

Provider Discovery Review Administrative Tool

All Providers (unless otherwise indicated)			
#	Performance Measure/Standard	Protocol	Not Met Reasons
1	The provider has completed all aspects of required Level II Background Screening.	<p>CMS Assurance – Qualified Providers RECORD REVIEW</p> <p>*Effective 8/1/2010 Complete Level 2 screening and clearance is required prior to employment.</p> <p>Review personnel files and other provider documents for evidence of compliance.</p> <ul style="list-style-type: none"> • Determine date of hire • Determine completion date of Affidavit of Good Moral Character or Affidavit of Compliance with Background Screening Requirements. • Check that Affidavit of Good Moral Character is complete, signed on the correct line and notarized. <ul style="list-style-type: none"> • Affidavit of Compliance with Background Screening Requirements does not require notarization. • Revised Affidavit of Good Moral Character and Affidavit of Compliance with Background Screening Requirements dated 8/1/10 must be used from that date forward. Revised Form date can be found at the bottom of either document. • Determine date of Local Criminal Records check (Local Law Review). • Determine if local law was conducted in the employee's county of residence at the time of screening. • Determine date of Florida Department of Law Enforcement (FDLE) screening 	<ol style="list-style-type: none"> 1) Provider did not present a current complete, signed and notarized Affidavit of Good Moral Character. 2) Provider presented a current Affidavit of Good Moral Character, but it was not signed. 3) Provider presented a current Affidavit of Good Moral Character but it was not notarized. 4) Provider did not present a current complete and signed Affidavit of Compliance with Background Screening Requirements. 5) Provider presented a current Affidavit of Compliance with Background Screening Requirements, but it was not signed. 6) Provider did not present a current Local Criminal Records Check obtained within county of residence. 7) Provider presented a current Local Criminal Records Check but it was not obtained within county of residence. 8) Provider did not present a current Florida Department of Law Enforcement screening clearance letter or other acceptable form of FDLE screening. 9) Provider did not present a current Federal Bureau of Investigation screening clearance letter or other acceptable form of FBI screening. 10) Provider has not completed the five-year re-screening. (Pre 8/2010 FDLE Only) 11) Provider was not fully re-screened following a greater than 90 day lapse in employment in an

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		<ul style="list-style-type: none"> • Determine date of Federal Bureau of investigations (FBI) screening • Review documents to verify if any disqualifying offenses are listed (reference: Affidavit of Good Moral Character). • When applicable, check for timely completion of five year re-screening. <ul style="list-style-type: none"> ○ 5-year re-screenings completed prior to 8/1/10 only required a new FDLE. ○ 5-year re-screenings completed 8/1/10 forward require new Affidavit of Good Moral Character, New Local Law, New FDLE/FBI (Live Scan). • Determine if the staff had a 90 day lapse in rendering services, thus requiring a new and complete background screening. <ul style="list-style-type: none"> ❖ Compare hire date of employee and dates on the Local Criminal Records Check, FDLE and FBI clearance letters. ❖ If the clearance letters are dated before the date of hire, review application and employer reference checks to determine if the employee was continuously employed in the healthcare, education or social services fields between the two dates. ❖ If there is evidence the employee was not employed in the appropriate fields for 91 or more consecutive days between the clearance letter dates and date of hire, score as NOT MET. ❖ If there was a break in service/employment in the appropriate fields for 90 or less consecutive days, score the standard as MET. <p style="text-align: center;"><u>Reading APD/DCF Background Screening Results for FDLE/FBI</u></p> <p>In addition to a current Local Law Check and current Affidavit</p>	<p>appropriate field.</p>
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		<p>of Good Moral Character, a current clear level 2 screening must include any combination below demonstrating both FDLE and FBI clearance.</p> <p>All Clearance Letters are issued from DCF/HRS</p> <p>FBI, FDLE and five-Year re-screening clearance letters for screenings completed prior to May 2010:</p> <ul style="list-style-type: none">• FDLE Results = FDLE Results (5-Year)• FBI Results = FBI Results• FDLE and FBI Results = FDLE and FBI Results <p>FBI and FDLE clearance letters for screenings completed between May 2010 and July 30, 2010:</p> <ul style="list-style-type: none">• Final Results = FBI Only• Complete Results = FBI and FDLE• FDLE Results = FDLE/5-year <p>FBI and FDLE clearance letters for screenings completed 8/1/2010 forward:</p> <ul style="list-style-type: none">• Final Results = FBI/FDLE <p><u>Reading AHCA Background Screening Results for FDLE and FBI</u></p> <p>AHCA FBI and FDLE clearance letters for screenings completed prior to May 2010: Various formats exist but should always be from AHCA. Look for evidence of FBI and/or FDLE checks. Sometimes both will be on one form, others, two separate forms. The term “ok” is often associated with a clear screening result. FDLE only screening is a Level 1 screening and meets the requirement for the five-year re-screening through 7/31/2010. Additional evidence of FBI clearance will still need to be present.</p>	
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		<p>AHCA FBI and FDLE screenings completed between May 2010 and July 30, 2010:</p> <ul style="list-style-type: none"> • Class 1 Eligible = Level 1 only (just FDLE) • Class 2 Eligible = Level 2 (both FBI and FDLE) <p>AHCA FBI and FDLE screenings completed 8/1/2010 forward:</p> <ul style="list-style-type: none"> • Eligible = Eligible (clear FBI and FDLE) • Not Eligible = Not Eligible <p>Note: All (AHCA or APD) screenings conducted 8/1/2010 forward, whether initial or five-year require a new Local Law Check, Affidavit of Good Moral Character or Affidavit of Compliance with Background Screening Requirements and FDLE/FBI clearance.</p> <p>Note: If level 2 screening is complete at the time of the review but was not completed within the required timeframes, still score as “met” and add a discovery regarding timeliness.</p> <p style="text-align: center;"><u>Exemptions</u></p> <ul style="list-style-type: none"> • Exemptions from APD (DCF) and AHCA are acceptable in most instances. • Five-year re-screenings are still required for providers with exemptions. In such cases there will be no FBI clearance. <p style="text-align: center;">Not Met on this standard is an automatic Alert</p>	
2	The provider received training in Zero Tolerance.	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>Effective 12/3/2008 Zero Tolerance must be completed as a pre-service training and then every three years by way of web-based (TCC) or classroom (APD approved trainer).</p> <p>Review personnel files and other provider training records for</p>	<ol style="list-style-type: none"> 1) Provider did not present verification of completing mandatory training in Zero Tolerance. 2) Provider did not receive training in Zero Tolerance via an APD approved method. 3) TCC official or unofficial transcript for Zero Tolerance did not reflect a passing score (S). 4) Providers’ most recent certificate was over 3 years old.

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	<p>evidence of required training.</p> <ul style="list-style-type: none"> • Determine date of hire • Determine date of initial training and three year updates <ul style="list-style-type: none"> • Initial training is to be completed prior to providing direct care service • Determine if training was completed via an approved method <p>Acceptable training options:</p> <ul style="list-style-type: none"> • Attending an APD classroom session conducted by a certified APD trainer; or • Attending a classroom training session conducted by a person who has been certified by APD to conduct the training; or • Taking the Tallahassee Community College (TCC) on-line course <p>Acceptable evidence of APD classroom session or training conducted by an APD certified trainer:</p> <ul style="list-style-type: none"> • The APD standardized certification including the participant's name, title of the course,, date training occurred, typed/printed name of the trainer and signature <p>Acceptable evidence of training via Tallahassee Community College:</p> <ul style="list-style-type: none"> • Official or unofficial transcript indicating the course of Zero Tolerance and a score of "S". <p>Note: Copies of completed tests are not acceptable as evidence of completion.</p> <p>Not Met reason #5 only applies to providers who have been working less than 12 months.</p>	<ol style="list-style-type: none"> 5) Provider completed the training, but not prior to providing direct care service. 6) Provider's certificate did not include the participant's name. 7) Provider's certificate did not include the title of the course. 8) Provider's certificate did not include the date training occurred. 9) Provider's certificate did not include the name and signature of the trainer.
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		<p>Note: If provider has evidence of completion of training 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.</p> <p style="text-align: center;">This training is required once every three years.</p>	
3a	<p>The provider received training in Direct Care Core Competency.</p>	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>Review personnel files and other provider training records for evidence of required training.</p> <ul style="list-style-type: none"> • Determine date of hire • Determine date of training • Direct Care Core Competency training is required within 90 days of hire. • Determine if completed via approved method <p>Prior to 2/28/09 options to obtain this training included:</p> <ul style="list-style-type: none"> • 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). <p>Evidence of this training may be in the form of:</p> <ul style="list-style-type: none"> • Typical certificate of participation from APD <p style="text-align: center;">or</p> <ul style="list-style-type: none"> • Affidavit of Completion signed by the participant if completed via the old CD • Tallahassee Community College official or unofficial transcript indicating completion of both the Introduction to Developmental Disabilities and Health and Safety modules with a score of "S". (Requirement of a passing score implemented May 2007) 	<ol style="list-style-type: none"> 1) Provider did not present verification of completing training in Direct Care Core Competency. 2) Provider did not receive training in Direct Care Core Competency via an APD approved method. 3) TCC official or unofficial transcript for Health and Safety did not reflect a passing score (S). 4) TCC official or unofficial transcript for Introduction to Developmental Disabilities did not reflect a passing score (S). 5) Provider received training on Introduction to Developmental Disabilities but not Health and Safety. 6) Provider received training on Health and Safety but not Introduction to Developmental Disabilities. 7) Provider presented a non-APD approved certificate of completion. 8) Provider's certificate did not include the name and signature of the trainer. 9) Provider's certificate did not include the title of the course. 10) Provider's certificate did not include the date of completion. 11) The provider completed the training, but not within 90 days of hire.

