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: 6/10/18
# 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>
| 1 | The provider has completed all aspects of required Level II Background Screening. | CMS Assurance – Qualified Providers iBudget Handbook - June 2018 Page 1-27, 393.065 F.S. 435.04 and 409.907 F.S. RECORD REVIEW 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. 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. Required components must include:  
- Complete APD Affidavit of Good Moral Character (AGMC)  
- Conduct a Local Law/Criminal Records Check within the county of residence at the time of hire/re-screening  
- Obtain APD General FDLE/FBI clearance (“Eligible” status) through the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse. Review personnel files and other provider documents for evidence of compliance.  
- Determine date of hire  
- Request current Affidavit, Local Law/Criminal Records check and FDLE/FBI screening. | 1) Provider did not present a current complete, signed, and notarized Affidavit of Good Moral Character.  
2) Current Affidavit presented by provider was not the APD Affidavit of Good Moral Character.  
3) Current APD Affidavit of Good Moral Character presented by provider was not signed by the affiant.  
4) Current APD Affidavit of Good Moral Character presented by provider did not include the notary’s signature.  
5) Current APD Affidavit of Good Moral Character presented by provider did not include the date completed by the notary.  
6) Current APD Affidavit of Good Moral Character presented by provider did not include the notary’s commission stamp.  
7) The notary’s commission stamp was expired at the time the APD Affidavit of Good Moral Character was notarized.  
8) Current CDC+ Affidavit of Good Moral Character presented by provider was not signed by the affiant.  
9) Current CDC+ Affidavit of Good Moral Character presented by provider did not include the notary’s signature.  
10) Current CDC+ Affidavit of Good Moral Character presented by provider did not include the date completed by the notary. |
Acceptable Affidavit completed 5/25/15 forward

APD Affidavit of Good Moral Character Only
• Determine if the APD Affidavit of Good Moral Character has a revision date of no earlier than 8/1/10. Revised Form date can be found at the bottom of the document.
• APD Affidavit of Good Moral Character must include the signature of the affiant.
• APD Affidavit of Good Moral Character must be signed, dated and stamped by a certified notary.
• Determine if the APD Affidavit of Good Moral Character was completed within the previous five years

Score Not Met if:
• APD Affidavit is not in the record
• APD Affidavit was completed more than five years ago
• APD Affidavit is not signed by the affiant
• APD Affidavit is not fully notarized
• Notary stamp indicates commission has expired
• A non-APD Affidavit of Good Moral Character was used after 5/25/15.

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 or
  • AHCA Affidavit of Compliance with Background Screening Requirements.
• 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.

11) Current CDC+ Affidavit of Good Moral Character presented by provider did not include the notary’s commission stamp.
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 Check presented by the provider indicated a potentially disqualifying offense with no
Provider Discovery Review Administrative Tool

- APD and CDC+ AGMC must be signed by affiant and properly notarized by a commissioned notary. See requirements above
- AHCA Affidavit of Compliance with Background Screening Requirements does not require notarization.

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

**Required Local Law/Criminal Records Checks**

Determine date of Local Law/Criminal Records check
- 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.
- 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).
- 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.
- If available documentation does not indicate a final disposition or indicates a disposition of “guilty” score Not

documentation demonstrating final disposition. (A)
21) Current Local Law/Criminal Records Check was obtained from a source not authorized by the State Office.
22) Provider did not present evidence of current APD General FDLE/FBI clearance from the Clearinghouse. (A)
23) Provider was not fully re-screened following a greater than 90 day lapse in employment. (A)
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 Level Two Background Screening**

**Acceptable FDLE/FBI Clearance for screening conducted 5/25/15 forward**

All background screening must be obtained through the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.

- Final result must indicate a status of “Eligible” under APD General.
- Clearinghouse screening results may be viewed electronically or the provider may choose to present a printed copy.

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 day 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 formats will continue to vary for screening conducted prior to 5/25/15.

**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.

**Note:** FBI/FDLE Records Check must be completed prior to the date of the review.

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

| 1a The employment status of the provider/employee is maintained on the Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse. | CMS Assurance – Qualified Providers iBudget Handbook - June 2018 F.S. 435.12(2)(c) RECORD REVIEW
Agency and Solo providers are required to maintain an Employee/Contractor Roster in the DCF/APD Background Screening 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.
  - Score standard Not Met if the retained prints date is expired.

Note: If the provider/employee has not yet been screened in the Clearinghouse (five-year re-screening has not come due), score N/A.

Not Met on this standard is an automatic Alert

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)
<table>
<thead>
<tr>
<th>2</th>
<th>The provider received training in Zero Tolerance.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS Assurance - Qualified Providers iBudget Handbook-June 2018 Pages B-4, B-7</td>
<td></td>
</tr>
<tr>
<td>RECORD REVIEW</td>
<td></td>
</tr>
<tr>
<td>Zero Tolerance training must be completed as a pre-service training and every three years thereafter.</td>
<td></td>
</tr>
<tr>
<td>Training may only be obtained by:</td>
<td></td>
</tr>
<tr>
<td>• Attending a classroom training conducted by an APD approved trainer</td>
<td></td>
</tr>
<tr>
<td>• Using TRAIN Florida available 5/18/16</td>
<td></td>
</tr>
<tr>
<td>• Other APD approved training resources as they become available</td>
<td></td>
</tr>
<tr>
<td>Providers were able to register with TCC until 8/18/16 and had 90 days to complete the course online.</td>
<td></td>
</tr>
<tr>
<td>*Current approved APD web-based or classroom training resources are maintained on the APD website</td>
<td></td>
</tr>
<tr>
<td>Main APD Provider Training Page:</td>
<td>1) Provider did not present documented evidence of completing mandatory training in Zero Tolerance.</td>
</tr>
<tr>
<td><a href="http://apd.myflorida.com/providers/training/">http://apd.myflorida.com/providers/training/</a></td>
<td>2) Provider presented documented evidence of completing training in Zero Tolerance but not from an APD approved trainer/source.</td>
</tr>
<tr>
<td>Current APD approved web based training resources:</td>
<td>3) Provider documentation demonstrated the TCC transcript for Zero Tolerance training did not reflect a passing score (S).</td>
</tr>
<tr>
<td><a href="http://apd.myflorida.com/providers/training/web-based.htm">http://apd.myflorida.com/providers/training/web-based.htm</a></td>
<td>4) Completion date of the most recent training in Zero Tolerance presented exceeds 3 years.</td>
</tr>
<tr>
<td>Current APD Approved Trainers</td>
<td>5) Provider documentation demonstrated completion of Zero Tolerance training was not completed prior to providing direct care service.</td>
</tr>
<tr>
<td><a href="http://ptc.apd.myflorida.com/AvailableTraining.aspx?TrainingType=2">http://ptc.apd.myflorida.com/AvailableTraining.aspx?TrainingType=2</a></td>
<td>6) Classroom certificate of completion presented did not include the name of the participant.</td>
</tr>
<tr>
<td>Review personnel files and other provider training records for evidence of required training.</td>
<td>7) Classroom certificate of completion presented did not include the title of the course.</td>
</tr>
<tr>
<td>• Determine date of hire</td>
<td>8) Classroom certificate of completion presented did not include the date(s) of completion.</td>
</tr>
<tr>
<td>• Determine date of most recent training and previous training</td>
<td>9) Classroom certificate of completion presented did not include the name of the trainer and signature.</td>
</tr>
<tr>
<td>10) Classroom certificate of completion presented did not include evidence the trainer has appropriate credentials.</td>
<td></td>
</tr>
<tr>
<td>11) Classroom certificate of completion presented was not presented on the standardized APD certificate.</td>
<td></td>
</tr>
</tbody>
</table>
Provider Discovery Review Administrative Tool

- 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 initial training was completed prior to providing direct care service.
  - Verify training was completed via an APD approved method/source/trainer.

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:
  - Participant’s name
### Provider Discovery Review Administrative Tool

| 3 | The provider received training in Direct Care Core Competencies. | CMS Assurance - Qualified Providers iBudget Handbook-June 2018 Pages B-4, B-7 RECORD REVIEW |

This standard applies only to providers enrolled/hired after implementation of the APD “Direct Care Core Competencies” curriculum (Formerly “Core Competency”). This standard will apply only to providers enrolled/hired from the implementation date 5/18/16 forward.

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

1. Basic Person-centered Planning (formerly 3b)
   - This component does not meet the WSC requirement to complete “In-depth person-centered planning” training.

| 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. |

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 training is 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.
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 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 a current APD authorized trainer;
- Accessing an APD approved web-based course.

Acceptable evidence of classroom training is a **standarized 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)

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 over which course was completed.
12) Non-classroom certificate of certification 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></th>
<th>Acceptable evidence of non-classroom training include the printed certificate or transcript generated by the entity that provided the training which must contain:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Participant’s name</td>
</tr>
<tr>
<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>
</tr>
<tr>
<td></td>
<td>- Date(s) or period over which training course was completed and notation that course was successfully completed</td>
</tr>
<tr>
<td></td>
<td>- Name of approved entity providing training</td>
</tr>
<tr>
<td></td>
<td>APD Approved Trainers</td>
</tr>
</tbody>
</table>

Not Met reason #14 only applies to providers who began working within the period of review.

This training is only required one time

### 3a The provider received training in Direct Care Core Competency. (Old)

<table>
<thead>
<tr>
<th></th>
<th>CMS Assurance - Qualified Providers iBudget Handbook-June 2018 Pages B-4, B-7 RECORD REVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>This standard applies only to the old two part Direct Care Core Competency training: “Intro to Developmental Disabilities” and “Health and Safety”</strong></td>
</tr>
<tr>
<td></td>
<td><strong>If the provider has taken the updated Direct Care Core Competencies training, score this standard NA.</strong></td>
</tr>
</tbody>
</table>

Availabilty of this 2 part curriculum training ended with the implementation of TRAIN 5/18/16

|   | 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). |
Provider Discovery Review Administrative Tool

- Exception – Authorized trainers were able to continue training using the old curriculum until 1/31/16.
- Exception – Providers were able to register with TCC until 8/18/16 and had 90 days to complete the course online.

