state attorney, or the Department of Children and Families.~~

(9)(10) ~~The victim claimant/applicant must:~~

(a) ~~Contact the proper authorities, report the crime, fully comply with the requests of proper authorities law enforcement and the Office of the Attorney General, Bureau of Victim Compensation this office, and cooperate with the prosecution of known offenders. Exceptions for not cooperating with both the investigating and prosecuting agencies are as follows:~~

1. ~~The victim has already moved outside the geographical vicinity where he or she resided at the time of the crime with the offender and has no means of providing sworn testimony by phone or in person;~~

2. ~~The victim is in fear of the offender and this fear has been communicated to law enforcement or the Assistant State Attorney from the outset;~~

3. ~~A language barrier precludes effective communication with proper authorities law enforcement; or~~

4. ~~Child victims of sexual battery crimes whose guardian refuses to cooperate.~~

(b) through (i) No change.

(10)(11) ~~Proof of a sexual battery crime must come from a proper authority. A BVC430 Law Enforcement Information Reporting Form may be used instead of a complete law enforcement report to prove a crime occurred. The BVC430 Law Enforcement Reporting Form contains a checklist of the eligibility criteria and shortened narrative detailing the incident, and is available only from the Office of the Attorney General, Bureau of Victim Compensation this department.~~

(11)(12) ~~The law enforcement report, information from the Assistant State Attorney, report from the Child Protection Team or a report from the Department of Children and Families identifying a crime was committed that meets the definition of Section 794.011, F.S., is required for a claim to be found eligible. Only sexual battery crimes will be considered compensable for purposes of this benefit.~~

~~(12)~~(13) It is the responsibility of the center to obtain and review personal identification documentation before certifying a victim’s need for assistance. The center is not required to forward any personal identification documentation to the Office of the Attorney General, Bureau of Victim Compensation department.

~~(13)~~(14) If approved, the award will be made payable to the victim as a reimbursement or advance based on a written estimate. Payments will be forwarded to the respective certified rape crisis center. Awards will be administered based on the availability of funds. The department shall determine how those funds are disbursed. Monies paid may be made in the form of a bank card, voucher, check, electronic transmittal, state warrant, or any other method approved by the Office of the Attorney General, Bureau of Victim Compensation department.

~~(14)~~(15) A certified rape crisis center representative must witness the acceptance of payment. The certified representative will be responsible for having the victim acknowledge and sign a notification of possible recoupment before providing the award to the victim. Any attempt to spend funds for unauthorized goods or services will result in withdrawal of the award. Any expense not directly related to relocation is an unauthorized expenditure. If a recoupment notice is issued because receipts were not acceptable or were not submitted, then additional benefits on any claim will be suspended for that individual by this department until the recouped amount has been satisfied.

~~(15)~~(16) If the victim has not accepted the funds at the center within 30 days of issue, the center shall return the funds to the department and withdraw the certification. Upon receipt of the returned funds by the department, eligibility will be withdrawn. This action does not in any way create further appeal rights.

Rulemaking Authority 960.045(1)(b) FS. Law Implemented 960.199 FS. History–New 11-19-12, Amended.

NAME OF PERSON ORIGINATING PROPOSED RULE: Michelle Crum, Chief, Bureau of Victim Compensation
NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Attorney General Pam Bondi
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: May 19, 2014
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: April 28, 2014

**Section IV
Emergency Rules**

NONE

**Section V
Petitions and Dispositions Regarding Rule
Variance or Waiver**

DEPARTMENT OF LAW ENFORCEMENT
Criminal Justice Standards and Training Commission
RULE NO.: RULE TITLE:

11B-35.002: Basic Recruit Training Programs for Law Enforcement, Correctional, and Correctional Probation
NOTICE IS HEREBY GIVEN that on August 14, 2014, the Florida Department of Law Enforcement Criminal Justice Standards and Training Commission, received a petition for a six-month temporary waiver of paragraph 11B-35.0011(2)(a), F.A.C., by John Baldrige III. The Petitioner wishes to waive for six months that portion of the rule that states within four years of the beginning date of a Commission-approved Basic Recruit Training Program, an individual shall successfully complete the program, achieve a passing score on the applicable State Officer Certification Examination (SOCE) pursuant to Rule 11B-30.0062, F.A.C., and gain employment and certification as an officer. Petitioner states that he began recruit training on August 16, 2010 and his certification will expire in August of 2014. Petitioner states that after passing the state exam in 2011 many agencies were in a hiring freeze and slow to open hiring processes due to the poor economy. Petitioner states that he has applied for a position with the Boynton Beach Police Department and is currently in background stage of the hiring process.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Linton B. Eason, Assistant General Counsel, Florida Department of Law Enforcement, P. O. Box 1489, Tallahassee, FL 32302, or by telephone at: (850)410-7676.

WATER MANAGEMENT DISTRICTS
Southwest Florida Water Management District
RULE NO.: RULE TITLE:
40D-22.201 Year-Round Water Conservation Measures
The Southwest Florida Water Management District hereby gives notice that on August 15, 2014, it has issued an order granting a variance.
Petitioner's Name: Towns of Legacy Park Homeowners Association, Inc. – File Tracking No. 14-4188
Date Petition Filed: February 27, 2014
Rule No.: 40D-22.201, F.A.C.
Nature of the rule for which variance or waiver was sought: lawn and landscape irrigation
Date Petition Published in the Florida Administrative Register: March 4, 2014

General Basis for Agency Decision: Petitioner demonstrated substantial hardship and proposed an alternative means of achieving the purpose of the statute implemented by the rule. A copy of the Order or additional information may be obtained by contacting: Lois Sorensen, 7601 US Highway 301, Tampa, Florida 33637, (813)985-7481, ext. 2298, water.variances@watermatters.org.

DEPARTMENT OF HEALTH

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

RULE NO.: RULE TITLE:

64B4-3.003: Examination for Licensure

NOTICE IS HEREBY GIVEN that on July 17, 2014, the Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling, received a petition for waiver or variance filed by Diana Mitwalli, M.S., seeking a variance or waiver of paragraph 64B4-3.003(2)(c), F.A.C., which requires that the minimum passing score of the marital and family therapy examination is the recommended cut-off score provided by the national vendor and established according to the Angoff procedure.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Sue Foster, Executive Director, Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling, 4052 Bald Cypress Way, Bin #C08, Tallahassee, Florida 32399-3258. Comments on this petition should be filed with the Board within 14 days of publication of this notice.

DEPARTMENT OF HEALTH

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

RULE NO.: RULE TITLE:

64B4-3.0085: Intern Registration

NOTICE IS HEREBY GIVEN that on July 10, 2014, the Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling, received a petition for Jennifer Baptie, seeking a variance or waiver of paragraphs 64B4-3.0085(3)(a) and (b), F.A.C., which requires that prior to changing or adding another qualified supervisor, the registered intern must request that the new supervisor submit a letter to the Board with the registered intern's name, the intern's license number, the supervisor's name, the supervisor's license number, and a statement that he or she has agreed to provide supervision to the registered intern; and receive a communication from the Board indicating its approval of the new supervisor.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Sue Foster, Executive Director, Board of Clinical Social Work, Marriage and Family Therapy and

Mental Health Counseling, 4052 Bald Cypress Way, Bin #C08, Tallahassee, Florida 32399-3258. Comments on this petition should be filed with the Board within 14 days of publication of this notice.

DEPARTMENT OF HEALTH

Board of Massage Therapy

The Board of Massage Therapy hereby gives notice of the issuance of an Order regarding the Variance or Waiver filed on February 20, 2014, by Lisa Michelle Flores. The Notice of Petition for Variance or Waiver was published in Vol. 40, No. 39, of the February 26, 2014, Florida Administrative Register. The Petitioner sought a permanent variance of Rule 64B7-29.003, F.A.C. regarding apprenticeship training programs and a waiver of 64B7-32.002, F.A.C., regarding the proof of graduation from an approved massage school. The Board considered the instant Petition at a duly-noticed public meeting held on May 2, 2014, in Orlando, Florida. The Board's Order, filed on August 11, 2014, granted the petition on the following grounds:

1. The petition was in substantial compliance with the provisions of Section 120.542, Florida Statutes, and Chapter 28-104, Florida Administrative Code.
2. The Board found that the applicant had met the purpose of the underlying statute.