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		<p>From 2/28/09 to present options to obtain this training include:</p> <ul style="list-style-type: none">• Attending an APD classroom session conducted by a certified APD trainer;• Taking the (TCC) on-line course;• Attending a classroom training session conducted by a provider who has been certified by APD to conduct the training;• Using the old CD (valid through 6/30/09);• Using the new curriculum CD issued to Florida ARC and Florida ARF effective 11/5/10. <p>Evidence of this training must be one of the following:</p> <ul style="list-style-type: none">• The APD approved participant certificate signed by the trainer Tallahassee Community College official or unofficial transcript indicating the course of Zero Tolerance and a score of "S".• The approved certificate for completing CD training along with graded quizzes, will serve as record of the training completion. <p>Note: Older certificates received from APD usually indicate training on "Core Competency". More recent participants of face to face training should receive two separate certificates; one for Introduction to Developmental Disabilities and another for Health and Safety.</p> <p>Note: Copies of completed tests are not acceptable as evidence of completion.</p> <p>Not Met reason #11 only applies to providers who have been working less than 12 months.</p> <p style="text-align: center;">This training is only required one time.</p>	
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<p>3b</p>	<p>The provider received training in Person Centered Approach/Personal Outcome Measures.</p>	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>Review personnel files and other provider training records for evidence of required training.</p> <ul style="list-style-type: none"> • Determine date of hire • Determine date of training • If applicable, ask staff about the in-service training they have received. • Look for evidence the provider has received training on using desired outcomes for individuals as a guide for rendering services and supports. <p>May 2010 forward</p> <ul style="list-style-type: none"> • All Waiver Support Coordinators shall attend training in individually determined goals conducted by APD or an APD certified trainer within 90 days of receiving a certificate of enrollment from the Area. This training shall count towards the annually required 24 hours of job related training for that year. <ul style="list-style-type: none"> ○ Completion of the 5 day POM training prior to May 2010 does not meet this requirement for WSCs. All existing and new WSCs enrolled since May 2010 are required to complete training in Person Centered Planning. • Providers of all other services are required to have training on individually determined goals or other person-centered approach. <p>Prior to May 2010</p> <ul style="list-style-type: none"> • Support Coordinators were required to receive the 5-day Personal Outcome Measures training and providers of other services the 1 day training to satisfy this requirement. 	<ol style="list-style-type: none"> 1) The provider did not provide evidence of completion of training specific to Person Centered Approach to service delivery. 2) Provider did not receive training in Person Centered Approach via an APD approved method. 3) Training documentation was missing: name of person in attendance. 4) Training documentation was missing: training topic. 5) Training documentation was missing: date of training. 6) Training documentation was missing: name and signature of trainer.
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		<p>Note: Evidence of this training must include: training topic, date of training, name and signature of trainer and name of person in attendance.</p> <ul style="list-style-type: none"> This may be in the form of a certificate or any combination of an agenda, sign-in sheet or other documentation that when combined contains all required elements. <p style="text-align: center;">This training is only required one time.</p>	
3c	<p>The provider received training with an emphasis on choice and rights.</p>	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>Choice and Rights training for WSC is received via service specific and pre-service training. Score this standard N/A for these services.</p> <p>Review personnel files and other provider training records for evidence of required training.</p> <ul style="list-style-type: none"> Determine date of hire Determine date of training Look for evidence of training related to choice and rights. If applicable, ask staff about the training received. Materials used? Agenda? <p>Note: Evidence of this training must include: training topic, date of training, name and signature of trainer and name of person in attendance.</p> <ul style="list-style-type: none"> This may be in the form of a certificate or any combination of an agenda, sign-in sheet or other documentation that when combined contains all required elements. <p style="text-align: center;">This training is only required one time.</p>	<ol style="list-style-type: none"> The provider did not provide evidence of completion of training specific to choice and rights. Training documentation was missing: name of person in attendance. Training documentation was missing: training topic. Training documentation was missing: date of training. Training documentation was missing: name and signature of trainer.

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<p>3d</p>	<p>The provider received training in the development and implementation of the required documentation for each waiver service provided.</p>	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>Development and implementation of the required documentation training for WSC, SLC and SEC is received via service specific pre-service training. Score this standard N/A for those services.</p> <p>Review personnel files and other provider training records for evidence of required training.</p> <ul style="list-style-type: none"> • Determine date of hire • Determine date of training • Look for evidence of training related to the type and format of documentation that is required for the services and supports rendered. • If applicable, ask staff about the materials used and/or training Agenda. <p>Examples of this training content <u>could include</u>:</p> <ul style="list-style-type: none"> • The proper format and content of a progress note/service log. • Recording data related to an individual's progress towards achieving goals. • Documenting the activities that individuals participate in during their time with the provider. • Instruction on documentation that is required for reimbursement and monitoring purposes. • Development of an individual Implementation Plan and supporting documentation requirements. <p>Note: Evidence of this training must include: training topic, date of training, name and signature of trainer and name of person in attendance.</p>	<ol style="list-style-type: none"> 1) The provider did not provide evidence of completion of training specific to the development and implementation of the required documentation. 2) The provider received documentation training for some of the services rendered, but not all. 3) Training documentation was missing: name of person in attendance. 4) Training documentation was missing: training topic. 5) Training documentation was missing: date of training. 6) Training documentation was missing: name and signature of trainer.
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		<ul style="list-style-type: none"> This may be in the form of a certificate or any combination of an agenda, sign-in sheet or other documentation that when combined contains all required elements. <p style="text-align: center;">This training is only required one time.</p>	
3e	<p>The provider received training specific to the scope of the services rendered.</p>	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>Training specific to the scope of the services rendered for WSC, SLC and SEC is received via service specific pre-service training. Score this standard N/A for those services.</p> <p>Review personnel files and other provider training records for evidence of required training.</p> <ul style="list-style-type: none"> Determine date of hire Determine date of training Look for evidence of training related to the scope of the services rendered. <p>Examples of this training content <u>could include</u> instruction on:</p> <ul style="list-style-type: none"> Implementation plan development and monitoring; Specifics of rendering services and supports; Service limitations; Service documentation requirements; Billing for services; Outcomes established for service delivery; and Terms and conditions of providing services. <p>Note: Evidence of this training must include: training topic, date of training, name and signature of trainer and name of person in attendance.</p> <ul style="list-style-type: none"> This may be in the form of a certificate or any combination 	<ol style="list-style-type: none"> The provider did not provide evidence of completion of training specific to the scope of the services rendered. The provider completed the training for some of the services rendered, but not all. Training documentation was missing: name of person in attendance. Training documentation was missing: training topic. Training documentation was missing: date of training. Training documentation was missing: name and signature of trainer.

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		<p>of an agenda, sign-in sheet or other documentation that when combined contains all required elements.</p> <p style="text-align: center;">This training is only required one time.</p>	
4	The provider received training in HIPAA.	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>Review personnel files and other provider training records for evidence of required training.</p> <ul style="list-style-type: none"> • Determine date of hire • Determine date of training • Determine if training is updated at least one time annually. • Determine if training was completed via an approved method. • Per APD State Office Memo of 3/10/2011 options are: <ul style="list-style-type: none"> ○ DCF Website ○ APD Central Office approved curriculum/materials ○ Refer to APD website for current list of approved sources <p style="text-align: center;">http://apd.myflorida.com/providers/training/</p> <p>Note: If provider has evidence of completion of training 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.</p> <p style="text-align: center;">This training is required annually.</p>	<ol style="list-style-type: none"> 1) Provider did not provide evidence of completion of this training. 2) Provider did not present evidence of completing this training annually. 3) Provider did not use APD State Office approved curriculum/materials.
5	The provider received training in HIV/AIDS/Infection Control.	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>Review personnel files and other provider training records for evidence of required training.</p>	<ol style="list-style-type: none"> 1) Provider did not provide evidence of completion of training specific to HIV/AIDS/Infection Control. 2) Provider has received training in HIV/AIDS/Infection Control but not within 90 days of initially providing services.