Review personnel files and other provider training records for evidence of required training.
- Determine date of hire
- Determine date of training
- Verify training was completed using an APD approved method

Prior to 1/31/17 options to obtain this training included:
- Attending an APD classroom session conducted by an authorized APD trainer;
- Accessing the Tallahassee Community College (TCC) online courses;
- Attending a classroom training session conducted by a provider who has been certified by APD to conduct the training;
- Using the CD issued to Florida ARC and Florida ARF effective 11/5/10.
- 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:
  o The participant’s name (printed or typed)
  o Title of the course
  o Date the training occurred
  o Name of the trainer (printed or typed) and signature
  o 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)

5) Provider completed training on Introduction to Developmental 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.
*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”.
- 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

17) Non-classroom certificate of certificate of completion presented did not include the name of approved entity providing training.
18) Non-Classroom certificate of completion presented was not from an APD approved entity.
### 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
- 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".

### APD Approved Trainers


This training is only required one time.

<table>
<thead>
<tr>
<th>3b</th>
<th>The provider received training in Basic Person Centered Planning.</th>
<th>CMS Assurance - Qualified Providers iBudget Handbook-June 2018 Pages B-7, B-14 RECORD REVIEW</th>
</tr>
</thead>
</table>
|    | If the non-WSC provider has successfully completed the 2016 Direct Care Core Competencies, score this standard NA. | 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) |
### Waiver Support Coordinator
- All Waiver Support Coordinators hired prior to September 2017 were required to attend a face-to-face 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/Region.
- All Waiver Support Coordinators hired September 2017 forward are required to complete in-depth person-centered planning training. Training titled Person Centered Planning is currently available to Support Coordinators on the APD training website under Service Specific training.

### Non-Waiver Support Coordinator Providers
- Providers hired prior to 5/18/16 were required to complete training on individually determined goals or other person-centered approach as a separate training. There was not a standard curriculum.
- Providers hired between 5/18/16 and 1/31/17 could obtain the training separately or through successful completion of Direct Care Core Competencies training taken face to face from an APD authorized trainer or through Florida TRAIN.
- Providers hired 2/1/17 forward must receive Direct Care Core Competencies training face to face from an APD authorized trainer or through Florida TRAIN.

Review personnel files and other provider training records for evidence of required training.
- Determine date of hire
- Determine date of training
- **Non-WSC providers**: Determine training was completed within 90 days of providing services.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Failure Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>3) Classroom certificate of completion presented did not include the participant’s name (printed or typed).</td>
<td></td>
</tr>
<tr>
<td>4) Classroom certificate of completion presented did not include the title of the course.</td>
<td></td>
</tr>
<tr>
<td>5) Classroom certificate of completion presented did not include the date of completion.</td>
<td></td>
</tr>
<tr>
<td>6) Classroom certificate of completion presented did not include the name and signature of the trainer.</td>
<td></td>
</tr>
<tr>
<td>7) Classroom certificate of completion presented demonstrated the provider completed the training but not within 90 days of initially providing services.</td>
<td></td>
</tr>
<tr>
<td>8) Classroom certificate of completion presented demonstrated the WSC completed the training but not within 90 days of receiving a certificate of enrollment.</td>
<td></td>
</tr>
<tr>
<td>9) Non-Classroom certificate of completion presented did not include participant’s name.</td>
<td></td>
</tr>
<tr>
<td>10) Non-Classroom certificate of completion presented did not include the title of the course.</td>
<td></td>
</tr>
<tr>
<td>11) Non-Classroom certificate of completion presented not include dates or period over which course was completed.</td>
<td></td>
</tr>
<tr>
<td>12) Non-classroom certificate of certificate of completion presented did not include the name of approved entity providing training.</td>
<td></td>
</tr>
</tbody>
</table>
**Provider Discovery Review Administrative Tool**

| 3c | The provider received training on Individual Choices, Rights and Responsibilities | CMS Assurance - Qualified Providers 
ibudget Handbook-June 2018 
Page B-7 
RECORD REVIEW 
Score this standard N/A for Support Coordinators. Training on Individual Choices, Rights, and Responsibilities is received through pre-service training. | 1) Provider did not present documented evidence of completing training specific to Individual Choices, Rights, and Responsibilities. 
2) Classroom certificate of completion presented did not include the participant's name (printed or typed). |

- Look for evidence of training on Basic Person-Centered Planning.

Acceptable evidence of classroom training is a certificate of completion containing the following elements:
  - The participant's name (printed or typed)
  - Title of the course
  - Date training occurred
  - Name of the trainer (printed or typed) and signature

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 and #8 only apply to providers/staff who began working within the period of review. This training is required one time.

13) Non-Classroom certificate of completion presented was not from an APD approved entity.
If the provider has successfully completed the 2016 Direct Care Core Competencies, score this standard NA.

- Providers hired prior to 5/18/16 were required to complete training on Individual Choices, Rights and Responsibilities as a separate training. There was not a standard curriculum.
- Providers hired between 5/18/16 and 1/31/17 could obtain the training separately or through successful completion of Direct Care Core Competencies training taken face to face from an APD authorized trainer or through Florida TRAIN.
- Providers hired 2/1/17 forward must receive Direct Care Core Competencies training face to face from an APD authorized trainer or through Florida TRAIN.

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
- Look for evidence of training related to choice and rights.

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

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

3) Classroom certificate of completion presented did not include the title of the course.
4) Classroom certificate of completion presented did not include the date of completion.
5) Classroom certificate of completion presented did not include the name and signature of the trainer.
6) Classroom certificate of completion presented demonstrated provider completed the training but not within 90 days of initially providing services.

This training is only required one time
### Provider Discovery Review Administrative Tool

| Provider received training in Requirements for all Waiver Providers | CMS Assurance - Qualified Providers  
iBudget Handbook-June 2018  
Pages B-2, B-3, B-7, B-12  
RECORD REVIEW |
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Training must be completed within 90 days of providing services</td>
<td>All providers and their staff are required to complete this training.</td>
</tr>
</tbody>
</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) | 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 |

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) Provider documentation demonstrated completion of training in Requirements for all Waiver Providers but not within 90 days of initially providing services.  
4) Non-Classroom certificate of completion did not include participant’s name.  
5) Non-Classroom certificate of completion did not include the title of the course.  
6) Non-Classroom certificate of completion not include dates or period over which course was completed.  
7) Non-classroom certificate of completion did not include the name of approved entity providing training.
<table>
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<tr>
<th>Page</th>
<th>Not Met reason #3 only applies to providers who began working within the period of review. This training is only required one time</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>The provider received training in HIPAA.</td>
</tr>
<tr>
<td></td>
<td>CMS Assurance - Qualified Providers iBudget Handbook – June 2018 Page B-11 RECORD REVIEW</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>
</tr>
<tr>
<td></td>
<td>• Determine date of training</td>
</tr>
<tr>
<td></td>
<td>• Training must be completed within 30 days of providing services</td>
</tr>
<tr>
<td></td>
<td>o Not Met reason #4 only applies to providers who began working within the period of review</td>
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<tr>
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<td>• Determine if training is updated at least annually (within 365 days)</td>
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<td>• Determine if training was completed using an APD approved method.</td>
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<tr>
<td></td>
<td>• Refer to APD training website for current approved training entities and course titles.</td>
</tr>
<tr>
<td></td>
<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>
</tr>
<tr>
<td></td>
<td>• Participant’s name</td>
</tr>
<tr>
<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>
</tr>
<tr>
<td></td>
<td>• Date(s) or period over which training course was completed and notation that course was successfully completed</td>
</tr>
<tr>
<td></td>
<td>• Name of approved entity providing training</td>
</tr>
<tr>
<td></td>
<td>1) Provider did not present documented evidence of completion of HIPAA training.</td>
</tr>
<tr>
<td></td>
<td>2) Provider documentation demonstrated most recent HIPAA training was over a year old.</td>
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<tr>
<td></td>
<td>3) Provider presented documented evidence of completing HIPAA training but did not use an APD State Office approved source.</td>
</tr>
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<td></td>
<td>4) Certificate of completion presented demonstrated provider completed the training but not within 30 days of initially providing services.</td>
</tr>
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<td>5) Non-Classroom certificate of completion presented did not include participant’s name.</td>
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<td></td>
<td>6) Non-Classroom certificate of completion presented did not include the title of the course.</td>
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<td></td>
<td>7) Non-Classroom certificate of completion presented not include date course was completed.</td>
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<tr>
<td></td>
<td>8) Non-classroom certificate of completion presented did not include the name of approved entity providing training.</td>
</tr>
<tr>
<td></td>
<td>9) Classroom certificate of completion presented did not include participant’s printed name and signature.</td>
</tr>
<tr>
<td></td>
<td>10) Classroom certificate of completion presented did not include the trainer’s printed name and signature.</td>
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</table>
### Provider Discovery Review Administrative Tool

<p>| | |</p>
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</table>
| **Note:** If provider training is current at the time of review, but it is noted there was lapse during the period of review; score as Met and add a Discovery statement. This training is required at least annually. | **11) Classroom certificate of completion presented did not include the title of the course.**  
**12) Classroom certificate of completion presented did not include the date of course completion.** |
| **6** | **The provider received training in HIV/AIDS/Infection Control.** |
| **CMS Assurance - Qualified Providers**  
**iBudget Handbook – June 2018**  
**Pages B-5, B-8**  
**RECORD REVIEW**  
HIV/AIDS/Infection Control is NOT required for providers of Behavior Analysis. The training is required for all other service providers including WSCs.  
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.  
  - Not Met reason #4 only applies to providers who began working within the period of review.  
- Training must be obtained from an APD approved source.  
- Review current certificates/cards. If the certificate/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.  
- As of 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 | **1) Provider did not provide documented evidence of completing training specific to HIV/AIDS/Infection Control.**  
**2) Provider presented documented evidence of completing training in HIV/AIDS/Infection Control but not from an APD approved trainer/source.**  
**3) Course completion certificate/card was not the standard card or certificate developed by the sponsoring organization.**  
**4) Provider received training in HIV/AIDS/Infection Control but not within 90 days of initially providing services.**  
**5) Provider documentation demonstrated most recent certificate of completion was expired.**  
**6) Classroom certificate of completion presented did not include participant’s printed name and signature.**  
**7) Classroom certificate of completion presented did not include the trainer’s printed name and signature.**  
**8) Classroom certificate of completion presented did not include the title of the course.**  
**9) Classroom certificate of completion presented did not include the date of course completion.** |
### Attendee's Name
- 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
- Participant's typed/printed name
- Title of the course
- Date training occurred
- 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”.
- **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
- 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
- Photocopy of label or training outline (including the title of the course and sponsoring entity)
- Printed name and signature of participant
- Date training occurred

### Acceptable Evidence
- 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 date the course was completed.
- Non-classroom certificate of completion presented did not include the name of approved entity providing training.
- 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).
- CD/Video training certificate of completion presented did not include name and signature of participant.
- CD/Video training certificate of completion presented did not include date training was completed.
- CD/Video training certificate of completion presented did not include length of training.
- CD/Video training certificate of completion presented did not include copy of agenda or course syllabus.
### Provider Discovery Review Administrative Tool

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</table>
|   | **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.

