

**CHAPTER 65G-14**  
**QUALIFIED ORGANIZATIONS AND WAIVER SUPPORT COORDINATION**

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**65G-14.001 Definitions**

- (1) “Agency” means the Agency for Persons with Disabilities.
- (2) “Clearinghouse” means a database created and maintained by the Agency for Health Care Administration that allows the results of criminal history checks to be shared among specified agencies according to Section 435.12, Florida Statutes (F.S.).
- (3) “Code of Ethics” means a set of values, standards, and principles to guide decision-making and everyday professional conduct of Support Coordinators employed by a Qualified Organization.
- (4) “Consultant” shall have the same meaning as in the Consumer-Directed Care Plus Program Coverage, Limitations, and Reimbursement Handbook (“CDC+ Handbook”), as adopted by Rule 59G-13.088, Florida Administrative Code (F.A.C.).
- (5) “Consumer-Directed Care Plus Program” or “CDC+ Program” means a consumer-directed program that provides an alternative to the Medicaid State Plan and the Home and Community-Based Services Medicaid Waiver (also known as the iBudget Waiver). The CDC+ Program operates under the authority of section 1915(j) of the Medicaid State Plan Amendment of the Social Security Act and is governed by Title 42 of the Code of Federal Regulations, Part 441, and Sections 409.221 and 393.0662(2) and (7), F.S.
- (6) “Corrective Action” means any act of remediation that the Qualified Organization is required to complete in response to any state or federal regulatory agency’s or its representative’s findings of unacceptable performance, nonperformance, or noncompliance with the terms and conditions of this chapter, Rules 65G-4.0213 through 4.0218, F.A.C. (“iBudget Rules”), Chapter 65G-10, F.A.C., Section 393.0663, F.S., or the Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook.
- (7) “Corrective Action Plan” means a plan prepared by the Qualified Organization and approved by the Agency by which the corrective action will be accomplished. A Corrective Action Plan has the same meaning as a Plan of Remediation.
- (8) “Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook” or “iBudget Handbook” refers to the handbook incorporated by reference in Rule 59G-13.070, F.A.C.
- (9) “Employee” means a person who works in the service of an employer, the Qualified Organization, in a relationship in which the employer has the right to control the details of his or her job performance, as opposed to an independent contractor.
- (10) “Home and Community Based Services Waiver” or “Waiver” means the Medicaid waiver authorized by 42 U.S.C. 1396n(c) of the federal Social Security Act and Section 409.906, F.S., that provides Medicaid funding for home and community based services to eligible persons with developmental disabilities who are eligible for Agency services and who live at home or in a home-like setting.
- (11) “Home Region” means the Region in which the applicant submitted its application to become a Qualified Organization and where services will be rendered by the Qualified Organization, if approved. If the applicant wishes to render services in multiple Regions, only one application must be submitted to the Home Region as described in Rule 65G-14.002, F.A.C.
- (12) “iConnect” means the Agency’s designated data management system as described in Section 393.066(2), F.S.
- (13) “Legal Representative” means:
  - (a) For clients under the age of 18 years, the legal representative or health care surrogate appointed by the Florida court to represent the child or anyone designated by the parent(s) of the child to act on the parent(s)’ behalf (e.g., due to military absence).
  - (b) For clients age 18 years or older, the legal representative could be the client, anyone designated by the client through a Power of Attorney or Durable Power of Attorney, a medical proxy under Chapter 765, F.S., or anyone appointed by a Florida court as a guardian or guardian advocate under Chapter 393 or 744, F.S.
- (14) “Medicaid Waiver Services Agreement” or “MWSA” means the voluntary contract as described in Section 409.907, F.S., between the Agency and providers of Medicaid Waiver services to Agency clients, as defined in Section 393.063(7), F.S.
- (15) “Mentee” means a person employed by a Qualified Organization who is guided, advised, or trained by a mentor.
- (16) “Mentor” means a Support Coordinator employed and designated by a Qualified Organization who uses his or her

knowledge, skills, and experience to guide, advise, or train a mentee employed by the same Qualified Organization.

(17) “Ombudsman” means the Agency’s primary point of contact for addressing issues of concern or unresolved issues expressed by clients, legal representatives, providers, and other external stakeholders.

(18) “Qualified Organization” shall have the same meaning as in Section 393.0663(2), F.S.