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		<ul style="list-style-type: none"> • Determine date of hire • Determine date of training • Training is to be completed within 90 days of hire. • Look for evidence of training specific to HIV/AIDS/Infection Control. <ul style="list-style-type: none"> ○ Providers must receive this training within 90 days of initially providing services. <p>This requirement may also be satisfied by evidence of completing a course entitled HIV/AIDS/Infection Control, Blood Borne Pathogens endorsed by or available from the American Red Cross, FL Dept. of Health or the American Safety and Health Institute.</p> <p>Web-based course available through Tallahassee Community College is also acceptable.</p> <p>Not Met reason #2 only applies to providers who have been working less than 12 months.</p> <p style="text-align: center;">This training is only required one time.</p> <p>Note: If provider has evidence of completion of training 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.</p>	
6	The provider received training in CPR.	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>CPR is required for all providers except Support Coordinators, Behavior Analysts and Life Skills 2 (Supported Employment).</p>	<ol style="list-style-type: none"> 1) Provider did not provide evidence of completion of training in CPR. 2) Provider has received CPR training but not within 90 days of initially providing services. 3) Provider's certification for CPR training has expired.

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		<p>Review personnel files and other provider training records for evidence of required training.</p> <ul style="list-style-type: none"> • Determine date of hire • Determine date of training • Look for evidence of training specific to CPR. <ul style="list-style-type: none"> ○ Providers must receive this training within 90 days of initially providing services. • Review CPR certificates or CPR training documentation to determine expiration date and need for updated training. • Determine if the provider receives retraining according to the requirements established by the sponsoring organization or according to certification expiration dates. • Documentation should be in the form of a certificate of completion or participation. <p>Not Met reason #2 only applies to providers who have been working less than 12 months.</p> <p>Note: If provider has evidence of completion of training 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.</p>	
9	<p>If applicable, the provider received training in Medication Administration.</p>	<p>CMS Assurance - Qualified Providers F.A.C. 65G-7 RECORD REVIEW</p> <p>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.</p> <p>Score N/A if provider does not administer or supervise self-administration of medication.</p>	<ol style="list-style-type: none"> 1) Provider did not provide evidence of completion of training specific to Medication Administration. 2) Provider completed the training but not prior to administering medication or supervising the self-administration of medication. 3) Documented training was not received from an RN or ARNP using an APD approved curriculum. 4) Provider had not completed the course again after a lapse in validation. 5) Documented training did not include the name of

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		<p>Those legally authorized to administer medication include Licensed Practical Nurses, Registered Nurses, Advanced Registered Nurse Practitioners, Respiratory Therapists, Physician Assistants and Medical Doctors.</p> <p>Review personnel files and other provider training records for evidence of required training:</p> <ul style="list-style-type: none"> • Determine date of hire • Look for evidence of training specific to medication administration • Determine date of training <ul style="list-style-type: none"> • Must be prior to administering or supervising self-administration of medication • Only licensed registered nurses or Advanced Registered Nurse Practitioners using an APD State Office approved curriculum may conduct training courses for medication administration assistance certification. <p>Evidence of required training must be a certificate which indicates the name of the provider (when applicable), the course number, date(s) of course administration, name of the student and the name and signature of the course instructor.</p> <p>There is currently not a standard state-wide certificate for this training.</p> <p>Note: If there is any lapse in validation, the provider is required to re-take the complete medication administration course. Otherwise, this training is only required one time.</p> <p style="text-align: center;">Not Met on this standard is an automatic Alert</p>	<p>the provider/participant.</p> <ol style="list-style-type: none"> 6) Documented training did not include the course number. 7) Documented training did not include date(s) of course administration. 8) Documented training did not include the name of the student. 9) The documented training did not include the name and signature of the course instructor.
10	If applicable, the provider has been	CMS Assurance - Qualified Providers F.A.C. 65G-7	1) Provider did not provide evidence of medication validation.

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<p>validated on medication administration.</p>	<p>RECORD REVIEW</p> <p>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.</p> <p>Score N/A if provider does not administer or supervise self-administration of medication.</p> <p>Review personnel files and other provider training records for evidence of validation.</p> <ul style="list-style-type: none"> • Determine dates and routes of validation. • Determine if required training in Medication Administration per FAC 65G-7 was completed prior to validation. • Determine if validation occurred prior to administering medication. • Only a registered nurse licensed pursuant to Chapter 464, F.S., or a physician licensed pursuant to Chapters 458 or 459, F.S., may validate the competency of an unlicensed direct service provider. <p>Validation must be documented using the “Validation Certificate,” APD Form 65G7-004 which must include:</p> <ul style="list-style-type: none"> • The name and address of the applicant being validated and, if an employee, the name of the employing entity; • The date of assessment and validation; • A description of the medication 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; • The printed name and original signature of the validating nurse or physician as it appears on his or her license; and 	<ol style="list-style-type: none"> 2) Provider was validated but not prior to administering medication or supervising the self-administration. 3) Provider presented evidence of medication validation on some, but not all medication routes used. 4) There was a lapse in validation during the period of review. 5) Provider obtained validation from an entity other than a registered nurse or physician. 6) Validation was not documented on the required “Validation Certificate” APD Form 65G7-004. 7) Validation certificate was missing the name and address of the applicant being validated and, if an employee, the name of the employing entity. 8) Validation certificate was missing the date of assessment and validation. 9) Validation certificate was missing a description of the medication routes and procedures the applicant is authorized to supervise or administer. 10) Validation certificate was missing any limitations on the applicant’s validation to administer medication, such as limitations on validated routes of medication administration. 11) Validation certificate was missing the printed name of the validating nurse or physician as it appears on his or her license. 12) Validation certificate was missing the original signature of the validating nurse or physician as it appears on his or her license. 13) Validation certificate was missing the validating nurse or physician’s license number and license expiration date.
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		<ul style="list-style-type: none"> The validating nurse or physician's license number and license expiration date. <p>Validation is required on an annual basis for each individual administration route.</p> <p>Not Met on this standard is an automatic Alert With the following exception: Regarding Not Met reason #7 – if the only issue is lack of applicant address and, if applicable, the name of the employer score as Not Met but with NO alert.</p>	<p>14) Validation certificate identifies that the validating nurse or physician's license date expired prior to the date of validation.</p>
11	<p>When applicable, the provider received training in an Agency approved curriculum for crisis management procedures consistent with the requirements of the Reactive Strategies rule (65G-8, FAC).</p>	<p>CMS Assurance - Qualified Providers F.A.C. 65G-8 RECORD REVIEW</p> <p>Provider staff who are required to 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.</p> <p>http://apdcare.org/providers/docs/certified-rs-trainers.pdf</p> <p>Review personnel files and other provider training records for evidence of required training.</p> <ul style="list-style-type: none"> Determine date of hire Determine date of training Look for evidence of training specific to reactive strategies Determine if training was completed within 30 days of providing services to a person who has a behavior plan containing reactive strategies or when the staff is expected to implement approved reactive strategies. 	<ol style="list-style-type: none"> Provider did not have proof of training in an Agency approved curriculum for crisis management procedures. Provider received training in an agency approved curriculum but not within 30 days of providing services. Provider received training in an Agency approved curriculum for crisis management procedures but not from an approved source. Provider certification has expired. Provider certificate of completion did not contain the participant's name. Provider certificate of completion did not contain the title of the course. Provider certificate of completion did not contain the date of the training. Provider certificate of completion did not contain Name and signature of the trainer. Provider certificate of completion did not contain an expiration date.

