

## Notice of Development of Rulemaking

### DEPARTMENT OF CHILDREN AND FAMILIES

#### Agency for Persons with Disabilities

RULE NOS.:      RULE TITLES:

65G-14.001      Definitions.  
65G-14.002      Qualifications.  
65G-14.003      Agency Monitoring and Oversight.  
65G-14.004      Qualified Organization Duties and Responsibilities – Oversight of Support Coordinators.  
65G-14.0041     Qualified Organization Duties and Responsibilities – Code of Ethics.  
65G-14.0042     Qualified Organization Duties and Responsibilities – Disciplinary Process.  
65G-14.0043     Qualified Organization Duties and Responsibilities – Mentoring Program.  
65G-14.005      Disciplinary Action.

**PURPOSE AND EFFECT:** The purpose and effect of these new rules is to ensure that waiver support coordinators have the knowledge, skills, and abilities necessary to competently provide services to persons with developmental disabilities. These rules will implement and interpret statutory changes pursuant to Chapter 2020-71, Laws of Florida, regarding qualified organizations and waiver support coordinators.

**SUBJECT AREA TO BE ADDRESSED:** The subject areas to be addressed in these new rules include requirements for qualified organizations, including minimum requirements for each qualified organization’s code of ethics, disciplinary process, and mentoring program, as well as what and when qualified organizations must report to the Agency. These rules also address a qualified organization’s violation(s) of Agency rule(s) or statute(s) and the range of actions the Agency may take in response.

**RULEMAKING AUTHORITY:** 393.501(1), 393.0663(5), FS.

**LAW IMPLEMENTED:** 393.0663(2), 393.0663(3), 393.0663(4), FS.

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

**DATE AND TIME:** November 18, 2020, 10:00 a.m. Eastern Time

**PLACE:** Attendees may register for the hearing at: <https://attendee.gotowebinar.com/register/2428531325265148940>. After registering, a confirmation email will be received containing information about joining the webinar, and opportunities to offer comments and questions will be available.

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: Danielle Thompson at (850)922-4556 or [Danielle.Thompson@apdcare.org](mailto:Danielle.Thompson@apdcare.org). 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, IF AVAILABLE, IS:** Danielle Thompson, Senior Attorney, Agency for Persons with Disabilities, 4030 Esplanade Way, Suite 335, Tallahassee, FL 32399, (850)922-4556, [Danielle.Thompson@apdcare.org](mailto:Danielle.Thompson@apdcare.org).

**THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:**

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 Agency findings of unacceptable performance, nonperformance, or noncompliance with the terms and conditions of this chapter, section 393.0663, F.S., or the Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook.

(7) “Corrective Action Plan” means a mutually agreed upon 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, Florida Administrative Code.

(9) “Mentee” means a person employed by a Qualified Organization who is guided, advised, or trained by a mentor.

(10) “Mentor” means a Support Coordinator employed by a Qualified Organization who uses his or her superior knowledge, skills, and experience to guide, advise, or train a mentee employed by the same Qualified Organization.

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

(12) “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.

(13) “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.

(14) “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.

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

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

*Rulemaking Authority 393.0663(5), 393.501(1) F.S. Law Implemented 393.0662, 393.0663, 393.063, F.S. History–New.*

#### **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. Provider agencies, as described in the iBudget Handbook, which provide support coordination services prior to the effective date of this rule must apply to and be approved by the Agency before they can be designated as a Qualified Organizations.

(2) Application for Approval. Any business entity that wishes to become a Qualified Organization must submit the following to the appropriate Regional Office:

(a) A completed Qualified Organization Application, APD Form 65G-14.002 A, effective [to be determined], incorporated here by reference, and available at [TBD];

(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 Waiver Support Coordinator’s provider application as described in Rule 65G-4.0215, F.A.C., or Medicaid Waiver Services Agreement (“MWSA”); 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 who directly oversees the operations of any Qualified Organization in the State of Florida, 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 or not 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 Level 1 Training as described in Rule 65G-10.004, F.A.C.

(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 meetings with Agency staff each year and complete required training as described in the iBudget Handbook and chapter 65G-10, F.A.C.

(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.

1. 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.

2. If the Agency receives an incomplete application, the Agency will notify the applicant. The applicant will have 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) Once the Agency approves a Qualified Organization, the two entities shall sign a MWSA. The MWSA for Qualified Organizations, APD Form 65G-14.002 B, effective \_\_\_\_ [to be determined] \_\_\_\_, incorporated here by reference, is available at [TBD]. If the Qualified Organization intends to operate in multiple Regions, the applicant must indicate such in the application.

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

(7) Each Qualified Organization must employ four or more Support Coordinators. 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.

(8) Renewal. Each Qualified Organization's MWSA must be renewed at least every five (5) years.