(19) “Quality Improvement Organization” or “QIO” means a group of health quality experts, clinicians, and consumers contracted with the Agency for Health Care Administration and organized to improve the quality of care delivered to Agency clients.

(20) “Region” means one of six designated local geographical areas served by the Agency. There are six regions across the state of Florida: Northwest, Northeast, Central, Suncoast, Southeast, and Southern.

(21) “Regional Office” means one of the Agency’s offices serving a Region. The contact information for each Regional Office is designated on the Agency’s website.

(22) “Sexual Misconduct” shall have the same meaning as in Section 393.135, F.S.

(23) “Support Coordinator” shall have the same meaning as in Section 393.063, F.S. and the CDC+ Handbook.

(24) “Waiver Support Coordinator” refers to a Support Coordinator who assists clients enrolled on the Medicaid Home and Community-Based Services Waiver.

(25) This rule shall be reviewed, and if necessary, renewed through the rulemaking process five years from the effective date.

*Rulemaking Authority 393.0662, 393.0663, 393.501 FS. Law Implemented 393.063, 393.0662, 393.0663 FS. History—New 7-1-21, Amended 10-25-22.*

#### **65G-14.002 Qualifications.**

(1) Each Qualified Organization must meet the requirements of Section 393.0663, F.S., this rule chapter, and the iBudget Handbook, and be approved by the Agency. A provider agency, as described in the iBudget Handbook, which provides support coordination services prior to the effective date of this rule must apply to and be approved by the Agency before it can be designated as a Qualified Organization.

(2) Application for Approval. Any business entity that wishes to become a Qualified Organization must submit the following to the appropriate Regional Office, which will be known as the applicant’s Home Region:

(a) A completed Qualified Organization Application, APD Form 65G-14.002 A, effective July 1, 2021, incorporated here by reference, and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-12650>;

(b) A copy of the proposed code of ethics described in Rule 65G-14.0041, F.A.C.;

(c) A copy of the proposed disciplinary process described in Rule 65G-14.0042, F.A.C.;

(d) A copy of the proposed mentoring program described in Rule 65G-14.0043, F.A.C.;

(e) A copy of the proposed policies and procedures required by the iBudget Handbook for provider agencies;

(f) A copy of each prospective Support Coordinator’s provider application as described in Rule 65G-4.0215, F.A.C., or Medicaid Waiver Services Agreement (“MWSA”) for existing Support Coordinators; and

(g) A table of organization, including at minimum: the first and last name, position title, contact information including phone number and email address, Medicaid provider number (if applicable), and indicate full or part-time employment for all directors, supervisors, owners, operators, managers, or any other position that directly oversees the operations of any Qualified Organization in the State of Florida or who provides support coordination services regardless of contractual relationship, including a designated mentor(s). The table must indicate in which region each individual operates. If the Qualified Organization operates in multiple regions, the table of organization must be organized by region and a point of contact must be designated for each region.

(3) Qualified Organization Leadership.

(a) Any directors, supervisors, owners, operators, and managers who directly oversee the operations of any Qualified Organization in the State of Florida must have at least a bachelor’s degree from an accredited college or university and two years of experience providing services to persons with developmental disabilities, regardless of whether that individual is an active Support Coordinator.

(b) Any directors, supervisors, owners, operators, and managers who directly oversee the operations of any Qualified Organization in the State of Florida must complete the Level 1 Training described in Rule 65G-10.004, F.A.C., regardless of whether they are Support Coordinators.

(c) Any directors, supervisors, operators, and managers who directly oversee Support Coordinators in the State of Florida must attend a minimum of six (6) monthly support coordinator meetings with Agency staff each year. These meetings can be attended in

any region, although directors, supervisors, operators, and managers who directly oversee Support Coordinators in particular regions must attend at least one meeting in that region or regions each year.

(4) Approval, Denial, or Closure of Applications.

(a) The Agency will review the application and approve or deny complete applications within 90 days of receipt. The Agency will close incomplete applications and notify the applicant that it was closed because it was incomplete.

(b) The Agency will only consider complete applications that include all required information and meet the requirements delineated in this chapter, the iBudget Handbook, and Section 393.0663, F.S. An application is complete upon the Agency's receipt of all requested information and correction of any error or omission for which the applicant was notified.