A copy of the Order or additional information may be obtained by contacting Christy Robinson, Executive Director, Board of Massage Therapy, 4052 Bald Cypress Way, Bin #C06, Tallahassee, Florida 32399-3256, christy.robinson@flhealth.gov.

Section VI

Notice of Meetings, Workshops and Public Hearings

DEPARTMENT OF STATE

Division of Historical Resources

The Bureau of Historic Preservation, Florida Main Street Selection Committee announces a public meeting to which all persons are invited.

DATE AND TIME: August 28, 2014, 1:00 p.m. to conclusion

PLACE: R.A. Gray Building, Heritage Hall Auditorium, 500 South Bronough Street, Tallahassee, Florida 32399-0250

GENERAL SUBJECT MATTER TO BE CONSIDERED: To review and recommend new Florida Main Street Communities for 2014-2015. The recommendations of the Advisory Committee will be submitted to the Secretary of State for review and approval.

A copy of the agenda may be obtained by contacting: Ronni Wood at 1(800)847-7278 or via email: Ronni.Wood@dos.myflorida.com.

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 48 hours before the workshop/meeting by contacting: Ronni Wood at 1(800)847-7278 or via email: Ronni.Wood@dos.myflorida.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Ronni Wood at 1(800)847-7278 or via email: Ronni.Wood@dos.myflorida.com.

DEPARTMENT OF STATE

Division of Historical Resources

The Friends of Mission San Luis announce a public meeting to which all persons are invited.

DATE AND TIME: August 28, 2014, 4:00 p.m., Finance and Investment meeting

PLACE: Mission San Luis, 2100 W. Tennessee St., Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: The FOMSL Finance and Investment Committee will hold a meeting for the purposes of conducting Friends' business and assisting the Division of Historical Resources in carrying out the purposes, duties, and responsibilities of the division.

To request copies of meeting materials associated with this agenda, but not included herein, contact Diane.Ogorzaly@DOS.MyFlorida.com or (850)245-6388. Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Consumer Services

The Department of Agriculture and Consumer Services announces a public meeting to which all persons are invited.

DATE AND TIME: September 16, 2014, 2:00 p.m.

PLACE: Walt Disney World, Contemporary Resort, Room: Fantasia E & F, 4600 World Dr., Lake Buena Vista

GENERAL SUBJECT MATTER TO BE CONSIDERED: This is a regularly scheduled meeting to discuss industry-related issues.

A copy of the agenda may be obtained by contacting: Michelle Faulk, Bureau of Fair Rides Inspection, Department of Agriculture and Consumer Services, 2005 Apalachee Parkway, Tallahassee, Florida 32399-1600, (850)410-3838.

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 7 days before the workshop/meeting by contacting: Michelle Faulk, (850)410-3838. 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).

FLORIDA COMMISSION ON OFFENDER REVIEW

The Florida Commission on Offender Review announces public meetings to which all persons are invited.

DATES AND TIMES: Wednesday, September 10, 2014, 9:00 a.m.; Thursday, September 11, 2014, 9:00 a.m.; Wednesday, September 17, 2014, 9:00 a.m.; Thursday, September 18, 2014, 9:00 a.m.; Wednesday, September 24, 2014, 9:00 a.m.; Thursday, September 25, 2014, 9:00 a.m.

PLACE: Florida Commission on Offender Review, 4070 Esplanade Way, Tallahassee, FL 32399-2450

GENERAL SUBJECT MATTER TO BE CONSIDERED: Regularly scheduled meeting for all Parole, Conditional Release, Conditional Medical Release, Addiction Recovery, Control Release and all other Commission business.

A copy of the agenda may be obtained by contacting: Florida Commission on Offender Review, (850)488-1293.

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: Florida Commission on Offender Review at ada@fcor.state.fl.us. 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).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

REGIONAL PLANNING COUNCILS

Northeast Florida Regional Planning Council

The Northeast Florida Regional Council announces a public meeting to which all persons are invited.