(a) The Qualified Organization must request renewal from the Regional Office at least 90 days prior to the expiration of the current MWSA. The failure to request renewal at least 90 days prior to the expiration of the current MWSA shall be considered a violation and may result in disciplinary action as described in Rule 65G-14.005, F.A.C.

(b) The Qualified Organization must submit the following documents to the pertinent Regional Office to request renewal:

1. The current signed MWSA;
2. The declaration page of general/professional liability insurance;
3. Proof of level 2 background screening; and
4. Local criminal records check.

(c) Failure to request renewal prior to expiration of the MWSA will require the Qualified Organization to submit a new application in accordance with paragraph (2) of this Rule.

(9) Failure to demonstrate compliance with section 393.0663, F.S., this Rule Chapter, and the iBudget Handbook will result in disciplinary action as described in Rule 65G-14.005, F.A.C., including denying renewal of the MWSA.

Rulemaking Authority 393.0663(5), 393.501(1) F.S. Law Implemented 393.0662, 393.0663, 393.063 F.S. History–New.

65G-14.003 Agency Monitoring and Oversight.

(1) To enable the Agency to comply with section 393.0663(3), F.S., each Qualified Organization must report to the Agency any violation of ethical or professional conduct by Support Coordinators employed by that organization within seven (7) calendar days of discovering the violation, unless the violation threatens the health and safety of a client(s). Any violation that could cause a client’s physical, mental, or emotional health to be significantly impaired must be reported to the Agency within 24 hours of discovering the violation. Violations shall be treated as discovered by a Qualified Organization as of the first day on which such violation is known or by exercising reasonable diligence should have been known to the Qualified Organization. For the purposes of this section, a “violation of ethical or professional conduct” shall include any of the following actions on the part of a Support Coordinator:

(a) Unprofessional interactions with a client, legal representative, service provider, or Agency staff member as evidenced by documented or observed instances of screaming, yelling, cursing, or physical altercations as well as engaging in flirtatious, romantic, or sexual behavior with a client;

(b) Arrest for a disqualifying criminal offense as described in sections 393.0655(5) and 435.04(2), F.S.;

(c) Verified finding of abuse, neglect, exploitation, or abandonment;

(d) Falsification of documentation;

(e) Accidental or incidental unauthorized disclosure of a client’s confidential or private information;

(f) Unauthorized disclosure of a client’s confidential or private information;

(g) Failure to perform support coordination duties necessary to comply with legal notices regarding client services;

(h) Failure to perform support coordination duties, as required by statutes and administrative rules, including the iBudget Handbook, which jeopardize or are likely to jeopardize the health, safety, or welfare of a client;

(i) Borrowing or attempting to borrow funds from a client;

(j) Diverting clients to specific providers and not facilitating provider choice;

(k) Not including accurate contact information to serve clients and, if applicable, legal representatives;

(l) Material or repeated occurrences of Support Coordinators making errors inputting data in the Agency’s designated data management system; and

(m) Any violation of the Qualified Organization’s code of ethics.

(2) To report a violation(s), the Qualified Organization must send an e-mail message to the pertinent Regional Office. Any violation involving abuse, neglect, exploitation, or abandonment of a client must also be immediately reported to the Florida Abuse Hotline in compliance with sections 415.1034 and 39.201, F.S. The e-mail to the Agency must include the following information:

(a) Name of the Qualified Organization;

(b) Name and Medicaid provider identification number of the Support Coordinator(s) with reported ethical or legal violation;

(c) A detailed description of the violation(s);

(d) Action(s) taken by the Qualified Organization against the Support Coordinator(s); and

(e) Any action(s) taken by the Qualified Organization intended to reduce the likelihood of recurrence of the violation.

(3) All Qualified Organizations must maintain an active and accurate roster within the Clearinghouse to ensure all Support Coordinators have active and eligible level II background screenings. All Support Coordinators must complete level II background screening upon hire and maintain an eligible status within the Clearinghouse in accordance with section 393.0655 and chapter 435, F.S.

(4) If any client or, if applicable, his or her legal representative has a concern or complaint that the Qualified Organization has failed to resolve using their complaint and grievance procedure, then the client or legal representative may submit the complaint or grievance to the State Ombudsman at <https://apd.myflorida.com/contacts/>.

(5) The Qualified Organization shall provide each client or, if applicable, his or her legal representative, with an invitation to take a client satisfaction survey, APD Form 65G-14.003 A, effective [to be determined] and incorporated here by reference, during the month of August each year.

(6) A Qualified Organization's failure to properly report a known violation described in this Rule constitutes a separate and additional violation.