(c) If the Agency receives an incomplete application, the Agency will notify the applicant within 30 days of receipt. The applicant will have up to 45 calendar days from the date of the notice to submit the documentation, information, or make any corrections designated in the notice. If the applicant does not complete the application within 45 days of the notice, the application must be closed by the Agency. After an application is closed, all documentation and information submitted will no longer be considered, and a new complete application must be submitted for consideration by the Agency. The closure of an application is not Agency action. The closure of an application will not be considered substantively by the Agency in any subsequent application.

(5) If the Qualified Organization intends to operate in multiple Regions, the applicant must indicate such in the application. The region in which the applicant submits the application will be considered the applicant's Home Region, which must be a region in which it provides services.

(6) A Qualified Organization that wishes to expand service provision geographically must comply with Rule 65G-4.0215, F.A.C.

(7)(a) Each Qualified Organization may only hire a Support Coordinator as an employee pursuant to this paragraph and Section 393.0663(1) and (2), F.S., and not as an independent contractor.

(b) Each Qualified Organization must employ a minimum of four Support Coordinators at all times except as described in paragraph (c) of this rule.

(c) If a Qualified Organization should be reduced to employing less than four Support Coordinators, the Qualified Organization has a maximum of 90 days to re-establish a minimum employment of four. For purposes of this rule, mentees count towards the minimum of four Support Coordinators.

(8) Failure to demonstrate compliance with Section 393.0663, F.S., this rule chapter, and the iBudget Handbook shall result in disciplinary action as described in Rule 65G-14.005, F.A.C.

(9) If a Qualified Organization does not provide any Agency approved support coordinator or consultant services under the Waiver for 180 consecutive days, then it shall no longer be recognized as a Qualified Organization under Section 393.0663, F.S.

(10) This rule shall be reviewed, and if necessary, renewed through the rulemaking process five years from the effective date.

*Rulemaking Authority 393.0662, 393.0663, 393.501 FS. Law Implemented 393.063, 393.0662, 393.0663 FS. History—New 7-1-21, Amended 10-25-22.*

#### **65G-14.004 Qualified Organization Duties and Responsibilities – Oversight of Support Coordinators.**

(1) Each Qualified Organization must comply with all requirements identified in Section 393.0663, F.S., which includes ensuring that all Support Coordinator staff have the knowledge, skills, and abilities necessary to competently provide services to individuals with developmental disabilities. Each Qualified Organization must maintain and enforce standards and procedures to ensure that its Support Coordinators are complying with their duties and responsibilities as described in Chapter 393, F.S.; Division 65G, F.A.C.; the iBudget Handbook, and, if applicable, the CDC+ Handbook, including ensuring its Support Coordinators timely request renewal of their MWSA. Qualified Organizations are responsible for promptly addressing complaints/compliance issues regarding its Support Coordinators' performance.

(2) Upon request by the Agency or making any material change, the Qualified Organization must submit the following documentation to any Regional Office(s) in which it provides services to demonstrate compliance with Chapter 393, F.S., the iBudget Handbook, and this rule chapter:

(a) A copy of the code of ethics described in Rule 14.0041, F.A.C.;

(b) A copy of the disciplinary process described in Rule 14.0042, F.A.C.;

(c) A copy of the mentoring program described in Rule 14.0043, F.A.C.;

(d) A copy of the policies and procedures required by the iBudget Handbook for provider agencies; and

(e) Table of organization, including at minimum: the first and last name, position title, contact information including phone number and email address, Medicaid provider number (if applicable), and indicate full or part-time employment for all directors, supervisors, owners, operators, managers, or any other position that directly oversees the operations of any Qualified Organization in the State of Florida or who provides support coordination services regardless of contractual relationship, including a designated mentor(s). If the Qualified Organization operates in multiple regions, the table of organization must be organized by region and a point of contact must be designated for each region.

(3) Upon hiring a prospective Support Coordinator who does not have an active MWSA as a Support Coordinator, the Qualified Organization must submit the provider application as described in Rule 65G-4.0215, F.A.C. to the Regional Office and, if applicable, the dual employment plan as described in the iBudget Handbook.

(4) Upon hiring a Support Coordinator with a Medicaid provider number or upon request by the Agency, the Qualified Organization must submit the following information regarding that Support Coordinator to the appropriate Regional Office that includes:

- (a) The Support Coordinator's first and last name;
- (b) The Support Coordinator's Medicaid provider number;
- (c) Validation that the Support Coordinator is compliant with training required by Section 393.0663(2)(b)11., F.S.; the iBudget Handbook; and Chapter 65G-10, F.A.C.; and

(d) Any disclosures regarding dual employment of the Support Coordinator.

