

Checklist – Qualified Organization Administrative

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

- ☐ 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*
- ☐ Incident reports (including followup) – *Please submit all Incident Reports and follow-up documentation for individuals selected for review*
- ☐ Evidence that concerns related to abuse, neglect, and exploitation have been identified and addressed
- ☐ Evidence that all instances of abuse, neglect, and exploitation are reported
- ☐ Evidence of Business Liability Insurance – *Please submit proof covering the review period*
- ☐ Table of Organization
- ☐ Evidence of an approved Mentor Mentee program
- ☐ Evidence of appropriate qualifications for the Mentor
- ☐ Evidence Mentee(s) completed all mentoring requirements
- ☐ Evidence Mentee(s) completed all mentoring requirements for the CDC+ program, if applicable
- ☐ Evidence there are at least four Support Coordinators employed with the organization

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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)
- ☐ Requirements for All Waiver Providers
- ☐ 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*
- ☐ Evidence of successful completion of Pre-Service level 1 assessment
- ☐ Evidence of successful completion of In-Person level 2 assessment, as applicable
- ☐ Evidence of 18 hours of job related annual in-service training
- ☐ Evidence of successful completion of Introduction to Social Security Work Incentives training
- ☐ Evidence of Certificate of Consultant Training, if applicable