Administrative Tool
- iBudget Handbook -

Current approved APD web-based and classroom-training resources are maintained on the APD website

Main APD Provider Training Page:
http://apd.myflorida.com/providers/training/

Current APD approved web based training resources:
http://apd.myflorida.com/providers/training/web-based.htm

Changes, such as official rule change and/or AHCA/APD directives implemented following the effective date of this Administrative Review Tool and associated Service Specific Record Review Tools, will apply when warranted.

iBudget Handbook Effective Date: 9/3/15, 7/10/17
<table>
<thead>
<tr>
<th>#</th>
<th>Performance Measure/Standard</th>
<th>Protocol</th>
<th>Not Met Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The provider has completed all aspects of required Level II Background Screening.</td>
<td>CMS Assurance – Qualified Providers iBudget Handbook - July 2017 Page 1-26, 393.065 F.S. 435.04 and 409.907 F.S. RECORD REVIEW</td>
<td>1) Provider did not present a current complete, signed, and notarized Affidavit of Good Moral Character.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provider applicants and enrolled providers must comply with the requirements of a Level II screening in accordance with sections 435.04 and 409.907, F.S.</td>
<td>2) Current Affidavit presented by provider was not the APD Affidavit of Good Moral Character.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prior to employment and every five years thereafter the provider/employee must complete a Level II background screening with results indicating no disqualifying offenses or receive an exemption from disqualification</td>
<td>3) Current APD Affidavit of Good Moral Character presented by provider was not signed by the affiant.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Required components must include:</td>
<td>4) Current CDC+ Affidavit of Good Moral Character presented by provider was not signed by the affiant.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Complete APD Affidavit of Good Moral Character (AGMC)</td>
<td>5) Current APD Affidavit of Good Moral Character presented by provider did not include the notary’s signature.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Local Law/Criminal Records Check conducted within the county of residence at the time of hire/re-screening</td>
<td>6) Current CDC+ Affidavit of Good Moral Character presented by provider did not include the notary’s signature.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• APD General FDLE/FBI clearance (“Eligible” status)</td>
<td>7) Current APD Affidavit of Good Moral Character presented by provider did not include the date completed by the notary.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review personnel files and other provider documents for evidence of compliance.</td>
<td>8) Current CDC+ Affidavit of Good Moral Character presented by provider did not include the date completed by the notary.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Determine date of hire</td>
<td>9) Current APD Affidavit of Good Moral Character presented by provider did not include the notary’s commission stamp.</td>
</tr>
<tr>
<td></td>
<td><strong>Acceptable Affidavit completed 5/25/15 forward</strong></td>
<td></td>
<td>10) Current CDC+ Affidavit of Good Moral Character presented by provider did not include the notary’s commission stamp.</td>
</tr>
</tbody>
</table>
the signature of the affiant.
  o APD Affidavit of Good Moral Character must be signed, dated and stamped by a certified notary.
  o Determine if the APD Affidavit of Good Moral Character was completed within the previous five years

Score Not Met if:
  o APD Affidavit is not in the record
  o APD Affidavit was completed more than five years ago
  o APD Affidavit is not signed by the affiant
  o APD Affidavit is not fully notarized
  o Notary stamp indicates commission has expired

Note: APD Affidavit of Good Moral Character must be completed prior to the date of the review.

Acceptable Affidavits completed prior to 5/25/15

- Determine completion date of one of the following:
  - APD Affidavit of Good Moral Character
  - CDC+ Affidavit of Good Moral Character
  - AHCA Affidavit of Compliance with Background Screening Requirements.
  o Determine Affidavit has a revision date of no earlier than 8/1/10. Revised Form date can be found at the bottom of either document.
  o APD and CDC+ AGMC must be signed by affiant and properly notarized by a commissioned notary. See requirements above
  o AHCA Affidavit of Compliance with Background Screening Requirements does not require notarization.

Score Not Met if:
  o APD, CDC+ or AHCA Affidavit is not in the record
  o APD, CDC+ or AHCA Affidavit was completed more than five years ago
  o APD, CDC+ or AHCA Affidavit is not signed by the affiant
  o APD, CDC+ or AHCA Affidavit includes the notary’s commission stamp.

11) The notary’s commission stamp was expired at the time the APD Affidavit of Good Moral Character was notarized.
12) The notary’s commission stamp was expired at the time the current CDC+ Affidavit of Good Moral Character was notarized.
13) Current Affidavit of Compliance with Background Screening Requirements presented by provider was not signed by the employee/contractor.
14) Current Affidavit of Compliance with Background Screening Requirements presented by provider was not dated by the employee/contractor.
15) Provider did not present a current Local Law/Criminal Records Check. (A)
16) Current Local Law/Criminal Records Check presented by provider was not obtained within the county of residence at the time of screening. (A)
17) Current Local Law/Criminal Records Check presented by provider was not stamped/signed by the issuing agency. (A)
18) Current Local Law/Criminal Records Check presented by provider was not dated by the issuing agency. (A)
19) Current Local Law/Criminal Records Check presented by the provider indicated a potentially disqualifying offense with a final disposition of “Guilty”. (A)
20) Current Local Law/Criminal Records
o APD or CDC+ Affidavit is not fully notarized
  o Notary stamp indicates commission has expired

Required Local Law/Criminal Records Checks
  • Determine date of Local Law/Criminal Records check
    o Local Law/Criminal Records check must be conducted in the provider/employee’s county of residence at the time of hire and at the time of each 5-year re-screening.
    o Local Law/Criminal Records check must be conducted through local law enforcement agencies. Internet search results are not acceptable unless specifically authorized by the State Office.
  • Review available documents to verify if potential disqualifying offenses are listed (refer to Affidavit of Good Moral Character).
    o If a potentially disqualifying offense is found on a local Record of Arrests and Prosecutions (RAP) sheet or other law enforcement document, review documents to determine final disposition.
    o If available documentation does not indicate a final disposition or indicates a disposition of “guilty” score Not Met with an Alert - even if there is a current APD General FDLE/FBI clearance in the file.

Note: Local Law/Criminal Records Check must be completed prior to the date of the review.

Required APD General FDLE/FBI Clearance through the Clearinghouse

FDLE/FBI clearance formats will continue to vary for screening conducted prior to 5/25/15.

Acceptable FDLE/FBI Clearance for screening conducted 5/25/15 Forward
  ▪ APD Clearinghouse results indicating “Eligible” status

Check presented by the provider indicated a potentially disqualifying offense with no documentation demonstrating final disposition. (A)
21) Provider did not present evidence of current APD General FDLE/FBI clearance from the Clearinghouse. (A)
22) Provider was not fully re-screened following a greater than 90 day lapse in employment. (A)
When most recent acceptable FDLE/FBI clearance presented was completed prior to current employer hire date, determine the following:

- If there was more than a 90-day gap in employment (not working at all or in the state of Florida) at any time since the most recent screening was completed a new full screening was required. Score as Not Met with an Alert.
- If the new hire worked in a position that required a lower level of screening than APD for more than 90 days at any time since the most recent screening a new full screening was required. Score as Not Met with an Alert.
- Review application and employer reference checks to determine if the employee was continuously (or less than 90 gap) employed in the field between the two dates.

- 5-year re-screenings require a new APD Affidavit of Good Moral Character, new Local Law/Criminal Records check, and new APD General FDLE/FBI clearance through the Clearinghouse.

Note: If all components of the level 2 screening are complete at the time of the review but were not completed within required timeframes, score as “Met” and add a Discovery statement regarding timeliness.

- “At the time of the review” is defined as “completed no later than the day prior to the start of the review”.

**FDLE/FBI clearance for screening conducted prior to 5/25/15 can be in the form of:**

- DCF letter of eligibility under PROGRAM AREA: 80 - APD Foster/Group Home or PROGRAM AREA: 84 – APD Programs.
- AHCA Clearinghouse results indicating “Eligible” status under Medicaid Provider Enrollment, Medicaid/Medicare
| Participating Provider or AHCA Provider/Facility Licensure.  
| *Clearance Letters or documents for Child Care, Family Child Care Home, Religious Exempt, Foster Care, and Substance Abuse are not acceptable. Results obtained through the VECHS system are not acceptable.  

Exemptions  
- Employees working on an AHCA exemption without an APD eligible screening after 5/25/2015 are not acceptable.  
- APD accepts exemptions granted by DCF.  
- Providers working under exemptions are still required to be re-screened every five years.  

Not Met on this standard is an automatic Alert unless related to the APD Affidavit of Good Moral Character or AHCA Affidavit of Compliance with Background Screening Requirements  

| The employment status of the provider/employee is maintained on the Employee/Contractor Roster within the Clearinghouse.  

CMS Assurance – Qualified Providers  
iBudget Handbook July 2017  
F.S. 435.12(2)(c)  
RECORD REVIEW  

Agency and Solo providers are required to maintain an Employee/Contractor Roster in the Clearinghouse.  

- Request a printed copy (may also be viewed electronically) of the Employee/Contractor Roster from the Clearinghouse.  
  - Score standard Not Met if the provider does not have an Employee/Contractor Roster from the Clearinghouse.  
- Review Roster to locate provider/employee name  
  - Score standard Not Met if the provider/employee name is not on the Roster.  
- Review the Retained Prints Expiration Date on the Roster.  

1) Employee/Contractor Roster was not present. (A)  
2) Provider/employee name was not listed on the Employee/Contractor Roster. (A)  
3) Retained Prints Date on the Employee/Contractor Roster was expired. (A)
| 2 | The provider received training in Zero Tolerance. | CMS Assurance - Qualified Providers
iBudget Handbook-September 2015
Page B-4, B-7
RECORD REVIEW

Zero Tolerance training must be completed as a pre-service training and every three years thereafter.

Training may only be obtained by:
- Attending a classroom training conducted by an APD approved trainer
- Taking the Tallahassee Community College (TCC) on-line course
- Using the Department of Health TRAIN system
- Other APD approved training resources as they become available

*Current approved APD web-based or classroom training resources are maintained on the APD website

Main APD Provider Training Page:
http://apd.myflorida.com/providers/training/

Current APD approved web based training resources:

Review personnel files and other provider training records for evidence of required training. | 1) Provider did not present verification of completing mandatory training in Zero Tolerance.

2) Provider presented evidence of completing training in Zero Tolerance but not from an APD approved trainer/source.

3) Provider documentation demonstrated the TCC official transcript for Zero Tolerance did not reflect a passing score (S).

4) Completion date of the most recent training in Zero Tolerance presented by the provider has exceeded 3 years.

5) Provider documentation demonstrated completion of Zero Tolerance training, but not prior to providing direct care service.

6) Classroom certificate of completion presented did not include the name of the participant.

7) Classroom certificate of completion presented did not include the title of the course.

8) Classroom certificate of completion presented did not include the date(s) of completion. |
• Determine date of hire
• Determine date of most recent training and previous training
  ○ Most recent training must have been completed less than 3 years prior to the date of review.
  ○ Previous training must have been completed less than 3 years prior to the most recent training date.
• If hired within the period of review determine if date of initial training was completed prior to providing direct care service.
• Verify training was completed via an APD approved method.

Classroom – Certificate of completion must be on a standardized APD certificate. The following elements must be included on the certificate:
- The participant’s name (printed or typed)
- Title of the course
- Date the training occurred
- Name of the trainer (printed or typed) and signature
- **Training conducted 1/1/16 forward must have evidence the trainer has appropriate credentials (for APD courses a copy of the trainer’s certificate provided by APD)**

Acceptable evidence of training through Tallahassee Community College (Web-Based):
- Official or unofficial transcript indicating a score of “S” for Zero Tolerance

Note: Copies of completed tests in lieu of the unofficial transcripts are not acceptable as evidence of completion. Providers can log in to the TCC system and retrieve transcripts.

Acceptable evidence of non-classroom APD approved training include the printed certificate or transcript generated by the entity that provided the training which must contain:

9) Classroom certificate of completion presented did not include the name of the trainer and signature.
10) Classroom certificate of completion presented did not include evidence the trainer has appropriate credentials.
11) Classroom certificate of completion presented was not presented on the standardized APD certificate.
12) Web-based certificate of completion presented did not include the name of approved entity providing training.
### Provider Discovery Review Administrative Tool

<p>| | |</p>
<table>
<thead>
<tr>
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- Participant’s name
- Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required)
- Date(s) or period over which training course was completed and notation that course was successfully completed
- Name of approved entity providing training

Not Met reason #5 only applies to providers who were hired within the period of review.

Note: With the exception of Not Met reason #4, if provider has evidence of completion of training current at the time of review, but it is noted there was a lapse in completion between most current training date and previous training date score as Met and add a Discovery statement describing the lapse.

This training is required once every three years.

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>3</td>
<td>The provider received training in Direct Care Core Competency.</td>
</tr>
<tr>
<td></td>
<td>CMS Assurance - Qualified Providers iBudget Handbook - September 2015 B-4, B-7 RECORD REVIEW</td>
</tr>
</tbody>
</table>

**This standard applies only to Direct Care Core Competency: “Intro to Developmental Disabilities” and “Health and Safety”**

Review personnel files and other provider training records for evidence of required training.

- Determine date of hire
- Determine date of training
- Determine training was completed within 90 days of providing services
- Verify training was completed using an APD approved |

1) Provider did not present documented evidence of completing training in Direct Care Core Competency.
2) Provider presented documented evidence of completing training in Direct Care Core Competency but not from an APD approved trainer/source.
3) TCC official or unofficial transcript for Health and Safety did not reflect a passing score (S).
4) TCC official or unofficial transcript for Introduction to Developmental Disabilities did not reflect a passing score (S).
5) Provider completed training on Introduction to Developmental
**From 2/28/09 to present options to obtain this training include:**

1. Attending an APD classroom session conducted by an authorized APD trainer;
2. Accessing the Tallahassee Community College (TCC) online courses;
3. Attending a classroom training session conducted by a provider who has been certified by APD to conduct the training;
4. Using the new curriculum CD issued to Florida ARC and Florida ARF effective 11/5/10.
5. Using the old CD (valid through 6/30/09);

Acceptable evidence of classroom training is a "standardized APD certificate for "Intro to Developmental Disabilities" and a certificate for "Health and Safety" which must include:

- The participant’s name (printed or typed)
- Title of the course
- Date the training occurred
- Name of the trainer (printed or typed) and signature
- Training conducted 1/1/16 forward must have evidence the trainer has appropriate credentials (for APD courses a copy of the trainer’s certificate provided by APD)

*Certificates should not indicate the same date of completion. Each training is intended to take roughly 6 hours and the hours should be indicated on the certificate.*

Acceptable evidence of training via Tallahassee Community College (Web-Based):

- Official or unofficial transcript indicating a score of “S” for both “Intro to Developmental Disabilities” and “Health and Safety”

Disabilities but not Health and Safety.

6) Provider completed training on Health and Safety but not Introduction to Developmental Disabilities.
7) Provider presented a non-APD approved CD training certificate of completion.
8) Classroom certificate of completion presented did not include the participant’s name (printed or typed).
9) Classroom certificate of completion presented did not include the title of the course.
10) Classroom certificate of completion presented did not include the date of completion.
11) Classroom certificate of completion presented did not include the name and signature of the trainer.
12) Classroom certificate of completion presented did not include evidence the trainer has appropriate credentials.
13) Classroom certificate of completion was not presented on the standardized APD certificate.
14) Non-Classroom certificate of completion presented did not include participant’s name.
15) Non-Classroom certificate of completion presented did not include the title of the course.
16) Non-Classroom certificate of completion presented not include dates or period over which course was completed.
17) Non-classroom certificate of certificate of completion presented did not include the
TCC does not issue certificates.

Note: Copies of completed tests in lieu of the unofficial transcripts are not acceptable as evidence of completion. Providers can log in to the TCC system and retrieve transcripts.

A standardized certificate for “Intro to Developmental Disabilities” and a certificate for “Health and Safety” were developed specifically for this CD training. Acceptable evidence of training received must include:
- The participant’s name (printed or typed)
- Title of the course
- Date the training occurred
- Name of the trainer (printed or typed) and/or signature

Acceptable evidence of web-based training include the printed certificate or transcript generated by the entity that provided the training which must contain:
- Participant’s name
- Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required)
- Date(s) or period over which training course was completed and notation that course was successfully completed
- Name of approved entity providing training

Prior to 2/28/09 options to obtain this training included:
- Attending an APD classroom session conducted by APD;
- Taking the Tallahassee Community College (TCC) on-line course;
- Using the old CD (valid through 6/30/09).

Evidence of this training may be in the form of:
- Standard certificate of participation from APD or
- Affidavit of Completion signed by the participant if completed via the old CD

name of approved entity providing training.
18) Non-Classroom certificate of completion presented was not from an APD approved entity.
19) Certificate of completion presented demonstrated provider completed the training but not within 90 days of initially providing services.
### Provider Discovery Review Administrative Tool

- Tallahassee Community College official or unofficial transcript indicating completion of “Introduction to Developmental Disabilities” and “Health and Safety” modules with a score of “S”. (Requirement of a passing score implemented May 2007)

Note: Older certificates received from APD (prior to 2009) may be a single certificate usually indicating training on “Core Competency”.

Not Met reason #19 only applies to providers who began working within the period of review.

This training is only required one time

<table>
<thead>
<tr>
<th>3a</th>
<th>The provider received training in Direct Care Core Competencies.</th>
</tr>
</thead>
</table>

**CMS Assurance - Qualified Providers**

- iBudget Handbook - September 2015
  - B-4, B-7

**RECORD REVIEW**

New

Upon implementation of the New APD “Direct Care Core Competencies” curriculum (Formerly “Core Competency”), this standard will apply only to providers enrolled/hired from the implementation date forward.

Direct Care Core Competencies covers the following topics and replaces the standards identified:

1. Basic Person-centered Planning (formerly 3b)
2. Introduction to Developmental Disabilities (Formerly DCCC)
3. Maintaining Health and Safety (Formerly DCCC)
4. Individual Choices, Rights and Responsibilities (Formerly 3c)

Review personnel files and other provider training records for

1) Provider did not present verification of completing training in Direct Care Core Competencies.
2) Provider presented documented evidence of completing training in Direct Care Core Competencies but not from an APD approved trainer/source.
3) Classroom certificate of completion presented did not include the participant’s name (printed or typed).
4) Classroom certificate of completion presented did not include the title of the course.
5) Classroom certificate of completion presented did not include the date of completion.
6) Classroom certificate of completion presented did not include the name and signature of the trainer.
7) Classroom certificate of completion
evidence of required training.