*Rulemaking Authority 393.0663(5), 393.501(1) F.S. Law Implemented 393.0662, 393.0663, 393.063 F.S. History–New.*

#### 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.; title 65G, F.A.C.; and the iBudget Handbook, including ensuring its Support Coordinators timely request renewal of their MWSA in accordance with the procedures established in Rule 65G-14.002(8), F.A.C. Qualified Organizations are responsible for promptly addressing complaints 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;

(c) A copy of the mentoring program described in Rule 14.0043;

(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 who directly oversees the operations of the Qualified Organization in the State of Florida, 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 request by the Agency or upon hiring a new Support Coordinator, 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 passed the competency-based assessment(s) required by section 393.0663(2)(b)11., F.S. and has completed required training;

(d) A sworn statement indicating whether the Support Coordinator has had any ethical or legal violations and, if so, the nature of the violation(s); and

(e) Any disclosures regarding dual employment of the Support Coordinator. The Qualified Organization must ensure that any Support Coordinator who pursues dual employment complies with the iBudget Handbook requirements pertaining to dual employment. The Qualified Organization must sign and maintain the Support Coordinator Dual Employment MWSA Attachment (Attachment "C"), APD Form 65G-14.004 A, effective [to be determined] and incorporated here by reference.

(4) The Support Coordinator Dual Employment MWSA Attachment discussed in paragraph (3)(e) must also be executed and maintained whenever any Support Coordinator employed by the Qualified Organization proposes to change his or her dual employment.

(5) Upon request by the Agency or 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;

(d) If the Support Coordinator involuntarily left the Qualified Organization, the reason for that Support Coordinator leaving.

(6) 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. This includes training certificates and, if applicable, a copy of the approved In-Service Training Course Application and daily attendance sheets as described in Chapter 65G-10, F.A.C.

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

(8) 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.

Rulemaking Authority 393.0663(5), 393.501(1) F.S. Law Implemented 393.0662, 393.0663, 393.063 F.S. History–New.

65G-14.0041 Qualified Organization Duties and Responsibilities – Code of Ethics.

(1) Each Qualified Organization must develop, maintain, and enforce a professional code of ethics applicable to all Support Coordinators within the organization. Failure to develop, maintain, or enforce a professional code of ethics shall constitute grounds for the Agency to deny approval of or take disciplinary action against the Qualified Organization.

(2) The code of ethics must include:

(a) Provisions addressing how the Qualified Organization will prevent and avoid actual and perceived conflicts of interest among its Support Coordinators, which must prohibit each Support Coordinator from:

1. Being the legal representative, applying to be the legal representative, or being affiliated with an organization or person who is the legal representative of a client served by the Qualified Organization;

2. Being the legal representative or representative payee for any benefits received by a client served by the Qualified Organization nor assume control of a client's finances or assume possession of a client's checkbook, investments, or cash;

3. Rendering support coordination services to a client, when an employee of the Qualified Organization is a family member of the client, unless the client does not receive services in the region(s) where the Support Coordinator provides support coordination;

4. Rendering support coordination services to a client, when a provider is a family member of the Support Coordinator;

5. Securing paid services on behalf of a client from a service provider who is a family member of the provider or any employee of the Qualified Organization;

6. Providing any waiver service other than support coordination;

7. Being a subsidiary of, or function under the direct or indirect control of, persons or organizations providing waiver services within the state of Florida, other than support coordination and related administrative activities to clients who receive services from the Agency; and

8. Receiving financial benefit from service delivery to a family member.

9. Providing assistance to the client on the satisfaction survey

(b) Provisions mandating every Support Coordinator to promote client choice as described in the iBudget Handbook, including freedom to direct service planning and choose a provider from all available providers;

(c) Provisions addressing how the Qualified Organization will ensure that clients' rights under section 393.13, F.S. are protected, including reporting known or suspected abuse, neglect, exploitation, and sexual misconduct;

(d) Provisions encouraging fairness, integrity, and civility, including providing honest and accurate information verbally and in writing, being available for clients, timely responding to communications from clients and Agency staff, and cooperating and collaborating with others involved in client care;

(e) Provisions requiring Support Coordinators to only pursue services for clients that the Support Coordinator believes in good faith are covered, individualized, and appropriately linked to the client's actual need, as opposed to seeking services solely for the convenience of the client, the client's caretaker, or the provider without consideration of the requirements of the iBudget Handbook and natural and community supports;

(f) Provisions prohibiting Support Coordinators from requesting services through the Waiver that are not covered and are not medically necessary;

(g) Provisions requiring Support Coordinators to explore all available services through the Medicaid State Plan, school-based services, private insurance, other benefits, and any other resources, such as local, state, and federal government and non-government programs or services and natural or community supports, that might be available prior to requesting Waiver funds on behalf of the client;

(h) Provisions requiring confidentiality and privacy of client information; and

(i) Provisions addressing Support Coordinator duties and responsibilities described in Chapter 393, F.S. and the iBudget Handbook, including:

1. Ensuring Significant Additional Needs requests are complete and accurate when submitted;

2. Assisting clients and, if applicable, legal representatives obtain services through the Medicaid state plan;

3. Maintaining updated and accurate contact and demographic information for clients and legal representatives in the Agency's designated data management system;

4. Participating in meetings required by the Agency;

5. Participating in meetings coordinating services on behalf of the client;

6. Assisting clients and, if applicable, their legal representative with the process for addressing client complaints and grievances regarding possible service delivery issues;

7. Ensuring clients' health and safety during natural disasters; and

8. Updating service authorizations in the Agency's designated data management system to reflect the current, approved level of service(s) and providing the updated service authorizations to providers.