DATE AND TIME: September 4, 2014, 9:00 a.m.: Planning & Growth Management; 9:00 a.m., Personnel, Budget & Finance Policy Committee; 10:00 a.m., Full Board of Directors; Legislative Policy Committee immediately following full Board

Please check our website at www.nefrc.org for any changes.

PLACE: 6850 Belfort Oaks Place, Jacksonville, FL 32216

GENERAL SUBJECT MATTER TO BE CONSIDERED: Regular Monthly Meetings.

A copy of the agenda may be obtained by contacting: Sheron Forde at (904)279-0880 or sforde@nefrc.org.

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: (904)279-0880. 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).

METROPOLITAN PLANNING ORGANIZATIONS

Collier Metropolitan Planning Organization

The Collier Metropolitan Planning Organization (MPO) announces a public meeting to which all persons are invited.

DATE AND TIME: Wednesday, Sept. 3, 2014, 2:00 p.m.

PLACE: Collier County Government Center, Information Technology Training Room, 5th Floor, 3299 East Tamiami Trail, Naples, Florida 34112

GENERAL SUBJECT MATTER TO BE CONSIDERED: Local Coordinating Board for the Transportation Disadvantaged meeting. The LCB agenda will be posted on the MPO's website approximately two weeks prior to the meeting. To access the LCB's agenda, go to: www.colliermmpo.net, select the calendar and then select the meeting date.

A copy of the agenda may be obtained by contacting: MPO Principal Planner Ms. Lorraine Lantz at (239)252-5779.

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 72 hours before the workshop/meeting by contacting: MPO Principal Planner Ms. Lorraine Lantz at (239)252-5779. 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).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: MPO Principal Planner Ms. Lorraine Lantz at (239)252-5779.

DEPARTMENT OF MANAGEMENT SERVICES

State Retirement Commission

The State Retirement Commission announces hearings to which all persons are invited.

DATES AND TIMES: August 28, 2014, 8:30 a.m.; August 29, 2014, 8:30 a.m.

PLACE: Embassy Suites Tampa Downtown Convention Center, 513 South Florida Avenue, Tampa, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct hearings pursuant to Section 121.23, Florida Statutes, and to consider other matters related to the business of the Commission.

A copy of the agenda may be obtained by contacting: The Department of Management Services, State Retirement Commission, 4050 Esplanade Way, Suite 160, Tallahassee, Florida 32399-0950 or by telephone: (850)487-2410.

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 15 days before the workshop/meeting by contacting: The Department of Management Services, State Retirement Commission, 4050 Esplanade Way, Suite 160, Tallahassee, Florida 32399-0950 or by telephone: (850)487-2410. 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).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: The Department of Management Services, State Retirement Commission, 4050 Esplanade Way, Suite 160, Tallahassee, Florida 32399-0950 or telephone: (850)487-2410.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Electrical Contractors' Licensing Board

The Electrical Contractors' Licensing Board announces public meetings to which all persons are invited.

DATES AND TIMES: Wednesday, September 17, 2014, 1:00 p.m.; Thursday, September 18, 2014, 8:30 a.m.; Friday, September 19, 2014, 8:30 a.m.

PLACE: The Omphoy Ocean Resort, 2842 So. Ocean Blvd., Palm Beach, FL 33480, (561)540-6440

GENERAL SUBJECT MATTER TO BE CONSIDERED: Wednesday, September 17, 2014: 1:00 p.m., Grandfather and Issue Application Review; 3:00 p.m., New Board Member Training; 4:00 p.m., Probable Cause Panel (portions may be closed to the public). Thursday, September 18, 2014: 8:30 a.m.,

Discipline & General Business. Friday, September 19, 2014, 8:30 a.m., General Business.

A copy of the agenda may be obtained by contacting: The Electrical Contractors' Licensing Board at (850)487-1395.

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: The Electrical Contractors' Licensing Board at (850)487-1395. 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).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: The Electrical Contractors' Licensing Board at (850)487-1395.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Refugee Services

The Department of Children and Families, Refugee Services announces a public meeting to which all persons are invited.