HIV/AIDS/Infection Control training completed prior to 1/1/2016 was not restricted to the current list of approved entities.

Recertification requirements are established by the sponsoring organization.

<table>
<thead>
<tr>
<th>7</th>
<th>The provider maintains current CPR certification.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Provider did not present documented evidence of completion of training in CPR.</td>
</tr>
<tr>
<td>2)</td>
<td>Course completion certificate/card demonstrated provider completed training in CPR but not within 90 days of initially providing services.</td>
</tr>
<tr>
<td>3)</td>
<td>Course completion certificate/card for CPR training was expired.</td>
</tr>
<tr>
<td>4)</td>
<td>Provider presented documented evidence of completing training in CPR but did not use an APD approved trainer/source.</td>
</tr>
<tr>
<td>5)</td>
<td>Course completion certificate/card was not the standard card or certificate developed by the sponsoring organization.</td>
</tr>
<tr>
<td>6)</td>
<td>Provider documentation demonstrated CPR course was not completed in a classroom setting.</td>
</tr>
<tr>
<td>7)</td>
<td>Course completion certificate/card did not include participant's printed name.</td>
</tr>
<tr>
<td>8)</td>
<td>Course completion certificate/card did not include the title of the course.</td>
</tr>
</tbody>
</table>

**CMS Assurance - Qualified Providers**  
iBudget Handbook – June 2018  
Pages B-5, B-10

**RECORD REVIEW**

CPR is NOT required for providers of Behavior Analysis. The training is required for all other service providers including WSCs.

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.
- Review current certificates/cards to determine if recertification was completed prior to expiration date of the previous certification period.
### Provider Discovery Review Administrative Tool

<p>| | | |</p>
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<tbody>
<tr>
<td></td>
<td>o Recertification requirements are established by the sponsoring organization and may vary.</td>
<td>9) Course completion certificate/card did not include the date of course completion.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10) Course completion certificate/card did not include an expiration date.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11) Course completion certificate/card did not include the instructor’s name.</td>
</tr>
<tr>
<td></td>
<td>• 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.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not Met reason #2 only applies to providers who began working within the period of review.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>The provider received training in First Aid.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CMS Assurance - Qualified Providers iBudget Handbook – June 2018 Pages B-5, B-9 RECORD REVIEW</td>
<td></td>
</tr>
<tr>
<td></td>
<td>First Aid is NOT required for providers of Behavior Analysis. The training is required for all other service providers including WSCs.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review personnel files and other provider training records for evidence of required training:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Determine date of hire.</td>
<td>1) Provider did not present documented evidence of completion of training in First Aid.</td>
</tr>
<tr>
<td></td>
<td>• Determine date of training.</td>
<td>2) Course completion certificate/card presented demonstrated provider completed training in First Aid but not within 90 days of initially providing services.</td>
</tr>
<tr>
<td></td>
<td>• Determine training was completed within 90 days of initially providing services.</td>
<td>3) Course completion certificate/card presented for First Aid training was expired.</td>
</tr>
<tr>
<td></td>
<td>• Determine training was received from an APD approved source.</td>
<td>4) Provider presented evidence of completing training in First Aid but not from an APD approved trainer/source.</td>
</tr>
<tr>
<td></td>
<td>• Review current certificates/cards to determine if recertification was completed prior to expiration date of the previous certification period.</td>
<td>5) Course completion certificate/card presented was not the standard card or certificate developed by the sponsoring organization.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6) Classroom course completion certificate presented did not include participant’s printed name and signature.</td>
</tr>
</tbody>
</table>
**Provider Discovery Review Administrative Tool**

<table>
<thead>
<tr>
<th>Recertification requirements are established by the sponsoring organization and may vary.</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Refer to APD training website for current approved training entities and course titles.</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>The provider received training in Medication Administration prior to administering or administering</th>
<th>CMS Assurance - Qualified Providers iBudget Handbook – June 2018 Pages B-11, F.A.C. 65G-7</th>
<th>Provider did not present documented evidence of completion of training specific to Medication Administration. (A)</th>
</tr>
</thead>
</table>
supervising the self-administration of medication.

<table>
<thead>
<tr>
<th>RECORD REVIEW</th>
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<tbody>
<tr>
<td>Score standard N/A if provider does not administer or supervise self-administration of medication. Score N/A for providers of WSC.</td>
</tr>
</tbody>
</table>

- 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 N/A if staff 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).

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)
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)
• 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 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.

13) Web-based training certificate presented did not include the course ID number. (A)
<table>
<thead>
<tr>
<th>Provider Discovery Review Administrative Tool</th>
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<tbody>
<tr>
<td><strong>Not Met on this standard is an automatic Alert</strong></td>
</tr>
<tr>
<td>This training is required once unless there is a lapse in medication administration validation</td>
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</table>
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. Unlicensed provider may not under any circumstances administer/supervise self-administration of medication before receiving validation or following expiration of annual validation.

Not Met on this standard is an automatic Alert
Revalidation is required at least every 12 months

10) Validation certificate presented did not include date of assessment and validation. (A)
11) Validation certificate presented was missing the date of validation on one or more individual administration routes. (A)
12) Validation certificate presented did not include original signature of validating RN or physician on one or more individual administration routes. (A)
13) Validation certificate presented did not include validating RN or physician license number on one or more individual administration routes. (A)
14) Validation certificate presented did not include printed name of the validating RN or physician. (A)
15) Validation certificate presented did not include original signature of the validating RN or physician. (A)
16) Validation certificate presented did not include validating RN or physician license number and license expiration date. (A)
17) Validation certificate presented identifies the validating RN or physician license date expired prior to the date of validation. (A)
18) Provider documentation demonstrated validation was not conducted by a RN or physician. (A)
19) Provider documentation demonstrated the validation was not documented on the required “Validation Certificate” APD Form 65G7-004. (A)
| The provider received training in an Agency approved curriculum for behavioral emergency procedures consistent with the requirements of the Reactive Strategies rule (65G-8, F.A.C.) | CMS Assurance - Qualified Providers iBudget Handbook – June 2018 Pages B-6, B-11, F.A.C. 65G-8 RECORD REVIEW  All providers and facilities using reactive strategies must utilize an emergency procedure training curriculum approved by the Agency, and require all staff utilizing reactive strategies to be trained in that curriculum.  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.  Providers of Residential Habilitation Behavior Focus/Intensive 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.  Score this standard N/A for providers of WSC.  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 | 1) Provider did not present evidence of completing training in an Agency approved curriculum for behavioral emergency procedures.  2) Certificate of completion presented demonstrated provider completed the training but not within 30 days of providing services.  3) Certificate of completion presented demonstrated provider completed the training but did not use an Agency approved source.  4) Most current certificate of completion presented was expired.  5) Certificate of completion presented did not include participant's name.  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. |
- 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.

Examples of approved curriculums include:
- Professional Crisis Management (PCM)
- Alternatives for Behavioral Crises
- Mandt Systems
- Crisis Prevention Institute
- Safety Care

Refer to the APD website for approved curriculums.

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

Recertification is required every 12 months.
| 12 | Drivers of transportation vehicles are licensed to drive vehicles used. | CMS Assurance - Qualified Providers iBudget Handbook – June 2018 Pages 1-26, A-3, A-4, A-5, A-8 RECORD REVIEW | 1) Provider did not have a copy of a driver license in the record. (A)  
2) Provider documentation demonstrated driver license was current at the time of the review but did not cover the entire period of review.  
3) Provider documentation demonstrated driver license was not current at the time of the review but was current during some of the period of review. (A) |
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<tbody>
<tr>
<td></td>
<td>If the provider does not drive vehicles used to transport individuals, score N/A.</td>
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</tr>
</tbody>
</table>
|    | If the provider drives either agency or personal vehicles used to transport individuals check personnel records to verify driver license is current and valid covering the entire period of review. This may require review of more than one license.  
   • If driver license is current at the time of the review but was not current for the entire period of review, score Not Met without an Alert.  
   • If driver license is not current at the time of the review, score as Not Met with an Alert. |  |  |
| 13 | Personal vehicles used for transportation are properly insured. | CMS Assurance - Qualified Providers iBudget Handbook – June 2018 Pages 1-26, A-3, A-4, A-5, A-6, A-8 RECORD REVIEW | 1) Provider did not have a copy of 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 did not cover the entire period of review.  
3) Provider documentation demonstrated vehicle insurance was not current at the time of the review but was current covering some of the period of review. (A) |
|    | If provider does not transport individuals in personal vehicles, score this standard as N/A.  
   • If transportation is provided using personal vehicles check personnel records to verify vehicle insurance coverage is maintained for all personal vehicles used during the entire period of review – 12 full months. This may require review of 2-3 six-month insurance cards.  
   If vehicle insurance is current at the time of the review but was not maintained for the remaining period of review, score as Not Met without an Alert. |  |  |
### 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>14</td>
<td>Personal vehicles used for transportation are properly registered.</td>
<td>CMS Assurance - Qualified Providers iBudget Handbook – June 2018</td>
<td>1) Provider did not have a copy of vehicle registration in the record at the time of review.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pages 1-26, A-3, A-4, A-5, A-6, A-8 RECORD REVIEW</td>
<td>2) Provider documentation demonstrated vehicle registration was current at the time of the review but did not cover the entire period of review.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If provider does not transport individuals in personal vehicles, score this standard as N/A.</td>
<td>3) Provider documentation demonstrated vehicle registration was not current at the time of the review but was current covering some of the period of review.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If transportation is provided in personal vehicles check personnel records to verify vehicle registration is maintained for all personal vehicles used by the employee for the entire period of review – 12 full months. (this may require review of 2 vehicle registrations)</td>
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</tr>
</tbody>
</table>