- Determine date of hire
- Determine date of training
- Determine training was completed within 90 days of providing services
- Verify training was completed using an APD approved method

From new “Direct Care Core Competencies” curriculum implementation date forward options to obtain this training include:

- Attending an APD classroom session conducted by an APD authorized trainer;
- Attending a classroom training session conducted by a provider who has been certified by APD to conduct the training;
- Accessing an APD approved web-based course

Acceptable evidence of classroom training is a **standardized APD certificate for “Direct Care Core Competencies” which must include:

- The participant’s name (printed or typed)
- Title of the course
- Date(s) the training occurred
- Name of the trainer (printed or typed) and signature
- Training conducted 1/1/16 forward must have evidence that the trainer has appropriate credentials (for APD courses a copy of the trainer’s certificate provided by APD)

Acceptable evidence of non-classroom training include the printed certificate or transcript generated by the entity that provided the training which must contain:

- Participant’s name

presented did not include evidence the trainer has appropriate credentials.

8) Classroom certificate of completion presented was not presented on the standardized APD certificate.

9) Non-Classroom certificate of completion presented did not include participant’s name.

10) Non-Classroom certificate of completion presented did not include the title of the course.

11) Non-Classroom certificate of completion presented not include dates or period over which course was completed.

12) Non-classroom certificate of certificate of completion presented did not include the name of approved entity providing training.

13) Non-Classroom certificate of completion presented was not from an APD approved entity.

14) Certificate of completion presented demonstrated the provider completed the training but not within 90 days of initially providing services.
### Provider Discovery Review Administrative Tool

<table>
<thead>
<tr>
<th>3b</th>
<th>The provider received training in Basic Person Centered Planning.</th>
</tr>
</thead>
</table>

**CMS Assurance - Qualified Providers**

Page B-7  
**RECORD REVIEW**

Training on Basic Person Centered Planning will be included in the revised Direct Care Core Competencies training curriculum and available in the Department of Health TRAIN system once implemented.

Until that date, the requirement for training on Basic Person Centered Planning will continue to be assessed as a separate standard.

Once the new Direct Care Core Competencies curriculum is available:

- From that date, forward score newly enrolled/hired employees N/A on this standard.
- From that date forward, continue to assess current providers under this standard unless they choose to take the new Direct Care Core Competencies training.

Review personnel files and other provider training records for:

1. Provider did not present documented evidence of completing training specific to Person Centered Planning.
2. Provider presented documented evidence of completing training in Person Centered Planning but not from an APD approved trainer/source. (WSC only prior to 9/3/15)
3. Classroom certificate of completion presented did not include the participant’s name (printed or typed).
4. Classroom certificate of completion presented did not include the title of the course.
5. Classroom certificate of completion presented did not include the date of completion.
6. Classroom certificate of completion presented did not include the name and signature of the trainer.
7. Classroom certificate of completion presented demonstrated the non-WSC
Provider Discovery Review Administrative Tool

| evidence of required training.  
| - Determine date of hire  
| - Determine date of training  
| - **Non-WSC providers:** If provider was hired after 1/1/16, determine training was completed within 90 days of providing services.  
| - Look for evidence of training on Basic Person-Centered Planning.  
| - All Waiver Support Coordinators were required to attend training in individually determined goals conducted by APD or an APD certified trainer within 90 days of receiving a certificate of enrollment from the Area. Standardized curriculum was developed.  
| o POM training does not meet this requirement. All WSCs were required to complete this training in Person Centered Planning.  
| - Providers of all other services were required to complete training on individually determined goals or other person-centered approach. There is not a standard curriculum for other providers.  

Acceptable evidence of classroom training is a certificate of completion containing the following elements:

| o The participant’s name (printed or typed)  
| o Title of the course  
| o Date training occurred  
| o Name of the trainer (printed or typed) and signature

Not Met reason #7 only applies to WSCs who began working within the period of review and #8 applies to non-WSC providers hired after 1/1/16.

This training is required one time.

| 3c The provider received training on CMS Assurance - Qualified Providers | 1) Provider did not present documented

provider completed the training but not within 90 days of initially providing services.

8) Classroom certificate of completion presented demonstrated the WSC completed the training but not within 90 days of receiving a certificate of enrollment.
<table>
<thead>
<tr>
<th>Individual Choices, Rights and Responsibilities</th>
<th>Page B-7 RECORD REVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score this standard N/A for Support Coordinators. Training on Individual Choices, Rights, and Responsibilities is received through pre-service training.</td>
<td>evidence of completing training specific to Individual Choices, Rights, and Responsibilities.</td>
</tr>
<tr>
<td>Training on Individual Choices, Rights, and Responsibilities will be included in the revised Direct Care Core Competencies training curriculum and available in the Department of Health TRAIN system once implemented.</td>
<td>2) Classroom certificate of completion presented did not include the participant’s name (printed or typed).</td>
</tr>
<tr>
<td>Until that date, the requirement for training in Individual Choices, Rights, and Responsibilities will continue to be assessed as a separate standard.</td>
<td>3) Classroom certificate of completion presented did not include the title of the course.</td>
</tr>
<tr>
<td>From the date of new curriculum implementation forward, score newly enrolled/hired providers N/A on this standard.</td>
<td>4) Classroom certificate of completion presented did not include the date of completion.</td>
</tr>
<tr>
<td>Existing providers will continue to be assessed using this standard unless they choose to take the new Direct Care Core Competencies training.</td>
<td>5) Classroom certificate of completion presented did not include the name and signature of the trainer.</td>
</tr>
<tr>
<td>Review personnel files and other provider training records for evidence of required training.</td>
<td>6) Classroom certificate of completion presented demonstrated provider completed the training but not within 90 days of initially providing services.</td>
</tr>
<tr>
<td>o Determine date of hire</td>
<td>Acceptable evidence of classroom training is a certificate of completion containing the following elements:</td>
</tr>
<tr>
<td>o Determine date of training</td>
<td>o The participant’s name (printed or typed)</td>
</tr>
<tr>
<td>o If provider was enrolled/hired after 1/1/16 determine training was completed within 90 days of providing services</td>
<td>o Look for evidence of training related to choice and rights.</td>
</tr>
<tr>
<td>Provider Discovery Review Administrative Tool</td>
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<tr>
<td>-----------------------------------------------</td>
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</tr>
<tr>
<td>o Title of the course</td>
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<tr>
<td>o Date training occurred</td>
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<tr>
<td>o Name of the trainer (printed or typed) and signature</td>
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</tbody>
</table>

Not Met reason #6 only applies to providers who began working within the period of review and were hired after 1/1/16.

This training is only required one time

<table>
<thead>
<tr>
<th>4</th>
<th>The provider received training in Requirements for all Waiver Providers</th>
<th>CMS Assurance - Qualified Providers Page B-2, B-3, B-7, B-12 RECORD REVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All providers are required to complete this training.</td>
<td>Requirments for all Waiver Providers</td>
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<tr>
<td></td>
<td>- Existing providers enrolled/hired prior to 9/3/15 have</td>
<td>(Required of all Independent or Solo Providers/Management of All Agencies, B-12)</td>
</tr>
<tr>
<td></td>
<td>until 3/2/17 to complete the training.</td>
<td>(Required of all direct service providers, B-7)</td>
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<td></td>
<td>- New providers enrolled/hired 1/1/16 forward must complete the training within 90 days of providing services.</td>
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</table>

The "Requirements for all Waiver Providers" PowerPoint training posted on the APD training website meets the requirements for the following trainings:
- Requirements for all Waiver Providers (Required of all Independent or Solo Providers/Management of All Agencies, B-12)
- Overview of APD Waiver Provider Requirements (Required of all direct service providers, B-7)

Review personnel files and other provider training records for evidence of required training.
- Determine date of hire
- Determine date of training
- Determine providers enrolled/hired 1/1/16 forward completed training within 90 days of providing services
- Determine providers enrolled/hired prior to 9/3/15

1) Provider did not present documented evidence of completing training in Requirements for all Waiver Providers.
2) Provider presented documented evidence of completing training in Requirements for all Waiver Providers but not from an APD approved trainer/source.
3) Non-Classroom certificate of completion did not include participant’s name.
4) Non-Classroom certificate of completion did not include the title of the course.
5) Non-Classroom certificate of completion did not include dates or period over which course was completed.
6) Non-classroom certificate of completion did not include the name of approved entity providing training.
7) Non-classroom certificate of completion demonstrated provider completed the training but not within 90 days of initially providing services.
8) Non-classroom certificate of completion demonstrated provider completed the training but not within 18 months from the date of the iBudget handbook promulgation.
Acceptable evidence of non-classroom APD approved training includes the printed certificate or transcript generated by the entity that provided the training which must contain:

- Participant’s name
- Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required)
- Date(s) or period over which training course was completed and notation that course was successfully completed
- Name of approved entity providing training

Not Met reason #7 only applies to providers who began working within the period of review and were hired after 1/1/16.

This training is only required one time.

<table>
<thead>
<tr>
<th>5</th>
<th>The provider received training in HIPAA.</th>
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</thead>
<tbody>
<tr>
<td>CMS Assurance - Qualified Providers iBudget Handbook – September 2015 Page B-11 RECORD REVIEW</td>
<td></td>
</tr>
<tr>
<td>Review personnel files and other provider training records for evidence of required training.</td>
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<tr>
<td>• Determine date of hire</td>
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<td>• Determine if training is updated at least annually (within 365 days)</td>
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<tr>
<td>• If provider was enrolled/hired after 1/1/16 determine training was completed within 30 days of providing services</td>
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<tr>
<td>• Use Not Met reason #4 if training was not completed with 30 days of providing services</td>
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<tr>
<td>• Determine if training was completed using an APD approved method.</td>
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<tr>
<td>• Refer to APD training website for current approved training</td>
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</tbody>
</table>

1) Provider did not present documented evidence of completion of HIPAA training.
2) Provider documentation demonstrated most recent HIPAA training was over a year old.
3) Provider presented documented evidence of completing HIPAA training but did not use an APD State Office approved source.
4) Certificate of completion presented demonstrated provider completed the training but not within 30 days of initially providing services.
5) Non-Classroom certificate of completion presented did not include participant’s name.
6) Non-Classroom certificate of completion
<p>| | |</p>
<table>
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<tbody>
<tr>
<td><strong>entities and course titles</strong></td>
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<tr>
<td>Acceptable evidence of non-classroom APD approved training include the printed certificate or transcript generated by the entity that provided the training which must contain:</td>
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<td><em>As of 9/3/15 the DCF HIPAA training is no longer an approved source for this training. DCF HIPAA training certificates dated no later than 12/31/15 will be accepted.</em></td>
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<td><strong>Note:</strong> If provider training is current at the time of review, but it is noted there was a lapse during the period of review; score as Met and add a Discovery statement.</td>
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<td><strong>This training is required at least annually.</strong></td>
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<tr>
<td><strong>6</strong></td>
<td><strong>The provider received training in HIV/AIDS/Infection Control.</strong></td>
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<tr>
<td><strong>CMS Assurance - Qualified Providers</strong></td>
<td><strong>1</strong></td>
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<tr>
<td><strong>iBudget Handbook – September 2015 Page B-8</strong></td>
<td><strong>2</strong></td>
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<tr>
<td><strong>RECORD REVIEW</strong></td>
<td><strong>3</strong></td>
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<tr>
<td><strong>HIV/AIDS/Infection Control training is now required of WSCs and SECs.</strong></td>
<td><strong>4</strong></td>
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<tr>
<td><strong>HIV/AIDS/Infection Control is NOT required for providers of Behavior Analysis</strong></td>
<td><strong>5</strong></td>
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<tr>
<td><strong>Support Coordinators and LSD 2 (Supported Employment Coach) providers enrolled/hired prior to 9/3/15 have until 3/2/17 to come into compliance with this training requirement.</strong></td>
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</table>
WSCs and LSD 2 (Supported Employment Coach) providers enrolled/hired 1/1/16 forward must complete training within 90 days of initially providing service.

Review personnel files and other provider training records for evidence of required training.
- Determine date of hire
- Determine date of training
  - Providers must receive training within 90 days of initially providing services.
- Training completed 1/1/16 forward to meet this standard by any provider regardless of enrollment/hire date must be obtained from an APD approved source.
  - If training completed 1/1/16 forward indicates an expiration date, renewal must be obtained prior to expiration.
- Review current certificates/cards. If the certificates/card has an expiration date, determine renewal was completed prior to expiration date of the previous certification period.
  - Recertification requirements are established by the sponsoring organization and may vary. In some instances, there may not be an expiration date.
- Effective 1/1/16: The only acceptable proof of a successful course completion is a standard card or certificate developed by the sponsoring organizations with the attendee’s name either typed or printed on the card or certificate.
- Refer to APD training website for current approved training entities and course titles

Classroom – Standard Certificate of completion from the sponsoring organization must include:
- Participant’s typed/printed name
- Title of the course
- Date training occurred

Presented did not include participant’s printed name and signature.

6) Classroom certificate of completion presented did not include the trainer’s printed name and signature.

7) Classroom certificate of completion presented did not include the title of the course.

8) Classroom certificate of completion presented did not include the date of course completion.

9) Non-classroom certificate of completion presented did not include participant’s name.

10) Non-classroom certificate of completion presented did not include the title of the course.

11) Non-classroom certificate of completion presented did not include date the course was completed.

12) Non-classroom certificate of completion presented did not include the name of approved entity providing training

13) CD/Video training certificate of completion presented did not include a photocopy of label or training outline (including the title of the course and sponsoring entity).

14) CD/Video training certificate of completion presented did not include name and signature of participant.

15) CD/Video training certificate of completion presented did not include date training was completed.

16) CD/Video training certificate of
• Printed name of the trainer and signature

Acceptable evidence of training via Tallahassee Community College (Web-Based):
• Official or unofficial transcript indicating a score of “S” for both “Intro to Developmental Disabilities” and “Health and Safety”
• TCC does not issue certificates.

Note: Copies of completed tests in lieu of the unofficial transcripts are not acceptable as evidence of completion. Providers can log in to the TCC system and retrieve transcripts.

Non-Classroom – Certificate of Completion from the sponsoring organization must include:
• Participant’s name
• Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required)
• Date(s) or period over which training course was completed
• Name of approved entity providing training

CD/Video – Certificate of Completion must include:
• Photocopy of label or training outline (including the title of the course and sponsoring entity)
• Printed name and signature of participant
• Date training occurred
• Length of training (if not noted on CD label)
• Copy of the agenda or course syllabus

Note: If provider training is current at the time of review, but a lapse is noted during the period of review; score as Met and add a Discovery statement.

Not Met reason #3 only applies to providers who began working...
7. The provider maintains current CPR certification.

Recertification requirements are established by the sponsoring organization.

**CMS Assurance - Qualified Providers**

**iBudget Handbook – September 2015**

**Page B-12**

**RECORD REVIEW**

CPR certification/recertification is now required of WSCs and SECs.

CPR is NOT required for providers of Behavior Analysis.

WSCs and LSD 2 (Supported Employment Coach) providers enrolled/hired prior to 9/3/15 have until 3/2/17 to come into compliance with this training requirement.

WSCs and LSD 2 (Supported Employment Coach) providers enrolled/hired 1/1/16 forward must complete certification within 90 days of initially providing service.

CPR certification must be completed in a classroom setting. This certification training cannot be completed online.

Review personnel files and other provider training records for evidence of required training.
- Determine date of hire
- Determine date of training
- Providers must receive training within 90 days of initially providing services.
- Training completed 1/1/16 forward to meet this standard by any provider regardless of enrollment/hire date must be obtained from an APD approved source.

1) Provider did not present documented evidence of completion of training in CPR.
2) Course completion certificate/card demonstrated provider completed training in CPR but not within 90 days of initially providing services.
3) Course completion certificate/card for CPR training was expired.
4) Provider presented documented evidence of completing training in CPR but did not use an APD approved trainer/source.
5) Course completion certificate/card was not the standard card or certificate developed by the sponsoring organization.
6) Provider documentation demonstrated CPR course was not completed in a classroom setting.
7) Course completion certificate/card did not include participant’s printed name.
8) Course completion certificate/card did not include the title of the course.
9) Course completion certificate/card did not include the date of course completion.
10) Course completion certificate/card did not include an expiration date.
11) Course completion certificate/card did...
| 8 | The provider received training in First Aid. | CMS Assurance - Qualified Providers
iBudget Handbook – September 2015
RECORD REVIEW
New
First Aid is NOT required for providers of Behavior Analysis
Providers rendering the following services enrolled/hired prior to 9/3/15 will have 18 months to come into compliance with this training requirement.

Providers enrolled/hired 1/1/16 forward must complete First Aid training within 90 days of initially providing services.
- LSD 1 – Companion
- LSD 2 – Supported Employment
- LSD 3 – Adult Day Training
- Personal Supports | 1) Provider did not present documented evidence of completion of training in First Aid.
2) Course completion certificate/card presented demonstrated provider completed the training but not within 18 months from the date of the iBudget handbook promulgation.
3) Course completion certificate/card presented for First Aid training was expired.
4) Provider presented evidence of completing training in First Aid but not from an APD approved trainer/source.
5) Course completion certificate/card presented was not the standard card or certificate developed by the sponsoring organization. |
Provider Discovery Review Administrative Tool

- Respite Care
- Residential Habilitation (Standard)
- Residential Habilitation (Behavior Focused)
- Residential Habilitation (Intensive Behavior)
- Special Medical Home Care
- Supported Living Coaching
- Support Coordination
- Behavior Assistant Services

Review personnel files and other provider training records for evidence of required training.

- Determine date of hire
- Determine date of training
- Determine training was completed within 90 days of initially providing services.
- Determine training was received from an APD approved source.
- Review current certificates/cards to determine if recertification was completed prior to expiration date of the previous certification period.
  - Recertification requirements are established by the sponsoring organization and may vary.
- The only acceptable proof of a successful course completion is a standard card or certificate developed by the sponsoring organizations with the attendee’s name either typed or printed on the card or certificate.
- Refer to APD training website for current approved training entities and course titles

Classroom – Standard Certificate of completion from the sponsoring organization must include:

- Participant’s typed/printed name
- Title of the course
- Date training occurred
- Organization.

6) Classroom course completion certificate presented did not include participant’s printed name and signature.
7) Classroom course completion certificate presented did not include the trainer’s printed name and signature.
8) Classroom course completion certificate presented did not include the title of the course.
9) Classroom course completion certificate presented did not include the date of course completion.
10) Non-classroom course completion certificate presented did not include participant’s name.
11) Non-classroom course completion certificate presented did not include the title of the course.
12) Non-classroom course completion certificate presented did not include date the course was completed.
13) Non-classroom course completion certificate presented did not include the name of approved entity providing training.
14) Certificate of completion demonstrated provider completed the training but not within 18 months from the date of the iBudget handbook promulgation.
Provider Discovery Review Administrative Tool

- Printed name of the trainer and signature

Non-Classroom – Certificate of Completion must include:
- Participant’s name
- Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required)
- Date(s) or period over which training course was completed and notation that course was successfully completed
- Name of approved entity providing training
- Length of training/credit hours.

Not Met reason #2 only applies to providers who began working within the period of review.