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		<ul style="list-style-type: none"> • Routine recertification is required. Recertification timeframes are dependent upon curriculum but is generally 1 or 2 years. <p>Proof of classroom training will include a typed certificate with the following elements:</p> <ul style="list-style-type: none"> • Participant's name; • Title of the course; • Date training occurred; • Name of the trainer and signature; • Expiration date of certificate. 	
12	Drivers of transportation vehicles are licensed to drive vehicles used.	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>Determine if the provider transports individuals. If the provider does not transport, score N/A.</p> <p>If transportation is provided in personal vehicles and/or agency vehicles, check personnel/agency records to verify that a copy of a current and valid driver license is in the record.</p> <ul style="list-style-type: none"> • If copy of current driver license is present at the time of the review but was not current for the entire period of review, score Not Met without an Alert. • If copy of current driver license is not present at the time of the review, score as Not Met with an Alert. 	<ol style="list-style-type: none"> 1) Provider did not have a copy of a current driver license in the record. (A) 2) Provider had a copy of a driver license that was current at the time of the review but was not current the entire period of review. 3) Provider had a copy of a driver license that was not current at the time of the review but was current during some of the period of review. (A)
13	Vehicles used for transportation are properly insured.	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>Determine if the provider transports individuals.</p> <ul style="list-style-type: none"> • If the provider does not transport, score N/A. • If transportation is provided in personal vehicles and/or agency vehicles, check personnel/agency records to verify 	<ol style="list-style-type: none"> 1) Provider did not have a copy of current vehicle insurance in the record. (A) 2) Provider has a copy of vehicle insurance that was current at the time of the review but did not cover the entire period of review. 3) Provider has a copy of vehicle insurance which was not current at the time of the review but was current

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		<p>that a copy of current vehicle insurance coverage is in the record.</p> <p>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.</p> <p>If copy of current vehicle insurance is not present at the time of the review, score as Not Met with an Alert.</p>	during some of the period of review. (A)
14	Vehicles used for transportation are properly registered.	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>Determine if the provider transports individuals.</p> <ul style="list-style-type: none"> If the provider does not transport, score N/A. If transportation is provided in personal vehicles and/or agency vehicles, check personnel/agency records to verify that a copy of current vehicle registration is in the record. 	<ol style="list-style-type: none"> Provider did not have a copy of current vehicle registration in the record. Provider had a copy of current vehicle registration but the vehicle registration was not available for the entire period of review. Provider did not have a copy of the current vehicle registration in the record, but did have a copy of an expired vehicle registration.

Service Specific Employee

Behavior Analysis

#	Performance Measure/Standard	Protocol	Not Met Reasons
15	The provider meets all minimum educational requirements and levels of experience.	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>Review available personnel records to verify compliance with minimum education and experience requirements.</p> <ul style="list-style-type: none"> 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. 	<ol style="list-style-type: none"> The provider did not produce evidence of having the required certification/licensure on active status. The provider's certification/licensure had expired/was no longer current. Evidence of level 1 credentials was not present for the level 1 provider. Evidence of level 2 credentials was not present for the level 2 provider. Evidence of level 3 credentials was not present for

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		<p>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:</p> <ul style="list-style-type: none"> • 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 (e.g. 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 experience (e.g. 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. • Level 3 Florida Certified Behavior Analyst with Bachelor’s degree, A.A., or high school diploma or Board Certified Assistant Behavior Analyst. 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. <p>Note: Degrees earned in other countries shall be accompanied by authentication documentation that the degree is equivalent to the educational requirements for the position.</p>	<p>the level 3 provider.</p> <p>6) Evidence the provider is at least 18 years old or older was not present.</p>
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Behavior Assistant			
#	Performance Measure/Standard	Protocol	Not Met Reasons
16	The provider meets all minimum educational requirements and levels of experience.	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>Review available personnel records to verify compliance with minimum education and experience requirements.</p> <p>Providers of this service must be at least 18 years of age and have at least:</p> <ul style="list-style-type: none"> • Two years of experience providing direct services to individuals with developmental disabilities, or <ul style="list-style-type: none"> ○ At least 120 hours of direct services to individuals with complex behavior (problems, as defined in rule 65G-4.010(2), F.A.C., or ○ 90 classroom hours of instruction in applied behavior analysis from non-university, non-college classes or university and college courses. <p>Look for copies of college transcripts, college degree, associate's degree, professional license, driver's license, job application, resume, letters of reference, reference checks, etc.</p> <p>Note: Degrees earned in other countries shall be accompanied by authentication documentation that the degree is equivalent to the educational requirements for the position.</p>	<ol style="list-style-type: none"> 1) Evidence of two years providing direct services to individuals with developmental disabilities was not present. 2) Evidence of at least 120 hours of direct services to individuals with complex behavior (problems, as defined in rule 65G-4.010(2), F.A.C. 3) Evidence of 90 classroom hours of instruction in applied behavior analysis from non-university, non-college classes or university and college courses. 4) Evidence the provider is at least 18 years old or older was not present.
17	The provider has completed at least 20 contact hours of face-	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p>	<ol style="list-style-type: none"> 1) Evidence of 20 contact hours of instruction in an APD approved curriculum was not present. 2) Evidence of 20 contact hours of instruction in an

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	<p>to-face competency-based instruction with performance-based validation/re-certification.</p>	<p>Review personnel files and other provider training records for evidence of required training.</p> <ul style="list-style-type: none"> • Determine date of hire • Determine date of training <p>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 is required. Instruction must be provided by a person meeting the qualifications of any category of behavior analysis provider as described in this Handbook. At least half of the 20 hours of instruction must include real time visual and auditory contact (face-to-face or via electronic means) for initial certification. Training content must include:</p> <ul style="list-style-type: none"> • Introduction to applied behavior analysis – basics and functions of behavior; • Providing positive consequences, planned ignoring, and stop-redirect-reinforce techniques; and • Data collection, recording and documentation. <p>Proof of training must be maintained on file for review and can be in the form of:</p> <ul style="list-style-type: none"> • Either a certificate of completion or a college or university transcript and a course content description, verifying the applicant successfully completed the required instruction, will be accepted as proof of instruction. • The 90 classroom hours of instruction specified above shall also count as meeting the requirements of the 20 contact hours specified in this section. 	<p>APD approved curriculum was present, but was not from a qualified instructor.</p> <p>3) Evidence of 90 classroom hours of instruction in applied behavior analysis from non-university, non-college classes or university or college courses was not present.</p>
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CDC+ Consultant			
#	Performance Measure/Standard	Protocol	Not Met Reasons
20	Provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).	<p>CMS Assurance - Qualified Providers CDC+ Rule Handbook 2-6</p> <p>Review personnel files and other provider training records for evidence of required training.</p> <ul style="list-style-type: none"> • Determine date of hire • Determine date of training • Determine if completed via approved method <p>If the provider does not render CDC+ Consultant service, mark this standard as N/A.</p>	<ol style="list-style-type: none"> 1) The provider did not provide evidence of completion of the Consultant Training. 2) The provider presented evidence of completion of the Consultant Training but not from an approved source.
Life Skills Development 1 (Companion)			
#	Performance Measure/Standard	Protocol	Not Met Reasons
21	The provider meets all minimum educational requirements and levels of experience.	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>All providers of Life Skills Development Level 1 must:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Have at least one year of hands on supervised experience working in a medical, psychiatric, nursing or childcare setting or working with individuals who have a developmental disability. <p>Note: 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.</p>	<ol style="list-style-type: none"> 1) Evidence of at least one year of hands on supervised experience working in a medical, psychiatric, nursing or childcare setting or working with individuals with a developmental disability was not present. 2) Evidence the provider is at least 18 years old or older was not present.

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		<p>Review available personnel records to verify compliance with minimum education and experience requirements.</p> <ul style="list-style-type: none"> Look for driver's license, job application, resume, letters of reference, reference checks, etc. 	
Life Skills Development 2 (Supported Employment)			
#	Performance Measure/Standard	Protocol	Not Met Reasons
23	The provider meets all minimum educational requirements and levels of experience.	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>All providers of Life Skills Development Level 2 must:</p> <ul style="list-style-type: none"> Be at least 18 years of age; Have at least a Bachelor's degree from an accredited college or university with a major in education; or rehabilitative science or business or related degree; or In lieu of a Bachelor's degree, a person rendering this service shall have an associate's degree from an accredited college or university and two years of experience. Experience in one of the fields mentioned above, shall substitute on a year-for-year basis for the required college education. <p>To Determine Minimum Education and Experience:</p> <ul style="list-style-type: none"> 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, driver's license, job application, resume, letters of reference, reference checks, etc. <p>Note: Degrees earned in other countries shall be</p>	<ol style="list-style-type: none"> Provider did not have evidence of a Bachelor's degree with a major in education; or rehabilitative science or business or related degree. Provider did not have evidence of an Associate's degree from an accredited college or university. Provider did not have evidence of year-for-year experience to substitute for the required college education. Evidence the provider is at least 18 years old or older was not present.