(3) The Qualified Organization must make the approved code of ethics available to all its employed Support Coordinators and must review and provide a copy of the code of ethics to each client or, if applicable, client's legal representative on an annual basis or immediately upon request.

(4) Upon discovering that a Support Coordinator has violated the code of ethics, the Qualified Organization must send a report to the Agency as described in 65G-14.003, F.A.C.

Rulemaking Authority 393.0663(5), 393.501(1) F.S. Law Implemented 393.0662, 393.0663, 393.063 F.S. History–New.

#### 65G-14.0042 Qualified Organization Duties and Responsibilities – Disciplinary Process.

(1) Each Qualified Organization must develop, maintain, and enforce a disciplinary process applicable to all Support Coordinators within the organization. Failure to develop, maintain, or enforce a disciplinary process shall constitute grounds for the Agency to deny the application of or take disciplinary action against the Qualified Organization.

(2) The disciplinary process must, at a minimum, include:

(a) Comprehensive review of the violation(s) to determine its impact within the Organization, including its impact on service delivery to clients;

(b) Any Support Coordinator who is responsible for a violation will meet with his or her supervisor to review and address the violation(s), which may include:

1. Discussing factors that led to the violation(s);

2. Discussing whether this is a repeat violation for the Support Coordinator; and

3. Discussing how the violation will be avoided or prevented from recurring, which may include requiring additional training for the Support Coordinator or the development of additional job aides to help the Support Coordinator improve his or her job performance.

(c) Disciplinary action commensurate with the Support Coordinator's violation(s), including consideration of whether it is a repeat violation and its gravity; and

(d) Appropriate follow-up.

(3) The Qualified Organization must make the approved disciplinary process available to all its employed Support Coordinators and must review and provide a copy of the disciplinary process to each client or, if applicable, client's legal representative on an annual basis.

(4) A Qualified Organization's failure to enforce its disciplinary process against a Support Coordinator responsible for a violation(s) constitutes a violation by the Qualified Organization.

(5) Agency Oversight.

(a) Within 10 days of receiving notice from the Regional Office that the Qualified Organization or any of its Support Coordinators violated rules or statutes designated in Rule 65G-14.005, the Qualified Organization must submit to the Agency's Regional Office a proposed Corrective Action Plan that contains all of the following:

1. The actions the Qualified Organization and, if applicable, individual Support Coordinators will take to correct each of the violations identified and to comply with the applicable requirements;

2. The name of the staff person(s) responsible for completing each action; and

3. A timeframe for accomplishing each action.

(b) The Agency will reject any proposed Corrective Action Plan that fails to identify all of the information described in paragraph (5)(a) of this rule. If the Agency rejects a proposed Corrective Action Plan, the Agency shall notify the Qualified Organization in writing of the reasons for rejection and require the Qualified Organization to submit an amended Corrective Action Plan addressing the deficiency or deficiencies within five business days of receipt of the Agency's notice rejecting the Corrective Action Plan.

(c) The Qualified Organization is responsible for ensuring that the Corrective Action Plan is fully implemented within the timeframes designated in the Corrective Action Plan, which includes documenting in writing all action taken to correct a violation.

(d) If the Qualified Organization fails to remediate a violation pertaining to the Qualified Organization or any of its Support Coordinators within the timeframes established in the Corrective Action Plan or the violation reoccurs within the same 12-month period, the Agency may take action against the Qualified Organization as described in Rule 14.005, F.A.C.

(e) Where the violation presents a danger to the health, safety, or welfare of a client(s), the Agency may take immediate action as described in Rule 14.005, F.A.C.

Rulemaking Authority 393.0663(5), 393.501(1) F.S. Law Implemented 393.0662, 393.0663, 393.063 F.S. History–New.

65G-14.0043 Qualified Organization Duties and Responsibilities – Mentoring Program.

(1) In addition to completing required training as provided in the iBudget Handbook and Rule 65G-10.004, F.A.C., any person who has worked as a Waiver Support Coordinator for less than 12 months before joining the Qualified Organization must complete an Agency-approved mentoring program offered by his or her Qualified Organization. Mentees will only receive credit for participating in a mentoring program approved by the Agency.

(2) Mentees are not authorized to carry their own independent caseload.