Note: If provider training is current at the time of review, but a lapse is noted during the period of review; score as Met and add a Discovery statement.

| 9 | The provider received training in Medication Administration prior to administering or supervising the self-administration of medication. | CMS Assurance - Qualified Providers
iBudget Handbook – September 2015
F.A.C. 65G-7
RECORD REVIEW
Score standard N/A if provider does not administer or supervise self-administration of medication.

- This standard applies to any service provider who administers medication who is not authorized, certified, or otherwise permitted by Florida law to administer medication or to supervise self-administration of medication.
- Those legally authorized to administer medication include Licensed Practical Nurses, Registered Nurses, Advanced Registered Nurse Practitioners, Respiratory Therapists, Physician Assistants, and Medical Doctors.
- **Note:** 65G-7 does NOT apply to Assisted Living Facilities regulated through Chapter 429, Part I, F.S. Score NA if staff

|   |   | 1) Provider did not present documented evidence of completion of training specific to Medication Administration. (A) 
2) Provider documentation demonstrated the provider administered or supervised the self-administration of medication prior to completing training. (A) 
3) Provider documentation demonstrated training was not received from an RN or ARNP. (A) 
4) Provider documentation demonstrated the provider did not re-take the training course following a lapse in validation. (A) 
5) Classroom training certificate presented did not include the name of the provider/instructor. (A) 

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only administers medication in ALFs.
- However if staff employed by the ALF also work in a non-ALF licensed facility providing Residential Habilitation or provide other waiver services and administering medications is required - this standard does apply.

Review personnel files and other provider training records for evidence of required training:
- Determine date of hire
- Determine date of training
  - Must be prior to administering or supervising self-administration of medication
- Look for training certificate (evidence of training) specific to medication administration
- Training may only be provided by licensed registered nurses (RN) or Advanced Registered Nurse Practitioners (ARNP).
- Each trainer/Entity must have an APD State Office assigned course ID # and use an APD State Office approved curriculum.

Upon successful completion of a classroom course, the course provider/instructor shall issue the examinee a certificate containing:
- Name of the student
- Date(s) of course administration
- Name and signature of course instructor (Provider name only if web-based)
- Course ID number

There is currently not an APD standardized certificate format for this training. Instructors may use any format they chose as long as the required components listed above are included.

Training certificates of providers that have maintained

6) Classroom training certificate presented did not include the course ID number. (A)
7) Classroom training certificate presented did not include date(s) of course administration. (A)
8) Classroom training certificate presented did not include the name of the student. (A)
9) Classroom training certificate presented did not include the name and signature of the course instructor. (A)
10) Web-based training certificate presented did not include the name of the student. (A)
11) Web-based training certificate presented did not include the date(s) of course administration. (A)
12) Web-based training certificate presented did not include the name of the provider (entity). (A)
13) Web-based training certificate presented did not include the course ID number. (A)
### Provider Discovery Review Administrative Tool

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<tr>
<th>10</th>
<th>The provider maintains current medication administration validation.</th>
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<tbody>
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<td></td>
<td><strong>CMS Assurance - Qualified Providers</strong></td>
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<td><strong>iBudget Handbook – September 2015</strong></td>
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<td><strong>F.A.C. 65G-7</strong></td>
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<td><strong>RECORD REVIEW</strong></td>
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<tr>
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<td>Score standard N/A if provider does not administer or supervise self-administration of medication.</td>
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<td>• Refer to standard above for clarification as needed.</td>
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<td>Only a registered nurse (RN) licensed pursuant to Chapter 464, F.S., or a physician licensed pursuant to Chapters 458 or 459, F.S., may validate the competency of an unlicensed direct service provider.</td>
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</table>

**Continuous validation since 65G-7 became rule (3/8/08) will most likely reference Policy Directive 01-01 and will not have a course number.**

*This training must be successfully completed prior to administering or supervising the self-administration of medication.*

*Training is required once unless there is a lapse in validation. If there is a lapse in validation, the provider is required to re-take the medication administration course and be re-validated. Otherwise, this training is only required one time.*

- For the purpose of this review, the validation date on the current validation certificate is to be compared to the validation date on the last certificate to verify no lapse in validation during this timeframe.

**Not Met on this standard is an automatic Alert**

This training is required once unless there is a lapse in medication administration validation

| 1 | Provider did not present evidence of completing training in Medication Administration prior to validation. (A) |
| 2 | Provider did not provide evidence of medication validation. (A) |
| 3 | Provider documentation demonstrated the provider was validated but not prior to administering medication. (A) |
| 4 | Validation certificate presented did not include authorized validation routes (page 2). (A) |
| 5 | Provider documentation demonstrated current medication administration validation on some, but not all |
Review personnel files and other provider training records for evidence of medication administration validation.

- Determine if required training in Medication Administration per FAC 65G-7 was completed prior to validation.
- Determine if validation occurred prior to administering medication.
- Determine dates and routes of validation.

Validation **MUST** be documented on the “Validation Certificate,” APD Form 65G7-004 which must include:

**Page 1 of Validation Certificate:**
- Name of applicant being validated (no longer identified as Not Met - applicant address, if any employee, the name of the employing entity);
- The date of assessment and validation expiration;
  - The printed name and original signature of the validating RN or physician as it appears on his or her license; and
  - The validating RN or physician’s license number and license expiration date.

**Page 2 of Validation Certificate:**
- Routes and procedures the applicant is authorized to supervise or administer;
- Any limitations on the applicant’s validation to administer medication, such as limitations on validated routes of medication administration;
- Validation date for each authorized route
- Original signature and license number of validating RN or physician for each authorized route.
- Any limitations on the applicant’s validation to administer medication, such as limitations on validated routes of medication administration.

**65G-7.004 Validation Requirements**
Medication assistance provider must be re-validated annually within 60 days preceding expiration of current validation.

- 6) Provider documentation demonstrated validation expired but provider continued to administer medication. (A)
- 7) Provider documentation demonstrated provider continued to administer medications during a lapse in validation. (A)
- 8) Validation certificate presented did not include name of the applicant being validated. (A)
- 9) Validation certificate presented did not include date of assessment and validation. (A)
- 10) Validation certificate presented was missing the date of validation on one or more individual administration routes. (A)
- 11) Validation certificate presented did not include original signature of validating RN or physician on one or more individual administration routes. (A)
- 12) Validation certificate presented did not include validating RN or physician license number on one or more individual administration routes. (A)
- 13) Validation certificate presented did not include printed name of the validating RN or physician. (A)
- 14) Validation certificate presented did not include original signature of the validating RN or physician. (A)
- 15) Validation certificate presented did not include validating RN or physician license number and license expiration.
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<td><strong>Unlicensed provider may not under any circumstances administer/supervise self-administration of medication before receiving validation or following expiration of annual validation</strong></td>
<td><strong>Not Met on this standard is an automatic Alert</strong></td>
<td><strong>date. (A)</strong></td>
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<td>16) Validation certificate presented identifies the validating RN or physician license date expired prior to the date of validation. (A)</td>
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<td>17) Provider documentation demonstrated validation was not conducted by a RN or physician. (A)</td>
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<td>18) Provider documentation demonstrated the validation was not documented on the required “Validation Certificate” APD Form 65G7-004. (A)</td>
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<td>19) Validation certificate presented was missing any limitations on the applicant’s validation to administer medication, such as limitations on validated routes of medication administration. (A)</td>
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<tr>
<th><strong>The provider received training in an Agency approved curriculum for behavioral emergency procedures consistent with the requirements of the Reactive Strategies rule (65G-8, FAC).</strong></th>
<th><strong>CMS Assurance - Qualified Providers</strong></th>
<th><strong>1)</strong> Provider did not present evidence of completing training in an Agency approved curriculum for behavioral emergency procedures.</th>
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<td>iBudget Handbook – September 2015 Page B-6, B-11, F.A.C. 65G-8 RECORD REVIEW</td>
<td>2) Certificate of completion presented demonstrated provider completed the training but not within 30 days of providing services.</td>
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<td>3) Certificate of completion presented demonstrated provider completed the training but did not use an Agency approved source.</td>
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<td>4) Most current certificate of completion presented was expired.</td>
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<td>5) Certificate of completion presented did not include participant’s name.</td>
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<td>Providers that must intervene in behavioral emergency situations (e.g. when recipients exhibit aggression, self-injury, property destruction, etc.), are required to be trained to competency in an agency approved crisis management procedure consistent with Chapter 65G-8, F.A.C.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Providers of Residential Habilitation Behavior Focus/Intensive</td>
</tr>
</tbody>
</table>

DF_FLDD_Discovery_Administrative_2018_0101_v3
are required to meet this standard. This standard also applies to providers of Behavior Analysis, Behavior Assistant and other services if working with individuals with significant behavioral challenges. Score this standard N/A if the provider does not work with individuals that exhibit aggression, self-injury, property destruction or other significant behavioral challenges.

Review personnel files and other provider training records for evidence of required training.  
- Determine date of hire  
- Determine date of training  
- Look for evidence of training specific to behavioral emergency procedures  
- Determine if training was completed within 30 days of providing services to a person with significant behavioral challenges who may require the use of behavioral emergency procedures or when the staff is expected to implement approved behavioral emergency procedures.  
- Per 65G-8.002 (4) - Training certification is valid for one year. Before the certificate expires, staff must undertake a full training curriculum to obtain new certification.

Proof of classroom training will include a typed certificate with the following elements:  
- Participant's name;  
- Name of curriculum;  
- Date(s) of training  
- Name and signature of instructor  
- Date of certificate expiration

For the purpose of this review, compare most recent course completion date to previous course completion date to determine if re-certification was completed at least annually.

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|   | 6) Certificate of completion presented did not include name of the curriculum.  
7) Certificate of completion presented did not include date of the training.  
8) Certificate of completion presented did not include name and signature of the trainer.  
9) Certificate of completion presented did not include expiration date. |
Examples of approved curriculums include:
- Professional Crisis Management (PCM)
- Alternatives for Behavioral Crises
- Mandt Systems
- Crisis Prevention Institute
- Safety Care

Not Met reason #2 only applies to providers who began working within the period of review.

Recertification is required every 12 months

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</table>
| 12 | Drivers of transportation vehicles are licensed to drive vehicles used. | CMS Assurance - Qualified Providers  
iBudget Handbook – September 2015  
RECORD REVIEW  
Determine if the provider transports individuals.  
If the provider does not transport, score N/A.  
If transportation is provided in personal vehicles and/or agency vehicles, check personnel/agency records to verify that a copy of a current and valid driver license is in the record covering the entire period of review.  
- If copy of current driver license is present at the time of the review but was not current for the entire period of review, score Not Met without an Alert.  
- If copy of current driver license is not present at the time of the review, score as Not Met with an Alert. |
|   |   | 1) Provider did not have a copy of a current driver license in the record. (A)  
2) Provider had a copy of a driver license that was current at the time of the review but was not current the entire period of review.  
3) Provider had a copy of a driver license that was not current at the time of the review but was current during some of the period of review. (A) |
| 13 | Personal vehicles used for transportation are properly insured. | CMS Assurance - Qualified Providers  
iBudget Handbook – September 2015  
RECORD REVIEW  
Determine if the provider transports individuals in personal or company owned vehicles.  
- If the provider does not transport, score N/A. |
|   |   | 1) Provider did not have a copy of current vehicle insurance in the record at the time of the review. (A)  
2) Provider documentation demonstrated vehicle insurance was current at the time of the review but was not current the entire period of review. |
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<tr>
<th>#</th>
<th>Performance Measure/Standard</th>
<th>Protocol</th>
<th>Not Met Reasons</th>
</tr>
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<tbody>
<tr>
<td>14</td>
<td>Personal vehicles used for transportation are properly registered.</td>
<td>CMS Assurance - Qualified Providers iBudget Handbook – September 2015 RECORD REVIEW</td>
<td>1) Provider did not have a copy of current vehicle registration in the record at the time of review. 2) Provider documentation demonstrated provider had a copy of current vehicle registration but the vehicle registration did not cover the entire period of review. 3) Provider documentation demonstrated provider did not have a copy of the current vehicle registration in the record, but did have a copy of an expired vehicle registration covering some of the review period.</td>
</tr>
</tbody>
</table>
## Provider Discovery Review Administrative Tool

| 15 | The provider meets all minimum educational requirements and levels of experience for Behavior Analysis. |
| CMS Assurance - Qualified Providers iBudget Handbook – September 2015 Page 1-12 |
| RECORD REVIEW |
| Review available personnel records to verify compliance with minimum education and experience requirements. |
| • Review available documentation such as copies of high school diploma or GED, college transcripts, college degree, Associate's degree, professional license, certificates of completion, driver's license, job application, resume, letters of reference, reference checks, etc. |
| Providers of Behavior Analysis must have licensure or certification on active status at the time services are provided. Providers of this service must have one or more of the following credentials: |
| • Level 1 - Board Certified Behavior Analyst, Masters or Doctoral Level; or a person licensed under Chapter 490 or 491, F.S. (Psychologist, School Psychologist, Clinical Social Worker, Marriage and Family Therapist or Mental Health Counselor) with evidence of work samples and work history of more than three years of experience in the application of Applied Behavior Analysis procedures to persons with exceptional needs, post certification or licensure. |
| • Level 2 - Board Certified Behavior Analyst, Masters or Doctoral level; Florida Certified Behavior Analyst with a Master’s degree or higher or a person licensed under Chapter 490 or 491, F.S. (Psychologist, School Psychologist, Clinical Social Worker, Marriage and Family Therapist or Mental Health Counselor) with evidence based on work samples and work history of at least one year supervised experience in the application of Applied Behavior Analysis procedures to persons with exceptional needs. |
| • Board certified behavior analysts have met the year |
| 1) The provider did not present documented evidence of required certification/licensure. |
| 2) Provider documentation demonstrated provider's certification/licensure was expired/no-longer current for some or all of the period under review. |
| 3) Provider did not present documented evidence of level 1 credentials for the level 1 provider. |
| 4) Provider did not present documented evidence of level 2 credentials for the level 2 provider. |
| 5) Provider did not present documented evidence of level 3 credentials for the level 3 provider. |
| 6) Provider did not present documented evidence of required monthly supervision of the Level 3 provider. |
| 7) Provider presented documented evidence of required monthly supervision of the Level 3 provider for some but not all months in the period of review. |
| 8) Provider presented a degree/diploma earned in another country that was not accompanied by authentication documentation. |
| 9) Evidence the provider is at least 18 years old was not present. |
of supervision requirement as part of becoming certified.

- Level 3 - Florida Certified Behavior Analyst with Bachelor’s degree, Associate’s degree, or high school diploma or Board Certified Assistant Behavior Analyst.
  - Effective 1/1/16: Level 3 providers are required to evidence at least one hour per month of supervision from a professional who meets the requirements of a Level 1 or Level 2 Board Certified Behavior Analyst.
- Be at least 18 years of age or older

Note: Degrees/diplomas earned in other countries shall be accompanied by authentication documentation that the degree is equivalent to the educational requirements for the position.

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<th>#</th>
<th>Performance Measure/Standard</th>
<th>Protocol</th>
<th>Not Met Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.</td>
<td>CMS Assurance - Qualified Providers iBudget Handbook – September 2015 Page 1-13 RECORD REVIEW</td>
<td>1) Provider did not present documented evidence of at least two years of experience providing direct services to individuals with developmental disabilities.</td>
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<td></td>
<td>2) Provider did not present documented evidence of at least 120 hours of direct services to individuals with complex behavior problem in lieu of work experience.</td>
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<td>3) Provider did not present documented evidence of 90 classroom hours of instruction in applied behavior analysis in lieu of work experience.</td>
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<td>4) Evidence the provider is at least 18 years old or older was not present.</td>
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<td></td>
<td>5) Provider did not provide documented evidence of a high school diploma or</td>
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</tbody>
</table>
complex behavior problems, as defined in rule 65G-4.010(3)(b), or
- 90 classroom hours of instruction in applied behavior analysis from non-university, non-college classes, or university and college courses.
  - The 90 classroom hours of instruction will count as meeting the requirements of the 20 contact hours in the next standard.