#### Service Specific Employee Behavior Analysis

<table>
<thead>
<tr>
<th>#</th>
<th>Performance Measure/Standard</th>
<th>Protocol</th>
<th>Not Met Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.</td>
<td>CMS Assurance - Qualified Providers iBudget Handbook – June 2018</td>
<td>1) The provider did not present documented evidence of required certification/licensure.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Page 1-13</td>
<td>2) Provider documentation demonstrated provider’s certification/licensure was expired/no-longer current for some or all of the period under review.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>RECORD REVIEW</td>
<td>3) Provider did not present documented evidence of level 1 credentials for the level 1 provider.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review available personnel records to verify compliance with minimum education and experience requirements.</td>
<td>4) Provider did not present documented evidence of level 2 credentials for the level 2 provider.</td>
</tr>
<tr>
<td></td>
<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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</tbody>
</table>
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 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.

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.
<table>
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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>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 – June 2018 Page 1-14 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>
</tr>
<tr>
<td></td>
<td></td>
<td>Review available personnel records to verify compliance with minimum education and experience requirements.</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>
</tr>
<tr>
<td></td>
<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>
<td>3) Provider did not present documented evidence of 90 classroom hours of instruction in applied behavior analysis in lieu of work experience.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Providers of this service must be at least 18 years of age, have a high school diploma or GED and have at least: Two years of experience providing direct services to individuals with developmental disabilities, or one of the following:</td>
<td>4) Evidence the provider is at least 18 years old or older was not present.</td>
</tr>
<tr>
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<td></td>
<td>– At least 120 hours of direct services to individuals with complex behavior problems, as defined in rule 65G-4.010(3)(b), or</td>
<td>5) Provider did not provide documented evidence of a high school diploma or GED.</td>
</tr>
<tr>
<td></td>
<td></td>
<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 the next standard.</td>
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</tr>
<tr>
<td>17</td>
<td>The Behavior Assistant 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>
<td></td>
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<tr>
<td>CMS Assurance - Qualified Providers iBudget Handbook – June 2018 Pages 1-14, B-11</td>
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<tr>
<td>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>
<td></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>• Determine date of hire</td>
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<tr>
<td>• Determine date of training</td>
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<tr>
<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>• 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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<tr>
<td>3) Provider documentation presented did not verify successful completion of the required instruction.</td>
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<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>
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</table>
| CMS Assurance - Qualified Providers
iBudget Handbook – June 2018
Page 1-14
RECORD REVIEW |
| If provider/employee has been working less than 12 months, score this standard as N/A. |
| 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. |
| 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. In instances when the provider/employee was hired prior to the implementation of this requirement (September 2015), September can be used as the first month for this service only if preferred. |
| • The 12-month period **cannot** be based on the annual Provider Review date each year. |
| Review available personnel records to verify compliance with annual in-service training requirements. |
| • Determine date of hire; |
| • Determine date of training; |
| • Content or curricula for this in-service training and providers of training must be approved by the regional behavior analyst within each region. |
| 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) Some or all documented training presented was not related to applied behavior analysis and related topics. |
| 4) Documented evidence of some or all training 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. |
Provider Discovery Review Administrative Tool

- 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
- Name of approved entity providing training
- Length of training/credit hours.

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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<tr>
<th>#</th>
<th>Performance Measure/Standard</th>
<th>Protocol</th>
<th>Not Met Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC+ Consultant</td>
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</tbody>
</table>

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 presented 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.
RECORD REVIEW
Review available personnel records to verify compliance with minimum training requirements.
- Determine date of hire
- Determine date of training
- Determine if completed via approved method

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

<table>
<thead>
<tr>
<th>Life Skills Development 1 (Companion)</th>
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<tbody>
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</table>
| 20 | The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1. | CMS Assurance - Qualified Providers iBudget Handbook – June 2018 Page 1-17
RECORD REVIEW
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
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. | 1) Provider documentation did not demonstrate at least one year of qualifying work experience.
2) Provider did not provide documented evidence of required college, vocational or technical training in lieu of work experience.
3) Provider did not present documented evidence of a high school diploma or GED.
4) Evidence the provider is at least 18 years old was not present. |
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 or providers who had a lapse in service delivery are required to have evidence of a valid high school diploma or GED.

The Life Skills Development 1 provider completes 4 hours of annual in-service training related to the specific needs of at least one person currently receiving services.

| 21 | The Life Skills Development 1 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 – June 2018 Pages B-3, B-5, C-3 RECORD REVIEW

If provider/employee has been working less than 12 months, score 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.

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. In instances when the provider/employee was hired prior to the implementation of this

| 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 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 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. |
requirement (September 2015), September can be used as the first month for this service only if preferred.
- The 12-month period cannot be based on the annual Provider Review date each year.

Review available personnel records to verify compliance with annual in-service training requirements.
- Determine date of hire
- Determine dates of training

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 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

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.
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.

### 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 – June 2018  
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 enrolled/hired 1/1/16 forward has a valid high school diploma or GED (or providers who had a lapse in service delivery)  
- 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

| 23 | The provider has completed standardized, pre-service training for Life Skills Development 2. |
| 23 | CMS Assurance - Qualified Providers  
iBudget Handbook – June 2018  
Pages 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”.

Introduction to Social Security Work Incentives became part of the standard LSD 2 pre-service training in 2010. LSD 2 coaches certified prior to that time are required to complete this portion of the pre-service training.

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

<p>| | |</p>
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</thead>
<tbody>
<tr>
<td>1)</td>
<td>Provider did not present documented evidence of completing 18 hours of pre-service training.</td>
</tr>
<tr>
<td>2)</td>
<td>Provider did not present documented evidence of completing 12 hours of pre-service training.</td>
</tr>
<tr>
<td>3)</td>
<td>Provider had documented evidence of completing some but not all required pre-service training.</td>
</tr>
<tr>
<td>4)</td>
<td>Provider documentation demonstrated provider received pre-service training but not prior to rendering services.</td>
</tr>
<tr>
<td>5)</td>
<td>Provider presented documented evidence of completing pre-service training but training was not obtained from an APD approved trainer/source.</td>
</tr>
<tr>
<td>6)</td>
<td>Classroom certificate of completion presented did not include the name of the participant.</td>
</tr>
</tbody>
</table>
- 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.
  - Web-based training certificates through TRN may not include number of hours

Note: Newer 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.

Classroom training is 4 days
- 2 days for "Best Practices in Supported Employment"
- 2 days for "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.

Proof of classroom training will include a typed certificate with the following elements:
- 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)
- Look for evidence of training specific to Introduction to Social Security Work Incentives.

| 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. |
| 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. |
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.

| 24 | The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment. | CMS Assurance - Qualified Providers iBudget Handbook – June 2018

Pages B-3, B-5, C-4

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 employment must be completed by providers providing Life Skills Development 2 (Supported Employment).

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. In instances when the provider/employee was hired prior to the implementation of this requirement (September 2015), September can be used as the first month for this service only if preferred.

- The 12-month period **cannot** be based on the annual Provider Review date each year.

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

| | CMS Assurance - Qualified Providers iBudget Handbook – June 2018

Pages B-3, B-5, C-4 |

RECORD REVIEW

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 presented did not include the date of course completion.
Provider Discovery Review Administrative Tool

- 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
- 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)

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 training.
### Provider Discovery Review Administrative Tool

- 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.

#### Life Skills Development 3

<table>
<thead>
<tr>
<th>#</th>
<th>Performance Measure/Standard</th>
<th>Protocol</th>
<th>Not Met Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.</td>
<td>CMS Assurance - Qualified Providers iBudget Handbook – June 2018 Page 1-18 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.</td>
<td>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.</td>
</tr>
</tbody>
</table>
Provider Discovery Review Administrative Tool

- 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.

| 26 | The Life Skills Development 3 provider completes eight hours of annual in-service training related to the individually tailored services. |
| CMS Assurance - Qualified Providers iBudget Handbook – June 2018 Pages 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. |
| 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. In instances when the provider/employee was hired prior to the implementation of this requirement (September 2015), September can be used as the first month for this service only if preferred. |
| 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 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). |
Review personnel records and other provider training records for evidence of required training.

- Determine date of hire
- Determine dates of training

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.

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 training.
20) CD/Video certificate of completion presented did not include copy of agenda or course syllabus.
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>
| 27 | The provider meets all minimum educational requirements and levels of experience for Personal Supports. | CMS Assurance - Qualified Providers iBudget Handbook – June 2018 Pages 1-19, 1-20 RECORD REVIEW 
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 or provider who had a lapse in service delivery 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. | 1) Provider documentation did not demonstrate at least one year of qualifying work experience. 
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. |
<table>
<thead>
<tr>
<th>28</th>
<th>The Personal Supports provider completes four hours of annual in-service training related to the specific needs of at least one person currently served.</th>
</tr>
</thead>
</table>
|    | CMS Assurance - Qualified Providers iBudget Handbook – June 2018  
Pages B-3, B-5, C-6  
RECORD REVIEW  
If provider/employee has been working less than 12 months, score 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.  
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. In instances when the provider/employee was hired prior to the implementation of this requirement (September 2015), September can be used as the first month for this service only if preferred.  
- The 12-month period cannot be based on the annual Provider Review date each year.  
Review available personnel records to verify compliance with annual in-service training requirements.  
- Determine date of hire  
- Determine dates of training  
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) |
|    | 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 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. |
Provider Discovery Review Administrative Tool

- 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.