(3) The Qualified Organization must request approval from the Agency Regional Office prior to implementing a new mentoring program or changing an approved mentoring program. The request must include, in writing, a copy of the Qualified Organization's policies or procedures concerning the mentoring program. These policies or procedures must require:

(a) A mentee to shadow or observe a mentor over the course of no less than three months, and participate in the following:

1. Support plan meetings involving the mentor's clients;

2. Meetings coordinating providers' support for at least six (6) of the mentor's clients;



3. At least nine (9) face-to-face visits in a variety of settings, including meetings with clients in family homes, supported living arrangements, and licensed facilities;

4. Meetings with the Agency, including the Regional Office and State Office meetings, which occur while the mentee is participating in the mentoring program;

5. Discussions to educate clients and families regarding identifying and preventing abuse, neglect, and exploitation;

6. Instructions to clients and families on mandatory reporting requirements for abuse, neglect, and exploitation;

7. Submission of client cost plans, service authorizations, and claims in iConnect;

8. Use of iConnect for case management activities; and

9. Supported Living Quarterly Meeting.

(b) A mentee to shadow or observe a mentor or, if applicable, other Support Coordinator employed by the Qualified Organization, participate in the following if they occur while the mentee is participating in the mentoring program:

1. Submission of a Significant Additional Needs (“SAN”) request;

2. Medicaid eligibility redetermination process; and

3. The comprehensive needs assessment.

(c) If the events discussed in subparagraph (3)(b) do not occur while the mentee is participating in the mentoring program, the Qualified Organization must review these processes, including the documentation in the client’s central record, with the mentee.

(d) Mentors to:

1. Have at least three (3) years of experience working full-time as a Waiver Support Coordinator;

2. Have an active caseload with at least ten (10) clients;

3. Have no ethical violations within the past three (3) years;

4. Have no unresolved QIO background screening alerts for the past three years;

5. Remain in compliance with required training as specified in the iBudget Handbook and Chapter 65G-10, F.A.C.;

6. Pass competency-based assessments described in section 393.0663, F.S. with a score of 90% or better;

7. Have no delinquent Corrective Action Plan per QIO review or Agency audit, or timely resolve any Corrective Action Plan required while the Support Coordinator is a mentor;

8. Have no more than three mentees assigned to him or her at any given time; and

9. Ensure that, if the mentor’s clients do not require any of the items listed in subsection (3) but another Support Coordinator employed by the Qualified Organization has a client(s) who does, the mentee can acquire the necessary experience with the other Support Coordinator.

(e) If the Qualified Organization operates in multiple regions, a statement regarding how the mentor will meet the mentoring program requirements.

(4) Agency staff will provide a written certificate to mentees who attend the meetings discussed in subparagraph (3)(a)4. of this Rule. The mentee must maintain this documentation to validate successful completion.

(5) Any Qualified Organization that intends to provide consultation services for clients enrolled in the CDC+ program must include guidance and instructions with respect to the CDC+ Handbook, in its mentoring program, including observing or shadowing a consultant:

(a) Review draft, denied, or updated purchasing plans, if applicable, or review the current purchasing plans; and

(b) Submit a SAN request, if applicable, or review the most recent SAN request that was submitted.

(6) The Agency must only approve mentoring programs that address the requirements identified in section (3) and, if applicable, section (5) of this Rule.

(7) The Agency must send the applicant written notice indicating approval or denial of the proposed mentoring program within the timeframes established in Rule 65G-14.002(4), F.A.C., as well as the reasons for a denial, if applicable.

(8) The prospective Support Coordinator must successfully complete the Level 2 Training before completing the mentoring program.

(9) Support Coordinator Mentoring Program Completion.

(a) For a mentee to receive credit for completing a mentoring program, the mentor must issue a letter indicating the mentee’s successful completion of the mentoring program on APD Form 65G-14.0043 A, effective \_\_\_\_\_ [to be determined] \_\_\_\_\_, incorporated here by reference, to the mentee and the Agency’s Regional Office. The Certification of Mentoring Program Completion form is available at \_\_\_\_\_ [TBD] \_\_\_\_\_.

(b) The Qualified Organization must maintain a copy of the Support Coordinator Mentoring Program Completion Certification form for QIO reviews. The mentor may only issue this letter after the mentee successfully completes all tasks and duties required by the mentoring program.

*Rulemaking Authority 393.0663(5), 393.501(1) F.S. Law Implemented 393.0662, 393.0663, 393.063 F.S. History–New.*

**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 the MWSA at a time when no investigation has been initiated against the Qualified Organization, no investigation against the Qualified Organization is anticipated, and no disciplinary action is pending, and the Qualified Organization is not under any current restrictions or obligations by the Agency, the Agency for Health Care Administration (“AHCA”), the Department of Children and Families (“DCF”), or any other state agency, then the Qualified Organization’s request for voluntary relinquishment may be acted upon by staff without further action by the Agency. In such a case, the voluntary relinquishment shall not be considered action against the Qualified Organization as that term is used in s. 393.0663(4), F.S.

