

## Notice of Change/Withdrawal

### DEPARTMENT OF CHILDREN AND FAMILIES

#### Agency for Persons with Disabilities

RULE NOS.:RULE TITLES:

65G-14.002 Qualifications.

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

#### 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. 47 No. 3, January 6, 2021 issue of the Florida Administrative Register.

65G-14.002 Qualifications.

(1) through (10) No change.

The Qualified Organization Application - APD Form 65G-14.002 A, which is incorporated by reference in 65G-14.002(2)(a), F.A.C., has been updated as follows:

Page 1:

Qualified Organization Application

*This application **must** be completed by the prospective owner or the designated representative of a partnership, association, or corporation. A letter of designation should accompany the application if the applicant is not a member of the partnership, association, or corporation. Please see the Agency's support coordination webpage for instructions on completing this Qualified Organization Application.*

Section 1:

Please designate if Owner will also be a Support Coordinator. *~~If yes, please skip section 5 of this application.~~*

Section 2:

Please indicate the APD designated Region(s) the Qualified Organization you intends to serve:

Does the Qualified Organization you wish to serve all counties in the selected Region(s)?

If no, please list the counties the Qualified Organization you does **not** wish to serve within the selected Region(s):

Section 4:

Please indicate which services the Qualified Organization you intends to provide:

Section 7:

Resume or Exhibit A – Owner ~~Provider Applicant~~ Experience

Page 2:

Exhibit A – Owner ~~Provider Applicant~~ Experience

Owner Applicant Name:

*Describe the owner's ~~your~~ related work experience in detail, beginning with the owner's ~~your~~ current or most recent job. Use a separate block to describe each position. Indicate number of employees supervised. Include all current and past services provided to individuals with intellectual and developmental disabilities, including type of service, dates, and APD region. If needed, attach additional sheets, using the same format as this sheet. A resume may be provided in lieu of the employment information below if resume contains all information elements requested.*

Attach this sheet and any additional sheets to the Qualified Organization Application ~~your application~~ when complete.

The Qualified Organization Medicaid Waiver Services Agreement, APD Form 65G-14.002 B, which is incorporated by reference in 65G-14.002(5), F.A.C., has been updated to include provisions relating to public records maintained by the Qualified Organization.

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

(1) through (3) No change.

(4)(a) through (c) No change.

(d) Mentors to:

1. Have at least two (2) ~~three (3)~~ years of experience working as a Waiver Support Coordinator immediately prior to being hired;

2. through 9. No change.

(e) No change.

(5) through (11) No change.