<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</td>
<td>CMS Assurance – Qualified Providers iBudget Handbook – June 2018 Pages 1-22, 2-47, 65G-2.008</td>
<td>1) Provider documentation did not demonstrate evidence of at least one year of qualifying work experience.</td>
</tr>
<tr>
<td>Experience for Residential Habilitation - Standard.</td>
<td>RECORD REVIEW</td>
<td></td>
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<tr>
<td>--------------------------------------------------</td>
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<tr>
<td>Review available personnel records to verify compliance with minimum education and experience requirements.</td>
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<tr>
<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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<tr>
<td>Determine:</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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<td>• Provider has at least one year of experience working in a medical, psychiatric, nursing or childcare setting or working with individuals with a developmental disability (For exemptions to this requirement, see Rule 65G-2.008, F.A.C.) or have;</td>
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<tr>
<td>• 30 semester hours, 45 quarter hours or 720 classroom hours of college or vocational school; or</td>
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<td>• 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.</td>
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</tr>
</tbody>
</table>

| 30 | The Residential Habilitation - Standard provider completes eight hours of annual in-service training related to the implementation of individually tailored services. | CMS Assurance – Qualified Providers iBudget Handbook – June 2018 Pages B-3, B-5, C-8 RECORD REVIEW |
|-----------------------------------------------|---------------|
| If provider/employee has been working less than 12 months, score this standard N/A. |
| In-service training for Residential Habilitation - Standard must be related to the implementation of individually tailored services. |

| 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. |

2) Provider documentation did not demonstrate evidence of required college or vocational school in place of work experience. |
3) Provider documentation did not demonstrate compliance with 65G-2.008, F.A.C in lieu of required experience. |
4) Evidence the provider is at least 18 years old was not present. |
5) Provider documentation did not demonstrate evidence of a high school diploma or GED.
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. In instances when the provider/employee was hired prior to the implementation of this requirement (September 2015), September can be used as the first month for this service only if preferred.

- The 12-month period **cannot** be based on the annual Provider Review date each year.

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

- Determine date of hire
- Determine date of training

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:

- Provider documentation demonstrated provided included hours spent repeating basic required training.
- Classroom certificate of completion presented did not include participant’s printed name and signature.
- Classroom certificate of completion presented did not include the trainer’s printed name and signature.
- Classroom certificate of completion presented did not include the title of the course.
- 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 date or period over which course was completed.
- Non-classroom certificate of completion presented did not include the name of approved entity providing training.
### Provider Discovery Review Administrative Tool

- 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.

<table>
<thead>
<tr>
<th>#</th>
<th>Performance Measure/Standard</th>
<th>Protocol</th>
<th>Not Met Reasons</th>
</tr>
</thead>
</table>
| 31 | The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus. | CMS Assurance – Qualified Providers  
iBudget Handbook – June 2018  
Pages 1-22, 2-51, 2-52, 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 | 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 documentation did not demonstrate compliance with 65G-2.008, F.A.C in lieu of required experience.  
4) Provider did not present documented evidence of a high school diploma or GED. |
| Completion | 
| --- | --- |
| 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 of the following:  
  - One year of experience providing direct services in a medical, psychiatric, nursing, child care setting, or working with persons who have a developmental disability (For exemptions to this requirement, see Rule 65G-2.008, F.A.C); or  
  - 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  
  - 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  
  - 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 standard below. | 5) Evidence the provider is at least 18 years old was not present. |

| 32 | The Residential Habilitation-Behavior Focus 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. | CMS Assurance - Qualified Providers iBudget Handbook – June 2018 Page 2-52 RECORD REVIEW  
If the provider is a Registered Behavior Technician™ (RBT™) certified by the Behavior Analyst Certification Board (BACB), score this standard N/A. | 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. |
<table>
<thead>
<tr>
<th>33</th>
<th>The Residential Habilitation-Behavior Focus provider completes eight hours of annual in-service training related to behavior analysis and related topics.</th>
</tr>
</thead>
</table>

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.

Review personnel files and other provider training records for evidence of required training.
- Determine date of hire
- Determine date of training
- 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.
- Instruction must be provided by a person meeting the qualifications of any category of behavior analysis provider as described in this Handbook
- 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.

| CMS Assurance - Qualified Providers iBudget Handbook – June 2018 Page C-7 |
|---|---|

RECORD REVIEW

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

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. In instances when the provider/employee was hired prior to the implementation of this

<table>
<thead>
<tr>
<th>1)</th>
<th>Provider did not present documented evidence of completion of 8 hours of annual in-service training.</th>
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<tbody>
<tr>
<td>2)</td>
<td>Provider presented documented evidence of completing some but not all required 8 hours of annual in-service training.</td>
</tr>
<tr>
<td>3)</td>
<td>Documented training presented was not related to behavior analysis and related topics.</td>
</tr>
<tr>
<td>4)</td>
<td>Documented evidence of some training presented was renewal of pre-service or other mandatory required training.</td>
</tr>
</tbody>
</table>
requirement (September 2015), September can be used as the first month for this service only if preferred.

- The 12-month period **cannot** be based on the annual Provider Review date each year.

In-service training for Residential Habilitation-Behavior Focus 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;

**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

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.
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
• 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.

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.

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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 – June 2018 Pages 1-22, 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.</td>
</tr>
<tr>
<td></td>
<td>Review available personnel records to verify compliance with minimum education and experience requirements.</td>
<td></td>
<td>2) Provider documentation did not demonstrate evidence of required college or vocational school in place of work experience.</td>
</tr>
<tr>
<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>
<td></td>
<td>3) Provider documentation did not demonstrate compliance with 65G-2.008, F.A.C in lieu of required experience.</td>
</tr>
<tr>
<td></td>
<td>Determine:</td>
<td></td>
<td>4) Provider did not provide documented evidence of a high school diploma or GED.</td>
</tr>
<tr>
<td></td>
<td>• Provider is at least 18 years of age</td>
<td></td>
<td>5) Evidence the provider is at least 18 years old was not present.</td>
</tr>
</tbody>
</table>
### Provider Discovery Review Administrative Tool

<table>
<thead>
<tr>
<th><strong>35</strong></th>
<th>The Residential Habilitation – Intensive Behavior 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><strong>CMS Assurance - Qualified Providers</strong></td>
<td><strong>iBudget Handbook – June 2018</strong></td>
</tr>
<tr>
<td><strong>Page 2-56</strong></td>
<td><strong>RECORD REVIEW</strong></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 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 as 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>o Determine date of hire</td>
</tr>
</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. |
Determine date of training
- 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.
- Instruction must be provided by a person meeting the qualifications of any category of behavior analysis provider as described in this Handbook.
- 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.

| 36 | The Residential Habilitation – Intensive Behavior provider completes eight hours of annual in-service training related to behavior analysis and related topics. | CMS Assurance - Qualified Providers iBudget Handbook – June 2018
Page C-8
RECORD REVIEW

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

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. In instances when the provider/employee was hired prior to the implementation of this requirement (September 2015), September can be used as the first month for this service only if preferred.
- The 12-month period cannot be based on the annual Provider Review date each year.

In-service training for Residential Habilitation – Intensive Behavior 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.
7) Classroom certificate of completion presented did not include the title of the course. |
Review available personnel records to verify compliance with annual in-service training requirements.

- Determine date of hire;
- Determine date of training;

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.

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 date training occurred.
Provider Discovery Review Administrative Tool

<table>
<thead>
<tr>
<th>Performance Measure/Standard</th>
<th>Protocol</th>
<th>Not Met Reasons</th>
</tr>
</thead>
</table>
| #37 The provider meets all minimum educational requirements and levels of experience for Residential Habilitation - Enhanced Intensive Behavior. | CMS Assurance – Qualified Providers iBudget Handbook – June 2018 Pages 1-22, 2-64, 2-65 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.  
Direct care staff rendering EIB services in a licensed residential facility must:  
- Be age 18 or older and have a high school or GED diploma.  
- Have two years of experience working with persons who have a developmental disability, or one year in direct services to recipients with complex behavior problems.  
- Be a registered behavior technician (RBT); or  
- Have received 40 hours of training in RBT techniques provided by a Behavior Analyst Certification Board (BACB) certified RBT trainer within 6 months of providing direct care services in an EIB setting with successful completion of a | 1) Provider documentation did not demonstrate evidence of minimum required 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.  
4) Evidence the provider is at least 18 years old was not present.  
5) Provider documentation did not present documented evidence of current Registered Behavior Technician certification.  
6) Provider did not present evidence of successfully completing 20 classroom hours of behavior analysis training and meet the criteria to become a behavior assistant.  
7) Provider did not present evidence of 40 hours of training in RBT techniques provided by a Behavior Analyst Certification Board (BACB) certified RBT trainer within 6 months of providing direct |
<table>
<thead>
<tr>
<th>Provider Discovery Review Administrative Tool</th>
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</thead>
<tbody>
<tr>
<td>competency assessment equivalent to the certified RBT assessment.</td>
</tr>
<tr>
<td>• If not an RBT: Prior to rendering EIB services, direct care staff shall have successfully completed 20 classroom hours of behavior analysis training and meet the criteria to become a behavior assistant.</td>
</tr>
</tbody>
</table>
Not Met reason #6 only applies to direct support staff hired within the period of review. |

| The Residential Habilitation – Enhanced Intensive Behavior provider completes eight hours of annual in-service training through participation in recipient case-review or in combination with training related to behavior analysis. |
| CMS Assurance - Qualified Providers |
| iBudget Handbook – June 2018 |
| Page C-8 |
| RECORD REVIEW |
| If provider/employee has been working less than 12 months, score this standard as N/A. |
| 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. |
| Providers must complete the equivalent of eight hours of annual in-service training through participation in recipient case-review or in combination with training related to behavior analysis. |
| • An attendance sheet must be used for documenting participation in consumer case review and a summary of the case review discussion must be maintained in the provider’s records. |
| • Documentation of completion for the in-service training that meets the requirements is specified at the beginning of this Appendix. Retaking basic APD training courses does not meet this requirement. |

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. |
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. |
### Case Review:
A regularly scheduled review of consumer progress with the behavior analyst in which graphed data for targeted maladaptive and replacement behaviors or skill acquisition is shared with staff. Case review includes:

- Positive feedback to staff on recipients who have had improvements.
- Identification of targets that are not on track and actions needed to resolve.
- Discussion of any slowing progress and identification of strategies to address progress.
- Discussion of recent reactive strategies and a plan for how the intervention might be avoided or improved upon in the future.