<table>
<thead>
<tr>
<th>17</th>
<th>The provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CMS Assurance - Qualified Providers iBudget Handbook – September 2015 Page 1-13 RECORD REVIEW</td>
</tr>
<tr>
<td></td>
<td>If the provider is a Registered Behavior Technician™ (RBT™) certified by the Behavior Analyst Certification Board (BACB), score this standard as N/A.</td>
</tr>
<tr>
<td></td>
<td>If the provider has documented evidence of 90 classroom hours of instruction in applied behavior analysis from non-university, non-college classes, or university and college courses score this standard Met.</td>
</tr>
<tr>
<td></td>
<td>Review personnel files and other provider training records for evidence of required training.</td>
</tr>
<tr>
<td></td>
<td>- Determine date of hire</td>
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<tr>
<td></td>
<td>- Determine date of training</td>
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<tr>
<td></td>
<td>- As proof of instruction, the provider must have either a certificate of completion or a college or university transcript and a course content description, verifying the applicant successfully completed the required instruction.</td>
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<tr>
<td></td>
<td>- Instruction must be provided by a person meeting the qualifications of any category of behavior analysis provider as described in this Handbook</td>
</tr>
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<td>- The 90 classroom hours of instruction specified in the GED.</td>
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</tbody>
</table>

1) Provider documentation did not demonstrate completion of at least 20 contact hours of instruction in an APD approved curriculum.
2) Provider documentation demonstrated completion of 20 contact hours of instruction in an APD approved curriculum but not from a qualified instructor.
3) Provider documentation presented did not verify successful completion of the required instruction.
<table>
<thead>
<tr>
<th></th>
<th>Provider Discovery Review Administrative Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>The provider completes eight hours of annual in-service training on instruction in applied behavior analysis and related topics for Behavior Assistant.</td>
</tr>
<tr>
<td></td>
<td>CMS Assurance - Qualified Providers</td>
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<td></td>
<td>iBudget Handbook – September 2015</td>
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<tr>
<td></td>
<td>Page 1-13, B-5</td>
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<tr>
<td></td>
<td>RECORD REVIEW</td>
</tr>
<tr>
<td></td>
<td>This is a new requirement. Providers enrolled hired prior to the effective date of the iBudget handbook will have one year to complete annual in-service hours.</td>
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<td></td>
<td>Providers enrolled/hired after the effective date must complete the in-service training within 12 months of the hire date.</td>
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<td></td>
<td>If provider/employee has been working less than 12 months, mark this standard as N/A.</td>
</tr>
<tr>
<td></td>
<td>Annually, eligibility to continue providing behavior assistant services can be maintained through receipt of at least eight hours of in-service training offered through instruction in applied behavior analysis and related topics.</td>
</tr>
<tr>
<td></td>
<td>Review available personnel records to verify compliance with annual in-service training requirements.</td>
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<tr>
<td></td>
<td>• Determine date of hire;</td>
</tr>
<tr>
<td></td>
<td>• Determine date of training;</td>
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<tr>
<td></td>
<td>• Establish how the provider tracks annual training (from when to when). The 12-month period will be determined by provider date of hire unless the provider is able to demonstrate another well documented revolving 12 month period.</td>
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<td></td>
<td>o The 12-month period cannot be based on the annual Provider Review date each year.</td>
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<tr>
<td></td>
<td>• Content or curricula for this in-service training and providers</td>
</tr>
<tr>
<td></td>
<td>1) Provider did not present documented evidence of completion of 8 hours of annual in-service training.</td>
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<tr>
<td></td>
<td>2) Provider presented documented evidence of completing some but not all required 8 hours of annual in-service training.</td>
</tr>
<tr>
<td></td>
<td>3) Documented training presented was not related to applied behavior analysis and related topics.</td>
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<tr>
<td></td>
<td>4) Documented evidence of some training presented was renewal of pre-service or other mandatory required training.</td>
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<tr>
<td></td>
<td>5) Classroom certificate of completion presented did not include participant’s printed name and signature.</td>
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<td></td>
<td>6) Classroom certificate of completion presented did not include the trainer’s printed name and signature.</td>
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<td></td>
<td>7) Classroom certificate of completion presented did not include the title of the course.</td>
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<td>8) Classroom certificate of completion presented did not include the date of course completion.</td>
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<td></td>
<td>9) Classroom certificate of completion presented did not include time spent (Credit Hours).</td>
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<td>10) Classroom certificate of completion presented did not include a copy of the agenda or course syllabus.</td>
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<td>of training must be approved by the regional behavior analyst within each region.</td>
</tr>
<tr>
<td></td>
<td>Classroom - Certificate of completion must include:</td>
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<tr>
<td></td>
<td>• Participant’s printed name and signature</td>
</tr>
<tr>
<td></td>
<td>• Title of the course</td>
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<td></td>
<td>• Date training occurred (day and date as well as beginning and ending time)</td>
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<tr>
<td></td>
<td>• Printed name of the trainer and signature</td>
</tr>
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<td>• <strong>As of 1/1/16:</strong> Copy of the agenda or course syllabus</td>
</tr>
<tr>
<td></td>
<td>Non-Classroom – Certificate of Completion must include:</td>
</tr>
<tr>
<td></td>
<td>• Participant’s name</td>
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<td></td>
<td>• Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required)</td>
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<td>• Date(s) or period over which training course was completed and notation that course was successfully completed</td>
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<tr>
<td></td>
<td>• Name of approved entity providing training</td>
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<tr>
<td></td>
<td>• Length of training/credit hours.</td>
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<td>CD/Video – Certificate of Completion must include:</td>
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<td></td>
<td>• Photocopy of label or training outline (including the title of the course and sponsoring entity)</td>
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<td></td>
<td>• Printed name and signature of participant</td>
</tr>
<tr>
<td></td>
<td>• Date training occurred</td>
</tr>
<tr>
<td></td>
<td>• Length of training (if not noted on CD label)</td>
</tr>
<tr>
<td></td>
<td>• Copy of the agenda or course syllabus</td>
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<tr>
<td></td>
<td>Certificates for in-service training must include the number of credit hours received in addition to the information above.</td>
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<td></td>
<td>Note: Re-taking basic APD training courses will not be counted toward this requirement unless identified as a need in the APD Plan of Remediation.</td>
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<td>11) Non-Classroom certificate of completion presented did not include participant’s name.</td>
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<td></td>
<td>12) Non-Classroom certificate of completion presented did not include the title of the course.</td>
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<tr>
<td></td>
<td>13) Non-Classroom certificate of completion presented did not include dates or period over which course was completed.</td>
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<td></td>
<td>14) Non-classroom certificate of completion presented did not include length of training/credit hours.</td>
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<tr>
<td></td>
<td>15) Non-classroom certificate of completion presented did not include the name of approved entity providing training.</td>
</tr>
<tr>
<td></td>
<td>16) CD/Video certificate of completion presented did not include a photocopy of label or training outline (including the title of the course and sponsoring entity).</td>
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<tr>
<td></td>
<td>17) CD/Video certificate of completion presented did not include name and signature of participant.</td>
</tr>
<tr>
<td></td>
<td>18) CD/Video certificate of completion presented did not include date training occurred.</td>
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<td></td>
<td>19) CD/Video certificate of completion presented did not include length of training.</td>
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<tr>
<td></td>
<td>20) CD/Video certificate of completion presented did not include copy of agenda or course syllabus.</td>
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</table>
## CDC+ Consultant

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<tr>
<th>#</th>
<th>Performance Measure/Standard</th>
<th>Protocol</th>
<th>Not Met Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>The provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).</td>
<td>CMS Assurance - Qualified Providers&lt;br&gt;Review available personnel records to verify compliance with minimum training requirements.&lt;br&gt;• Determine date of hire&lt;br&gt;• Determine date of training&lt;br&gt;• Determine if completed via approved method</td>
<td>1) The provider did not present documented evidence of completion of the Consultant Training.&lt;br&gt;2) The provider presented documented evidence of completion of the Consultant Training but not from an approved source.</td>
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</table>

If the provider does not render CDC+ Consultant service, score this standard as N/A.

## Life Skills Development 1 (Companion)

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<th>#</th>
<th>Performance Measure/Standard</th>
<th>Protocol</th>
<th>Not Met Reasons</th>
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<tbody>
<tr>
<td>20</td>
<td>The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.</td>
<td>CMS Assurance - Qualified Providers&lt;br&gt;iBudget Handbook – September 2015&lt;br&gt;Page 1-16&lt;br&gt;RECORD REVIEW&lt;br&gt;Providers and employees previously providing Companion services hired before September 2015 (the effective date of this rule) with no break in service must meet the qualifications outlined in Developmental Disabilities Waiver Service Coverage and Limitations Handbook, November 2010&lt;br&gt;Review available personnel records to verify compliance with minimum education and experience requirements.&lt;br&gt;• Review available documentation such as copies of high school diploma or GED, college transcripts, college degree, Associate’s degree, professional license, certificates of completion, driver’s license, job application, resume, letters of reference, reference checks, etc.</td>
<td>1) Provider documentation did not demonstrate at least one year of qualifying work experience.&lt;br&gt;2) Provider did not provide documented evidence of required college, vocational or technical training in lieu of work experience.&lt;br&gt;3) Provider did not present documented evidence of a high school diploma or GED.&lt;br&gt;4) Evidence the provider is at least 18 years old was not present.</td>
</tr>
</tbody>
</table>
## Provider Discovery Review Administrative Tool

### Determine:
- Date of hire
- Provider is at least 18 years of age
- Provider has at least one year of verifiable experience working in a medical, psychiatric, nursing, or childcare setting or working with individuals who have a developmental disability.
- Or in lieu of the required work experience has college; vocational or technical training from an accredited institution can substitute at the rate of 30 semester, 45 quarter or 720 classroom hours for the required experience.
- Providers enrolled/hired 1/1/16 forward have evidence of a valid high school diploma or GED

| 21 | The provider completes 4 hours of annual in-service training related to the specific needs of at least one person currently receiving services | CMS Assurance - Qualified Providers  
iBudget Handbook – September 2015  
Page B-5, C-3  
RECORD REVIEW  
New  
This is a new requirement. Providers enrolled hired prior to the effective date of the iBudget handbook will have one year to complete annual in-service hours.  
Providers enrolled/hired after the effective date must complete the in-service training within 12 months of the hire date.  
If provider/employee has been working less than 12 months, mark this standard as N/A.  
Four hours of annual in-service training must be successfully completed and be related to the specific needs of at least one person being currently served. Specific needs can include health needs, community resources, or person-centered planning. |
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<tbody>
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<td>1) Provider did not present documented evidence of completion of 4 hours of annual in-service training.</td>
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<td>2) Provider presented documented evidence of completing some but not all required 4 hours of annual in-service training.</td>
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<td></td>
<td>3) Documented training presented was not related to needs of at least one person currently served.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4) Documented evidence of some training presented was renewal of pre-service or other mandatory required training.</td>
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<td>5) Classroom certificate of completion presented did not include participant’s printed name and signature.</td>
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<td></td>
<td>6) Classroom certificate of completion presented did not include the trainer's printed name and signature.</td>
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<tr>
<td></td>
<td></td>
<td>7) Classroom certificate of completion presented did not include the title of the</td>
</tr>
</tbody>
</table>
Review available personnel records to verify compliance with annual in-service training requirements.
- Determine date of hire
- Determine dates of training
- Establish how the provider tracks annual training (from when to when). The 12-month period will be determined by provider date of hire unless the provider is able to demonstrate another well documented revolving 12 month period.
  - The 12-month period cannot be based on the annual Provider Review date each year.

Classroom - Certificate of completion must include:
- Participant’s printed name and signature
- Title of the course
- Date training occurred (day and date as well as beginning and ending time)
- Printed name of the trainer and signature
- **As of 1/1/16:** Copy of the agenda or course syllabus

Non-Classroom – Certificate of Completion must include:
- Participant’s name
- Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required)
- Date(s) or period over which training course was completed and notation that course was successfully completed
- Length of training/credit hours
- Name of approved entity providing training

CD/Video – Certificate of Completion must include:
- Photocopy of label or training outline (including the title of the course and sponsoring entity)
- Printed name and signature of participant

- Classroom certificate of completion presented did not include the date of course completion.
- Classroom certificate of completion presented did not include time spent (Credit Hours).
- Classroom certificate of completion presented did not include a copy of the agenda or course syllabus.
- Non-Classroom certificate of completion presented did not include participant’s name.
- Non-Classroom certificate of completion presented did not include the title of the course.
- Non-Classroom certificate of completion presented did not include dates or period over which course was completed.
- Non-classroom certificate of completion did not include length of training/credit hours.
- Non-classroom certificate of completion did not include name of approved entity providing training.
- CD/Video certificate of completion presented did not include a photocopy of label or training outline (including the title of the course and sponsoring entity).
- CD/Video certificate of completion presented did not include name and signature of participant.
- CD/Video certificate of completion presented did not include date training occurred.
Provider Discovery Review Administrative Tool

- Date training occurred
- Length of training (if not noted on CD label)
- Copy of the agenda or course syllabus

Certificates for in-service training must include the number of credit hours received in addition to the information above.

Note: Re-taking basic APD training courses will not be counted toward this requirement unless identified as a need in the APD Plan of Remediation.

19) CD/Video certificate of completion presented did not include length of training.
CD/Video certificate of completion presented did not include copy of agenda or course syllabus.

Life Skills Development 2 (Supported Employment)

<table>
<thead>
<tr>
<th>#</th>
<th>Performance Measure/Standard</th>
<th>Protocol</th>
<th>Not Met Reasons</th>
</tr>
</thead>
</table>
| 22 | The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2. | CMS Assurance - Qualified Providers iBudget Handbook – September 2015 Page 1-16 RECORD REVIEW Review available personnel records to verify compliance with minimum education and experience requirements.  
- Review available documentation such as copies of high school diploma or GED, college transcripts, college degree, Associate’s degree, professional license, certificates of completion, driver’s license, job application, resume, letters of reference, reference checks, etc. Determine:  
  - Date of hire  
  - Provider enrolled/hired 1/1/16 forward has a valid high school diploma or GED  
  - Provider is at least 18 years of age All providers of Life Skills Development Level 2 must also meet one or more of the following education/experience requirements: | 1) Provider did not present documented evidence of a Bachelor's degree with a major in education, rehabilitative science, business, or related degree.  
2) Provider did not present documented evidence of an Associate's degree from an accredited college or university and two years qualifying work experience.  
3) Provider did not have documented evidence of one year of college and three years qualifying work experience.  
4) Provider did not present documented evidence of year-for-year experience to substitute for the required college education.  
5) Provider did not present documented evidence of a high school diploma or GED.  
6) Evidence the provider is at least 18 years old was not present. |
### Provider Discovery Review Administrative Tool

- Have a Bachelor's degree from an accredited college or university with a major in education, rehabilitative science, business, or related degree.
- Have an associate's degree or two years of college from an accredited college or university and have two years of documented direct experience with recipients with developmental disabilities.
- Have one year of college from an accredited college or university and three years of documented direct experience in working with recipients with developmental disabilities.
- Four years of direct professional experience in working with recipients with developmental disabilities may substitute for college on a year for year basis.

#### CMS Assurance - Qualified Providers

**iBudget Handbook – September 2015**

Page B-13, C-4

**RECORD REVIEW**

Pre-service training for Life Skills 2 consists of successfully completing APD's courses titled "Best Practices in Supported Employment" and "Introduction to Social Security Work Incentives".

Review personnel records and other provider training records for evidence of required pre-service training.

- Determine date of hire
- Determine date of training
- Determine if completed via approved method
- Determine classroom-training certificate demonstrates completion of 18 hours of pre-service training.
- Providers enrolled before March 1, 2004, were only required to complete twelve (12) hours of pre-service training.
  - o Web-based training certificates through TRN may

<table>
<thead>
<tr>
<th>23</th>
<th>The provider has completed standardized, pre-service training for Life Skills Development Level 2.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CMS Assurance - Qualified Providers iBudget Handbook – September 2015 Page B-13, C-4 RECORD REVIEW</td>
</tr>
<tr>
<td></td>
<td>Pre-service training for Life Skills 2 consists of successfully completing APD’s courses titled “Best Practices in Supported Employment” and “Introduction to Social Security Work Incentives”.</td>
</tr>
<tr>
<td></td>
<td>Review personnel records and other provider training records for evidence of required pre-service training.</td>
</tr>
<tr>
<td></td>
<td>- Determine date of hire</td>
</tr>
<tr>
<td></td>
<td>- Determine date of training</td>
</tr>
<tr>
<td></td>
<td>- Determine if completed via approved method</td>
</tr>
<tr>
<td></td>
<td>- Determine classroom-training certificate demonstrates completion of 18 hours of pre-service training.</td>
</tr>
<tr>
<td></td>
<td>- Providers enrolled before March 1, 2004, were only required to complete twelve (12) hours of pre-service training.</td>
</tr>
<tr>
<td></td>
<td>- o Web-based training certificates through TRN may</td>
</tr>
</tbody>
</table>

1) Provider did not present documented evidence of completing 18 hours of pre-service training.
2) Provider did not present documented evidence of completing 12 hours of pre-service training.
3) Provider had documented evidence of completing some but not all required pre-service training.
4) Provider documentation demonstrated provider received pre-service training but not prior to rendering services.
5) Provider presented documented evidence of completing pre-service training but training was not obtained from an APD approved trainer/source.
6) Classroom certificate of completion presented did not include the name of the participant.
7) Classroom certificate of completion presented did not include the title of the participant.
not include number of hours

Note: Future pre-service trainings will no longer indicate number of hours (implementation date-TBD)

The LSD 2 training curriculum is currently being revised. Standard APD certificates may not be immediately available until the new curriculum is implemented.

Proof of classroom training will include a typed certificate with the following elements:
- Classroom training is currently 4 days
  - 2 days for “Best Practices in Supported Employment”
  - 2 days for “Introduction to Social Security Work Incentives”
- The participant’s name (printed or typed)
- Title of the course
- Date and location training occurred
- Name of the trainer (printed or typed) and signature
- As of 1/1/16: Evidence the trainer has appropriate credentials (for APD courses a copy of the trainer’s certificate provided by APD)
  - Do not use corresponding Not Met reason (#11) until new training curriculum and certificate are implemented.

Non-Classroom – Certificate of Completion must include:
- Participant’s name
- Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required)
- Date(s) or period over which training course was completed and notation that course was successfully completed
- Name of approved entity providing training

Not Met reason #4 applies only to providers who have been working less than 12 months at the time of the review.

Course.
8) Classroom certificate of completion presented did not include the date(s) of completion.
9) Classroom certificate of completion presented did not include the name of the trainer and signature.
10) Provider documentation did not demonstrate completion of Best Practices in Supported Employment.
11) Provider documentation did not demonstrate completion of Introduction to Social Security Work Incentives.
12) Classroom certificate of completion presented did not include evidence the trainer has appropriate credentials.
13) Classroom certificate of completion presented was not presented on the standardized APD certificate.
14) Non-classroom certificate of completion presented did not include the participant’s name.
15) Non-classroom certificate of completion presented did not include the title of the course.
16) Non-classroom certificate of completion presented did not include date(s) or period over which training course was completed
17) Non-classroom certificate of completion presented did not include name of approved entity providing the training.
**Provider Discovery Review Administrative Tool**

<table>
<thead>
<tr>
<th>23</th>
<th>The provider completed Introduction to Social Security Work Incentives.</th>
</tr>
</thead>
</table>
| CMS Assurance - Qualified Providers  
iBudget Handbook – September 2015  
Page B-3, B-4, B-13, C-4  
RECORD REVIEW  
New |
| 1) Provider did not present documented evidence of completing training entitled *Introduction to Social Security Work Incentives*.  
2) Provider documentation demonstrated the provider completed training entitled *Introduction to Social Security Work Incentives* but did not use an APD approved trainer/source.  
3) Classroom certificate of completion presented did not include the participant’s name (printed or typed).  
4) Classroom certificate of completion presented did not include the title of the course.  
5) Classroom certificate of completion presented did not include the date of completion.  
6) Classroom certificate of completion presented did not include the name and signature of the trainer.  
7) Classroom certificate of completion presented did not include evidence the trainer has appropriate credentials.  
8) Classroom certificate of completion presented was not presented on the standardized APD certificate.  
9) Non-Classroom certificate of completion presented did not include participant’s name.  
10) Non-Classroom certificate of completion presented did not include the title of the course.  
11) Non-Classroom certificate of completion presented not include dates or period |

This training is now part of the standard LSD 2 pre-service training however not all current LSD 2 providers have completed the course.  
- If this training has already been successfully completed as part of pre-service score standard as N/A  
- If this training was already successfully completed separately from pre-service, score this standard as Met.  
- If this training has not yet been completed by a provider enrolled/hired prior to 9/3/15, score this standard N/A. LSD 2 providers enrolled/hired prior to 9/3/15 have until 3/2/17 to come into compliance with this requirement.  

Review personnel files and other provider training records for evidence of required training.  
- Determine date of hire  
- Determine date of training  
- Look for evidence of training specific to *Introduction to Social Security Work Incentives*.  

This course may be completed in a classroom setting taught by an APD authorized instructor or by accessing the web-based training through Training Resource Network. Refer to the APD training website for additional resources as they come available.  