(5) The Qualified Organization must ensure that any Support Coordinator who pursues dual employment complies with the iBudget Handbook requirements pertaining to dual employment, including ensuring the Support Coordinator remains in compliance with the approved dual employment plan and timely addressing any performance and availability issues.

(6) Each Support Coordinator is prohibited from simultaneously working for more than one Qualified Organization.

(7) Upon request by the Agency or within five (5) calendar days of any Support Coordinator vacancy, which means absence or unavailability in excess of 30 calendar days, the Qualified Organization must submit the following information regarding that Support Coordinator to the appropriate Regional Office that includes:

- (a) A list of the clients affected by the absence;
  - (b) The beginning and end dates of the vacancy;
  - (c) The name(s) of a temporary Support Coordinator who will serve the affected clients; and
  - (d) Whether the Support Coordinator left the Qualified Organization voluntarily or involuntarily.
- (8) Support Coordinator Training.

(a) Each Qualified Organization must ensure that its Support Coordinators timely complete all required training in accordance with the iBudget Handbook and Chapter 65G-10, F.A.C.

(b) The Qualified Organization must maintain documentation to validate that each Support Coordinator employed by the Qualified Organization timely completed required training as described in the iBudget Handbook and Chapter 65G-10, F.A.C.

(9) Incident Reporting. The Qualified Organization must ensure Support Coordinators comply with all incident reporting requirements articulated in Sections 415 and 39, F.S., and subsection 65G-2.010(5), F.A.C.

(10) Falsification of documents. The Agency will take disciplinary action in accordance with Rule 65G-14.005, F.A.C., against a Qualified Organization that misrepresents or omits any material fact in any documentation submitted to the Agency.

(11) This rule shall be reviewed, and if necessary, renewed through the rulemaking process five years from the effective date.

*Rulemaking Authority 393.0662, 393.0663, 393.501 FS. Law Implemented 393.063, 393.0662, 393.0663 FS. History—New 7-1-21, Amended 10-25-22.*

### **65G-14.005 Disciplinary Action.**

(1) The purpose of this rule is to notify Qualified Organizations of the ranges of penalties that will routinely be imposed in response to a Qualified Organization's violation(s) of applicable Agency rule(s) or statute(s) and, if applicable, failure to timely correct the violation(s). The Agency will also consider any aggravating and mitigating factors as discussed in this rule when determining the appropriate penalty.

(2) The ranges of penalties are based upon a single count violation of each provision listed. Multiple counts of the violated provisions or a combination of violations may result in a higher penalty than that for a single, isolated violation.

(3) If a Qualified Organization wishes to voluntarily relinquish its authorization to provide support coordination services, then

the Qualified Organization may do so only with the approval of the Agency. If the voluntary relinquishment is accepted by the Agency at the time an investigation is underway, or is anticipated, or when a disciplinary action is in progress, the Agency shall continue to follow through with any determination that a violation has occurred or that the disciplinary action in progress has not been completed, and shall consider such information with any future application to operate as a Qualified Organization.

(4) The Agency may impose more than one type of disciplinary action if it appears necessary to achieve compliance or protect the health, safety, and welfare of Agency clients. The ranges of penalties are as follows:

<b>Violation</b>	<b>First Offense</b>	<b>Additional Offense(s)</b>
(a) Failure to employ four or more support coordinators. (Section 393.0663(2)(b)1., F.S., and subsection 65G-14.002(7), F.A.C.)	Moratorium on new client assignments until minimum requirements are met. If the QO does not meet the minimum WSC requirements within 90 days.	Moratorium on new client assignments, fine up to \$100 per day.
(b) Failure of any directors, supervisors, owners, operators, and managers who directly oversee the operations of any Qualified Organization in the State of Florida to have at least a bachelor's degree from an accredited college or university and two years of experience providing services to persons with developmental disabilities. (Paragraph 65G-14.002(3)(a), F.A.C.)	Corrective Action Plan and/or fine per occurrence up to \$500.	Corrective Action Plan, fine per occurrence up to \$1,000.
(c) Failure of any directors, supervisors, operators, and managers who directly oversee Support Coordinators in the State of Florida to complete Level 1 Training as described in Rule 65G-10.004, F.A.C., regardless of whether they are Support Coordinators. (Paragraph 65G-14.002(3)(b), F.A.C.)	Fine per occurrence up to \$500.	Fine per occurrence up to \$1,000.
(d) Failure of any director, supervisor, operator, or manager who directly oversees Support Coordinators in the State of Florida to attend a minimum of six (6) monthly support coordinator meetings with Agency staff each year, including at least one meeting in each region served by that particular director, supervisor, operator, or manager. (Paragraph 65G-14.002(3)(c), F.A.C.)	Fine per occurrence up to \$500.	Fine per occurrence up to \$1,000.
(e) Failure to report to the Agency a violation of ethical or professional conduct by Support Coordinators employed by that organization within seven (7) calendar days. (Section 393.0663(3)(a), F.S., and subsections 65G-14.003(1), (2), and 65G-14.0041(4), F.A.C.)	Corrective Action Plan and/or fine up to \$250 per violation.	Fine up to \$1,000 per violation.
(f) Failure to report any violation that could cause a client's physical, mental, or emotional health to be significantly impaired to the Agency within 24 hours of discovering the violation. (Subsection 65G-14.003(1), F.A.C.)	Corrective Action Plan that includes re-training on zero tolerance and reporting requirements and/or fine up to \$1,000 per violation.	Corrective Action Plan that includes re-training on zero tolerance and reporting requirements, fine up to \$2,000 per violation.

<p>(g) Failure to immediately report abuse, neglect, exploitation, or abandonment of a client to the Florida Abuse Hotline in compliance with Sections 415.1034 and 39.201, F.S. (Subsection 65G-14.003(2), F.A.C.)</p>	<p>Corrective Action Plan that includes re-training on zero tolerance and reporting requirements and/or a fine up to \$1,000 per violation.</p>	<p>Corrective Action Plan that includes re-training on zero tolerance and reporting requirements, a fine up to \$2,000 per violation.</p>
<p>(h) Failure to include all required information in any report to the Agency as required by subsection 14.003(2), F.A.C. (Rule 65G-14.003(2), F.A.C.)</p>	<p>Corrective Action Plan.</p>	<p>Corrective Action Plan and fine up to \$100 per occurrence.</p>
<p>(i) Failure to maintain an active and accurate roster within the Clearinghouse to ensure all Support Coordinators have active and eligible level II background screenings. (Subsection 65G-14.003(3), F.A.C.)</p>	<p>Corrective Action Plan, and/or fine up to \$250.</p>	<p>Corrective Action Plan, fine of up to \$500 per person, per day.</p>
<p>(j) Failure to ensure that all Support Coordinators complete level II background screening upon hire and maintain eligible status within the Clearinghouse in accordance with Section 393.0655 and Chapter 435, F.S. (Subsection 65G-14.003(3), F.A.C.)</p>	<p>Corrective Action Plan that includes retraining on Background Screening requirements, and/or fine up to \$500 per person, per day.</p>	<p>Corrective Action Plan, fine up to \$1,000 per person, per day.</p>
<p>(k) Failure to provide each client or, if applicable, his or her legal representative, with an invitation to take a client satisfaction survey during each client's annual support plan meeting. (Section 393.0663(3)(b), F.S., and subsection 65G-14.003(5), F.A.C.)</p>	<p>Fine up to \$100 per occurrence.</p>	<p>Fine up to \$250 per occurrence.</p>
<p>(l) Failure to maintain and enforce standards and procedures to ensure that its Support Coordinators are complying with their duties and responsibilities as described in Chapter 393, F.S.; Division 65G, F.A.C.; the iBudget Handbook, and, if applicable, the CDC+ Handbook. (Sections 393.0663(2)(b)2.-9., F.S., and subsection 65G-14.004(1), F.A.C.)</p>	<p>Corrective Action Plan, fine up to \$500 per occurrence, and/or moratorium on new client assignments.</p>	<p>Corrective Action Plan, fine up to \$1,000 per occurrence, moratorium on new client assignments.</p>
<p>(m) Failure to promptly address complaints/compliance issues regarding Support Coordinators' performance. (Subsection 65G-14.004(1), F.A.C.)</p>	<p>Corrective Action Plan and/or fine up to \$500.</p>	<p>Corrective Action Plan with a moratorium on new client assignments for the specified Support Coordinator until complaint(s) is remediated, fine up to \$2,000.</p>
<p>(n) Failure to submit documentation to the appropriate Regional Office(s) upon the Agency's request or making a material change to any of the documents described in subsection 65G-14.004(2), F.A.C. (Paragraphs 65G-14.004(2)(a)-(e), F.A.C.)</p>	<p>Corrective Action Plan and/or fine up to \$100.</p>	<p>Corrective Action Plan and/or fine up to \$500.</p>
<p>(o) Failure to submit and maintain initial and/or updated dual employment forms for a Support Coordinator.</p>	<p>Corrective Action Plan.</p>	<p>Corrective Action Plan and/or fine up to \$100 per day until plan is submitted.</p>