(4) If a Qualified Organization wishes to voluntarily relinquish a MWSA, but the Qualified Organization is currently under any of the constraints set forth in subsection (3), above, then the Qualified Organization may relinquish the MWSA 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, then the acceptance of the voluntary relinquishment of the MWSA shall be considered action against the Qualified Organization as that term is used in s. 393.0663(4), F.S., and shall be reported as such by the Agency.

(5) 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. For purposes of the following chart, “termination” refers to with cause termination. The ranges of penalties are as follows:

<b><u>Violation</u></b>	<b><u>First Offense</u></b>	<b><u>Additional Offense(s)</u></b>
(a) Failure to employ four or more support coordinators.  (Section 393.0663(2)(b)1., Florida Statutes, and Rule 65G-14.002(7), Florida Administrative Code)	Moratorium on new client assignments until minimum requirements are met. If the QO does not meet the minimum WSC requirements within 90 days, MWSA termination.	Moratorium on new client assignments, fine up to \$100 per day, and/or MWSA termination.
(b) Failure of 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	Corrective Action Plan and/or fine per occurrence up to \$500.	Corrective Action Plan, fine per occurrence up to \$1,000, and/or MWSA termination.

<p><u>university and two years of experience providing services to persons with developmental disabilities.</u></p> <p><u>(Rule 65G-14.002(3)(a), F.A.C.)</u></p>		
<p><u>(c) Failure for any directors, supervisors, operators, and managers who directly oversee Support Coordinators in the State of Florida to complete Level 1 Training.</u></p>	<p><u>Fine per occurrence up to \$500.</u></p>	<p><u>Fine per occurrence up to \$1,000, and/or MWSA termination.</u></p>
<p><u>(d) Failure for any directors, supervisors, operators, and managers who directly oversee Support Coordinators in the State of Florida must attend a minimum of six (6) monthly meetings with Agency staff each year and complete required training as described in the iBudget Handbook and chapter 65G-10, F.A.C.</u></p> <p><u>(Rule 65G-14.002(3)(b), F.A.C.)</u></p>	<p><u>Fine per occurrence up to \$500.</u></p>	<p><u>Fine per occurrence up to \$1,000, and/or MWSA termination.</u></p>
<p><u>(e) Failure to request renewal of Medicaid Waiver Service Agreement at least 90 days prior to the expiration of the current Medicaid Waiver Service Agreement or failure to submit all required documentation with the request.</u></p> <p><u>(Rule 65G-14.002(8)(a)-(b), F.A.C.)</u></p>	<p><u>Moratorium and/or MWSA termination or nonrenewal.</u></p>	<p><u>Moratorium and/or MWSA termination or nonrenewal.</u></p>

<p><u>(f) 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.</u></p> <p><u>(S. 393.0663(3)(a), F.S. and Rules 65G-14.003(1)(a), (b), (c), (f), (h), and (i), 65G-14.003(2), and 65G-14.0041(4), F.A.C.)</u></p>	<p><u>Corrective Action Plan and/or fine up to \$500 per violation.</u></p>	<p><u>Fine up to \$2,000 per violation and/or termination of MWSA.</u></p>
<p><u>(g) 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.</u></p> <p><u>(S. 393.0663(3)(a), F.S. and Rules 65G-14.003(1)(d), (e), (g), (j), (k), (l), and (m), 65G-14.003(2), and 65G-14.0041(4), F.A.C.)</u></p>	<p><u>Corrective Action Plan and/or fine up to \$250 per violation.</u></p>	<p><u>Fine up to \$1,000 per violation and/or termination of MWSA.</u></p>
<p><u>(h) 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.</u></p> <p><u>(Rule 65G-14.003(1), F.A.C.)</u></p>	<p><u>Corrective Action Plan that includes re-training on zero tolerance and reporting requirements and/or fine up to \$1,000 per violation.</u></p>	<p><u>Corrective Action Plan that includes re-training on zero tolerance and reporting requirements, fine up to \$2,000 per violation, and/or termination of MWSA.</u></p>
<p><u>(i) 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.</u></p> <p><u>(Rule 65G-14.003(2), F.A.C.)</u></p>	<p><u>Corrective Action Plan that includes re-training on zero tolerance and reporting requirements and/or a fine up to \$1,000 per violation.</u></p>	<p><u>Corrective Action Plan that includes re-training on zero tolerance and reporting requirements, a fine up to \$2,000 per violation, and/or MWSA termination.</u></p>
<p><u>(j) Failure to maintain an active and accurate roster within the Clearinghouse to ensure all Support Coordinators have active and eligible level II background screenings.</u></p> <p><u>(Rule 65G-14.003(3), F.A.C.)</u></p>	<p><u>Corrective Action Plan.</u></p>	<p><u>Corrective Action Plan, fine of up to \$100 per person, per day, and/or MWSA termination.</u></p>