Classroom – A standardized APD certificate of completion will be issued and must include:  
- The participant’s name (printed or typed)  
- Title of the course  
- Date training occurred
### Provider Discovery Review Administrative Tool

<p>| | |</p>
<table>
<thead>
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</thead>
</table>
| - | Name of the trainer (printed or typed) and signature  
- **As of 1/1/16:** Evidence the trainer has appropriate credentials (for APD courses a copy of the trainer’s certificate provided by APD)  
Non-Classroom – Certificate of Completion must include:  
  - Participant’s name  
  - Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required)  
  - Date(s) or period over which training course was completed and notation that course was successfully completed  
  - Name of approved entity providing training  
   | over which course was completed.  
12) Non-classroom certificate of completion presented did not include the name of approved entity providing training.  
13) Provider documentation demonstrated provider completed training entitled *Introduction to Social Security Work Incentives* but not within 18 months of the effective date of the iBudget handbook. |

| 24 | The provider completes eight hours of annual in-service training related to employment.  
   | CMS Assurance - Qualified Providers  
iBudget Handbook – September 2015  
Page B-5, C-4  
RECORD REVIEW  
If provider/employee has been working less than 12 months, mark this standard as N/A.  
Eight hours of annual in-service training related to employment must be completed by providers providing Life Skills Development – Level 2 (Supported Employment).  
Review personnel records and other provider training records for evidence of required training.  
- Determine date of hire  
- Determine dates of training  
- Establish how the provider tracks annual training (from when to when). The 12-month period is determined by provider date of hire unless the provider can demonstrate another well documented revolving 12 month period.  
  - The 12-month period cannot be based on the annual Provider Review date each year.  
   | 1) Provider did not present documented evidence of completion of 8 hours of annual in-service training.  
2) Provider presented documented evidence of completing some but not all required 8 hours of annual in-service training.  
3) Documented training presented was not related to employment.  
4) Documented evidence of some training presented was renewal of pre-service or other mandatory required training.  
5) Classroom certificate of completion presented did not include participant’s printed name and signature.  
6) Classroom certificate of completion presented did not include the trainer’s printed name and signature.  
7) Classroom certificate of completion presented did not include the title of the course.  
8) Classroom certificate of completion |
Training can be received from a variety of sources but must relate to employment.

Classroom - Certificate of completion must include:
- Participant’s printed name and signature
- Title of the course
- Date training occurred (day and date as well as beginning and ending time)
- Printed name of the trainer and signature
- **As of 1/1/16:** Copy of the agenda or course syllabus

Non-Classroom – Certificate of Completion must include:
- Participant’s name
- Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required)
- Date(s) or period over which training course was completed and notation that course was successfully completed
- Length of training/credit hours
- Name of approved entity providing training

CD/Video – Certificate of Completion must include:
- Photocopy of label or training outline (including the title of the course and sponsoring entity)
- Printed name and signature of participant
- Date training occurred
- Length of training (if not noted on CD label)
- Copy of the agenda or course syllabus

Certificates for in-service training must include the number of credit hours received in addition to the information above.

Note: Re-taking basic APD training courses will not be counted toward this requirement unless identified as a need in the APD Plan of Remediation.

9) Classroom certificate of completion presented did not include time spent (Credit Hours).
10) **Classroom certificate of completion presented did not include a copy of the agenda or course syllabus.**
11) Non-Classroom certificate of completion presented did not include participant’s name.
12) Non-Classroom certificate of completion presented did not include the title of the course.
13) Non-Classroom certificate of completion presented did not include dates or period over which course was completed.
14) Non-classroom certificate of completion did not include length of training/credit hours.
15) Non-classroom certificate of completion presented did not include the name of approved entity providing training.
16) CD/Video certificate of completion presented did not include a photocopy of label or training outline (including the title of the course and sponsoring entity).
17) CD/Video certificate of completion presented did not include name and signature of participant.
18) CD/Video certificate of completion presented did not include date training occurred.
19) CD/Video certificate of completion presented did not include length of
<table>
<thead>
<tr>
<th>#</th>
<th>Performance Measure/Standard</th>
<th>Protocol</th>
<th>Not Met Reasons</th>
</tr>
</thead>
</table>
| 25 | The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3. | **CMS Assurance - Qualified Providers**  
**iBudget Handbook – September 2015**  
Page 1-17  
**RECORD REVIEW**  
Review available personnel records to verify compliance with minimum education and experience requirements.  
- Review available documentation such as copies of high school diploma or GED, college transcripts, college degree, Associate’s degree, professional license, certificates of completion, driver’s license, job application, resume, letters of reference, reference checks, etc.  
Determine:  
- Date of hire  
- Provider is at least 18 years of age  
- The program director must possess at a minimum an Associate’s Degree from an accredited college or university and two years, verifiable experience working directly with individuals receiving services or related experience.  
- Supervisors of direct care staff will have a high school diploma or GED and one year of direct, care-related experience.  
- Related experience will substitute on a year-for-year basis for the required college education.  
- Direct service staff must be age 18 years or older at the time they are hired. | 1) Provider documentation did not demonstrate Program Director possesses at a minimum an Associate’s Degree from an accredited college/university.  
2) Provider documentation did not demonstrate Program Director possess evidence of two years, verifiable, related work experience.  
3) Provider documentation did not demonstrate Instructor/Supervisor had at least one year, direct care related experience.  
4) Evidence of related experience to substitute for required college education was not present for the Program Director.  
5) Evidence the provider is at least 18 years old was not present.  
6) Supervisor of direct care staff did not present documented evidence of a high school diploma or GED. |
| The provider completes eight hours of annual in-service training related to the individually tailored services. | CMS Assurance - Qualified Providers
iBudget Handbook – September 2015
Page B-5, C-5
RECORD REVIEW

If provider/employee has been working less than 12 months, score this standard as N/A.

Eight hours of annual in-service training related to individually tailored services must be completed by providers providing Life Skills Development – Level 3 (Adult Day Training).

Individually tailored services can include exploring ways to integrate person-centered planning in service delivery, integrating individuals with disabilities into their community and integrating individuals with disabilities into employment or volunteerism within an integrated environment.

Review personnel records and other provider training records for evidence of required training.
- Determine date of hire
- Determine dates of training
- Establish how the provider tracks annual training (from when to when). The 12-month period is determined by provider date of hire unless the provider can demonstrate another well documented revolving 12 month period.
  - The 12-month period cannot be based on the annual Provider Review date each year.
- Training can be received from a variety of sources but must relate to employment.

Classroom - Certificate of completion must include:
- Participant’s printed name and signature
- Title of the course

1) Provider did not present documented evidence of completion of 8 hours of annual in-service training.
2) Provider presented documented evidence of completing some but not all required 8 hours of annual in-service training.
3) Documented training presented was not related to individually tailored services.
4) Documented evidence of some training presented was renewal of pre-service or other mandatory required training.
5) Classroom certificate of completion presented did not include participant’s printed name and signature.
6) Classroom certificate of completion presented did not include the trainer’s printed name and signature.
7) Classroom certificate of completion presented did not include the title of the course.
8) Classroom certificate of completion presented did not include the date of course completion.
9) Classroom certificate of completion presented did not include time spent (Credit Hours).
10) **Classroom certificate of completion presented did not include a copy of the agenda or course syllabus.**
11) Non-Classroom certificate of completion presented did not include participant’s name.
12) Non-Classroom certificate of completion presented did not include the title of the course.
• Date training occurred (day and date as well as beginning and ending time)
• Printed name of the trainer and signature
• **As of 1/1/16**: Copy of the agenda or course syllabus

Non-Classroom – Certificate of Completion must include:
• Participant’s name
• Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required)
• Date(s) or period over which training course was completed and notation that course was successfully completed
• Length of training/credit hours
• Name of approved entity providing training

CD/Video – Certificate of Completion must include:
• Photocopy of label or training outline (including the title of the course and sponsoring entity)
• Printed name and signature of participant
• Date training occurred
• Length of training (if not noted on CD label)
• Copy of the agenda or course syllabus

Certificates for in-service training must include the number of credit hours received in addition to the information above.

Note: Re-taking basic APD training courses will not be counted toward this requirement unless identified as a need in the APD Plan of Remediation.

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**Personal Supports**

<table>
<thead>
<tr>
<th>#</th>
<th>Performance Measure/Standard</th>
<th>Protocol</th>
<th>Not Met Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>The provider meets all minimum educational requirements and levels of experience for Personal</td>
<td>CMS Assurance - Qualified Providers</td>
<td>1) Provider documentation did not demonstrate at least one year of qualifying work experience.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>iBudget Handbook – September 2015 Page 1-18, 1-19</td>
<td></td>
</tr>
<tr>
<td>Supports.</td>
<td>RECORD REVIEW</td>
<td></td>
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</tbody>
</table>
| Review available personnel records to verify compliance with minimum education and experience requirements.  
- Look for copies of college transcripts, college degree, associate’s degree, professional license, high school diploma or equivalent, driver’s license, job application, resume, letters of reference, reference checks, etc.  
Determine:  
- Date of hire  
- Provider is at least 18 years of age  
- Determine provider enrolled/hired 1/1/16 forward has a valid high school diploma or GED.  
- At least one year of verifiable experience working directly with individuals receiving services in a medical, psychiatric, nursing, or childcare setting or working with recipients with a developmental disability.  
- In lieu of required work experience, providers and employees may have 30 semester hours, 45 quarter-hours, or 720 classroom hours of college or vocational school. | 2) Provider documentation did not demonstrate required college or vocational school in place of qualifying work experience.  
3) Evidence the provider is at least 18 years old was not present.  
4) Provider did not provide documented evidence of a high school diploma or GED. |

| 28 | The provider completes four hours of annual in-service training related to the specific needs of at least one person currently served. | CMS Assurance - Qualified Providers  
iBudget Handbook – September 2015  
Page C-6  
RECORD REVIEW  
New  
This is a new requirement. Providers enrolled hired prior to the effective date of the iBudget handbook will have one year to complete annual in-service hours.  
Providers enrolled/hired after the effective date must complete the in-service training within 12 months of the hire date.  
If provider/employee has been working less than 12 months, mark this standard as N/A. | 1) Provider did not present documented evidence of completion of 4 hours of annual in-service training.  
2) Provider presented documented evidence of completing some but not all required 4 hours of annual in-service training.  
3) Documented training presented was not related to specific needs of at least one person currently served.  
4) Documented evidence of some training presented was renewal of pre-service or other mandatory required training.  
5) Classroom certificate of completion |
Four hours of annual in-service training must be successfully completed and be related to the specific needs of at least one person being currently served. Specific needs can include health needs, community resources, or person-centered planning.

Review available personnel records to verify compliance with annual in-service training requirements.

- Determine date of hire
- Determine dates of training
- Establish how the provider tracks annual training (from when to when). The 12-month period will be determined by provider date of hire unless the provider is able to demonstrate another well documented revolving 12 month period.
  - The 12-month period cannot be based on the annual Provider Review date each year.

Classroom - Certificate of completion must include:

- Participant's printed name and signature
- Title of the course
- Date training occurred (day and date as well as beginning and ending time)
- Printed name of the trainer and signature
- **As of 1/1/16:** Copy of the agenda or course syllabus

Non-Classroom – Certificate of Completion must include:

- Participant's name
- Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required)
- Date(s) or period over which training course was completed and notation that course was successfully completed
- Length of training/credit hours
- Name of approved entity providing training

presented did not include participant’s printed name and signature.
6) Classroom certificate of completion presented did not include the trainer’s printed name and signature.
7) Classroom certificate of completion presented did not include the title of the course.
8) Classroom certificate of completion presented did not include the date of course completion.
9) Classroom certificate of completion presented did not include time spent (Credit Hours).
10) **Classroom certificate of completion presented did not include a copy of the agenda or course syllabus.**
11) Non-Classroom certificate of completion presented did not include participant’s name.
12) Non-Classroom certificate of completion presented did not include the title of the course.
13) Non-Classroom certificate of completion presented did not include dates or period over which course was completed.
14) Non-classroom certificate of completion did not include length of training/credit hours.
15) Non-classroom certificate of completion presented did not include the name of approved entity providing training.
16) CD/Video certificate of completion presented did not include a photocopy of label or training outline (including the title
CD/Video – Certificate of Completion must include:

- Photocopy of label or training outline (including the title of the course and sponsoring entity)
- Printed name and signature of participant
- Date training occurred
- Length of training (if not noted on CD label)
- Copy of the agenda or course syllabus

Certificates for in-service training must include the number of credit hours received in addition to the information above.

Note: Re-taking basic APD training courses will not be counted toward this requirement unless identified as a need in the APD Plan of Remediation.

<table>
<thead>
<tr>
<th>#</th>
<th>Performance Measure/Standard</th>
<th>Protocol</th>
<th>Not Met Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.</td>
<td>CMS Assurance – Qualified Providers iBudget Handbook – September 2015 Page 1-21, 2-47, 65G-2.008 RECORD REVIEW Review available personnel records to verify compliance with minimum education and experience requirements. • Review available documentation such as copies of high school diploma or GED, college transcripts, college degree, Associate’s degree, professional license, certificates of completion, driver’s license, job application, resume, letters of reference, reference checks, etc. Determine: • Provider is at least 18 years of age • Provider has a valid high school diploma or GED • Provider has at least one year of experience working in a medical, psychiatric, nursing or childcare setting or working</td>
<td>1) Provider documentation did not demonstrate evidence of at least one year of qualifying work experience. 2) Provider documentation did not demonstrate evidence of required college or vocational school in place of work experience. 3) Evidence the provider is at least 18 years old was not present. 4) Provider documentation did not demonstrate evidence of a high school diploma or GED.</td>
</tr>
<tr>
<td>30</td>
<td>The provider completes eight hours of annual in-service training related to the implementation of individually tailored services.</td>
<td>CMS Assurance – Qualified Providers iBudget Handbook – September 2015 Page B-5, C-8 RECORD REVIEW New This is a new requirement. Providers enrolled hired prior to the effective date of the iBudget handbook will have one year to complete annual in-service hours. Providers enrolled/hired after the effective date must complete the in-service training within 12 months of the hire date. If provider/employee has been working less than 12 months, mark this standard N/A. In-service training must be related to the implementation of individually tailored services. Review personnel files and other provider training records for evidence of required training. • Determine date of hire • Determine date of training • Establish how the provider tracks annual training (from when to when). The 12-month period is determined by provider date of hire unless the provider can demonstrate another well documented revolving 12 month period. o The 12-month period cannot be based on the annual Provider Review date each year. • Training can be received from a variety of sources but must 1) The provider did not present documented evidence of completing 8 hours of annual in-service training. 2) Provider presented documented evidence of completing some but not all required 8 hours of annual in-service training. 3) Documented training was not related to the implementation of individually tailored services. 4) Provider documentation demonstrated provided included hours spent repeating basic required training. 5) Classroom certificate of completion presented did not include participant’s printed name and signature. 6) Classroom certificate of completion presented did not include the trainer’s printed name and signature. 7) Classroom certificate of completion presented did not include the title of the course. 8) Classroom certificate of completion presented did not include the date of course completion. 9) Classroom certificate of completion presented did not include time spent (Credit Hours).</td>
<td></td>
</tr>
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</table>
relate to the topics listed above.

Classroom - Certificate of completion must include:
- Participant’s printed name and signature
- Title of the course
- Date the training occurred (day and date as well as beginning and ending time)
- Printed name of the trainer and signature
- As of 1/1/16: Copy of the agenda or course syllabus

Non-Classroom – Certificate of Completion must include:
- Participant’s name
- Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required)
- Date(s) or period over which training course was completed and notation that course was successfully completed
- Length of training/Credit hours
- Name of approved entity providing training

CD/Video – Certificate of Completion must include:
- Photocopy of label or training outline (including the title of the course and sponsoring entity)
- Printed name and signature of participant
- Date training occurred
- Length of training (if not noted on CD label)
- Copy of the agenda or course syllabus

Certificates for in-service training must include, in addition to the information above, the number of credit hours received.

Note: Re-taking basic APD training courses will not be counted toward this requirement unless identified as a need in the APD Plan of Remediation.

10) Classroom certificate of completion presented did not include a copy of the agenda or course syllabus.
11) Non-Classroom certificate of completion presented did not include participant’s name.
12) Non-Classroom certificate of completion presented did not include the title of the course.
13) Non-Classroom certificate of completion presented did not include date or period over which course was completed.
14) Non-classroom certificate of completion presented did not include the name of approved entity providing training.
15) Non-classroom certificate of completion presented did not include length of training/credit hours.
16) CD/Video certificate of completion presented did not include a photocopy of label or training outline (including the title of the course and sponsoring entity).
17) CD/Video certificate of completion presented did not include name and signature of participant.
18) CD/Video certificate of completion presented did not include date training occurred.
19) CD/Video certificate of completion presented did not include length of training.
20) CD/Video certificate of completion presented did not include a copy of an agenda or course syllabus.
<table>
<thead>
<tr>
<th>#</th>
<th>Performance Measure/Standard</th>
<th>Protocol</th>
<th>Not Met Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>The provider meets all minimum educational requirements and levels of experience for</td>
<td>CMS Assurance – Qualified Providers</td>
<td>1) Provider documentation did not demonstrate evidence of at least one year of qualifying work experience.</td>
</tr>
<tr>
<td></td>
<td>Residential Habilitation-Behavior Focus.</td>
<td>iBudget Handbook – September 2015</td>
<td>2) Provider documentation did not demonstrate evidence of required college or vocational school in place of work experience.</td>
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<td></td>
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<td>Page 1-21, 2-51, 2-52, 65G-2.008</td>
<td>3) Provider did not present documented evidence of a high school diploma or GED.</td>
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<tr>
<td></td>
<td></td>
<td>RECORD REVIEW</td>
<td>4) Evidence the provider is at least 18 years old was not present.</td>
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<tr>
<td></td>
<td></td>
<td>Review available personnel records to verify compliance with minimum education and experience requirements.</td>
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<td></td>
<td>• Review available documentation such as copies of high school diploma or GED, college transcripts, college degree, Associate’s degree, professional license, certificates of completion, driver’s license, job application, resume, letters of reference, reference checks, etc.</td>
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<td></td>
<td>Determine:</td>
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<tr>
<td></td>
<td></td>
<td>• Provider is at least 18 years of age</td>
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<tr>
<td></td>
<td></td>
<td>• Provider has a valid high school diploma or GED</td>
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<td>• Provider has at least one of the following:</td>
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<td>− One year of experience providing direct services in a medical, psychiatric, nursing, child care setting, or working with persons who have a developmental disability; or</td>
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<td>− In lieu of the required work experience, the employee may have 30 semester hours, 45 quarter-hours, or 720 classroom hours of college or vocational school; or</td>
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<td></td>
<td>− At least 120 hours of direct services to individuals with complex behavior problems, as defined in APD’s Rule 65G-4.010(3)(b), F.A.C.; or</td>
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<td>− 90 classroom hours of instruction in applied behavior analysis from non-university, non-college classes, or university and college courses.</td>
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<td>• The 90 classroom hours of instruction will count as meeting the requirements of the 20 contact hours in standard below.</td>
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<td>32</td>
<td>The provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.</td>
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<td>CMS Assurance - Qualified Providers iBudget Handbook – September 2015 Page 2-52 RECORD REVIEW</td>
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<tr>
<td>If the provider is a Registered Behavior Technician™ (RBT™) certified by the Behavior Analyst Certification Board (BACB), score this standard as N/A.</td>
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<tr>
<td>If the provider has documented evidence of 90 classroom hours of instruction in applied behavior analysis from non-university, non-college classes, or university and college courses score this standard Met.</td>
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<tr>
<td>Review personnel files and other provider training records for evidence of required training.</td>
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<tr>
<td>o Determine date of hire</td>
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<tr>
<td>o Determine date of training</td>
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<td>• As proof of instruction, the provider must have either a certificate of completion or a college or university transcript and a course content description, verifying the applicant successfully completed the required instruction.</td>
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<td>• Instruction must be provided by a person meeting the qualifications of any category of behavior analysis provider as described in this Handbook</td>
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<tr>
<td>• The 90 classroom hours of instruction specified in the preceding standard shall also count as meeting the requirements of the 20 contact hours specified in this standard.</td>
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<tr>
<td>1) Provider documentation did not demonstrate completion of at least 20 contact hours of instruction in an APD approved curriculum.</td>
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<tr>
<td>2) Provider documentation demonstrated completion of 20 contact hours of instruction in an APD approved curriculum but not from a qualified instructor.</td>
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<td>3) Provider documentation presented did not verify successful completion of the required instruction.</td>
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<tr>
<th>33</th>
<th>The provider completes eight hours of annual in-service training related to behavior analysis and related topics.</th>
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<tr>
<td>CMS Assurance - Qualified Providers iBudget Handbook – September 2015 Page C-7 RECORD REVIEW</td>
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<tr>
<td>This is a new requirement. Providers enrolled hired prior to the</td>
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<tr>
<td>1) Provider did not present documented evidence of completion of 8 hours of annual in-service training.</td>
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<tr>
<td>2) Provider presented documented evidence of completing some but not all</td>
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</table>
effective date of the iBudget handbook will have one year to complete annual in-service hours.