(Paragraphs 65G-14.004(5)(b)-(c), F.A.C.)		
(p) Failure to ensure that any Support Coordinator who is dually employed complies with the approved dual employment plan. (Paragraph 65G-14.004(5)(a), F.A.C.)	Corrective Action Plan, potential moratorium on new client assignments, and/or fine up to \$500 per occurrence.	Moratorium on new client assignments, fine up to \$1,000 per occurrence.
(q) Failure to timely submit information relating to a Support Coordinator's vacancy in excess of 30 calendar days to the appropriate Regional Office. (Subsection 65G-14.004(7), F.A.C.)	Corrective Action Plan and potential moratorium on new client assignments.	Fine up to \$1,000 per occurrence and potential moratorium on new client assignments.
(r) Failure to ensure that its Support Coordinators timely complete all required training in accordance with the iBudget Handbook and Chapter 65G-10, F.A.C., including maintaining documentation to validate successful completion. (Sections 393.0663(2)(b)10.-11., F.S., and paragraphs 65G-14.004(8)(a)-(b), F.A.C.)	Corrective Action Plan.	Corrective Action Plan and a fine up to \$500 per occurrence.
(s) Failure to ensure all Support Coordinators comply with all incident reporting requirements articulated in Chapters 415 and 39, F.S., and subsection 65G-2.010(5), F.A.C. (Subsection 65G-14.004(9), F.A.C.)	Corrective Action Plan, and/or fine up to \$100.	Corrective Action Plan and fine up to \$500 per occurrence.
(t) The Qualified Organization misrepresented or omitted any material fact in any documentation submitted to the Agency. (Subsection 65G-14.004(10), F.A.C.)	Fine up to \$1,000 per occurrence.	Fine up to \$5,000 per occurrence.
(u) Failure to maintain and enforce an approved professional code of ethics applicable to all its Support Coordinators. (Subsection 65G-14.0041(1), F.A.C.)	Corrective Action Plan, a fine per violation up to \$1,000, and/or a moratorium on new client assignments.	Corrective Action Plan with a fine per violation up to \$5,000, a moratorium on new client assignments.
(v) Failure to report to the Agency a violation of the code of ethics by any Support Coordinator(s) employed by that organization. (Subsection 65G-14.0041(2), F.A.C.)	Corrective Action Plan, a fine per violation up to \$500, and/or a moratorium on new client assignments.	Corrective Action Plan with a fine per violation up to \$1,000, a moratorium on new client assignments.
(w) Failure to include all required provisions articulated in paragraphs 65G-14.0041(2)(a)-(i), F.A.C., in a code of ethics that was modified after it was approved. (Subsection 65G-14.0041(2), F.A.C.)	Corrective Action Plan.	Corrective Action Plan and/or moratorium on new client assignments.
(x) Failure to comply with any requirement articulated in subsection 65G-14.0041(3), F.A.C., regarding making available and reviewing the approved code of ethics with the client or, if applicable, legal representative on an annual basis or immediately upon request. (Subsection 65G-14.0041(3), F.A.C.)	Corrective Action Plan, and/or a fine per violation up to \$500.	Corrective Action Plan with a fine per violation up to \$2,500, a moratorium on new client assignments.