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		<p>accompanied by authentication documentation that the degree is equivalent to the educational requirements for the position.</p>	
<p>24</p>	<p>The provider has completed standardized, pre-service training.</p>	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>Pre-service training consists of successfully completing APD's courses titled "Best Practices in Supported Employment" and "Introduction to Social Security Work Incentives".</p> <p>If a Life Skills Development 2 provider is seeking to support persons who are self-employed, the provider must also be certified as a Certified Business Technical Assistance and Consultation (CBTAC) by the Florida Department of Education, Division of Vocational Rehabilitation.</p> <p>Review personnel records and other provider training records for evidence of required training.</p> <ul style="list-style-type: none"> • Determine date of hire • Determine date of training • Determine if completed via approved method • Providers enrolled before March 1, 2004, only require twelve (12) hours of pre-service training. <p>Proof of classroom training will include a typed certificate with the following elements:</p> <ul style="list-style-type: none"> • Participant's name; • Title of the course • Date training occurred; • Name of the trainer and signature <p>Proof of web-based training will include a printed certificate or transcript with the following elements:</p> <ul style="list-style-type: none"> • Participant's name; • Title of the course (if not titled as in the handbook 	<ol style="list-style-type: none"> 1) Provider did not provide evidence of completing 18 hours of pre-service certification training. 2) Provider did not provide evidence of completing 12 hours of pre-service certification training. 3) Provider had completed some but not all of the required pre-service certification training. 4) Provider had received this training but not prior to rendering services. 5) Provider presented evidence of completion of the Life Skills Development 2 pre-service certification training but not from an APD approved trainer/source. 6) Certificate of completion did not include the name of the participant. 7) Certificate of completion did not include the title of the course. 8) Certificate of completion did not include the date(s) of completion. 9) Certificate did not have the name of entity providing training 10) Certificate of completion did not include the name of the trainer and signature.

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		<p>written confirmation of the course content may be required);</p> <ul style="list-style-type: none"> • Date training was completed; • Name of entity providing training (for example state college, technical institute, American Health and Safety Institute, etc. <p>Not Met reason #4 only applies to providers who have been working less than 12 months.</p>	
25	<p>The provider has completed eight hours of annual in-service training related to employment.</p>	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>Review personnel records and other provider training records for evidence of required training.</p> <ul style="list-style-type: none"> • Determine date of hire • Determine date of training • Establish how the provider tracks annual training (from when to when). The 12 month period is determined by provider date of hire unless the provider can demonstrate another well documented revolving 12 month period. • Training can be received from a variety of sources but must relate to employment. <p>Proof of classroom training can be in the form of a certificate or any combination of an agenda, sign-in sheet or other documentation that when combined contains all required elements::</p> <ul style="list-style-type: none"> • Participant's name; • Title of the course • Date training occurred; • Name of the trainer and signature <p>Proof of web-based training will include a printed certificate or</p>	<ol style="list-style-type: none"> 1) Provider did not provide evidence of completion of 8 hours of annual in-service training related to employment. 2) Provider completed some but not all of the required 8 hours of annual ongoing training. 3) Documented training was not related to employment. 4) Some of the training provided was renewal of pre-service or other mandatory required training. 5) Certificate of completion did not include the name of the participant. 6) Certificate of completion did not include the title of the course. 7) Certificate of completion did not include the date of course completion. 8) Certificate of completion did not include the duration of the course. 9) Certificate did not have the name of entity providing training 10) Certificate of completion did not include the name of the trainer and signature.

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		<p>transcript with the following elements:</p> <ul style="list-style-type: none"> Participant’s name; Title of the course Date training was completed Name of entity providing training (for example state college, technical institute, American Health and Safety Institute, etc. <p>Certificates for in-service training must include, in addition to the information above, the number of credit hours received.</p> <p style="padding-left: 40px;">Note: Re-taking basic APD training courses will not be counted toward this requirement.</p> <p>If provider has been working less than 12 months, mark this standard as N/A.</p>	
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Life Skills Development 3

#	Performance Measure/Standard	Protocol	Not Met Reasons
26	The provider meets all minimum educational requirements and levels of experience.	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>Review available personnel records to verify compliance with minimum education and experience requirements.</p> <ul style="list-style-type: none"> 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. <p>Providers of Life Skills Development—Level 3 (ADT) services shall be designated by the APD Regional Office as Life Skills Development—Level 3 (ADT) providers. Unless waived in</p>	<ol style="list-style-type: none"> 1) Program Director did not possess at a minimum an Associate’s Degree from an accredited college/university. 2) Program Director did not possess evidence of two years, hands on, related experience. 3) Instructor/Supervisor did not possess evidence of 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 or older was not present.

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		<p>writing by the APD Regional Office, the provider shall meet the following minimum qualifications for staff:</p> <ul style="list-style-type: none"> • The program director will possess at a minimum an Associate's Degree from an accredited college or university and two years, hands on, related experience. • Instructors (supervisors) will have one year, direct care related experience. • Related experience will substitute on a year-for-year basis for the required college education. • Direct service staff must be at least 18 years of age at the time they are hired. 	
27	<p>The provider completed eight hours of annual in-service training related to the implementation of individually designed services.</p>	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>Individually designed services may include person-centered planning and ways to integrate it into service delivery, identifying community resources and how to integrate people with developmental disabilities into them.</p> <p>Review personnel files and other provider training records for evidence of required training.</p> <ul style="list-style-type: none"> • Determine date of hire • Determine date of training • Establish how the provider tracks annual training (from when to when). The 12 month period is determined by provider date of hire unless the provider can demonstrate another well documented revolving 12 month period. • Training can be received from a variety of sources but must relate to implementation of individually designed services. <p>Proof of classroom training can be in the form of a certificate or any combination of an agenda, sign-in sheet or other</p>	<ol style="list-style-type: none"> 1) Provider did not provide evidence of completion of 8 hours; of annual in-service training related to implementation of individually designed services. 2) Provider completed some but not all required 8 hours of annual in-service training. 3) Documented in-service training was not related to implementation of individually designed services. 4) Some of the in-service training provided was renewal of pre-service or other basic APD training. 5) Certificate of completion did not include the name of the participant. 6) Certificate of completion did not include the title of the course. 7) Certificate of completion did not include the date of completion. 8) Certificate of completion did not include the duration of the course. 9) Certificate did not have the name of entity providing training 10) Certificate of completion did not include the name of the trainer and signature.

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		<p>documentation that when combined contains all required elements:</p> <ul style="list-style-type: none"> • Participant's name; • Title of the course • Date training occurred • Duration • Name of the trainer and signature <p>Proof of web-based training will include a printed certificate or transcript with the following elements:</p> <ul style="list-style-type: none"> • Participant's name; • Title of the course • Date training was completed Name of entity providing training (for example state college, technical institute, American Health and Safety Institute, etc.; <p>Certificates for in-service training must include, in addition to the information above, the number of credit hours received.</p> <p>Note: Re-taking basic APD training courses will not be counted toward this requirement.</p> <p>If provider has been working less than 12 months, mark this standard as N/A.</p>	
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Personal Supports

#	Performance Measure/Standard	Protocol	Not Met Reasons
28	The provider meets all minimum educational requirements and levels of experience.	CMS Assurance - Qualified Providers RECORD REVIEW All providers of Respite must: <ul style="list-style-type: none"> • Be at least 18 years of age 	1) Evidence of at least one year of hands on supervised experience working in an acceptable field or with individuals with a developmental disability or educational equivalent was not present. 2) Evidence of 30 semester hours, 45 quarter hours, or

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		<ul style="list-style-type: none"> Have at least one year of supervised direct care experience working in a medical, psychiatric, nursing or childcare setting or working with individuals who have a developmental disability; or Have 30 semester hours, 45 quarter hours, or 720 classroom hours of college or vocational school. <p>To Determine Minimum Education and Experience:</p> <ul style="list-style-type: none"> 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, driver's license, job application, resume, letters of reference, reference checks, etc. 	<p>720 classroom hours of college or vocational school was not present.</p> <p>3) Evidence the provider is at least 18 years old or older was not present.</p>
Residential Habilitation - Standard			
#	Performance Measure/Standard	Protocol	Not Met Reasons
30	The provider meets all minimum educational requirements and levels of experience.	<p>CMS Assurance – Qualified Providers RECORD REVIEW</p> <p>Review available personnel records to verify compliance with minimum education and experience requirements.</p> <p>Provider must:</p> <ul style="list-style-type: none"> Be at least 18 years of age Have evidence of at least one year of hands on supervised experience working in a medical, psychiatric, nursing or childcare setting or working with individuals with a developmental disability <p>Or</p> <ul style="list-style-type: none"> 30 semester hours, 45 quarter hours or 720 classroom hours of college or vocational school. 	<p>1) Evidence of at least one year of hands on supervised experience working in a medical, psychiatric, nursing or childcare setting or working with individuals with a developmental disability was not present or educational equivalent.</p> <p>2) Evidence of 30 semester hours, 45 quarter hours or 720 classroom hours of college or vocational school.</p> <p>3) Evidence the provider is at least 18 years old or older was not present.</p>

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		<p>Review available personnel records to verify compliance with minimum education and experience requirements.</p> <ul style="list-style-type: none"> Look for copies of college transcripts, college degree, associate's degree, professional license, driver's license, job application, resume, letters of reference, background reference checks, etc. 	
Residential Habilitation – Behavior Focus			
#	Performance Measure/Standard	Protocol	Not Met Reasons
31	The provider meets all minimum educational requirements and levels of experience.	<p>CMS Assurance – Qualified Providers RECORD REVIEW</p> <p>Review available personnel records to verify compliance with minimum education and experience requirements.</p> <p>Provider must:</p> <ul style="list-style-type: none"> Be at least 18 years of age Have evidence of at least one year of hands on supervised experience working in a medical, psychiatric, nursing or childcare setting or working with individuals with a developmental disability <p>Or</p> <ul style="list-style-type: none"> 30 semester hours, 45 quarter hours or 720 classroom hours of college or vocational school. <p>Review available personnel records to verify compliance with minimum education and experience requirements.</p> <ul style="list-style-type: none"> Look for copies of college transcripts, college degree, associate's degree, professional license, driver's license, job application, resume, letters of reference, background reference checks, etc. 	<ol style="list-style-type: none"> Evidence of at least one year of hands on supervised experience working in a medical, psychiatric, nursing or childcare setting or working with individuals with a developmental disability was not present or educational equivalent. Evidence of 30 semester hours, 45 quarter hours or 720 classroom hours of college or vocational school. Evidence the provider is at least 18 years old or older was not present.

