

## Checklist – Administrative (Agency)

Your Qlarant reviewer will contact you about the specific employee files that you need to send.

Please include the employee's date of hire and the in-service period for each employee. **Identify your agency's system for tracking annual in-service training hours for employees. This needs to be the same system used each year as identified in the iBudget Waiver Services Coverage and Limitations Handbook.**

Items marked with an (A) are Alert items and if not provided will be identified at the close of the review.

Please see the entire Administrative Tool for more details at: <https://florida.qlarant.com/>

### General Administrative

- ☐ Provider maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse (A) - *"print all" version with the letter "z" following the OCA number*
- ☐ Agency vehicles used for transportation are properly insured - *Proof for each month of the review period*
- ☐ Agency vehicles used for transportation are properly registered - *Proof for each month of the review period*
- ☐ Provider addresses all incident reports – *Please submit all Incident Reports and follow-up documentation for individuals selected for review*
- ☐ Provider identifies and addresses concerns related to abuse, neglect, and exploitation
- ☐ All instances of abuse, neglect, and exploitation are reported
- ☐ Provider identifies addresses and reports all medication errors
- ☐ If provider operates Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst
- ☐ If provider operates Enhanced Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst

### Qualifications & Training

- ☐ Level II Background Screening – FBI/FDLE Clearance, Local Law, Affidavit/Attestation of Good Moral Character (A) – *if the 5 year rescreening was completed during the review period please provide previous and current screening.*
- ☐ DCF/APD Employee/Contractor Roster (A) - *"print all" version with the letter "z" following the OCA number*
- ☐ Zero Tolerance – *If the 3 year renewal was completed during the review period please provide previous and current training certificates*
- ☐ Direct Care Core Competencies
- ☐ Direct Care Core Competency (old)
- ☐ Basic Person Centered Planning (if using old core competency)
- ☐ Individual Choices, Rights and Responsibilities (if using old core competency)
- ☐ Requirements for All Waiver Providers

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- ☐ HIPAA – *Please submit the current and previous to show updated annually*
- ☐ HIV/AIDS/Infection Control
- ☐ CPR – *If renewed during the review period please submit current and previous certificates*
- ☐ First Aid - *If renewed during the review period please submit current and previous certificates*
- ☐ Basic Medication Administration Training, if the employee gives medication (A) – *please submit the original or most current*
- ☐ Annual Update Training in Basic Medication Administration, if the employee gives medication
- ☐ Medication Validation, if the employee gives medication (A) - *Please submit the current and previous to show continuous validation*
- ☐ Reactive Strategies, if your agency uses Reactive Strategies
- ☐ Driver's License, if the employee transports anyone using their own vehicle or company vehicle (A) – *If the license was renewed during the review period please submit current and previous*
- ☐ Vehicle Insurance, if the employee transports anyone using their own vehicle (A) – *Proof for each month of the review period*
- ☐ Vehicle Registration, if the employee transports anyone using their own vehicle - *Proof for each month of the review period*

## Qualifications & Training – Service Specific

### Behavior Analysis

- ☐ Proof of minimum education and experience
- ☐ Current CBA certificate

### Behavior Assistant

- ☐ Proof of minimum education and experience
- ☐ Proof of least 20 contact hours of instruction in an APD approved curriculum
- ☐ Eight hours of annual in-service training

### Life Skills Development 1 (Companion)

- ☐ Proof of minimum education and experience
- ☐ Four hours of annual in-service training related to the specific needs of at least one person currently served

### Life Skills Development 2 (Supported Employment)

- ☐ Proof of minimum education and experience
- ☐ Proof of standardized, pre-service training
- ☐ Eight hours of annual in-service training related to employment

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### Life Skills Development 3 (Adult Day Training)

- ☐ Proof of minimum education and experience
- ☐ Eight hours of annual in-service training related to the individually tailored services

### Personal Supports

- ☐ Proof of minimum education and experience
- ☐ Four hours of annual in-service training related to the specific needs of at least one person currently served

### Residential Habilitation - Standard

- ☐ Proof of minimum education and experience
- ☐ Eight hours of annual in-service training related to the implementation of individually tailored services

### Residential Habilitation – Behavior Focus

- ☐ Proof of minimum education and experience
- ☐ Proof of least 20 contact hours of instruction in an APD approved curriculum
- ☐ Eight hours of annual in-service training

### Residential Habilitation – Intensive Behavior

- ☐ Proof of minimum education and experience
- ☐ Proof of least 20 contact hours of instruction in an APD approved curriculum
- ☐ Eight hours of annual in-service training

### Residential Habilitation – Enhanced Intensive Behavior

- ☐ Proof of minimum education and experience
- ☐ Proof of least 20 contact hours of instruction in an APD approved curriculum
- ☐ Eight hours of annual in-service training

### Respite (Under 21)

- ☐ Proof of minimum education and experience

### Special Medical Home Care

- ☐ Proof of minimum education and experience

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### Supported Living Coaching

- ☐ Proof of minimum education and experience
- ☐ Documentation of required Supported Living Pre-Service training
- ☐ Proof of Introduction to Social Security Work Incentives training
- ☐ Eight hours of annual in-service training