Providers enrolled/hired after the effective date must complete the in-service training within 12 months of the hire date.

If provider/employee has been working less than 12 months, mark this standard as N/A.

In-service training must be related to behavior analysis and related topics.

Review available personnel records to verify compliance with annual in-service training requirements.

- Determine date of hire;
- Determine date of training;
- Establish how the provider tracks annual training (from when to when). The 12-month period will be determined by provider date of hire unless the provider is able to demonstrate another well documented revolving 12 month period.
  - The 12-month period cannot be based on the annual Provider Review date each year.

Classroom - Certificate of completion must include:

- Participant’s printed name and signature
- Title of the course
- Date training occurred (day and date as well as beginning and ending time)
- Printed name of the trainer and signature
- **As of 1/1/16:** Copy of the agenda or course syllabus

Non-Classroom – Certificate of Completion must include:

- Participant’s name
- Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required)

required 8 hours of annual in-service training.

3) Documented training presented was not related to behavior analysis and related topics.

4) Documented evidence of some training presented was renewal of pre-service or other mandatory required training.

5) Classroom certificate of completion presented did not include participant’s printed name and signature.

6) Classroom certificate of completion presented did not include the trainer’s printed name and signature.

7) Classroom certificate of completion presented did not include the title of the course.

8) Classroom certificate of completion presented did not include the date of course completion.

9) Classroom certificate of completion presented did not include time spent (Credit Hours).

10) Classroom certificate of completion presented did not include a copy of the agenda or course syllabus.

11) Non-Classroom certificate of completion presented did not include participant’s name.

12) Non-Classroom certificate of completion presented did not include the title of the course.

13) Non-Classroom certificate of completion presented did not include dates or period over which course was completed.
Provider Discovery Review Administrative Tool

- Date(s) or period over which training course was completed and notation that course was successfully completed
- Length of training/credit hours
- Name of approved entity providing training

CD/Video – Certificate of Completion must include:
- Photocopy of label or training outline (including the title of the course and sponsoring entity)
- Printed name and signature of participant
- Date training occurred
- Length of training (if not noted on CD label)
- Copy of the agenda or course syllabus

Certificates for in-service training must include the number of credit hours received in addition to the information above.

Note: Re-taking basic APD training courses will not be counted toward this requirement unless identified as a need in the APD Plan of Remediation.

14) Non-classroom certificate of completion did not include length of training/credit hours.
15) Non-classroom certificate of completion presented did not include the name of approved entity providing training.
16) CD/Video certificate of completion presented did not include a photocopy of label or training outline (including the title of the course and sponsoring entity).
17) CD/Video certificate of completion presented did not include name and signature of participant.
18) CD/Video certificate of completion presented did not include date training occurred.
19) CD/Video certificate of completion presented did not include length of training.
20) CD/Video certificate of completion presented did not include copy of agenda or course syllabus.

Residential Habilitation – Intensive Behavior

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<tr>
<th>#</th>
<th>Performance Measure/Standard</th>
<th>Protocol</th>
<th>Not Met Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>34</td>
<td>The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior.</td>
<td>CMS Assurance – Qualified Providers, iBudget Handbook – September 2015, Page 1-21, 2-55, 65G-2.008 RECORD REVIEW</td>
<td>1) Provider documentation did not demonstrate evidence of at least one year of qualifying work experience. 2) Provider documentation did not demonstrate evidence of required college or vocational school in place of work experience. 3) Provider did not provide documented evidence of a high school diploma or GED.</td>
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**Provider Discovery Review Administrative Tool**

<table>
<thead>
<tr>
<th>Determination</th>
<th>4) Evidence the provider is at least 18 years old was not present.</th>
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<td>completion, driver’s license, job application, resume, letters of reference, reference checks, etc.</td>
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<td><strong>Determine:</strong></td>
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<tr>
<td>• Provider is at least 18 years of age</td>
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<tr>
<td>• Provider has a valid high school diploma or GED</td>
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<tr>
<td>• Provider has at least one of the following:</td>
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<td>− One year of experience providing direct services in a medical, psychiatric, nursing, child care setting, or working with persons who have a developmental disability; or</td>
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<tr>
<td>− College, vocational or technical training equal to 30 semester hours, 45-quarter hours, or 720 classroom hours can substitute for the required experience or;</td>
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<tr>
<td>− At least 120 hours of direct services to individuals with complex behavior problems, as defined in APD’s Rule 65G-4.010(3)(b), F.A.C.; or</td>
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<tr>
<td>− 90 classroom hours of instruction in applied behavior analysis from non-university, non-college classes, or university and college courses.</td>
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<tr>
<td>▪ The 90 classroom hours of instruction will count as meeting the requirements of the 20 contact hours in standard below.</td>
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</table>

<p>| 35 The provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst. | 1) Provider documentation did not demonstrate completion of at least 20 contact hours of instruction in an APD approved curriculum. |
|                                                                                                                   | 2) Provider documentation demonstrated completion of 20 contact hours of instruction in an APD approved curriculum but not from a qualified instructor. |
| If the provider is a Registered Behavior Technician™ (RBT™) certified by the Behavior Analyst Certification Board (BACB), score this standard N/A. |                                                               |
| If the provider has documented evidence of 90 classroom hours of instruction in applied behavior analysis from non-university, non-college classes, or university and college courses |                                                               |</p>
<table>
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<tr>
<th>Provider Discovery Review Administrative Tool</th>
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<tbody>
<tr>
<td>36. The provider completes eight hours of annual in-service training related to behavior analysis and related topics.</td>
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</table>
| CMS Assurance - Qualified Providers  
iBudget Handbook – September 2015  
Page C-8  
RECORD REVIEW  
New  
This is a new requirement. Providers enrolled/hired prior to the effective date of the iBudget handbook will have one year to complete annual in-service hours.  
Providers enrolled/hired after the effective date must complete the in-service training within 12 months of the hire date.  
If provider/employee has been working less than 12 months, mark this standard as N/A.  
In-service training must be related to behavior analysis and related topics.  
| 1) Provider did not present evidence of completion of 8 hours of annual in-service training.  
2) Provider presented evidence of completing some but not all required 8 hours of annual in-service training.  
3) Documented training presented was not related to behavior analysis and related topics.  
4) Documented evidence of some training presented was renewal of pre-service or other mandatory required training.  
5) Classroom certificate of completion presented did not include participant’s printed name and signature.  
6) Classroom certificate of completion presented did not include the trainer’s printed name and signature.  
|
Review available personnel records to verify compliance with annual in-service training requirements.
- Determine date of hire;
- Determine date of training;
- Establish how the provider tracks annual training (from when to when). The 12-month period will be determined by provider date of hire unless the provider is able to demonstrate another well documented revolving 12 month period.
  - The 12-month period cannot be based on the annual Provider Review date each year.

Classroom - Certificate of completion must include:
- Participant’s printed name and signature
- Title of the course
- Date training occurred (day and date as well as beginning and ending time)
- Printed name of the trainer and signature
- As of 1/1/16: Copy of the agenda or course syllabus

Non-Classroom – Certificate of Completion must include:
- Participant’s name
- Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required)
- Date(s) or period over which training course was completed and notation that course was successfully completed
- Length of training/credit hours
- Name of approved entity providing training

CD/Video – Certificate of completion must include:
- Photocopy of label or training outline (including the title of the course and sponsoring entity)
- Printed name and signature of participant
- Date training occurred
- Length of training (if not noted on CD label)

7) Classroom certificate of completion presented did not include the title of the course.
8) Classroom certificate of completion presented did not include the date of course completion.
9) Classroom certificate of completion presented did not include time spent (Credit Hours).
10) Classroom certificate of completion presented did not include a copy of the agenda or course syllabus.
11) Non-Classroom certificate of completion presented did not include participant’s name.
12) Non-Classroom certificate of completion presented did not include the title of the course.
13) Non-Classroom certificate of completion presented did not include dates or period over which course was completed.
14) Non-classroom certificate of completion did not include length of training/credit hours.
15) Non-classroom certificate of completion presented did not include the name of approved entity providing training.
16) CD/Video certificate of completion presented did not include a photocopy of label or training outline (including the title of the course and sponsoring entity).
17) CD/Video certificate of completion presented did not include name and signature of participant.
18) CD/Video certificate of completion presented did not include name and signature.
Provider Discovery Review Administrative Tool

- Copy of the agenda or course syllabus

Certificates for in-service training must include the number of credit hours received in addition to the information above.

Note: Re-taking basic APD training courses will not be counted toward this requirement unless identified as a need in the APD Plan of Remediation.

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<th>#</th>
<th>Performance Measure/Standard</th>
<th>Protocol</th>
<th>Not Met Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>37</td>
<td>The provider meets all minimum educational requirements and levels of experience for Respite.</td>
<td>CMS Assurance - Qualified Providers iBudget Handbook – September 2015 Page 1-22 RECORD REVIEW</td>
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</tbody>
</table>

Review available personnel records to verify compliance with minimum education and experience requirements.

- Review available documentation such as copies of high school diploma or GED, college transcripts, college degree, Associate’s degree, professional license, certificates of completion, driver’s license, job application, resume, letters of reference, reference checks, etc.

Determine:
- Provider is at least 18 years of age;
- Determine provider enrolled/hired 1/1/16 forward has a valid high school diploma or GED
- Determine provider has at least one year of verifiable experience working directly with individuals receiving services in a medical, psychiatric, nursing, or childcare setting or working with recipients who have a developmental disability; or
- Has 30 semester hours, 45 quarter hours, or 720 classroom hours of college or vocational school.

1) Provider documentation did not demonstrate evidence of at least one year of qualifying work experience.
2) Provider documentation did not demonstrate evidence of required college or vocational school in place of work experience.
3) Evidence the provider is at least 18 years old was not present.
4) Provider did not present documented evidence of a high school diploma or GED.
### Special Medical Home Care

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<tr>
<th>#</th>
<th>Performance Measure/Standard</th>
<th>Protocol</th>
<th>Not Met Reasons</th>
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</table>
| 38 | The provider meets all minimum educational requirements and levels of experience for Special Medical Home Care. | CMS Assurance – Qualified Providers iBudget Handbook – September 2015 Page 1-23 RECORD REVIEW | 1) Evidence of current Registered Nurse license was not present.  
2) Evidence of current Licensed Practical Nurse certification was not present.  
3) Evidence of current Certified Nurse Assistant’s license was not present. |

Providers of special medical home care shall be group homes that employ Registered Nurses, Licensed Practical Nurses and Certified Nurse Assistants licensed or certified in accordance with Chapter 464, F.S. Certified Nurse Assistants must work under the supervision of a Registered or Licensed Practical Nurse.

- Group homes shall be licensed in accordance with Chapter 393, F.S. Nurses and certified nurse assistants must perform services within the scope of their license or certification.

Review available personnel records to verify compliance with minimum education and experience requirements.

- Review available documentation such as copies of high school diploma or GED, college transcripts, college degree, Associate’s degree, professional license, certificates of completion, driver’s license, job application, resume, letters of reference, reference checks, etc.

### Support Coordination

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<th>#</th>
<th>Performance Measure/Standard</th>
<th>Protocol</th>
<th>Not Met Reasons</th>
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</table>
| 39 | The provider meets all minimum educational requirements and levels of experience for Support Coordination. | CMS Assurance - Qualified Providers iBudget Handbook – September 2015 Page 1-24 RECORD REVIEW | 1) The agency WSC did not present documented evidence of at least 2 years of qualifying work experience; or a Master’s degree and 1 year of qualifying work experience.  
2) The solo WSC did not present |
minimum education and experience requirements.  
- Review available documentation such as copies of high school diploma or GED, college transcripts, college degree, Associate’s degree, professional license, certificates of completion, driver’s license, job application, resume, letters of reference, reference checks, etc.  

Solo providers and waiver support coordination supervisors employed by agencies shall meet the following minimum qualifications:
  - Bachelor’s degree from an accredited college or university and;
  - Three years of paid supervised experience in developmental disabilities, special education, mental health, counseling, guidance, social work or health and rehabilitative services.
  - A master’s degree can substitute for one year of the required experience.

Waiver Support Coordinators employed by agencies shall meet the following minimum qualifications:
  - Bachelor’s degree from an accredited college or university and;
  - Two years of paid supervised experience in developmental disabilities, special education, mental health, counseling, guidance, social work or health and rehabilitative services.
  - A master’s degree can substitute for one year of the required experience.

| 40 | The Support Coordinator completed required Statewide pre-service training. | CMS Assurance - Qualified Providers iBudget Handbook – September 2015 Page B-14, C-11 RECORD REVIEW | 1) The provider did not present documented evidence of completing required pre-service training.  
2) The provider presented documented evidence of completing some but not all documented evidence of a bachelor’s degree and 3 years of qualifying work experience or a Master’s degree and 2 years of qualifying work experience.  
3) The agency supervisor did not present documented evidence of a bachelor’s degree and 3 years of qualifying work experience or a Master’s degree and 2 years of qualifying work experience.  
4) The solo WSC presented documented evidence of a bachelor's degree but not 3 years of qualifying work experience.  
5) The agency supervisor presented documented evidence of a bachelor's degree but not 3 years of qualifying work experience.  
6) The solo WSC did not present documented evidence of a master's degree to substitute for one year of qualifying work experience.  
7) The agency supervisor did not present documented evidence of a master's degree to substitute for one year of qualifying work experience.  
8) The agency WSC did not present documented evidence of a master's degree to substitute for one year of qualifying work experience. |
If a support coordinator discontinues providing support coordination services for more than one year and wants to return as a provider of support coordination, the pre-service training must be completed again.

Review personnel files and other provider training records for evidence of required training.
- Determine date of hire
- Determine date of training
- Pre-service training must be received prior to signing provider agreement.
- Pre-service training must be conducted by APD, or an APD approved trainer

Note: A small number of support coordination agencies around the state are authorized to train their own staff. Each of these agencies should be able to present written documentation of this approval from the APD State Office.

This training is currently being revised. Standard APD certificates may not be immediately available until the new curriculum is implemented.
- Not Met reason #10 will not be used until that time.

A standardized APD certificate will be issued to all participants that have successfully completed APD Required Training Classroom courses. The following elements must be included on the certificate:
- The participant’s name (printed or typed)
- The participant’s name signature (until new curriculum implementation)
- Title of the course
- Date the training occurred
- Name of the trainer (printed or typed) and signature
- As of 1/1/16: Evidence the trainer has appropriate credentials (for APD courses a copy of the trainer’s required pre-service training.

3) The provider presented documented evidence of training but not from an APD State Office approved trainer.
4) The provider presented documented evidence of completing the training but not prior to signing the provider agreement.
5) Classroom certificate of completion did not include the participant’s name (printed or typed).
6) Classroom certificate of completion did not include the title of the course.
7) Classroom certificate of completion did not include the date of completion.
8) Classroom certificate of completion did not include the name and signature of the trainer.
9) Classroom certificate of completion did not include evidence the trainer has appropriate credentials.
10) Classroom certificate of completion was not presented on the standardized APD certificate.
Provider Discovery Review Administrative Tool

| 41 | The Support Coordinator completed required Region Specific training. |
|    | CMS Assurance - Qualified Providers iBudget Handbook – September 2015 Page B-14 |
|    | RECORD REVIEW |
|    | Review personnel files and other provider training records for evidence of required training. |
|    | • Determine date of hire |
|    | • Determine date of training |
|    | • Region/Area Specific Training must be completed within 90 days of completion of the statewide pre-service training. |
|    | • Region/Area Specific Training must be provided by the Region/Area Office or other APD approved method within the Region/Area the WSC renders services |
|    | If the WSC renders services in multiple APD Regions, the WSC is not required to attend the entire Region Specific training in the secondary Regions but should attend the portion of the training that covers Region Specific contacts and operations. |
|    | A standardized APD certificate will be issued to all participants that have successfully completed APD Required Training Classroom courses. The following elements must be included on the certificate: |
|    | • The participant’s name (printed or typed) |
|    | • Title of the course |
|    | • Date training occurred |
|    | • Name of the trainer (printed or typed) and signature |
|    | • As of 1/1/16: Evidence the trainer has appropriate credentials |

1) The provider did not present documented evidence of completing Region/Area Specific training.
2) Provider documentation demonstrated the provider did not complete training in the APD Region/Area where services are rendered.
3) Provider documentation demonstrated provider completed some but not all Region/Area Specific Training.
4) Provider documentation demonstrated provider completed training but not within 90 days of completing statewide pre-service training.
5) Classroom certificate of completion did not include the participant’s name (printed or typed).
6) Classroom certificate of completion did not include the title of the course.
7) Classroom certificate of completion did not include the date of completion.
8) Classroom certificate of completion did not include the name and signature of the trainer.
9) Classroom certificate of completion did not include evidence the trainer has appropriate credentials.
10) Classroom certificate of completion was not presented on the standardized APD certificate provided by APD.