In-service training for Residential Habilitation – Enhanced Intensive Behavior 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;

**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:**

- 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 presented did not include the 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.
- CD/Video certificate of completion presented did not include length of training.
### Provider Discovery Review Administrative Tool

- 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.*

### Respite (Under 21 Only)

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<th>#</th>
<th>Performance Measure/Standard</th>
<th>Protocol</th>
<th>Not Met Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>39</td>
<td>The provider meets all minimum educational requirements and levels of experience for Respite.</td>
<td>CMS Assurance - Qualified Providers iBudget Handbook – June 2018 Page 1-23 RECORD REVIEW</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review available personnel records to verify compliance with minimum education and experience requirements.</td>
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<td></td>
</tr>
</tbody>
</table>

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

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.
Provider Discovery Review Administrative Tool

- 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 or who has had a lapse in service delivery 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.

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<tr>
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<th>Performance Measure/Standard</th>
<th>Protocol</th>
<th>Not Met Reasons</th>
</tr>
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<tbody>
<tr>
<td>40</td>
<td>The provider meets all minimum educational requirements and levels of experience for Special Medical Home Care.</td>
<td>CMS Assurance – Qualified Providers iBudget Handbook – June 2018 Page 1-24 RECORD REVIEW 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.</td>
<td>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.</td>
</tr>
</tbody>
</table>
- 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

<table>
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<th>#</th>
<th>Performance Measure/Standard</th>
<th>Protocol</th>
<th>Not Met Reasons</th>
</tr>
</thead>
</table>
| 41 | The provider meets all minimum educational requirements and levels of experience for Support Coordination. | CMS Assurance - Qualified Providers iBudget Handbook – June 2018 Page 1-25 RECORD REVIEW Solo WSC and Agency employed WSC supervisor requirements include:  
  o Bachelor’s degree from an accredited college or university and;  
  o Three years of paid supervised experience in developmental disabilities, special education, mental health, counseling, guidance, social work or health and rehabilitative services.  
  o A master’s degree in a related field can substitute for one year of the required experience. Agency employed WSC (non-supervisor) requirements include:  
  o Bachelor’s degree from an accredited college or university and; | 1) The solo WSC did not present documented evidence of a bachelor’s degree from an accredited college or university.  
2) The solo WSC did not present documented evidence of at least three years of qualifying work experience.  
3) The solo WSC did not present documented evidence of a Master’s degree and two years of qualifying work experience.  
4) The agency WSC did not present documented evidence of a bachelor’s degree from an accredited college or university.  
5) The agency WSC did not present documented evidence of at least two years of qualifying work experience. |
Provider Discovery Review Administrative Tool

|   | Two years of paid supervised experience in developmental disabilities, special education, mental health, counseling, guidance, social work or health and rehabilitative services; or |
|   | A master’s degree in a related field can substitute for one year of the required experience. |

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.

|   | The agency WSC did not present documented evidence of a master’s degree and one year of qualifying work experience. |
|   | The agency WSC supervisor did not present documented evidence of a bachelor's degree from an accredited college or university. |
|   | The agency WSC supervisor did not present documented evidence of at least three years of qualifying work experience. |
|   | The agency WSC supervisor did not present documented evidence of a master’s degree and two years of qualifying work experience. |

42 The Support Coordinator completed required Statewide pre-service training.

CMS Assurance - Qualified Providers

iBudget Handbook – June 2018

Pages B-14, C-11, C-12

RECORD REVIEW

Pre-service training must be received prior to signing provider agreement.

Review personnel files and other provider training records for evidence of required training.
- Determine date of hire
- Determine date of training
- Compare completion date of training to signature date on the WSC provider agreement.

WSC Pre-service training must be conducted by APD, or an APD approved trainer.

Current approved trainers are listed on the APD website:

|   | The provider did not present documented evidence of completing required pre-service training. |
|   | The provider presented documented evidence of completing some but not all required pre-service training. |
|   | The provider presented documented evidence of training but not from an APD State Office approved trainer. |
|   | The provider presented documented evidence of completing the training but not prior to signing the provider agreement. |
|   | Classroom certificate of completion did not include the participant’s name (printed or typed). |
|   | Classroom certificate of completion did not include the title of the course. |
|   | Classroom certificate of completion did not include the date of completion. |
Note: A small number of support coordination agencies 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. Do not use corresponding Not Met reason (#10) until new training curriculum and certificate are implemented.

APD approved WSC pre-service trainer issued certificates must include the following elements:
- The participant’s name (printed or typed)
- The participant’s name signature (until new curriculum implementation)
- Title of the course
- Dates the training occurred
- Name of the trainer (printed or typed)
- The trainer’s signature
- Evidence the trainer has appropriate credentials (for APD courses a copy of the trainer’s certificate provided by APD)

Not Met reason #4 only apply to providers who have been working less than 12 months.

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.

43 The Support Coordinator completed required Region Specific training.

1) The provider did not present documented evidence of completing Region Specific training.
| Region Specific Training must be completed within 90 days of providing services. |
| Review personnel files and other provider training records for evidence of required training. |
| - Determine date of hire |
| - Determine date of training |
| - Region Specific Training must be provided by the Regional Office or other APD approved method. |

If the WSC renders services in multiple APD Regions, the WSC is not required to attend training in all Regions.

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
- Dates 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).

Not Met reason #3 and #10 only apply to providers who have been working less than 12 months.

44 The Support Coordinator completed Introduction to Social Security Work Incentives.

CMS Assurance - Qualified Providers
iBudget Handbook – June 2018
Pages B-3, C-12
RECORD REVIEW

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
All Support Coordinators must successfully complete APD’s course entitled “Introduction to Social Security Work Incentives” within one year of receiving their certificate of enrollment as a Support Coordination provider.

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 titled 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 (TRN). Refer to the APD training website for additional resources as they come available.

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:
- 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 (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)

<table>
<thead>
<tr>
<th>Introduction to Social Security Work Incentives but did not use an APD approved trainer/source.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider documentation demonstrated provider completed training entitled Introduction to Social Security Work Incentives but not within one year of receiving certificate of enrollment.</td>
</tr>
<tr>
<td>Classroom certificate of completion did not include the participant’s name (printed or typed).</td>
</tr>
<tr>
<td>Classroom certificate of completion did not include the title of the course.</td>
</tr>
<tr>
<td>Classroom certificate of completion did not include the date of completion.</td>
</tr>
<tr>
<td>Classroom certificate of completion did not include the name and signature of the trainer.</td>
</tr>
<tr>
<td>Classroom certificate of completion did not include evidence the trainer has appropriate credentials.</td>
</tr>
<tr>
<td>Classroom certificate of completion was not presented on the standardized APD certificate.</td>
</tr>
<tr>
<td>Non-Classroom certificate of completion did not include participant’s name.</td>
</tr>
<tr>
<td>Non-Classroom certificate of completion did not include the title of the course.</td>
</tr>
<tr>
<td>Non-Classroom certificate of completion did not include dates or period over which course was completed.</td>
</tr>
<tr>
<td>Non-classroom certificate of completion did not include the name of approved entity providing training.</td>
</tr>
</tbody>
</table>
## Provider Discovery Review Administrative Tool

| 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 #3 only applies if the deadline for completing the training falls within the review period and the training was not completed prior to that date.

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### 45 The Support Coordinator completes 24 hours of job related annual in-service training.

**CMS Assurance - Qualified Providers**

iBudget Handbook – June 2018

Pages B-3, B-5, C-12

**RECORD REVIEW**

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

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. In instances when the provider/employee was hired prior to the implementation of this requirement (September 2015), September can be used as the first month for this service only if preferred.

- **The 12-month period cannot** be based on the annual Provider Review date each year.

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

- Determine date of hire
- Determine date of training
- Training can be received from a variety of sources but must meet the criteria listed below.

