

DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
Agency for Persons with Disabilities

RULE NOS.:     RULE TITLES:

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.

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. Each Qualified Organization is responsible for reporting violations that occur from the time of hiring each Support Coordinator. 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 or attempting to engage in verifiable 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) Reckless or intentional 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, such as updating cost plans based on service determinations;

(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, attempting to borrow, or accepting funds from a client or, if applicable, client's legal representative or family;

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

(k) Not maintaining updated and accurate contact and demographic information for clients and legal representatives in iConnect;

(l) Material or repeated occurrences of Support Coordinators making errors inputting data in iConnect; 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 Regional Office in the Region where the violation(s) occurred. 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), including the date of the violation(s); how and when the Qualified Organization discovered the violation(s); and, if applicable, client(s) impacted and how they are impacted or affected as well as any individual(s) who witnessed or were involved with 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 July 1, 2021 and incorporated here by reference, during each client's annual support plan meeting in compliance with the iBudget Handbook. The Invitation to Take a Client Satisfaction Survey is available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-12652>.

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

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

*Rulemaking Authority 393.0662(7), (15), 393.0663(5), 393.501(1) F.S. Law Implemented 393.0662, 393.0663(3), 393.063 F.S. History– New 7-1-21.*

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.; the iBudget Handbook, and, if applicable, the CDC+ 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/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;

(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 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)(a) 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 issues.

(b) The Qualified Organization must sign and maintain the Support Coordinator Dual Employment Medicaid Waiver Services Agreement Attachment, APD Form 65G-14.004 A, effective July 1, 2021, incorporated here by reference, and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-12653>.

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

(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 Rule 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(7), (15), 393.0663(5), 393.501(1) F.S. Law Implemented 393.0662, 393.0663(2), 393.063 F.S. History— New 7-1-21.

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 who is a family member;

4. Unduly influencing paid services on behalf of a client from a service provider who is a family member of the Support Coordinator or any employee of the Qualified Organization;

5. Providing any waiver service other than support coordination and CDC+ consultant services;

6. Being a subsidiary of or being directly or indirectly controlled by 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;

7. Requesting or receiving financial compensation from family members of clients; and

8. Providing assistance to a client on completion of the Support Coordinator Client 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 counsel clients and, if applicable, the client's legal representative regarding covered services and that covered services will only be approved if they are individualized, specific, consistent with the client's needs, and not in excess of the client's needs;

(f) Provisions requiring Support Coordinators to explore all services available through local, state, and federal government and non-government programs or services, including the Medicaid State Plan; school-based services; private insurance; natural supports; and community supports, prior to requesting Waiver funds on behalf of the client, which may be evidenced by denial letters, coverage policies, case notes, and other documentation;

(g) Provisions requiring Support Coordinators to only pursue Waiver services for clients that the Support Coordinator believes address the capacities, needs, and resources of their clients and are not available through other resources or funding sources, which the Support Coordinator must indicate on the Verification of Available Services Form incorporated by reference in Rule 65G-4.0213, F.A.C.;

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

(i) Provisions prohibiting Support Coordinators from misrepresenting their affiliation with the Agency; and

(j) 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. Participating in meetings required by the Agency;

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

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

6. Coordinating in the preparation and planning for natural disasters, including ensuring each client has a personal disaster plan and monitoring the status of each client, including providing information on available resources during and after a natural disaster; and

7. Updating service authorizations in iConnect 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 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.

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

*Rulemaking Authority 393.0662(7), (15), 393.0663(5), 393.501(1) F.S. Law Implemented 393.0662, 393.0663(2)-(3), 393.063 F.S. History– New 7-1-21.*

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 the disciplinary process to each client or, if applicable, client's legal representative on an annual basis or immediately upon request.

(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 or reflects a plan of action that does not address the violation(s). 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.

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

Rulemaking Authority 393.0662(7), (15), 393.0663(5), 393.501(1) F.S. Law Implemented 393.0662, 393.0663(2), 393.063 F.S. History– New 7-1-21.

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 or Support Coordinator who has less than 12 months’ experience working as a Support Coordinator as of July 1, 2021 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. The following qualifications and restrictions apply:

(a) Any existing Waiver Support Coordinator who has an active Medicaid Waiver Services Agreement but less than 12 months’ experience working as a Waiver Support Coordinator within the past 12 months of July 1, 2021 may receive credit for completing activities described in subsection (4) of this Rule prior to joining the Qualified Organization.

(b) Mentees may serve clients during the mentoring program as long as their mentor supervises each activity described in paragraphs (4)(a) and (b) of this Rule.

(2) As described in paragraph (1)(a) of this Rule, mentees do not need to repeat activities described in subsection (4) of this Rule that they have already performed within the past 12 months of July 1, 2021 and documented in case notes in iConnect. To receive credit, activities completed and documented during said period should be listed on APD Form 65G-14.0043 B, as described in subsection (10) of this Rule. The mentee must participate in the mentoring program for no less than 30 days. Nothing in this section prohibits the Qualified Organization from electing to place or keep a Support Coordinator in mentee status due to concerns about competency or performance.