Not Met reasons #4 only apply to providers who have been working less than 12 months.
42 The Support Coordinator completed Introduction to Social Security Work Incentives.

CMS Assurance - Qualified Providers
iBudget Handbook – September 2015
Page B-3, C-12

RECORD REVIEW

New

This is a new requirement.
- WSCs certified and enrolled prior to 9/3/15 have 18 months to complete this training.
- WSCs certified and enrolled 9/3/15 forward must complete this training within one year of receiving a certificate of enrollment.
  - If the provider has already completed the training, score the standard met.
  - If the provider has not completed the training prior to the due date, score N/A.

Review personnel files and other provider training records for evidence of required training.
- Determine date of hire
- Determine date of training
- Look for evidence of training specific to Introduction to Social Security Work Incentives.

This course may be completed in a classroom setting taught by an APD authorized instructor or by accessing the web-based training through Training Resource Network. Refer to the APD certificate.

1) The provider did not present documented evidence of completing training entitled Introduction to Social Security Work Incentives.
2) Provider documentation demonstrated the provider completed training entitled Introduction to Social Security Work Incentives but did not use an APD approved trainer/source.
3) Classroom certificate of completion did not include the participant’s name (printed or typed).
4) Classroom certificate of completion did not include the title of the course.
5) Classroom certificate of completion did not include the date of completion.
6) Classroom certificate of completion did not include the name and signature of the trainer.
7) Classroom certificate of completion did not include evidence the trainer has appropriate credentials.
8) Classroom certificate of completion was not presented on the standardized APD certificate.
9) Non-Classroom certificate of completion
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<th><strong>Provider Discovery Review Administrative Tool</strong></th>
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date of hire unless the provider can demonstrate another well documented revolving 12 month period.
  - The 12-month period cannot be based on the annual Provider Review date each year.
- Training can be received from a variety of sources but must relate to the topics listed above.

Training hours must include:

- **As of 1/1/16**: At least six hours related to the purpose of APD waivers and the necessity for WSCs to assist individuals they support by using a person-centered approach to services, work and community life.
- **As of 1/1/16**: At least four hours on employment-related services or benefits planning and management, opportunities such as customized employment options, information, and referral to vocational rehabilitation services, public school transition planning processes, and asset development.

- Internal management meetings conducted by support coordination agencies for their staff must not apply toward the continuing education annual requirement.
- For support coordination agency employees and supervisors, one-half of the in-service requirements must be provided by trainers who are not employed by a support coordination agency.
- **As of 1/1/16**: Agency supervisors and management staff may provide a portion of the training on topics in which they received training.
- **As of 1/1/16**: Up to 12 hours per year for attendance at support coordination meetings conducted by the regional offices can count toward the annual 24-hour in-service requirement.

Classroom - Certificate of completion must include:

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/16</td>
<td>At least six hours related to the purpose of APD waivers and the necessity for WSCs to assist</td>
</tr>
<tr>
<td></td>
<td>individuals they support by using a person-centered approach to services, work and community life.</td>
</tr>
<tr>
<td>1/1/16</td>
<td>At least four hours on employment-related services or benefits planning and management, opportunities</td>
</tr>
<tr>
<td></td>
<td>such as customized employment options, information, and referral to vocational rehabilitation</td>
</tr>
<tr>
<td></td>
<td>services, public school transition planning processes, and asset development.</td>
</tr>
<tr>
<td>Internal</td>
<td>Internal management meetings conducted by support coordination agencies for their staff must not</td>
</tr>
<tr>
<td>management</td>
<td>apply toward the continuing education annual requirement.</td>
</tr>
<tr>
<td>meetings</td>
<td>For support coordination agency employees and supervisors, one-half of the in-service requirements</td>
</tr>
<tr>
<td>conducted</td>
<td>must be provided by trainers who are not employed by a support coordination agency.</td>
</tr>
<tr>
<td>WSC</td>
<td>Agency supervisors and management staff may provide a portion of the training on topics in which they</td>
</tr>
<tr>
<td>meetings</td>
<td>received training.</td>
</tr>
<tr>
<td>conducted</td>
<td>Up to 12 hours per year for attendance at support coordination meetings conducted by the regional</td>
</tr>
<tr>
<td>WSC</td>
<td>offices can count toward the annual 24-hour in-service requirement.</td>
</tr>
<tr>
<td>meetings</td>
<td>Classroom certificate of completion presented did not include participant’s printed name and</td>
</tr>
<tr>
<td>presented</td>
<td>signature.</td>
</tr>
<tr>
<td>did not</td>
<td>Classroom certificate of completion presented did not include the trainer’s printed name and</td>
</tr>
<tr>
<td>include</td>
<td>signature.</td>
</tr>
<tr>
<td>title</td>
<td>Classroom certificate of completion presented did not include the title of the course.</td>
</tr>
</tbody>
</table>
• Participant’s printed name and signature
• Title of the course
• Date training occurred (day and date as well as beginning and ending time)
• Printed name of the trainer and signature
• As of 1/1/16: Copy of the agenda or course syllabus

Non-Classroom – Certificate of Completion must include:
• Participant’s name
• Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required)
• Date(s) or period over which training course was completed and notation that course was successfully completed
• Length of training/Credit hours
• Name of approved entity providing training

CD/Video – Certificate of Completion must include:
• Photocopy of label or training outline (including the title of the course and sponsoring entity)
• Printed name and signature of participant
• Date training occurred
• Length of training (if not noted on CD label)
• Copy of the agenda or course syllabus

Certificates for in-service training must include the number of credit hours received in addition to the information above.

Note: Re-taking basic APD training courses will not be counted toward this requirement unless identified as a need in the APD Plan of Remediation.

13) Classroom certificate of completion presented did not include the date of course completion.
14) Classroom certificate of completion presented did not include time spent (Credit Hours).
15) Classroom certificate of completion presented did not include a copy of the agenda or course syllabus.
16) Non-Classroom certificate of completion presented did not include participant’s name.
17) Non-Classroom certificate of completion presented did not include the title of the course.
18) Non-Classroom certificate of completion presented did not include dates or period over which course was completed.
19) Non-classroom certificate of completion presented did not include the name of approved entity providing training.
20) Non-classroom certificate of completion presented did not include length of training/credit hours.
21) CD/Video certificate of completion presented did not include a photocopy of label or training outline (including the title of the course and sponsoring entity).
22) CD/Video certificate of completion presented did not include name and signature of participant.
23) CD/Video certificate of completion presented did not include date training occurred.
24) CD/Video certificate of completion presented did not include date training occurred.
DF_FLDD_Discovery_Administrative_2018_ 0101_v3

Provider Discovery Review Administrative Tool

<table>
<thead>
<tr>
<th>#</th>
<th>Performance Measure/Standard</th>
<th>Protocol</th>
<th>Not Met Reasons</th>
</tr>
</thead>
</table>
| 44 | The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching. | **CMS Assurance** - **Qualified Providers**  
iBudget Handbook – September 2015  
Page 1-25  
**RECORD REVIEW**  
Review available personnel records to verify compliance with minimum education and experience requirements.  
- Review available documentation such as copies of high school diploma or GED, college transcripts, college degree, Associate’s degree, professional license, certificates of completion, driver’s license, job application, resume, letters of reference, reference checks, etc.  
All providers of Supported Living Coaching must meet at a minimum, one of the following requirements:  
- Have a bachelor's degree from an accredited college or university with a major in education, rehabilitative science, business or a related degree.  
- Have an associate’s degree or two years of college from an accredited college or university and have two years of documented direct experience with individuals with developmental disabilities.  
- Have one year of college from an accredited college or university and three years of documented direct experience in working with recipients with developmental disabilities.  
- Four years of direct professional experience in working with recipients with developmental disabilities may substitute for required college education.  
- Provider did present documented evidence of a Bachelor's degree from an accredited college or university with a major in education; or rehabilitative science, business or related degree.  
- Provider did not present documented evidence of an Associate's degree or two years of college from an accredited college or university and have two years of documented direct experience with individuals with developmental disabilities.  
- Provider did not present documented evidence of one year of college from an accredited college or university and three years of documented direct experience in working with recipients with developmental disabilities.  
- Provider did not present documented evidence of four years of direct professional experience working with individuals with developmental disabilities to substitute for required college education.  
- Provider did not present documented evidence of a high school or GED.  
- Evidence the provider is at least 18 |
**Provider Discovery Review Administrative Tool**

<table>
<thead>
<tr>
<th>Page</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>The provider completed required Supported Living Pre-Service training.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>RECORD REVIEW</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review personnel records and other provider training records for evidence of required training.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Determine date of hire</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Determine date training was completed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Determine if pre-service was completed prior to providing services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Determine if completed via approved trainer/source</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Providers enrolled before October 1, 2003 only require twelve (12) hours of pre-service training.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Providers enrolled between March 1, 2004 and the promulgation of this handbook requires 18 hours of pre-service training.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Following the promulgation of the handbook or shortly thereafter all pre-service certificates will no longer identify a number of hours but will indicate the participant successfully completed the course.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Classroom - A standardized APD certificate will be issued to all participants that have successfully completed APD Required Training Classroom courses. The following elements must be included on the certificate:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• The participant’s name (printed or typed)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Title of the course</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Date training occurred</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Name of the trainer (printed or typed) and signature</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• As of 1/1/16: Evidence the trainer has appropriate credentials</td>
<td></td>
</tr>
</tbody>
</table>

1) Provider did not present documented evidence of completing 18 hours of pre-service training.
2) Provider did not present documented evidence of completing 12 hours of pre-service training.
3) Provider documentation demonstrated completion of some but not all required pre-service certification training.
4) Provider documentation demonstrated completion of pre-service training but not prior to rendering services.
5) Provider presented documented evidence of completing pre-service training but training was not obtained from an APD approved trainer/source.
6) Classroom certificate of completion did not include the name of the participant.
7) Classroom certificate of completion did not include the title of the course.
8) Classroom certificate of completion did not include the date(s) of completion.
9) Classroom certificate of completion did not include the name of the trainer and signature.
10) Classroom certificate of completion did not include evidence the trainer has appropriate credentials.
11) Classroom certificate of completion was not presented on the standardized APD certificate.
### The Supported Living Coach completed Introduction to Social Security Work Incentives.

#### CMS Assurance - Qualified Providers

- **iBudget Handbook – September 2015**
  - Page B-3, C-13

#### RECORD REVIEW

**New**

This is a new requirement.

- SLCs certified and enrolled prior to 9/3/15 have 18 months to complete this training.
- SLCs certified and enrolled 9/2/15 forward must complete this training within one year of receiving a certificate of enrollment.
  - If the provider has completed the training, score the standard met.
  - If the provider has not completed the training prior to the due date, score N/A.

Review personnel files and other provider training records for evidence of required training.

- Determine date of hire
- Determine date of training

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1. **The provider did not present evidence of completing training entitled Introduction to Social Security Work Incentives.**
2. **Provider documentation demonstrated the provider completed training entitled Introduction to Social Security Work Incentives but did not use an APD approved trainer/source.**
3. **Classroom certificate of completion did not include the participant’s name (printed or typed).**
4. **Classroom certificate of completion did not include the title of the course.**
5. **Classroom certificate of completion did not include the date of completion.**
6. **Classroom certificate of completion did not include the name and signature of the trainer.**
7. **Classroom certificate of completion did not include evidence the trainer has appropriate credentials.**

---

<table>
<thead>
<tr>
<th>Credentials (for APD courses a copy of the trainer’s certificate provided by APD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Classroom – Certificate of Completion must include:</td>
</tr>
<tr>
<td>1. Participant’s name</td>
</tr>
<tr>
<td>2. Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required)</td>
</tr>
<tr>
<td>3. Date(s) or period over which training course was completed and notation that course was successfully completed</td>
</tr>
<tr>
<td>4. Name of approved entity providing training</td>
</tr>
</tbody>
</table>

Not Met reason #1 only applies to providers who have been working less than 12 months.

---

12. **Non-classroom certificate of completion did not include the participant’s name.**
13. **Non-classroom certificate of completion did not include the title of the course.**
14. **Non-classroom certificate of completion did not include date(s) or period over which training course was completed.**
15. **Non-classroom certificate of completion did not include name of approved entity providing the training.**
<table>
<thead>
<tr>
<th>Look for evidence of training specific to Introduction to Social Security Work Incentives.</th>
</tr>
</thead>
<tbody>
<tr>
<td>This course may be completed in a classroom setting taught by an APD authorized instructor or by accessing the web-based training through Training Resource Network. Refer to the APD training website for additional resources as they come available.</td>
</tr>
<tr>
<td>A standardized APD certificate will be issued to all participants that have successfully completed APD Required Training Classroom courses. The following elements must be included on the certificate:</td>
</tr>
<tr>
<td>- The participant’s name (printed or typed)</td>
</tr>
<tr>
<td>- Title of the course</td>
</tr>
<tr>
<td>- Date training occurred</td>
</tr>
<tr>
<td>- Name of the trainer (printed or typed) and signature</td>
</tr>
<tr>
<td><strong>As of 1/1/16:</strong> Evidence the trainer has appropriate credentials (for APD courses a copy of the trainer’s certificate provided by APD)</td>
</tr>
<tr>
<td>Non-Classroom – Certificate of Completion must include:</td>
</tr>
<tr>
<td>- Participant’s name</td>
</tr>
<tr>
<td>- Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required)</td>
</tr>
<tr>
<td>- Date(s) or period over which training course was completed and notation that course was successfully completed</td>
</tr>
<tr>
<td>- Name of approved entity providing training</td>
</tr>
</tbody>
</table>

| 8) Classroom certificate of completion was not presented on the standardized APD certificate. |
| 9) Non-Classroom certificate of completion did not include participant’s name. |
| 10) Non-Classroom certificate of completion did not include the title of the course. |
| 11) Non-Classroom certificate of completion did not include dates or period over which course was completed. |
| 12) Non-classroom certificate of certificate of completion did not include the name of approved entity providing training. |
| 13) Provider documentation demonstrated provider completed training entitled Introduction to Social Security Work Incentives but not within one year of receiving certificate of enrollment. |
| 14) Provider documentation demonstrated provider completed training entitled Introduction to Social Security Work Incentives but not within 18 months of the effective date of the iBudget handbook. |

<table>
<thead>
<tr>
<th>47</th>
<th>The provider completes eight hours of annual in-service training.</th>
</tr>
</thead>
<tbody>
<tr>
<td>RECORD REVIEW</td>
<td></td>
</tr>
<tr>
<td>If provider/employee has been working less than 12 months, score this standard N/A.</td>
<td></td>
</tr>
</tbody>
</table>

| 1) The provider did not present documented evidence of completing 8 hours of annual in-service training. |
| 2) Provider presented documented evidence of completing some but not all required 8 hours of annual in-service training. |
Supported living coaching providers must complete eight hours of annual in-service.
- Examples of training topics include: affordable housing options, asset development, money management, specific health needs of persons served, accessing governmental benefits other than those provided by the Waiver (such as food stamps or legal services), or employment-related topics.

Review personnel files and other provider training records for evidence of required training.
- Determine date of hire
- Determine date of training
- Establish how the provider tracks annual training (from when to when). The 12-month period is determined by provider date of hire unless the provider can demonstrate another well documented revolving 12 month period.
  - The 12-month period cannot be based on the annual Provider Review date each year.
- Training can be received from a variety of sources but must relate to the topics listed above.

**Classroom - Certificate of completion must include:**
- Participant’s printed name and signature
- Title of the course
- Date training occurred (day and date as well as beginning and ending time)
- Printed name of the trainer and signature
- **As of 1/1/16:** Copy of the agenda or course syllabus

**Non-Classroom – Certificate of Completion must include:**
- Participant’s name
- Title of the course (if not titled as in the handbook, then

3) Documented training was not related to Supported Living Coaching.
4) Provider documentation demonstrated provided included hours spent repeating basic required training.
5) Classroom certificate of completion presented did not include participant’s printed name and signature.
6) Classroom certificate of completion presented did not include the trainer’s printed name and signature.
7) Classroom certificate of completion presented did not include the title of the course.
8) Classroom certificate of completion presented did not include the date of course completion.
9) Classroom certificate of completion presented did not include time spent (Credit Hours).
10) Classroom certificate of completion presented did not include a copy of the agenda or course syllabus.
11) Non-Classroom certificate of completion presented did not include participant’s name.
12) Non-Classroom certificate of completion presented did not include the title of the course.
13) Non-Classroom certificate of completion presented did not include date or period over which course was completed.
14) Non-classroom certificate of completion presented did not include the name of approved entity providing training.
### Provider Discovery Review Administrative Tool

<table>
<thead>
<tr>
<th>#</th>
<th>Performance Measure/Standard</th>
<th>Protocol</th>
<th>Not Met Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>48</td>
<td>If provider operates Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst.</td>
<td>CMS Assurance - Qualified Providers iBudget Handbook – September 2015 Page 2-54 RECORD REVIEW If the provider does not operate Intensive Behavior Group Homes, score N/A Review the personnel record of the Program or Clinical Services Director to determine the following: • The Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst.</td>
<td>1) Provider documentation did not demonstrate the Program/Clinical Services Director meets the minimum qualifications of a Level 1 Behavior Analyst.</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>
|   | qualifications of a Level 1 Behavior Analyst, including a Doctorate Level Board Certified Behavior Analyst or a Masters Level Board Certified Behavior Analyst, or a practitioner licensed under Chapter 490 or 491, F.S. with training and experience providing behavior analysis services to special populations.  
- The Program or Clinical Services Director must be in place at the time of designation of the organization as an intensive behavioral residential habilitation program.  
  Look for copies of college transcripts, college degree, associate’s degree, professional license, driver’s license, job application, resume, letters of reference, reference checks, |
| 49 | Agency vehicles used for transportation are properly insured. | CMS Assurance - Qualified Providers  
iBudget Handbook – September 2015  
RECORD REVIEW  
Determine if the provider transports individuals in agency owned vehicles.  
- If the provider does not transport, score N/A.  
- If transportation is provided using agency owned vehicles check agency records to verify a copy of current vehicle insurance coverage is present for all agency owned vehicles used to transport individuals during the entire period of review – 12 full months.  
If copy of current vehicle insurance is present at the time of the review but was not current for the entire period of review, score Not Met without an Alert.  
If copy of current vehicle insurance is not present at the time of the review, score as Not Met with an Alert.  
1) Provider did not have a copy of current vehicle insurance in the record at the time of the review. (A)  
2) Provider documentation demonstrated vehicle insurance was current at the time of the review but was not current the entire period of review.  
3) Provider documentation demonstrated vehicle insurance was not current at the time of the review but was current during some of the period of review. (A) |
### Provider Discovery Review Administrative Tool

<table>
<thead>
<tr>
<th>50</th>
<th>Agency vehicles used for transportation are properly registered.</th>
<th>CMS Assurance - Qualified Providers iBudget Handbook – September 2015 RECORD REVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If provider does not transport individuals in agency owned vehicles, score this standard N/A.</td>
<td>Determine if the provider transports individuals in agency owned vehicles.</td>
</tr>
<tr>
<td></td>
<td>Determine if the provider transports individuals in agency owned vehicles.</td>
<td>• If transportation is provided in agency owned vehicles check agency records to verify a copy of current vehicle registration is in the record for all agency owned vehicles used to transport individuals for the entire period of review – 12 full months</td>
</tr>
<tr>
<td></td>
<td>1) Provider did not have a copy of current vehicle registration in the record at the time of review.</td>
<td>2) Provider documentation demonstrated provider had a copy of current vehicle registration but the vehicle registration did not cover the entire period of review.</td>
</tr>
<tr>
<td></td>
<td>2) Provider documentation demonstrated provider did not have a copy of the current vehicle registration in the record, but did have a copy of an expired vehicle registration covering some of the review period.</td>
<td>3) Provider documentation demonstrated provider did not have a copy of the current vehicle registration in the record, but did have a copy of an expired vehicle registration covering some of the review period.</td>
</tr>
</tbody>
</table>

### Administrative - Agency Policies and Procedures

**Policies** are a set of guidelines and rules; clear, simple statements of how an organization intends to conduct services, actions or business.