<p><u>(k) 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.</u></p> <p><u>(Rule 65G-14.003(3), F.A.C.)</u></p>	<p><u>Corrective Action Plan that includes retraining on Background Screening requirements, and/or fine up to \$200 per person, per day.</u></p>	<p><u>Corrective Action Plan, fine up to \$500 per person, per day, and/or termination of MWSA.</u></p>
<p><u>(l) Failure to provide each client or, if applicable, his or her legal representative, with an invitation to take a client satisfaction survey during the month of August each year.</u></p> <p><u>(S. 393.0663(3)(b), F.S. and Rule 65G-14.003(5), F.A.C.)</u></p>	<p><u>Fine up to \$100 per occurrence.</u></p>	<p><u>Fine up to \$250 per occurrence.</u></p>
<p><u>(m) 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.; title 65G, F.A.C.; and the iBudget Handbook.</u></p> <p><u>(ss. 393.0663(2)(b)2.-9., F.S. and Rule 65G-14.004(1), F.A.C.)</u></p>	<p><u>Corrective Action Plan, fine up to \$1,000 per occurrence, and/or moratorium on client assignments.</u></p>	<p><u>Corrective Action Plan, fine up to \$10,000 per occurrence, moratorium on client assignments, and/or MWSA termination.</u></p>
<p><u>(n) Failure to submit documentation to the pertinent Regional Office upon the Agency's request or making a material change to any of the documents described in Rule 65G-14.004(2), F.A.C.</u></p> <p><u>(Rule 65G-14.004(2)(a)-(e), F.A.C.)</u></p>	<p><u>Corrective Active Plan and/or fine up to \$100.</u></p>	<p><u>Corrective Active Plan and/or fine up to \$500.</u></p>

<p><u>(o) Failure to maintain initial and/or updated dual employment forms for a Support Coordinator employed by the Qualified Organization.</u></p> <p><u>(Rule 65G-14.004(3)(e) and (4), F.A.C.)</u></p>	<p><u>Corrective Action Plan.</u></p>	<p><u>Corrective Action Plan and/or fine up to \$100 per day until plan is submitted.</u></p>
<p><u>(p) Failure to promptly address complaints regarding Support Coordination performance.</u></p> <p><u>(Rule 65G-14.004(1), F.A.C.)</u></p>	<p><u>Corrective Action Plan.</u></p>	<p><u>Corrective Action Plan with a moratorium on new client assignments for the specified Support Coordinator until complaint(s) is remediated, or termination of the MWSA.</u></p>
<p><u>(q) Failure to submit documentation in accordance with Rule 65G-14.004(2)-(3), F.A.C.</u></p> <p><u>(Rule 65G-14.004(2)-(3), F.A.C.)</u></p>	<p><u>Corrective Action Plan.</u></p>	<p><u>Corrective Action Plan and potential fine up to \$1,000 per day, per occurrence, or termination of the MWSA.</u></p>
<p><u>(r) Failure to submit documentation in accordance with Rule 65G-14.004(4), F.A.C.</u></p> <p><u>(Rule 65G-14.004(4), F.A.C.)</u></p>	<p><u>Corrective Action Plan, potential moratorium, and fine up to \$500 per occurrence.</u></p>	<p><u>Moratorium, fine up to \$1,500 per occurrence, or termination of the MWSA.</u></p>
<p><u>(s) 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.</u></p> <p><u>(S. 393.0663(2)(b)10.-11., F.S., and Rule 65G-14.004(5)(a), F.A.C.)</u></p>	<p><u>Corrective Action Plan.</u></p>	<p><u>Corrective Action Plan and a fine up to \$500 per day.</u></p>
<p><u>(t) Failure to maintain documentation to validate that each Support Coordinator employed by the Qualified Organization timely completed required training.</u></p> <p><u>(Rule 65G-14.004(5)(b), F.A.C.)</u></p>	<p><u>Corrective Action Plan.</u></p>	<p><u>Corrective Action Plan and a fine up to \$200 per day.</u></p>