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33	<p>The provider has completed at least 20 contact hours of face-to-face competency-based instruction with performance-based validation/re-certification.</p>	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>Review personnel files and other provider training records for evidence of required training.</p> <ul style="list-style-type: none"> • Determine date of hire • Determine date of training <p>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 is required. Instruction must be provided by a person meeting the qualifications of any category of behavior analysis provider as described in this Handbook. At least half of the 20 hours of instruction must include real time visual and auditory contact (face-to-face or via electronic means) for initial certification. Training content must include:</p> <ul style="list-style-type: none"> • Introduction to applied behavior analysis – basics and functions of behavior; • Providing positive consequences, planned ignoring, and stop-redirect-reinforce techniques; and • Data collection, recording and documentation. <p>Proof of training must be maintained on file for review and can be in the form of:</p> <ul style="list-style-type: none"> • Either a certificate of completion or a college or university transcript and a course content description, verifying the applicant successfully completed the required instruction, will be accepted as proof of instruction. • The 90 classroom hours of instruction specified above shall also count as meeting the requirements of the 20 contact hours specified in this section. 	<ol style="list-style-type: none"> 1) Evidence of 20 contact hours of instruction in an APD approved curriculum was not present. 2) Evidence of 20 contact hours of instruction in an APD approved curriculum was present, but was not from a qualified instructor. 3) Evidence of 90 classroom hours of instruction in applied behavior analysis from non-university, non-college classes or university or college courses was not present.
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Residential Habilitation – Intensive Behavior			
#	Performance Measure/Standard	Protocol	Not Met Reasons
35	The provider meets all minimum educational requirements and levels of experience.	<p>CMS Assurance – Qualified Providers RECORD REVIEW</p> <p>Review available personnel records to verify compliance with minimum education and experience requirements.</p> <p>Provider must:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Have evidence of at least one year of hands on supervised experience working in a medical, psychiatric, nursing or childcare setting or working with individuals with a developmental disability <p>Or</p> <ul style="list-style-type: none"> • 30 semester hours, 45 quarter hours or 720 classroom hours of college or vocational school. <p>Review available personnel records to verify compliance with minimum education and experience requirements.</p> <ul style="list-style-type: none"> • Look for copies of college transcripts, college degree, associate’s degree, professional license, driver’s license, job application, resume, letters of reference, background reference checks, etc. 	<ol style="list-style-type: none"> 1) Evidence of at least one year of hands on supervised experience working in a medical, psychiatric, nursing or childcare setting or working with individuals with a developmental disability was not present or educational equivalent. 2) Evidence of 30 semester hours, 45 quarter hours or 720 classroom hours of college or vocational school. 3) Evidence the provider is at least 18 years old or older was not present.
37	The provider has completed at least 20 contact hours of face-to-face competency-based instruction with performance-based validation/re-certification.	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>Review personnel files and other provider training records for evidence of required training.</p> <ul style="list-style-type: none"> • Determine date of hire • Determine date of training 	<ol style="list-style-type: none"> 1) Evidence of 20 contact hours of instruction in an APD approved curriculum was not present. 2) Evidence of 20 contact hours of instruction in an APD approved curriculum was present, but was not from a qualified instructor. 3) Evidence of 90 classroom hours of instruction in applied behavior analysis from non-university, non-college classes or university or college courses was

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		<p>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 is required. Instruction must be provided by a person meeting the qualifications of any category of behavior analysis provider as described in this Handbook. At least half of the 20 hours of instruction must include real time visual and auditory contact (face-to-face or via electronic means) for initial certification. Training content must include:</p> <ul style="list-style-type: none"> • Introduction to applied behavior analysis – basics and functions of behavior; • Providing positive consequences, planned ignoring, and stop-redirect-reinforce techniques; and • Data collection, recording and documentation. <p>Proof of training must be maintained on file for review and can be in the form of</p> <ul style="list-style-type: none"> • Either a certificate of completion or a college or university transcript and a course content description, verifying the applicant successfully completed the required instruction, will be accepted as proof of instruction. • The 90 classroom hours of instruction specified above shall also count as meeting the requirements of the 20 contact hours specified in this section. 	not present.
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Respite (Under 21 Only)

#	Performance Measure/Standard	Protocol	Not Met Reasons
39	The provider meets all minimum educational requirements and	CMS Assurance - Qualified Providers RECORD REVIEW	1) Evidence of at least one year of hands on supervised experience working in an acceptable field or with individuals with a developmental

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	levels of experience.	<p>All providers of Respite must:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Have at least one year of supervised direct care experience working in a medical, psychiatric, nursing or childcare setting or working with individuals who have a developmental disability; or • Have 30 semester hours, 45 quarter hours, or 720 classroom hours of college or vocational school. <p>To Determine Minimum Education and Experience:</p> <ul style="list-style-type: none"> • 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, driver's license, job application, resume, letters of reference, reference checks, etc. 	<p>disability was not present.</p> <p>2) Evidence of at least 30 semester hours, 45 quarter hours, or 720 classroom hours of college or vocational school was not present.</p> <p>3) Evidence the provider is at least 18 years old or older was not present.</p>
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Special Medical Home Care

#	Performance Measure/Standard	Protocol	Not Met Reasons
41	The provider meets all minimum educational requirements and levels of experience.	<p>CMS Assurance – Qualified Providers RECORD REVIEW</p> <p>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.</p> <ul style="list-style-type: none"> • 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. 	<p>1) Evidence of current Registered Nurse license was not present.</p> <p>2) Evidence of current licensed practical nurse certification was not present.</p> <p>3) Evidence of current certified nurse assistant's license was not present.</p>

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Support Coordination			
#	Performance Measure/Standard	Protocol	Not Met Reasons
42	The provider meets all minimum educational requirements and levels of experience.	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>Review available personnel records to verify evidence of minimum education and experience requirements is in the record.</p> <ul style="list-style-type: none"> • Look for copies of college transcripts, college degree, associate's degree, professional license, driver's license, job application, resume, letters of reference, reference checks, etc. • Solo providers and waiver support coordination supervisors employed by agencies shall meet the following minimum qualifications: <ul style="list-style-type: none"> • Bachelor's degree from an accredited college or university and three years of professional experience in developmental disabilities, special education, mental health, counseling, guidance, social work or health and rehabilitative services. • A master's degree can substitute for one year of the required experience. • Waiver Support Coordinators employed by agencies shall meet the following minimum qualifications: <ul style="list-style-type: none"> • Bachelor's degree from an accredited college or university and two years of professional experience in developmental disabilities, special education, mental health, counseling, guidance, social work or health and rehabilitative services. • A master's degree can substitute for one year of the required experience. 	<ol style="list-style-type: none"> 1) The agency WSC did not produce evidence of at least 2 years of applicable experience; or a Master's degree and 1 year of applicable experience. 2) The solo WSC did not produce evidence of a bachelor's degree and 3 years of applicable experience or a Master's degree and 2 years of applicable experience. 3) The agency supervisor did not produce evidence of a bachelor's degree and 3 years of applicable experience or a Master's degree and 2 years of applicable experience. 4) The solo WSC did have evidence of a bachelor's degree but not 3 years of applicable experience. 5) The agency supervisor did have evidence of a bachelor's degree but not 3 years of applicable experience. 6) The solo WSC did not have evidence of a master's degree that can substitute for one year of the required experience. 7) The agency supervisor did not have evidence of a master's degree that can substitute for one year of the required experience. 8) The agency WSC did not have evidence of a master's degree that can substitute for one year of the required experience.