**Training hours must include:**

1) The provider did not present documented evidence of completing 24 hours of job related annual in-service training.
2) Provider documentation demonstrated completion of some but not all 24 hours of job related annual in-service training.
3) Provider documentation demonstrated some or all training completed was not job related.
4) Provider documentation demonstrated some or all training completed was mandatory required basic training.
5) Provider documentation demonstrated more than half of the job related annual in-service training was provided by trainers employed by a support coordination agency.
6) Provider documentation did not demonstrate at least six hours of training related to the purpose of APD waivers and the necessity for WSCs to assist individuals supported by using a person-centered approach.
7) Provider documentation did not demonstrate at least four hours of training on employment-related services or benefits planning and management, and
• 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.
• 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.
➢ Agency supervisors and management staff may provide a portion of the training on topics in which they received training.
➢ 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:
• 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
• Copy of the agenda or course syllabus

Non-Classroom – Certificate of Completion must include:

other possible topics identified in the handbook under this category.
8) Provider documentation demonstrated time spent in internal management meetings was included in the 24 hours of job related annual in-service training.
9) Provider documentation demonstrated more than 12 hours of attendance at WSC meetings conducted by the Regional office was included in the 24 hours of job related annual in-service training.
10) Classroom certificate of completion presented did not include participant’s printed name and signature.
11) Classroom certificate of completion presented did not include the trainer’s printed name and signature.
12) Classroom certificate of completion presented did not include the title of the course.
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.
## Provider Discovery Review Administrative Tool

- 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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<tr>
<th>#</th>
<th>Performance Measure/Standard</th>
<th>Protocol</th>
<th>Not Met Reasons</th>
</tr>
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<tbody>
<tr>
<td>46</td>
<td>The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.</td>
<td>CMS Assurance - Qualified Providers iBudget Handbook – June 2018 Page 1-26 RECORD REVIEW</td>
<td>1) 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.</td>
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### Provider Discovery Review Administrative Tool

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<tbody>
<tr>
<td>Review available personnel records to verify compliance with minimum education and experience requirements.</td>
<td>2) 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.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<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>
<td>3) 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.</td>
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<td>All providers of Supported Living Coaching must meet at a minimum, one of the following requirements:</td>
<td>4) 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.</td>
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<tr>
<td>• Have a bachelor’s degree from an accredited college or university with a major in education, rehabilitative science, business or a related degree.</td>
<td>5) Provider did not present documented evidence of a high school or GED.</td>
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<tr>
<td>• 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.</td>
<td>6) Evidence the provider is at least 18 years old was not present.</td>
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<tr>
<td>• 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.</td>
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<tr>
<td>• Four years of direct professional experience in working with recipients with developmental disabilities may substitute for college on a year for year basis. The provider must hold a high school or GED diploma.</td>
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<tr>
<td>• Be at least 18 years of age.</td>
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**47 The provider completed required Supported Living Pre-Service training.**

**CMS Assurance - Qualified Providers**

**iBudget Handbook – June 2018**

**Pages B-3, B-4, B-13, C-12**

**RECORD REVIEW**

Supported living coaching providers must complete the APD course entitled “Supported Living Pre-Service,” prior to beginning to serve any recipients

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<table>
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<tbody>
<tr>
<td></td>
<td>1) Provider did not present documented evidence of completing Supported Living pre-service training.</td>
</tr>
<tr>
<td></td>
<td>2) Provider documentation demonstrated completion of some but not all required Supported Living pre-service certification training.</td>
</tr>
</tbody>
</table>
Review personnel records and other provider training records for evidence of required training.

- Determine date of hire
- Determine date training was completed
- Determine if pre-service was completed prior to providing services
- Determine if completed via approved trainer/source
- Providers enrolled before October 1, 2003 only required twelve (12) hours of pre-service training
- Providers enrolled between March 1, 2004 and September 2015 require 18 hours of pre-service training
- After September 2015, pre-service certificates will no longer identify a number of hours but will indicate the participant successfully completed the course.

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:

- 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 (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

3) Provider documentation demonstrated completion of Supported Living pre-service training but not prior to rendering services.

4) Provider presented documented evidence of completing Supported Living pre-service training but training was not obtained from an APD approved trainer/source.

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

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

7) Classroom certificate of completion did not include the date(s) of completion.

8) Classroom certificate of completion did not include the name of the trainer and signature.

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.

11) Non-classroom certificate of completion did not include the participant’s name.

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

13) Non-classroom certificate of completion did not include date(s) or period over which training course was completed.

14) Non-classroom certificate of completion did not include name of approved entity providing the training.
<table>
<thead>
<tr>
<th><strong>Not Met reason #1 only applies to providers who have been working less than 12 months.</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>48</strong> The Supported Living Coach completed Introduction to Social Security Work Incentives.</td>
</tr>
<tr>
<td><strong>CMS Assurance - Qualified Providers</strong></td>
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<tr>
<td><strong>iBudget Handbook – June 2018</strong></td>
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<tr>
<td><strong>Pages B-3, C-13</strong></td>
</tr>
<tr>
<td><strong>RECORD REVIEW</strong></td>
</tr>
</tbody>
</table>

All Supported Living coaches must successfully complete APD’s course entitled “Introduction to Social Security Work Incentives” within one year of receiving their certificate of enrollment as a Supported Living Coach.

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 titled 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 (TRN). Refer to the APD training website for additional resources as they come available.

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:

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

<p>| <strong>1)</strong> The provider did not present evidence of completing training entitled Introduction to Social Security Work Incentives. |
| <strong>2)</strong> Provider documentation demonstrated the provider completed training entitled Introduction to Social Security Work Incentives but did not use an APD approved trainer/source. |
| <strong>3)</strong> Provider documentation demonstrated provider completed training entitled Introduction to Social Security Work Incentives but not within one year of receiving certificate of enrollment. |
| <strong>4)</strong> Classroom certificate of completion did not include the participant’s name (printed or typed). |
| <strong>5)</strong> Classroom certificate of completion did not include the title of the course. |
| <strong>6)</strong> Classroom certificate of completion did not include the date of completion. |
| <strong>7)</strong> Classroom certificate of completion did not include the name and signature of the trainer. |
| <strong>8)</strong> Classroom certificate of completion did not include evidence the trainer has appropriate credentials. |
| <strong>9)</strong> Classroom certificate of completion was not presented on the standardized APD certificate. |
| <strong>10)</strong> Non-Classroom certificate of completion did not include participant’s name. |</p>
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| 49 | The Supported Living Coaching provider completes eight hours of annual in-service training. | CMS Assurance - Qualified Providers iBudget Handbook – June 2018 Pages B-3, C-5, C-13 RECORD REVIEW  
If provider/employee has been working less than 12 months, score this standard N/A.  
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. In instances when the provider/employee was hired prior to the implementation of this requirement (September 2015), September can be used as the first month for this service only if preferred.  
- The 12-month period cannot be based on the annual Provider Review date each year. |
|   |   |   |
| 11) | Non-Classroom certificate of completion did not include the title of the course. |  
12) Non-Classroom certificate of completion did not include dates or period over which course was completed.  
13) Non-classroom certificate of completion did not include the name of approved entity providing training. |
|   |   |   |
| 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 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. |
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
- 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 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:**

- 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 date or period over which course was completed.
- Non-classroom certificate of completion presented did not include the name of approved entity providing training.
- Non-classroom certificate of completion presented did not include length of training/credit hours.
- 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.
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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<tr>
<th>#</th>
<th>Performance Measure/Standard</th>
<th>Protocol</th>
<th>Not Met Reasons</th>
</tr>
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</table>
| 50 | If provider operates Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst. | CMS Assurance - Qualified Providers iBudget Handbook – June 2018 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, 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. | 1) Provider documentation did not demonstrate the Program/Clinical Services Director meets the minimum qualifications of a Level 1 Behavior Analyst. |

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.
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, and/or reference checks.

If provider operates Enhanced Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst.

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Page 2-64
RECORD REVIEW

If the provider does not operate Enhanced 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, 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, and/or reference checks.

1) Provider documentation did not demonstrate the Program/Clinical Services Director meets the minimum qualifications of a Level 1 Behavior Analyst.
### Provider Discovery Review Administrative Tool

| 52 | Agency vehicles used for transportation are properly insured. | CMS Assurance - Qualified Providers iBudget Handbook – June 2018 Pages A-3, A-4, A-5, A-6 RECORD REVIEW | 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) |
|----|------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
|    | If provider does not transport individuals in agency owned vehicles, score this standard N/A. | Determine if the provider uses agency owned vehicles to provide transportation to individuals/people served.  
- If transportation is provided using agency owned vehicles determine which vehicles are used to transport individuals.  
- Verify insurance coverage for the entire period of review for each identified vehicle. This may require review of up to three 6-month policies. |  
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. |
| 53 | Agency vehicles used for transportation are properly registered. | CMS Assurance - Qualified Providers iBudget Handbook – June 2018 Pages A-3, A-4, A-5, A-6 RECORD REVIEW | 1) Provider did not have a copy of 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. |
|    | If provider does not provide transportation to individuals in agency owned vehicles, score this standard N/A. | Determine if the provider uses agency owned vehicles to provide transportation to individuals/people served.  
- If transportation is provided in agency owned vehicles determine which vehicles are used to transport individuals. | |
Provider Discovery Review Administrative Tool

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<tr>
<td></td>
<td>Verify a copy of vehicle registration is in the record covering the entire period of review for each identified vehicle. This may require review of two vehicle registrations.</td>
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<tr>
<th>Administrative - Agency Policies and Procedures</th>
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<tbody>
<tr>
<td>Policies</td>
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<tr>
<td>Procedures</td>
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</table>

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<thead>
<tr>
<th></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>
</tr>
</thead>
<tbody>
<tr>
<td>CMS Assurance - Qualified Providers iBudget Handbook – June 2018 Pages 1-9, 2-7, 2-8</td>
<td>RECORD REVIEW</td>
</tr>
<tr>
<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>
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<tr>
<td>Examples of procedures could include instruction on:</td>
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<tr>
<td>- Detailing how the provider will ensure the person is involved in all aspects of service delivery</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>
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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>
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<tbody>
<tr>
<td>1)</td>
<td>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>
</tr>
<tr>
<td>2)</td>
<td>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>3)</td>
<td>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>55</td>
<td>The provider maintains written policies and procedures with a detailed description of how the provider will protect health, safety, and wellbeing of the individuals served.</td>
</tr>
<tr>
<td>56</td>
<td>The provider maintains written policies and procedures detailing how the provider will ensure compliance with background screening and five-year rescreening.</td>
</tr>
</tbody>
</table>
| 57 | 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 – June 2018 Page 2-7
RECORD REVIEW

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.
- Content could vary based on service. | 1) The provider did not have written policies and procedures detailing how the provider will ensure compliance with background screening and five-year rescreening.
2) The provider had written policies detailing how the provider will ensure compliance with initial background screening but not 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.
4) The provider had written procedures detailing how the provider will ensure compliance with initial background screening but not five-year rescreening.
5) The provider’s written procedures did not include a detailed notification process if unable to provide services for a specific time and day scheduled. |
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.