<p><u>(u) Failure to ensure all Support Coordinators comply with all incident reporting requirements articulated in sections 415 and 39, F.S., and Rule 65G-2.010(5), F.A.C.</u></p> <p><u>(Rule 65G-14.004(6), F.A.C.)</u></p>		
<p><u>(v) The Qualified Organization misrepresented or omitted any material fact in any documentation submitted to the Agency.</u></p> <p><u>(Rule 65G-14.004(7), F.A.C.)</u></p>	<p><u>Fine up to \$1,000 per occurrence and/or MWSA termination.</u></p>	<p><u>Fine up to \$2,000 per occurrence and/or MWSA termination.</u></p>
<p><u>(w) Failure to maintain and enforce an approved professional code of ethics applicable to all its Support Coordinators.</u></p> <p><u>(Rule 65G-14.0041(1), F.A.C.)</u></p>	<p><u>Corrective Action Plan, a fine per violation up to \$1,000, and/or a moratorium on new client assignments.</u></p>	<p><u>Corrective Action Plan with a fine per violation up to \$5,000, a moratorium on new client assignments, and/or termination of MWSA.</u></p>
<p><u>(x) Failure to ensure that support coordinators maintain updated and accurate contact and demographic information for clients and legal representatives in the Agency's designated data management system.</u></p> <p><u>(Rule 65G10.0041(2)(i)(3), F.A.C.)</u></p>	<p><u>Corrective Action Plan, a fine per violation up to \$500, and/or a moratorium on new client assignments.</u></p>	<p><u>Corrective Action Plan with a fine per violation up to \$1,000, a moratorium on new client assignments, and/or termination of MWSA.</u></p>
<p><u>(y) Failure to include all required provisions articulated in Rule 65G-14.004(2)(a)-(i), F.A.C. in the code of ethics.</u></p> <p><u>(Rule 65G-14.004(2), F.A.C.)</u></p>	<p><u>Corrective Action Plan.</u></p>	<p><u>Corrective Action Plan and/or moratorium on new client assignments.</u></p>
<p><u>(z) Failure to comply with any requirement articulated in Rule 65G-14.004(3), F.A.C. regarding making available and reviewing the approved code of ethics.</u></p> <p><u>(Rule 65G-14.004(3), F.A.C.)</u></p>	<p><u>Corrective Action Plan, a fine per violation up to \$500.</u></p>	<p><u>Corrective Action Plan with a fine per violation up to \$2,500, a moratorium on new client assignments, and/or termination of MWSA.</u></p>

<p><u>(aa) Failure to maintain or enforce an approved disciplinary process in accordance with Rule 65G-14.0042.</u></p> <p><u>(Rule 65G-14.0042(1)-(4), F.A.C.)</u></p>	<p><u>Corrective Action Plan, a fine per violation up to \$1,000 and/or a moratorium on new client assignments.</u></p>	<p><u>Corrective Action Plan with a fine per violation up to \$5,000, a moratorium on new client assignments, and/or termination of MWSA.</u></p>
<p><u>(bb) Failure to fully implement an approved Corrective Action Plan within the timeframes described therein.</u></p> <p><u>(Rule 65G-14.0042(5), F.A.C.)</u></p>	<p><u>Fine up to \$1,000 per day.</u></p>	<p><u>Fine up to \$2,000 per day, moratorium on new client assignments, or termination of MWSA.</u></p>
<p><u>(cc) Failure to implement an Agency-approved mentoring program.</u></p> <p><u>(S. 393.0663(2)(b)12., F.S. and Rule 65G-14.0043(1) and (3), F.A.C.)</u></p>	<p><u>Corrective Action Plan and/or fine up to \$1,000.</u></p>	<p><u>Corrective Action Plan, fine up to \$5,000, and/or termination of MWSA.</u></p>
<p><u>(dd) Allowing a mentee(s) to carry his or her own independent caseload.</u></p> <p><u>(Rule 65G-14.0043(2), F.A.C.)</u></p>	<p><u>Corrective Action Plan and/or fine up to \$1,000.</u></p>	<p><u>Corrective Action Plan, Fine up to \$5,000, and/or termination of MWSA.</u></p>
<p><u>(ee) For a Qualified Organization that intends to provide CDC+ consultation services, failure to include requirements described in Rule 65G-14.0043(5), F.A.C. in its mentoring program.</u></p> <p><u>(Rule 65G-14.0043(5), F.A.C.)</u></p>	<p><u>Corrective Action Plan and/or fine up to \$1,000.</u></p>	<p><u>Corrective Action Plan, fine up to \$5,000, and/or termination of MWSA.</u></p>
<p><u>(ff) Failure to comply with requirements pertaining to completion of the mentoring program.</u></p> <p><u>(Rule 65G-14.0043(8)-(9), F.A.C.)</u></p>	<p><u>Corrective Action Plan, Fine up to \$1,000 per day.</u></p>	<p><u>Corrective Action Plan, Fine up to \$2,000 per day, or termination of MWSA.</u></p>



<u>(ff) Failure to comply with any other applicable laws or rules.</u>  <u>(S. 393.0663(3)(c), F.S.)</u>	<u>Corrective Action Plan, a fine per violation up to \$1,000 and/or a moratorium on new client assignments</u>	<u>Corrective Action Plan, fine up to \$5,000, and/or termination of MWSA.</u>
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(6) 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.

(7) 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.

Rulemaking Authority 393.0663(5), 393.501(1) F.S. Law Implemented 393.0662, 393.0663, 393.063 F.S. History—New.