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43	The provider received mandatory Statewide pre-service training.	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>Review personnel files and other provider training records for evidence of required training.</p> <ul style="list-style-type: none"> • Determine date of hire • Determine date of training • Pre-service training must be received prior to providing services. • Pre-service training must be conducted by APD, or APD approved trainer <p>Note: A small number of support coordination agencies around the state are authorized to train their own staff. Each of these agencies should be able to present written documentation of this approval from the APD State Office.</p> <p>Not Met reasons #4 only apply to providers who have been working less than 12 months.</p>	<ol style="list-style-type: none"> 1) The provider did not have evidence of completing pre-service training. 2) The provider had completed some but not all of the required pre-service training. 3) The documented training was not conducted by an authorized trainer. 4) The provider had received this training but not within the required timeframe. 5) Provider had received this training but not prior to rendering services. 6) Certificate of completion did not include the name of the participant. 7) Certificate of completion did not include the title of the course. 8) Certificate of completion did not include the date of completion. 9) Certificate of completion did not include the name of the trainer and signature.
44	The provider received mandatory Region/Area- specific training.	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>Review personnel files and other provider training records for evidence of required training.</p> <ul style="list-style-type: none"> • Determine date of hire • Determine date of training • Region/Area Specific Training must be completed within 90 days of completion of the statewide pre-service training (standard #17). • Region/Area Specific Training must be provided by the Region/Area Office or other APD approved method and include: 	<ol style="list-style-type: none"> 1) The provider had not completed Region/Area Specific training. 2) The provider did not complete this training in the APD Region/Area where services are rendered. 3) The provider completed some but not all of the Region/Area Specific Training. 4) The provider did not receive this training within 90 days of completion of state-wide pre-service training. 5) Certificate of completion did not include the name of the participant. 6) Certificate of completion did not include the title of the course. 7) Certificate of completion did not include the date.

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		<ul style="list-style-type: none"> • Orientation to Area Office staff, responsibilities and resources; • ABC training; and • General Area Office operational procedures. <p>If a WSC works in multiple APD Areas, separate Region/Area Specific trainings from each of those Regions/Areas is required.</p> <p>Not Met reason #4 only applies to providers who have been working less than 12 months.</p>	<ol style="list-style-type: none"> 8) Certificate of completion did not include the name of the trainer and signature. 9) The provider had not completed Region/Area Specific training because the course has not been available in the Region. ***Scored Not Met but not calculated in final score
45	<p>The provider received 24 hours of ongoing annual job related training.</p>	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>Review personnel files and other provider training records for evidence of required training.</p> <ul style="list-style-type: none"> • Determine date of hire • 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. • Internal management meetings conducted by support coordination agencies for their staff shall not apply toward the continuing education annual requirement. • For support coordination agency employees and supervisors, one half of the in-service requirement must be provided by trainers who are not employed by support coordination agency. • Up to 12 hours per year for attendance at the monthly support coordination meetings conducted by the Regional/Area Offices can count toward the annual 24 hour in service requirement. 	<ol style="list-style-type: none"> 1) The provider did not have evidence of completing 24 hours of ongoing job related training. 2) The provider completed some but not all of the 24 hours of ongoing job related training. 3) The provider received more than 12 of the 24 training hours internally from the support coordination agency. 4) Some or all of the documented training was not job related. 5) Some of the training provided was renewal of pre-service or other mandatory required basic training. 6) Certificate of completion did not include the name of the participant. 7) Certificate of completion did not include the title of the course. 8) Certificate of completion did not include the date of completion. 9) Certificate of completion did not include the duration of the course. 10) Certificate of completion did not include the name of the trainer and signature.

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		<p>Evidence of this training should include at a minimum:</p> <ul style="list-style-type: none"> • Classroom Training: Name of participant, date of the training, topic, duration and the name and signature of the trainer. • Internet course: Certificate provided by the course sponsor that includes the participant's name, date of course completion, topic and duration. <p>Initial pre-service training satisfies this requirement during the first year of employment.</p> <p>Note: Re-taking basic APD training courses will not be counted toward this requirement.</p>	
Supported Living Coach			
#	Performance Measure/Standard	Protocol	Not Met Reasons
48	The provider meets all minimum educational requirements and levels of experience.	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>All providers of Supported Living Coaching must:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Have a bachelor's degree from an accredited college or university with a major in nursing; education; or a social, behavioral or rehabilitative science. • In lieu of a Bachelor's degree, a person rendering this service shall have an associate's degree from an accredited college or university with a major in nursing; education; or a social, behavioral or rehabilitative science and two years of experience. • Or one year of college and three years of documented direct experience with recipients with developmental 	<ol style="list-style-type: none"> 1) Provider did not have evidence of a Bachelor's degree with a major in education; or rehabilitative science or business or related degree. 2) Provider did not have evidence of an Associate's degree from an accredited college or university. 3) Provider did not have evidence of year-for-year experience to substitute for the required college education. 4) Evidence the provider is at least 18 years old or older was not present.

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		<p>disabilities.</p> <ul style="list-style-type: none"> • Experience working with individuals with developmental disabilities shall substitute on a year-for-year basis for the required college education. <p>To Determine Minimum Education and Experience:</p> <ul style="list-style-type: none"> • 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, , driver's license, job application, resume, letters of reference, reference checks, etc. 	
49	<p>The provider completed required Supported Living Pre-Service training.</p>	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>Review personnel records and other provider training records for evidence of required training.</p> <ul style="list-style-type: none"> • Determine date of hire • Determine date of training • Determine if completed via approved method <ul style="list-style-type: none"> • Providers enrolled before October 1, 2003 only require twelve (12) hours of pre-service training. • Providers enrolled between March 1, 2004 and the promulgation of this handbook requires 18 hours of pre-service training. <p>Proof of classroom training will include a typed certificate with the following elements:</p> <ul style="list-style-type: none"> • Participant's name; • Title of the course • Date training occurred; 	<ol style="list-style-type: none"> 1) Provider did not provide evidence of completing 18 hours of pre-service certification training. 2) Provider did not provide evidence of completing 12 hours of pre-service certification training. 3) Provider had completed some but not all of the required pre-service certification training. 4) Provider had received this training but not prior to rendering services. 5) Provider presented evidence of completion of the Supported Living pre-service certification training but not from an APD approved trainer/source. 6) Certificate of completion did not include the name of the participant. 7) Certificate of completion did not include the title of the course. 8) Certificate of completion did not include the date of course completion. 9) Certificate did not have the name of entity providing training 10) Certificate of completion did not include the name of the trainer and signature.

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		<ul style="list-style-type: none"> • Name of the trainer and signature <p>Proof of web-based training will include a printed certificate or transcript with the following elements:</p> <ul style="list-style-type: none"> • Participant's name; • Title of the course • Date training was completed • Name of entity providing training (for example state college, technical institute, American Health and Safety Institute, etc. <p>Not Met reason #1 only applies to providers who have been working less than 12 months.</p>	
50	<p>The provider completed eight hours of annual in-service training.</p>	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p><i>Annual In-service Training Requirements</i> Supported Living providers must complete eight hours of annual in-service. Such trainings should be related to affordable housing options, asset development, money management, specific health needs of persons they are currently serving, accessing governmental benefits other than those provided by APD (such as food stamps, legal services, etc.), or employment-related topics.</p> <p>Review personnel files and other provider training records for evidence of required training.</p> <ul style="list-style-type: none"> • Determine date of hire • Determine date of training • Establish how the provider tracks annual training (from when to when). The 12 month period is determined by provider date of hire unless the provider can demonstrate another well documented revolving 12 month period. 	<ol style="list-style-type: none"> 1) The provider did not provide evidence of completion of 8 hours of annual in-service training. 2) The provider completed some but not all required 8 hours of annual ongoing training. 3) The documented training was not related to implementation of individually designed services. 4) Some of the training provided was renewal of pre-service or other basic APD training. 5) Certificate of completion did not include the name of the participant. 6) Certificate of completion did not include the title of the course. 7) Certificate of completion did not include the date of the course. 8) Certificate of completion did not include the duration of the course. 9) Certificate did not have the name of entity providing training 10) Certificate of completion did not include the name of