(3) Mentees who did not have an active MWSA upon joining a Qualified Organization must shadow or observe a mentor over the course of no less than 90 days. All mentees must complete all activities described in subsection (4) of this Rule.

(4) The Qualified Organization must request approval from the Agency Regional Office prior to implementing a new mentoring program at the time of the prospective Qualified Organization’s application 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 and participate in the following:

1. A minimum of five (5) support plan meetings involving the mentor or mentee's clients;  
2. At least nine (9) face-to-face visits in a variety of settings, including meetings with the mentor or mentee's clients in family homes, supported living arrangements, and licensed facilities. At least six (6) of these visits must detail the coordination of providers' supports;

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

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

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

6. Use of iConnect for case management activities; and

7. 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;

3. Discussion with the assessor regarding the completion of the comprehensive needs assessment; and

4. Updating of a minimum of five (5) client cost plans and service authorizations in iConnect.

(c) If the events discussed in subparagraph (4)(b) of this Rule 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 two (2) years of experience working as a Waiver Support Coordinator immediately prior to being hired;

2. Have an active caseload;

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 the Level 1 competency-based assessment described in section 393.0663, F.S. and Rule 65G-10.004,

F.A.C. 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 and mentee's clients do not require any of the items listed in subsection (4) 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.

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

(6) 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.

(7) The Agency must only approve mentoring programs that address the requirements identified in section (4) and, if applicable, section (6) of this Rule.

(8) 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.

(9) The prospective Support Coordinator must successfully complete the Level 1 Training before completing the mentoring program.

(10) Support Coordinator Mentoring Program Completion.

(a) For a mentee described in subsection (3) of this Rule to receive credit for completing a mentoring program, the mentor must issue a letter indicating the mentee's successful completion of the mentoring program to the mentee and the Agency's Regional Office. This letter is titled Certification of Mentoring Program Completion, on APD Form 65G-14.0043 A, effective July 1, 2021 and incorporated here by reference. The Certification of Mentoring Program Completion form is available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-12654>.

(b) For a mentee described in subsection (2) of this Rule to receive credit for completing a mentoring program, the mentor must issue a Certification of Mentoring Program Completion for Existing WSCs, APD Form 65G-14.0043 B, effective July 1, 2021 and incorporated here by reference, to the mentee and Agency's Regional Office. The Certification of Mentoring Program Completion for Existing WSCs form is available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-12655>.

(c) The Qualified Organization must maintain a copy of the Support Coordinator Mentoring Program Completion Certification form for six (6) years. The mentor may only issue this letter after the mentee successfully completes all tasks and duties required by the mentoring program.

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

*Rulemaking Authority 393.0662(7), (15), 393.0663(5), 393.501(1) F.S. Law Implemented 393.0662, 393.0663(2), 393.063 F.S. History—New 7-1-21.*

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>
<u>(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)</u>	<u>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.</u>	<u>Moratorium on new client assignments, fine up to \$100 per day, and/or MWSA termination.</u>
<u>(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</u>	<u>Corrective Action Plan and/or fine per occurrence up to \$500.</u>	<u>Corrective Action Plan, fine per occurrence up to \$1,000, and/or MWSA termination.</u>

<p><u>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.</u></p> <p><u>(Rule 65G-14.002(3)(a), F.A.C.)</u></p>		
<p><u>(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.</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>(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.</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>(Rule 65G-14.002(3)(c), F.A.C.)</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 on new client assignments and/or MWSA termination or nonrenewal.</u></p>	<p><u>Moratorium on new client assignments 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 include all required information in any report to the Agency as required by Rule 14.003(2), F.A.C.</u></p> <p><u>(Rule 65G-14.003(2), F.A.C.)</u></p>	<p><u>Corrective Action Plan.</u></p>	<p><u>Corrective Action Plan and fine up to \$100 per occurrence.</u></p>
<p><u>(k) 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, and/or fine up to \$250.</u></p>	<p><u>Corrective Action Plan, fine of up to \$500 per person, per day, and/or MWSA termination.</u></p>
<p><u>(l) 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 \$500 per person, per day.</u></p>	<p><u>Corrective Action Plan, fine up to \$1,000 per person, per day, and/or termination of MWSA.</u></p>

<p><u>(m) 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.</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>(n) 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.; the iBudget Handbook, and, if applicable, the CDC+ Handbook.</u></p> <p><u>(S. 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 \$500 per occurrence, and/or moratorium on new client assignments.</u></p>	<p><u>Corrective Action Plan, fine up to \$1,000 per occurrence, moratorium on new client assignments, and/or MWSA termination.</u></p>
<p><u>(o) Failure to promptly address complaints/compliance issues regarding Support Coordinators’ performance.</u></p> <p><u>(Rule 65G-14.004(1), F.A.C.)</u></p>	<p><u>Corrective Action Plan and/or fine up to \$500.</u></p>	<p><u>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, and/or termination of the MWSA.</u></p>