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<tr>
<td>59</td>
<td>The provider maintains written policies and procedures detailing how the provider will ensure a smooth transition to and from another provider.</td>
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<tr>
<td></td>
<td>CMS Assurance - Qualified Providers iBudget Handbook – June 2018 Page 2-7</td>
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<tr>
<td></td>
<td>RECORD REVIEW</td>
</tr>
<tr>
<td></td>
<td>Review provider’s policies and procedures to determine if the 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>
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<tr>
<td></td>
<td>Content should at a minimum include references to:</td>
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<tr>
<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>
</tr>
</tbody>
</table>

1) The provider did not have written policies and procedures detailing how the provider will ensure a smooth transition to and from another provider.
2) The provider had written policies but not procedures detailing how the provider 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.
4) The provider had written procedures detailing how to ensure a smooth transition.
### Provider Discovery Review Administrative Tool

<table>
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<tr>
<th></th>
<th>Expected communication between current and new provider before and after the transition. How records and other information will be shared and transferred.</th>
<th>to another provider but not from another provider. 5) The provider had written procedures detailing how to ensure a smooth transition from another provider but not to a new provider.</th>
</tr>
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<tbody>
<tr>
<td>60</td>
<td>The provider maintains written policies and procedures detailing the process for addressing individual complaints and grievances regarding possible service delivery issues.</td>
<td>CMS Assurance - Qualified Providers iBudget Handbook – June 2018 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. The procedures could contain reference to: 1) Procedures will be reviewed and signed by individual, family, or guardian within 30 days of beginning services and annually thereafter. 2) Procedures will be communicated in clear, understandable language to the individual, their family, or guardian. 3) 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. 4) Procedures include the establishment and maintenance of a log for grievances filed by individuals, families, or guardians. 5) Procedures should specify time frames for responses and grievance resolution.</td>
</tr>
<tr>
<td>61</td>
<td>The provider maintains written policies and procedures, which detail methods for ensuring the person’s confidentiality and</td>
<td>CMS Assurance - Qualified Providers iBudget Handbook – June 2018 Page 2-7, HIPAA Privacy Rule, HIPAA Security Rule RECORD REVIEW 1) The provider did not have written policies and procedures detailing methods for ensuring confidentiality and maintaining and storing records in a secure manner.</td>
</tr>
<tr>
<td>Provider Discovery Review Administrative Tool</td>
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<td>-----------------------------------------------</td>
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<tr>
<td>maintaining and storing records in a secure manner.</td>
<td>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.</td>
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</tr>
<tr>
<td>The Privacy Rule applies to all forms of protected health information, whether electronic, written, or oral.</td>
<td>2) The provider had written policies but not procedures detailing methods for ensuring confidentiality and maintaining and storing records in a secure manner.</td>
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</tr>
<tr>
<td>The Security Rule covers only protected health information that is in electronic form. This includes EPHI that is created, received, maintained or transmitted. For example, EPHI may be transmitted over the Internet, stored on a computer, a CD, a disk, magnetic tape, or other related means.</td>
<td>3) The provider had written procedures but not policies detailing methods for ensuring confidentiality and maintaining and storing records in a secure manner.</td>
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<tr>
<td>The term “electronic media” means, “electronic storage media including memory devices in computers (hard drives) and any removable/transportable digital memory medium, such as magnetic tape or disk, optical disk, or digital memory card.</td>
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<td>Examples of possible content could include but not be limited to references to:</td>
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<tr>
<td>• HIPAA Privacy Rule and Security Rule</td>
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<tr>
<td>• Physical storage of/access to confidential information</td>
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<tr>
<td>• Electronic storage of/access to confidential information</td>
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<tr>
<td>• How staff/individuals will be trained</td>
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<td>Safeguards could include but not be limited to:</td>
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<tr>
<td>• Identify access levels to information based on role (electronic and paper)</td>
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<td>• Locks on records’ storage rooms or cabinets.</td>
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<td>• Password protection for computers, cell phones, flash drives, and other electronic devices, etc.</td>
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<td>• Limited field access for electronic data</td>
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<tr>
<td>• Use of shredders</td>
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<td>• Disposal method of Electronic Media</td>
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<td>4) The provider’s written procedures did not address physical storage of/access to confidential information.</td>
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<td>5) The provider’s written procedures did not detail how the provider will control access to and protect electronic media.</td>
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<tr>
<td>6) The provider’s written procedures did not address how the provider will ensure the secure transmission of electronic protected health information.</td>
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### Provider Discovery Review Administrative Tool

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<tr>
<td></td>
<td></td>
<td>Data back-up system</td>
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<td>Email Encryption program</td>
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<td>Use phones in confidential locations.</td>
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<td>Use computer screen savers or screen shields</td>
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<td>Close doors</td>
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| **62** | 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 – June 2018 Pages 2-2, 2-3, 2-7, 2-13  
RECORD REVIEW  
Determine if the provider manages any aspect of the recipient's personal funds.  
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.  |
|   |   | 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.  |

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 this standard N/A.  |
|   |   | 1) The provider did not have written policies and procedures in 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.  |
### Provider Discovery Review Administrative Tool

<table>
<thead>
<tr>
<th>Administrative – All Providers</th>
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<tr>
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<tbody>
<tr>
<td>iBudget Handbook – June 2018</td>
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<td>Page 2-10</td>
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<tr>
<td>APD Operating Procedure #: 3-0006</td>
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<tr>
<td>RECORD REVIEW</td>
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</tbody>
</table>

Request all incident reports completed within the period of review (Official APD reports and internal forms when applicable).

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.

- **1)** Provider documentation did not demonstrate the provider completed incident reports when required.
- **2)** Provider documentation did not demonstrate all incident reports had been addressed.
- **3)** Provider documentation did not demonstrate that required follow up to incidents had been addressed.
- **4)** Provider documentation did not demonstrate the provider had taken necessary action to mitigate a recurrence of the same types of incidents.

---

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.

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.
Provider Discovery Review Administrative Tool

<table>
<thead>
<tr>
<th></th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Determine outcome of incidents and follow-up needed.</td>
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<td></td>
<td>• Review provider documentation to determine if necessary action has been taken to mitigate a recurrence of the same types of incidents in each case.</td>
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<td>• When available, review incident related information supplied by the APD Regional office.</td>
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65 The provider identifies and addresses concerns related to abuse, neglect, and exploitation.

<table>
<thead>
<tr>
<th></th>
<th>CMS Assurance - Qualified Providers iBudget Handbook – June 2018 Pages 1-11, 1-12, 2-10 RECORD REVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Through review of incident reports, documentation/record reviews, conversations with the provider and individuals served determine if all known concerns related to abuse, neglect, and exploitation (ANE) have been addressed.</td>
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<tr>
<td></td>
<td>• Ask the provider to describe the process used to identify and address concerns related to abuse, neglect, and exploitation.</td>
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<tr>
<td></td>
<td>• Review available incident/accident reports for the period of review.</td>
</tr>
<tr>
<td></td>
<td>• Documentation showed investigation of any ANE.</td>
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<td></td>
<td>• Documentation showed appropriate corrective action based on investigation findings.</td>
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</table>

1) Provider documentation did not demonstrate the provider identified and addressed concerns related to abuse, neglect, and exploitation. 
2) Provider documentation demonstrated the provider identified but did not address concerns related to abuse, neglect, and exploitation.
3) Provider documentation did not demonstrate appropriate corrective action was taken.

66 All instances of abuse, neglect, and exploitation are reported.

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<tbody>
<tr>
<td></td>
<td>1) Provider documentation did not demonstrate all instances of abuse, neglect, and/or exploitation had been reported.</td>
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<tr>
<td></td>
<td>2) Provider documentation demonstrated all instances of abuse, neglect, and/or exploitation were reported.</td>
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<tr>
<td></td>
<td>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.</td>
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<td>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.</td>
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<tr>
<td></td>
<td>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.</td>
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<tr>
<td></td>
<td>- Ask the provider to describe system of reporting abuse, neglect, and exploitation.</td>
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<td></td>
<td>- Ask the provider if there have been any calls made to the abuse registry within the review period related to allegations of ANE.</td>
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<tr>
<td></td>
<td>o The calls could have been allegations against the provider or made by the provider on behalf of a person served against someone else.</td>
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<td>- Request all incident reports completed within the period of 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>
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<tr>
<td>67</td>
<td>The provider identifies addresses and reports all medication errors.</td>
</tr>
<tr>
<td></td>
<td>1) Provider documentation did not demonstrate the provider identified, addressed, and reported all medication errors.</td>
</tr>
<tr>
<td>If the provider (agency or solo) does not administer or supervise the self-administration of medications, score N/A.</td>
<td>2) Provider documentation demonstrated provider identified medication errors but did not address one or more medication errors.</td>
</tr>
<tr>
<td>If the provider (agency or solo) does administer or supervise the self-administration of medications, request and review all Medication Error Reports (APD Form 65G7-05) completed during the period under review.</td>
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</tr>
<tr>
<td>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></td>
</tr>
<tr>
<td>68</td>
<td>The provider maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.</td>
</tr>
<tr>
<td>RECORD REVIEW</td>
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<tr>
<td>All providers, agency and solo (independent) are required to create and maintain an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.</td>
<td>3) Provider documentation demonstrated the provider did not report one or more medication errors.</td>
</tr>
</tbody>
</table>
Request a printed copy (may also be viewed electronically) of the Employee/Contractor Roster from the DCF/APD Clearinghouse.

The proper DCF/APD Employee/Contractor Roster must display all of the following column labels:

- Last Name
- First Name
- Provider
- Position
- Provisional Hire Contract Date
- Permanent Hire Contract Date
- Retained Prints Expiration Date
- End Date

Note: If the solo provider has not yet been screened in the Clearinghouse (five-year re-screening has not come due), score N/A

Not Met on this standard is an automatic Alert