DATE AND TIME: Thursday, September 4, 2014, 2:00 p.m.

PLACE: Florida Department of Children and Families, 1317 Winewood Blvd., Bldg. 6, Conference Room A, Tallahassee, FL 32399-0700

GENERAL SUBJECT MATTER TO BE CONSIDERED:
 Title: Debriefing Meeting of the Evaluators and Ranking of the Replies for the Comprehensive Refugee Services for Refugees and Entrants in Southwest Florida (ITN# 05K14BS1).

Description: As provided for in Sections 2.5 and 5.2 of this ITN which was published to the Vendor Bid System (VBS) on May 22, 2014. The VBS can be accessed at: http://www.myflorida.com/apps/vbs/vbs_www.main_menu.

The purpose of the Debriefing Meeting of the Evaluators and Ranking of the Replies is to receive and record all evaluation scores for the ITN and calculate the final scores according to the evaluation methodology outlined in Section 5.2.

A copy of the agenda may be obtained by contacting: David_Draper@dcf.state.fl.us.

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 3 days before the workshop/meeting by contacting: Pamela Thornton, email: Pamela_Thornton@dcf.state.fl.us or (850)717-4567. 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).

For more information, you may contact: David_Draper@dcf.state.fl.us.

FLORIDA HOUSING FINANCE CORPORATION

The Florida Housing Finance Corporation announces a public meeting to which all persons are invited.

DATE AND TIME: September 19, 2014, 8:30 a.m. until adjourned

PLACE: Tallahassee City Hall Commission Chambers, 300 Adams Street, Tallahassee, FL 32301

GENERAL SUBJECT MATTER TO BE CONSIDERED:

1. Consider financing and acknowledgement resolutions for various multifamily developments, under any multifamily program, including the ranking of developments.
2. Consider appointment of professionals including but not limited to trustee and/or originator/servicer for upcoming and/or past multifamily programs and single-family programs.
3. Consider approval of all bond documents for and terms of all upcoming single-family and multifamily bond sales, including those secured by third-party guarantors, letters-of-credit, insurance or other mechanisms.
4. Consider adopting resolutions authorizing negotiated or competitive sale of bonds on various single-family and multifamily issues.
5. Consider directing Staff to submit summaries of various TEFRA/Public Hearings to the Governor.
6. Consideration of policy issues concerning ongoing and upcoming single-family bond issues including initiation of request for proposals on an emergency basis, and structuring new issues.
7. Consideration of all necessary actions with regard to the Multifamily Bond Program.
8. Consideration of approval of underwriters for inclusion on approved master list and teams.
9. Consideration of all necessary actions with regard to the HOME Rental Program.
10. Consideration of all necessary actions with regard to the HC (Housing Credits) Program.
11. Consideration of all necessary actions with regard to the SAIL (State Apartment Incentive Loan) Program.
12. Consideration of all necessary actions with regard to the SHIP (State Housing Initiatives Partnership) Program.
13. Consideration of all necessary actions with regard to the PLP (Predevelopment Loan) Program.
14. Consideration of all necessary actions with regard to the Homeownership Programs.
15. Consideration of all necessary actions for initiating new rules or rule amendments on an emergency or non-emergency basis.
16. Consideration of Appeals from Requests for Applications funding selection with entry of final orders.

17. Consideration of workouts or modifications for existing projects funded by the Corporation.
18. Consideration of matters relating to the stated purpose of the Corporation to provide safe and sanitary housing that is affordable for the residents of Florida.
19. Consideration of funding additional reserves for the Guarantee Fund.
20. Consideration of audit issues.
21. Evaluation of professional and consultant performance.
22. Such other matters as may be included on the Agenda for the September 19, 2014, Board Meeting.

A copy of the agenda may be obtained by contacting: Sheila Freaney, Board Liaison, Florida Housing Finance Corporation, 227 North Bronough Street, Suite 5000, Tallahassee, Florida 32301-1329, phone number: (850)488-4197, approximately two days prior to the meeting or by visiting the Corporation's website at www.floridahousing.org.