(y) Failure to maintain or enforce an approved disciplinary process in accordance with Rule 65G-14.0042, F.A.C. (Subsections 65G-14.0042(1)-(4), F.A.C.)	Corrective Action Plan, a fine per violation up to \$1,000 and/or a moratorium on new client assignments.	Corrective Action Plan with a fine per violation up to \$5,000, a moratorium on new client assignments.
(z) Failure to fully implement an approved Corrective Action Plan within the timeframes described therein. (Subsection 65G-14.0042(5), F.A.C.)	Fine up to \$1,000 per day.	Fine up to \$2,000 per day, moratorium on new client assignments.
(aa) Failure to implement an Agency-approved mentoring program. (Section 393.0663(2)(b)12., F.S., and subsections 65G-14.0043(1) and (3), F.A.C.)	Corrective Action Plan and/or fine up to \$1,000 per occurrence.	Corrective Action Plan, fine up to \$5,000 per occurrence.
(bb) Allowing a mentee to perform WSC duties without a mentor. (Paragraph 65G-14.0043(1)(c), F.A.C.)	Corrective Action Plan and/or fine up to \$500.	Corrective Action Plan, Fine up to \$2,500.
(cc) Designating a mentor who does not meet the minimum qualifications. (Paragraph 65G-14.0043(4)(d), F.A.C.)	Corrective Action Plan and/or fine up to \$750 per occurrence.	Corrective Action Plan, fine up to \$4,000 per occurrence.
(dd) Failure to comply with requirements pertaining to completion of the mentoring program. (Paragraphs 65G-14.0043(10)(a)-(c), F.A.C.)	Corrective Action Plan and/or fine up to \$500.	Corrective Action Plan, fine up to \$2,000.
(ee) Failure to comply with any other applicable laws or rules. (Section 393.0663(3)(c), F.S.)	Corrective Action Plan, a fine per violation up to \$1,000 and/or a moratorium on new client assignments.	Corrective Action Plan, fine up to \$5,000.

(5) The Agency shall consider whether any of the following mitigating factors are present, which indicate that less severe disciplinary action is warranted:

(a) The gravity of the violation(s) is not severe, meaning it did not involve the abuse, neglect, exploitation, abandonment, death, or serious physical or mental injury of a client or other individual; death or serious physical or mental injury could not reasonably have resulted from the violation; and the violation has not resulted in permanent or irrevocable injuries, damage to property, or loss of property or client funds;

(b) The Qualified Organization has already taken or is taking remedial action to correct the violation(s) and the corrective action was taken promptly;

(c) The violation has not occurred previously or, if it has occurred, the length of time since the last violation was substantial;

(d) The violation(s) affects only one client, as opposed to several clients under the care of Support Coordinators employed by the Qualified Organization;

(e) The Qualified Organization reported the violation(s) within the timeframes described in this chapter;

(f) The Qualified Organization has cooperated with the Agency, AHCA, DCF, and/or the QIO regarding the violation(s); and

(g) Any other relevant mitigating factors.

(6) In addition to mitigating factors, the Agency shall also consider whether any of the following aggravating factors are present, which indicate that more severe disciplinary action is warranted:

(a) The gravity of the violation(s) is severe, meaning it either involved the abuse, neglect, exploitation, abandonment, death, or serious physical or mental injury of a client or other individual; death or serious physical or mental injury could reasonably have resulted from the violation(s); or the violation has resulted in permanent or irrevocable injuries, damage to property, or loss of property or client funds;

(b) There have been repeat instances of the same or similar violation by the Qualified Organization or its Support Coordinator(s), with consideration of the amount of time that has passed;

(c) There have been other violations, with consideration of the amount of time that has passed;

(d) For violations identified by the Agency or the QIO, the Qualified Organization did not rectify the violations identified in the



Corrective Action Plan within the timeframe identified in the Corrective Action Plan;

(e) For violations identified by the Qualified Organization, the Qualified Organization did not rectify the violation(s) within a reasonable timeframe;

(f) The violation(s) negatively affects multiple clients under the care of a Support Coordinator employed by the Qualified Organization;

(g) The violation(s) involves more than one Support Coordinator employed by the Qualified Organization;

(h) The Qualified Organization has been aware of the violation(s) for more than seven (7) working days and has failed to report the violation to the Agency;

(i) The Qualified Organization has been aware of the violation(s) for more than seven (7) working days and has not initiated action to rectify the violation;

(j) The Qualified Organization has failed to cooperate with the Agency, AHCA, DCF, and/or the QIO regarding the violation(s); and

(k) Any other relevant aggravating factors.

(7) The Agency considers any violation that only results in a Corrective Action Plan as described in subsection (5) of this rule to be a minor violation as described in Section 120.695, F.S.

(8) This rule shall be reviewed, and if necessary, renewed through the rulemaking process five years from the effective date.

*Rulemaking Authority 393.0662, 393.0663, 393.501 FS. Law Implemented 393.063, 393.0662, 393.0663 FS. History—New 7-1-21, Amended 10-25-22.*