**Procedures** describe how each policy will be put into action – e.g. who will do what/when, what steps they need to take, which forms or documents to use.

<table>
<thead>
<tr>
<th>51</th>
<th>The provider maintains written policies and procedures with a detailed description of how the provider uses a person-centered approach to identify individually determined goals and promote choice.</th>
<th>CMS Assurance - Qualified Providers iBudget Handbook – September 2015 Page 2-7 RECORD REVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Review provider’s policies and procedures to determine if the provider has written policies and procedures with a detailed description of how the provider uses a person-centered approach to identify individually determined goals and promote choice.</td>
<td>Examples of procedures could include instruction on:</td>
</tr>
<tr>
<td></td>
<td>1) The provider did not have written policies and procedures with a detailed description of how a person-centered approach is used to identify goals and promote choice.</td>
<td>2) The provider had written policies but not procedures with a detailed description of how a person-centered approach is used to identify goals and promote choice.</td>
</tr>
<tr>
<td></td>
<td>2) The provider had written procedures but not policies with a detailed description of how a person-centered approach is used to identify goals and promote choice.</td>
<td>3) The provider had written procedures but not policies with a detailed description of how a person-centered approach is used to identify goals and promote choice.</td>
</tr>
<tr>
<td>Provider Discovery Review Administrative Tool</td>
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<tr>
<td>-----------------------------------------------</td>
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<tr>
<td>• Detailing how the provider will ensure the person is involved in all aspects of service delivery</td>
<td></td>
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<tr>
<td>• Designing training programs that address the person’s goals from the Support Plan;</td>
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<tr>
<td>• Involving the person and/or family in the development of the Implementation Plan;</td>
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<tr>
<td>• Plan to address varying communication style.</td>
<td></td>
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<tr>
<td>• Designing services and supports from the standpoint of the outcome that is desired by the individual and/or family.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Training staff and persons served in person-centered planning</td>
<td></td>
<td></td>
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<tr>
<td>• Individualizing service delivery methods.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>to identify goals and promote choice.</td>
<td></td>
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</tr>
<tr>
<td><strong>Provider Discovery Review Administrative Tool</strong></td>
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<tr>
<td>-------------------------------------------------</td>
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<td></td>
</tr>
<tr>
<td><strong>policies and procedures detailing how the provider will ensure compliance with background screening and five-year rescreening.</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **iBudget Handbook – September 2015**  
**Page 2-7**  
**RECORD REVIEW**  
**New expectation as of 1/1/16** |
| **Review provider’s policies and procedures to determine if provider has written policies and procedures detailing how the provider will ensure compliance with initial background screening and five-year rescreening requirements.** |
| **Examples of possible content could include references to:** |
| • Initial Screening requirements  
• 5-year re-screening requirements  
• Local Law, Affidavit of Good Moral Character, FDLE/FBI  
• Exemptions  
• Clearinghouse registration |
| **54 The provider maintains written policies and procedures detailing hours and days of operation and the notification process to be used if the provider is unable to provide services for a specific time and day scheduled.** |
| **CMS Assurance - Qualified Providers**  
**iBudget Handbook – September 2015**  
**Page 2-7**  
**RECORD REVIEW**  
**New expectation as of 1/1/16** |
| **Review provider’s policies and procedures to determine if provider has written policies and procedures that detail hours and days of operation and the notification process to be used if the provider is unable to provide services for a specific time and day scheduled.** |
| **Content should at a minimum include references to:** |
| • Key contacts and how to contact  
• Back-up Contacts  
• Days and hours of operation  
• Notification process to be used if the provider is unable to provide services for a specific time and day scheduled. |
| **and procedures detailing how the provider will ensure compliance with background screening and five-year rescreening.** |
| **2) The provider had written policies but not procedures detailing how the provider will ensure compliance with background screening and five-year rescreening.** |
| **3) The provider had written procedures but not policies detailing how the provider will ensure compliance with background screening and five-year rescreening.** |
| **1) The provider did not have written policies and procedures detailing hours and days of operation and notification process if provider is unable to provide services for a specific time and day scheduled.** |
| **2) The provider had written policies but not procedures detailing hours and days of operation and notification process if provider is unable to provide services for a specific time and day scheduled.** |
| **3) The provider had written procedures but not policies detailing hours and days of operation and notification process if provider is unable to provide services for a specific time and day scheduled.** |
| 55 | The provider maintains written policies and procedures detailing how the provider will ensure the individuals' medications are administered and handled safely. | CMS Assurance - Qualified Providers iBudget Handbook – September 2015 Page 2-7 RECORD REVIEW

If the provider does not administer or supervise the self-administration of medications, score N/A.

Review provider’s policies and procedures to determine if the provider has written policies and procedures detailing how the provider will ensure the individuals’ medications are administered and handled safely.

Examples of possible content could include references to:

- Reference to 65G-7 F.A.C.
- Identifies which staff is allowed to administer or handle medications.
- Description of provider and staff training curriculum and the time frames when training takes place and who conducts the training for the agency.
- Description of how medications will be handled and stored.
- Description of how medication administration will be documented.
- How individuals are informed about the provider’s position on, or responsibilities related to administering and handling medications.

| 56 | The provider maintains written policies and procedures detailing how the provider will ensure a smooth transition to and from another provider. | CMS Assurance - Qualified Providers iBudget Handbook – September 2015 Page 2-7 RECORD REVIEW

Review provider’s policies and procedures to determine if the

| 1) The provider did not have written policies and procedures detailing how the provider will ensure the individuals' medications are administered and handled safely. |
| 2) The provider had written policies but not procedures detailing how the provider will ensure the individuals' medications are administered and handled safely. |
| 3) The provider had written procedures but not policies detailing how the provider will ensure the individuals' medications are administered and handled safely. |
## Provider Discovery Review Administrative Tool

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<table>
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<tbody>
<tr>
<td></td>
<td>provider has written policies and procedures that include a description of how the provider will ensure a smooth transition to and from another provider if desired by the individual or their legal representative.</td>
<td>will ensure a smooth transition to and from another provider. 3) The provider had written procedures but not policies detailing how the provider will ensure a smooth transition to and from another provider.</td>
</tr>
<tr>
<td>Content should at a minimum include references to:</td>
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<td></td>
<td>Planning activities that will be scheduled to promote a smooth transition between the current setting/provider and the new setting/provider.</td>
<td>3) The provider had written procedures but not policies detailing how the provider will ensure a smooth transition to and from another provider.</td>
</tr>
<tr>
<td></td>
<td>Expected communication between current and new provider before and after the transition.</td>
<td>3) The provider had written procedures but not policies detailing how the provider will ensure a smooth transition to and from another provider.</td>
</tr>
<tr>
<td></td>
<td>How records and other information will be shared and transferred.</td>
<td>3) The provider had written procedures but not policies detailing how the provider will ensure a smooth transition to and from another provider.</td>
</tr>
</tbody>
</table>
| The provider maintains written policies and procedures detailing the process for addressing individual complaints and grievances regarding possible service delivery issues. | CMS Assurance - Qualified Providers iBudget Handbook – September 2015 Page 2-7  
RECORD REVIEW  
Review provider’s policies and procedures to determine if provider has written policies and procedures detailing the process for addressing the person’s complaints and grievances regarding possible service delivery issues. | 1) The provider did not have written policies and procedures detailing the process for addressing individual complaints and grievances regarding possible service delivery issues. 2) The provider had written policies but not procedures detailing the process for addressing individual complaints and grievances regarding possible service delivery issues. 3) The provider had written procedures but not policies detailing the process for addressing individual complaints and grievances regarding possible service delivery issues. |
| The procedures could contain reference to: |   |   |
|   | Procedures will be reviewed and signed by individual, family, or guardian within 30 days of beginning services and annually thereafter. |   |
|   | Procedures will be communicated in clear, understandable language to the individual, their family, or guardian. |   |
|   | Responses to grievances will be provided verbally and in writing at the individual’s level of comprehension and in the language understood by the individual. |   |
|   | Procedures include the establishment and maintenance of a log for grievances filed by individuals, families, or guardians. |   |
| 58 | The provider maintains written policies and procedures, which detail methods for ensuring the person’s confidentiality and maintaining and storing records in a secure manner. | CMS Assurance - Qualified Providers iBudget Handbook – September 2015 Page 2-7
RECORD REVIEW
New expectation as of 1/1/16

Review provider’s policies and procedures to determine if provider has written policies and procedures that detail methods for ensuring the person’s confidentiality and maintaining and storing records in a secure manner.

Examples of possible content could include references to:
- HIPAA Privacy Rule and Security Rule
- Physical storage of/access to confidential information
- Electronic storage of/access to confidential information
- How staff/individuals will be trained |

| CMS Assurance - Qualified Providers iBudget Handbook – September 2015 Page 2-7
RECORD REVIEW
New expectation as of 1/1/16 |

1) The provider did not have written policies and procedures detailing methods for ensuring confidentiality and maintaining and storing records in a secure manner.
2) The provider had written policies but not procedures detailing methods for ensuring confidentiality and maintaining and storing records in a secure manner.
3) The provider had written procedures but not policies detailing methods for ensuring confidentiality and maintaining and storing records in a secure manner. |

| 59 | The provider maintains written policies and procedures, which detail the methods for management and accounting of any personal funds, of all individuals in the care of, or receiving services from, the provider. | CMS Assurance - Qualified Providers iBudget Handbook – September 2015 Page 2-7
RECORD REVIEW
New expectation as of 1/1/16

Review provider’s policies and procedures to determine if provider has written policies and procedures that detail the methods for management and accounting of any personal funds, of all individuals in the care of, or receiving services from, the provider. |

| CMS Assurance - Qualified Providers iBudget Handbook – September 2015 Page 2-7
RECORD REVIEW
New expectation as of 1/1/16 |

1) The provider did not have written policies and procedures detailing methods for management and accounting of personal funds of all individuals receiving services.
2) The provider had written policies but not procedures detailing methods for management and accounting of personal funds of all individuals receiving services.
3) The provider had written procedures but not policies detailing methods for management and accounting of personal funds of all individuals receiving services. |
| 60 | The provider maintains written policies and procedures in compliance with 65G-8.003 (Reactive Strategy Policy and Procedures). | CMS Assurance - Qualified Providers
iBudget Handbook – September 2015
65G-8.003 F.A.C.
RECORD REVIEW

Determine if, at any time during the course of service provision, the provider or anyone employed by the provider may be required to intervene in behavioral emergencies e.g. when individuals exhibit aggression, self-injury, property destruction, etc. If so, review provider’s policies and procedures to determine if the provider has written policies and procedures in compliance with 65G-8.003 (Reactive Strategy Policy and Procedures).

If the provider does not utilize crisis management procedures consistent with the requirements of the Reactive Strategies rule (65G-8, FAC) score N/A.

This policy and procedure must consist of:
- An approved emergency procedure curriculum that addresses:
  - Appropriate staff training
  - Record maintenance
  - Reporting and recording the use of any reactive strategy
  - Training in the provisions of this rule chapter
  - Data collection
  - Maintenance of reactive strategy consent information in client records
  - Any other requirements established.

Provider policies and procedures may include only the reactive strategies provided in the APD Agency-approved curriculum for which staff has been trained. | 1) The provider did not have written policies and procedures compliance with 65G-8.003 (Reactive Strategy Policy and Procedures).
2) The provider’s written policies and procedures did not address staff training.
3) The provider’s written policies and procedures did not address record maintenance.
4) The provider’s written policies and procedures did not address reporting and recording the use of any reactive strategy.
5) The provider’s written policies and procedures did not address training in the provisions of this rule chapter.
6) The provider’s written policies and procedures did not address data collection.
7) The provider’s written policies and procedures did not address maintenance of consent information in individual records. |

| Administrative – All Providers |

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## Provider Discovery Review Administrative Tool

<table>
<thead>
<tr>
<th></th>
<th>The provider addresses all incident reports.</th>
<th>CMS Assurance - Qualified Providers iBudget Handbook – September 2015 Page 2-10, 2-11</th>
<th>RECORD REVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Provider documentation did not demonstrate the provider completed incident reports when required.</td>
<td>2) Provider documentation did not demonstrate all incident reports had been addressed.</td>
<td>3) Provider documentation did not demonstrate the provider had taken necessary action to mitigate a recurrence of the same types of incidents.</td>
</tr>
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</table>

**Through documentation/record reviews, conversations with the provider and individuals served determine if all known incidents have been properly documented and reported.**

- Ask the provider to describe method of effectively identifying and addressing all incident reports.
- Request all incident reports completed within the period of review.
  - All follow-up measures taken by the provider to protect the person, gain control, or manage the situation must be noted on the incident report. The measures must specify what actions will be taken to mitigate a recurrence of the same type of incident.
- Determine outcome of incidents and follow-up needed.
- Review provider documentation to determine if necessary action has been taken to mitigate a recurrence of the same types of incidents in each case.
- When available, review incident related information supplied by the APD Regional office.

<table>
<thead>
<tr>
<th></th>
<th>The provider identifies and addresses concerns related to abuse, neglect, and exploitation.</th>
<th>CMS Assurance - Qualified Providers iBudget Handbook – September 2015 Page 1-10, 1-11, 2-10, 2-11</th>
<th>RECORD REVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Provider documentation did not demonstrate the provider identified and addressed concerns related to abuse, neglect, and exploitation.</td>
<td>2) Provider documentation demonstrated the provider identified but did not address concerns related to abuse, neglect, and exploitation.</td>
<td></td>
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<tr>
<td>63</td>
<td>All instances of abuse, neglect, and exploitation are reported.</td>
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**CMS Assurance - Qualified Providers**

**iBudget Handbook – September 2015**

**Page 1-10, 1-11, 2-10, 2-11**

**RECORD REVIEW**

Provider agencies cannot require their employees to first report such information to them before permitting their employees to call the Florida Abuse Hotline or 911.

Any person who knowingly and willfully fails to report a case of known or suspected abuse, neglect, or exploitation of a vulnerable adult or prevents another person from doing so is guilty of a misdemeanor of the second degree.

Through review of incident reports, documentation/record reviews, conversations with the provider and individuals served, determine if all known instances of abuse, neglect, and exploitation have been reported.

- Ask the provider to describe the system of reporting abuse, neglect, and exploitation.
- Ask the provider if there have been any calls made to the abuse registry within the review period related to allegations of ANE.
  - The calls could have been allegations against the provider or made by the provider on behalf of a person served against someone else.
- Request all incident reports completed within the period of

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| 1) | Provider documentation did not demonstrate all instances of abuse, neglect, and/or exploitation had been reported.
| 2) | Provider documentation demonstrated all instances of abuse, neglect, and/or exploitation were reported to the abuse registry but not to the APD Regional office.
| 3) | Provider did not understand his/her role as a mandated reporter. |
### Provider Discovery Review Administrative Tool

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<td>review.</td>
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<td></td>
<td>• Look for evidence the provider is reporting suspicion of abuse, neglect or exploitation in consumer records, a log, or in other documentation.</td>
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<td></td>
<td>• During documentation review, look for any instances where the provider may have had suspicions, but did not or hesitated to make a report.</td>
<td></td>
</tr>
<tr>
<td>64</td>
<td>The provider identifies addresses and reports all medication errors.</td>
<td>CMS Assurance - Qualified Providers iBudget Handbook – September 2015 65G-7.006 Medication Errors RECORD REVIEW</td>
</tr>
<tr>
<td></td>
<td>If the provider (agency or solo) does not administer or supervise the self-administration of medications, score N/A. Through review of incident reports, medication error reports, documentation/record reviews, conversations with the provider and individuals served determine if all known medication errors have been properly documented and reported.</td>
<td>1) Provider documentation did not demonstrate the provider identified, addressed, and reported all medication errors. 2) Provider documentation demonstrated provider identified medication errors but did not address the errors. 3) Provider documentation did not demonstrate the provider reported all medication errors.</td>
</tr>
<tr>
<td></td>
<td>• Ask the provider to describe method of identifying, documenting, and reporting medication errors.</td>
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<td></td>
<td>• Ask the provider what, if any, follow-up actions are taken when errors do occur.</td>
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<td></td>
<td>• Request and review all Medication Error Reports (APD Form 65G7-05) completed during the period under review.</td>
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<tr>
<td></td>
<td>• Review provider documentation for any indications of medication administration errors that may be identified in Service Logs, Daily Progress Notes, or MARs to determine if there is a corresponding Medication Error Report.</td>
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<td>• Review provider documentation related to follow-up, steps taken to prevent a recurrence.</td>
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<tr>
<td>65</td>
<td>The provider maintains the employment status of all employees on the</td>
<td>CMS Assurance – Qualified Providers iBudget Handbook - July 2017 F.S. 435.12(2)(c)</td>
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<tr>
<td>Employee/Contractor Roster within the Clearinghouse.</td>
<td>RECORD REVIEW</td>
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<tr>
<td>Request a printed copy (may also be viewed electronically) of the Employee/Contractor Roster from the AHCA Clearinghouse</td>
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<td>o Score standard Met if the provider presents Employee/Contractor Roster from the Clearinghouse.</td>
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<tr>
<td>o Score standard Not Met if the provider does not have an Employee/Contractor Roster from the Clearinghouse.</td>
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<tr>
<td>Note: If the solo provider has not yet been screened in the Clearinghouse (five-year re-screening has not come due), score N/A</td>
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<tr>
<td><strong>Not Met on this standard is an automatic Alert</strong></td>
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