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: Sheila Freaney at the Florida Housing Finance Corporation at (850)488-4197. 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).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Sheila Freaney at the Florida Housing Finance Corporation at (850)488-4197.

FLORIDA HOUSING FINANCE CORPORATION

The FHFC II, Inc. announces a public meeting to which all persons are invited.

DATE AND TIME: September 19, 2014, 11:00 a.m. or upon adjournment of the Florida Housing Finance Corporation Board of Directors meeting, until adjourned.

PLACE: Tallahassee City Hall Commission Chambers, 300 Adams Street, Tallahassee, FL 32301

GENERAL SUBJECT MATTER TO BE CONSIDERED:

1. Conduct business necessary for the organization of FHFC II, INC.
2. Consider adopting resolutions delegating operational authority to the Executive Director.
3. Consideration of all necessary actions with regard to any property owned or held by FHFC II, Inc.
4. Consideration of approval of underwriters for inclusion on approved master list and teams.

5. Consideration of all necessary actions for initiating new rules or rule amendments on an emergency or non-emergency basis.
6. Consideration of status, workouts, or modifications for existing projects.
7. Consideration of matters relating to the statutory purpose of FHFC II, Inc., to provide safe and sanitary housing that is affordable for the residents of Florida.
8. Such other matters as may be included on the Agenda for the September 19, 2014, Board Meeting.

A copy of the agenda may be obtained by contacting: Sheila Freaney, Board Liaison, Florida Housing Finance Corporation, 227 North Bronough Street, Suite 5000, Tallahassee, Florida 32301-1329, phone number: (850)488-4197, approximately two days prior to the meeting or by visiting the Corporation's website at www.floridahousing.org.

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: Sheila Freaney at the Florida Housing Finance Corporation at (850)488-4197. 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).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Sheila Freaney at the Florida Housing Finance Corporation at (850)488-4197.

FLORIDA HOUSING FINANCE CORPORATION

The FHFC III, Inc., announces a public meeting to which all persons are invited.

DATE AND TIME: September 19, 2014, 11:00 a.m. or upon adjournment of the Florida Housing Finance Corporation Board of Directors meeting, until adjourned

PLACE: Tallahassee City Hall Commission Chambers, 300 Adams Street, Tallahassee, FL 32301

GENERAL SUBJECT MATTER TO BE CONSIDERED:

1. Conduct business necessary for the organization of FHFC III, INC.
2. Consider adopting resolutions delegating operational authority to the Executive Director.
3. Consideration of all necessary actions with regard to any property owned or held by FHFC III, Inc.
4. Consideration of approval of underwriters for inclusion on approved master list and teams.
5. Consideration of all necessary actions for initiating new rules or rule amendments on an emergency or non-emergency basis.

6. Consideration of status, workouts, or modifications for existing projects.

7. Consideration of matters relating to the statutory purpose of FHFC III, Inc., to provide safe and sanitary housing that is affordable for the residents of Florida.

8. Such other matters as may be included on the Agenda for the September 19, 2014, Board Meeting.

A copy of the agenda may be obtained by contacting: Sheila Freaney, Board Liaison, Florida Housing Finance Corporation, 227 North Bronough Street, Suite 5000, Tallahassee, Florida 32301-1329, phone number: (850)488-4197, approximately two days prior to the meeting or by visiting the Corporation's website at www.floridahousing.org.

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: Sheila Freaney at the Florida Housing Finance Corporation at (850)488-4197. 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).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Sheila Freaney at the Florida Housing Finance Corporation at (850)488-4197.

FLORIDA LEAGUE OF CITIES

The Florida Association of Counties Trust announces a public meeting to which all persons are invited.

DATE AND TIME: Thursday, September 11, 2014, 4:00 p.m.

PLACE: Dennis, Jackson, Martin & Fontela, P.A., 1591 Summit Lake Drive, Suite 200, Tallahassee, FL 32317

GENERAL SUBJECT MATTER TO BE CONSIDERED: Florida Association of Counties Trust Strategic Needs Committee Meeting conducted through the use of communications media technology, as authorized by Section 163.01(18), Florida Statutes.