<p><u>(p) 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 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 Action Plan and/or fine up to \$100.</u></p>	<p><u>Corrective Action Plan and/or fine up to \$500.</u></p>
<p><u>(q) Failure to submit and maintain initial and/or updated dual employment forms for a Support Coordinator.</u></p> <p><u>(Rule 65G-14.004(5)(b)-(c), 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>(r) Failure to ensure that any Support Coordinator who is dually employed complies with the approved dual employment plan.</u></p> <p><u>(Rule 65G-14.004(5)(a), F.A.C.)</u></p>	<p><u>Corrective Action Plan, potential moratorium on new client assignments, and/or fine up to \$500 per occurrence.</u></p>	<p><u>Moratorium on new client assignments, fine up to \$1,000 per occurrence, and/or termination of the MWSA.</u></p>
<p><u>(s) Failure to timely submit information relating to a Support Coordinator’s vacancy in excess of 30 calendar days to the appropriate Regional Office.</u></p> <p><u>(Rule 65G-14.004(7), F.A.C.)</u></p>	<p><u>Corrective Action Plan and potential moratorium on new client assignments.</u></p>	<p><u>Fine up to \$1,000 per occurrence and potential moratorium on new client assignments.</u></p>

<p><u>(t) 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.</u></p> <p><u>(S. 393.0663(2)(b)10.-11., F.S., and Rule 65G-14.004(8)(a)-(b), F.A.C.)</u></p>	<p><u>Corrective Action Plan.</u></p>	<p><u>Corrective Action Plan and a fine up to \$500 per occurrence.</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(9), F.A.C.)</u></p>	<p><u>Corrective Action Plan, and/or fine up to \$100.</u></p>	<p><u>Corrective Action Plan and fine up to \$500 per occurrence.</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(10), 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 \$5,000 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>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</u></p>

<p><u>(Rule 65G-14.0041(1), F.A.C.)</u></p>		<p><u>assignments, and/or termination of MWSA.</u></p>
<p><u>(x) Failure to report to the Agency a violation of the code of ethics by any Support Coordinator(s) employed by that organization.</u></p> <p><u>(Rule 65G-14.0041(2)(a)7., (c), (j)6.-7., 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 report to the Agency a violation of the code of ethics by any Support Coordinator(s) employed by that organization.</u></p> <p><u>(Rule 65G-14.0041(2)(a)1.-6. and 8., (b), (d), (e), (f), (g), (h), (i), (j)1.-5., F.A.C.)</u></p>	<p><u>Corrective Action Plan and/or fine up to \$250.</u></p>	<p><u>Corrective Action Plan, fine per violation up to \$500, a moratorium on new client assignments, and/or termination of MWSA.</u></p>
<p><u>(z) Failure to include all required provisions articulated in Rule 65G-14.0041(2)(a)-(i), F.A.C. in a code of ethics that was modified after it was approved.</u></p> <p><u>(Rule 65G-14.0041(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>(aa) Failure to comply with any requirement articulated in Rule 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.</u></p> <p><u>(Rule 65G-14.0041(3), F.A.C.)</u></p>	<p><u>Corrective Action Plan, and/or 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>(bb) 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>(cc) 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>(dd) 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 per occurrence.</u></p>	<p><u>Corrective Action Plan, fine up to \$5,000 per occurrence, and/or termination of MWSA.</u></p>

<p><u>(ee) Allowing a mentee to perform WSC duties without a mentor.</u></p> <p><u>(Rule 65G-14.0043(1)(c), F.A.C.)</u></p>	<p><u>Corrective Action Plan and/or fine up to \$500.</u></p>	<p><u>Corrective Action Plan, Fine up to \$2,500, and/or termination of MWSA.</u></p>
<p><u>(ff) Designating a mentor who does not meet the minimum qualifications.</u></p> <p><u>(Rule 65G-14.0043(4)(d))</u></p>	<p><u>Corrective Action Plan and/or fine up to \$750 per occurrence.</u></p>	<p><u>Corrective Action Plan, fine up to \$4,000 per occurrence, and/or termination of MWSA.</u></p>
<p><u>(gg) 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(6), F.A.C.)</u></p>	<p><u>Corrective Action Plan and/or fine up to \$500.</u></p>	<p><u>Corrective Action Plan, fine up to \$2,500, and/or termination of MWSA.</u></p>
<p><u>(hh) Failure to comply with requirements pertaining to completion of the mentoring program.</u></p> <p><u>(Rule 65G-14.0043(10)(a)-(c), F.A.C.)</u></p>	<p><u>Corrective Action Plan and/or fine up to \$500.</u></p>	<p><u>Corrective Action Plan, fine up to \$2,000, or termination of MWSA.</u></p>
<p><u>(ii) Failure to comply with any other applicable laws or rules.</u></p> <p><u>(S. 393.0663(3)(c), F.S.)</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, fine up to \$5,000, and/or termination of MWSA.</u></p>



(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.

(8) 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.

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

Rulemaking Authority 393.0662(7), (15), 393.0663(5), 393.501(1) F.S. Law Implemented 393.0662, 393.0663(3), 393.063 F.S. History— New 7-1-21.