A copy of the agenda may be obtained by contacting: jgarner@flcities.com, (850)701-3623.

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 7 days before the workshop/meeting by contacting: jgarner@flcities.com, (850)701-3623. 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).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: jgarner@flcities.com, (850)701-3623.

FLORIDA LEAGUE OF CITIES

The Florida Association of Counties Trust announces a public meeting to which all persons are invited.

DATE AND TIME: Friday, September 12, 2014, 8:30 a.m.

PLACE: Staybridge Suites, 1600 Lake Summit Drive, Tallahassee, FL 32317

GENERAL SUBJECT MATTER TO BE CONSIDERED: Florida Association of Counties Trust general board meeting conducted through the use of communications media technology, as authorized by Section 163.01(18), Florida Statutes.

A copy of the agenda may be obtained by contacting: jgarner@flcities.com, (850)701-3623.

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 7 days before the workshop/meeting by contacting: jgarner@flcities.com, (850)701-3623. 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).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: jgarner@flcities.com, (850)701-3623.

FLORIDA LEAGUE OF CITIES

The Florida Municipal Pension Trust Fund (FMPTF) announces a public meeting to which all persons are invited.

DATE AND TIME: Thursday, September 18, 2014, 11:00 a.m.

PLACE: Don CeSar Hotel, 3400 Gulf Boulevard, St. Pete Beach, Florida, 1(800)282-1116

GENERAL SUBJECT MATTER TO BE CONSIDERED: Florida Municipal Pension Trust Fund general meeting conducted through the use of communications media technology, as authorized by Section 163.01(18), Florida Statutes. Persons interested in attending may do so in person at Don CeSar Hotel, 3400 Gulf Boulevard; St. Pete Beach, Florida, 1(800)282-1116; where a communications media technology facility will be located.

A copy of the agenda may be obtained by contacting: lbridges@flcities.com or calling (850)222-9684.

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 7 days before the workshop/meeting by contacting: lbridges@flcities.com or calling (850)222-9684. 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).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: lbridges@flcities.com or call (850)222-9684.

FLORIDA LEAGUE OF CITIES

The Florida Municipal Investment Trust (FMIT) announces a public meeting to which all persons are invited.

DATE AND TIME: Thursday, September 18, 2014, 1:00 p.m.

PLACE: Don CeSar Hotel, 3400 Gulf Boulevard; St. Pete Beach, Florida, 1(800)282-1116

GENERAL SUBJECT MATTER TO BE CONSIDERED: Florida Municipal Investment Trust general meeting conducted through the use of communications media technology, as authorized by Section 163.01(18), Florida Statutes. Persons interested in attending may do so in person at Don CeSar Hotel, 3400 Gulf Boulevard; St. Pete Beach, Florida, 1(800)282-1116, where a communications media technology facility will be located.

A copy of the agenda may be obtained by contacting: lbridges@flcities.com or calling (850)222-9684.

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 7 days before the workshop/meeting by contacting: lbridges@flcities.com or calling (850)222-9684. 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).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: lbridges@flcities.com or call (850)222-9684.

FLORIDA LEAGUE OF CITIES

The Florida Municipal Loan Council (FMLC) announces a public meeting to which all persons are invited.

DATE AND TIME: Thursday, September 18, 2014, 10:00 a.m.

PLACE: Don CeSar Hotel, 3400 Gulf Boulevard, St. Pete Beach, Florida, 1(800)282-1116

GENERAL SUBJECT MATTER TO BE CONSIDERED: Florida Municipal Loan Council general meeting conducted through the use of communications media technology, as authorized by Section 163.01(18), Florida Statutes. Persons interested in attending may do so in person at Don CeSar Hotel, 3400 Gulf Boulevard, St. Pete Beach, Florida, 1(800)282-1116, where a communications media technology facility will be located.

A copy of the agenda may be obtained by contacting: lbridges@flcities.com or calling (850)222-9684.

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 7 days before the workshop/meeting by contacting: lbridges@flcities.com or calling (850)222-9684. 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).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: lbridges@flcities.com or call (850)222-9684.

FLORIDA BIRTH-RELATED NEUROLOGICAL INJURY COMPENSATION ASSOCIATION

The Florida Birth-Related Neurological Injury Compensation Association announces a public meeting to which all persons are invited.

DATE AND TIME: September 5, 2014, 10:00 a.m.

PLACE: Hyatt Regency Orlando International Airport, 9300 Jeff Fuqua Blvd., Orlando, FL 32827

GENERAL SUBJECT MATTER TO BE CONSIDERED: General.

ATKINS – BARTOW

The Florida Department of Transportation (FDOT), District One, is hosting an alternatives public meeting as part of the Project Development and Environment (PD&E) Study for Cortez Bridge on State Road (SR) 684 in Manatee County, Florida. The study limits are SR 684 (Cortez Road) from SR 789 (Gulf Drive) to 123rd Street West, a distance of about one mile. FDOT invites all members of the public to attend.

DATE AND TIME: Thursday, August 28, 2014, 4:30 p.m. – 7:00 p.m.

PLACE: St. Bernard Catholic Church activity center, 248 South Harbor Drive, Holmes Beach, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: FDOT is evaluating future repair, rehabilitation or replacement of the existing, two-lane Cortez Bridge. Replacement alternatives include a low-level drawbridge, a mid-level drawbridge and a high-level fixed bridge within the existing corridor.

The meeting will be an open house format where people can ask questions and provide comments to FDOT representatives in a one-on-one setting. A video will explain the various alternatives.

Interested people can complete a comment sheet at the meeting or mail it to FDOT by September 8, 2014.

FDOT solicits public participation without regard to race, color, national origin, age, sex, religion, disability or family status. People who require special accommodations under the Americans with Disabilities Act or who require translation services (free of charge) should contact FDOT project manager Tony Sherrard at (863)519-2304 or antone.sherrard@dot.state.fl.us at least seven days prior to the public meeting. If you are hearing or speech impaired, please contact the Florida Department of Transportation using the Florida Relay Service, 1 (800)955-8771 (TDD) or 1 (800)955-8770 (Voice).

For more information about the project or the public meeting, please contact Mr. Sherrard at the phone number or email address listed above.

**Section VII
Notice of Petitions and Dispositions
Regarding Declaratory Statements**

DEPARTMENT OF HEALTH
Board of Massage Therapy
NOTICE IS HEREBY GIVEN that the Board of Massage Therapy has received the petition for declaratory statement from Foot Rest, Inc./Keith Nassetta on August 13, 2014. The petition seeks the agency’s opinion as to the applicability of Sections 480.047, 480.041 and/or 480.034, Florida Statutes, as they apply to the petitioner.
The Petitioner seeks interpretation of Sections 480.047, 480.041 and/or 480.034, Florida Statutes, as to whether a massage therapy license is required to perform foot rubs. Except for good cause shown, motions for leave to intervene must be filed within 21 days after publication of this notice. The Board will address this petition at its October, 2014 meeting.

A copy of the Petition for Declaratory Statement may be obtained by contacting: Christy Robinson, Executive Director, Board of Massage Therapy, 4052 Bald Cypress Way, Bin #C06, Tallahassee, Florida 32399-3256, christy.robinson@flhealth.gov.

**Section VIII
Notice of Petitions and Dispositions
Regarding the Validity of Rules**

Notice of Petition for Administrative Determination has been filled with the Division of Administrative Hearings on the following rules:

NONE

Notice of Disposition of Petition for Administrative Determination has been filled with the Division of Administrative Hearings on the following rules:

NONE

**Section IX
Notice of Petitions and Dispositions
Regarding Non-rule Policy Challenges**

NONE

**Section X
Announcements and Objection Reports of the
Joint Administrative Procedures Committee**

NONE

**Section XI
Notices Regarding Bids, Proposals and
Purchasing**

NONE

**Section XII
Miscellaneous**

NONE

Section XIII
Index to Rules Filed During Preceding
Week

NOTE: The above section will be published on Tuesday beginning October 2, 2012, unless Monday is a holiday, then it will be published on Wednesday of that week.