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	<ul style="list-style-type: none">• Training can be received from a variety of sources but must relate to implementation of individually designed services.• Individually designed services may include person-centered planning and ways to integrate it into service delivery, identifying community resources and how to integrate people with developmental disabilities into them. <p>Proof of classroom training can be in the form of a certificate or any combination of an agenda, sign-in sheet or other documentation that when combined contains all required elements:</p> <ul style="list-style-type: none">• Participant's name;• Title of the course• Date training occurred;• Duration• Name of the trainer and signature <p>Proof of web-based training will include a printed certificate or transcript with the following elements:</p> <ul style="list-style-type: none">• Participant's name;• Title of the course• Date training was completed• Name of entity providing training (for example state college, technical institute, American Health and Safety Institute, etc.; <p>Certificates for in-service training must include, in addition to the information above, the number of credit hours received.</p> <p>Note: Re-taking basic APD training courses will not be counted toward this requirement.</p>	<p>the trainer and signature.</p>
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		If provider has been working less than 12 months, mark this standard as N/A.	
Administrative – Agencies Only			
#	Performance Measure/Standard	Protocol	Not Met Reasons
34	If provider operates Behavior Focus group homes, required on-site oversight for residential services is provided.	<p>CMS Assurance – Qualified Providers RECORD REVIEW</p> <p>A Board Certified Behavior Analyst or Board Certified Assistant Behavior Analyst, or Florida Certified Behavior Analyst with a bachelor's degree, or a person licensed under Chapter 490 or Chapter 491, F.S., provides on-site oversight for residential services with a minimum of 30 minutes of on-site oversight each week for each individual.</p> <ul style="list-style-type: none"> • Ask the provider how they document required onsite oversight for residential services. • Review available provider documentation for evidence of required on-site oversight of residential services. 	<ol style="list-style-type: none"> 1) Evidence of required on-site oversight of residential services was not provided. 2) Evidence of required on-site oversight of residential services was available but not for the entire period of review. 3) Individual conducting the required onsite oversight was not qualified.
38	If provider operates Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst.	<p>CMS Assurance – Qualified Providers RECORD REVIEW</p> <p>Review provider records to determine if:</p> <ul style="list-style-type: none"> • 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 and 491, F.S. • The Program or Clinical Services Director must be in place at the time of designation of the organization as an 	<ol style="list-style-type: none"> 1) Provider's Program/Clinical Services Director does not meet minimum qualifications. 2) The Program or Clinical Services Director was not in place at the time of designation of the organization as an intensive behavioral residential habilitation program.

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		intensive behavioral residential habilitation program.	
51	The provider has written policies and procedures governing how the provider will use a person centered approach to identify individually determined goals and in promoting choice.	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>Determine if the provider has written policies and procedures governing how the provider will use a person centered approach to identify individually determined goals and in promoting choice.</p> <p>Examples of content <u>could include</u> instruction on:</p> <ul style="list-style-type: none"> • Designing training programs that address the consumers goals from the Support Plan; • Involving the consumer and/or family in the development of the Implementation Plan; • Designing services and supports from the standpoint of the outcome that is desired by the individual and/or family. • Training in Personal Outcome Measures, or another person-centered planning approach. • Individualizing service delivery methods. 	1) Provider did not have written policies and procedures governing the use of a person centered approach to identify individually determined goals and in promoting choice.
52	The provider has written policies and procedures with a detailed description of how the provider will protect health, safety and wellbeing of the individuals served.	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>Determine if the provider has written policies and procedures with a detailed description of how the provider will protect health, safety and wellbeing of the individuals served.</p> <p>Examples of <u>possible</u> content could include references to:</p> <ul style="list-style-type: none"> • Environmental and personal safety related issues • Healthy-living related issues, • How emergencies such as fire or disasters would be handled, and • How illnesses or injuries will be handled. • Training staff on identifying and reporting incidents, 	1) Provider did not have written policies and procedures with a detailed description of how the provider will protect health, safety and wellbeing of the individuals served.

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		<ul style="list-style-type: none"> • Maintaining an incident log, • Reporting incidents or unusual occurrences to the Area, • Monitoring incidents to identify if improvements are needed. 	
55	The provider has written policies and procedures which detail how the provider will ensure the individuals' medications are administered and handled safely.	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>If the provider does not administer or supervise the self administration of medications, score N/A.</p> <p>Determine if the provider has written policies and procedures which detail how the provider will ensure the individuals' medications are administered and handled safely.</p>	1) Provider did not have written policies and procedures which detail how the provider will ensure the individuals' medications are administered and handled safely.
56	The provider has written policies and procedures that will 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.	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>Determine if the provider has written policies and procedures that will 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.</p> <p>Determine if the provider has written policies and procedures related to ensuring the smooth transition of the person between providers and other supports and services. Content should at a minimum include references to:</p> <ul style="list-style-type: none"> • Planning activities that will occur to promote a smooth transition to and from the setting or service. • Expected communication before and after the transition. • How records and other information will be shared and transferred. 	1) Provider did not have 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.
57	The provider has written policies and	CMS Assurance - Qualified Providers RECORD REVIEW	1) Provider did not have written policies and procedures detailing the process the provider will go

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	<p>procedures detailing the process that the provider will go through to address individual complaints and grievances regarding possible service delivery issues to address grievances.</p>	<p>Determine if the provider has written policies and procedures detailing the process that the provider will go through to address individual complaints and grievances regarding possible service delivery issues to address grievances.</p>	<p>through to address individual complaints and grievances regarding possible service delivery issues to address grievances.</p>
<p>59</p>	<p>If applicable, the provider has written policies and procedures related to the use of Reactive Strategies.</p>	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>Ask the provider if, during the course of service provision, any staff may be required to intervene in behavioral emergency situations e.g. when recipients exhibit aggression, self-injury, property destruction, etc.</p> <p>If the provider does not utilize crisis management procedures consistent with the requirements of the Reactive Strategies rule (65G-8, FAC) score N/A.</p> <p>Determine if the provider has written policies and procedures related to the use of Reactive Strategies.</p> <p>This policy and procedure must consist of:</p> <ul style="list-style-type: none"> • An approved emergency procedure curriculum that addresses: <ul style="list-style-type: none"> ○ 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 	<ol style="list-style-type: none"> 1) The provider did not have written policies and procedures related to the use of Reactive Strategies. 2) The provider had written policies and procedures related to the use of Reactive Strategies but appropriate staff training was not addressed. 3) The provider had written policies and procedures related to the use of Reactive Strategies but record maintenance was not addressed. 4) The provider had written policies and procedures related to the use of Reactive Strategies but reporting and recording the use of any reactive strategy was not addressed. 5) The provider had written policies and procedures related to the use of Reactive Strategies but training in the provisions of this rule chapter was not addressed. 6) The provider had written policies and procedures related to the use of Reactive Strategies but data collection was not addressed. 7) The provider had written policies and procedures related to the use of Reactive Strategies but maintenance of reactive strategy consent information in client records was not addressed.

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		<p>information in client records</p> <ul style="list-style-type: none"> ○ Any other requirements established. <p>Provider policies and procedures may include only the reactive strategies provided in the APD Agency-approved curriculum.</p>	
Administrative – All Providers			
60	The provider has identified and addressed concerns related to abuse, neglect, and exploitation.	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <ul style="list-style-type: none"> • Ask the provider to describe the process used to identify and address concerns related to abuse, neglect and exploitation. • Review incident/accident reports for the last six months to determine if patterns exist. • Is there evidence the provider investigates complaints/accidents/incidents to determine cause and any suspected abuse/neglect? Takes appropriate corrective action per investigation findings? 	<ol style="list-style-type: none"> 1) Provider documentation indicated the provider had not identified and addressed concerns related to abuse, neglect, and exploitation. 2) Provider documentation indicated the provider had identified but not addressed concerns related to abuse, neglect, and exploitation.
61	If applicable, all instances of abuse, neglect, and exploitation have been reported.	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>Any provider who knows, or has reasonable cause to suspect a person receiving services is being or has been abused, neglected or exploited, is mandated to report to the proper authorities. Any person who knowingly and willfully prevents another person from reporting known or suspected abuse is guilty of a misdemeanor of the first degree.</p> <p>Score N/A if there were no instances of abuse, neglect, and exploitation for the period of review.</p> <ul style="list-style-type: none"> • Look for evidence the provider is reporting suspicion of 	<ol style="list-style-type: none"> 1) Provider documentation indicated all instances of abuse, neglect, and exploitation had not been reported. 2) Instances of abuse, neglect, or exploitation were reported to the abuse registry but not the APD office. 3) Provider did not understand his/her role as a mandated reporter.

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		<p>abuse, neglect or exploitation in consumer records, a log, or in other documentation.</p> <ul style="list-style-type: none"> • During documentation review, look for any instances where the provider may have had suspicions, but did not or hesitated to make a report. 	
62	If applicable, the provider addresses medication errors.	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <p>If the provider does not administer or supervise the self administration of medications, score N/A.</p> <ul style="list-style-type: none"> • Ask the provider for examples of how medication errors are tracked and what actions are take when errors occur. • Review documentation supporting discussion with the provider. • Review provider documentation such as incident reports or logs related to medication errors. 	<ol style="list-style-type: none"> 1) The provider did not track and address medication errors. 2) The provider did track medication errors but did not address errors. 3) The provider addressed medication errors but did not have a system to track and identify trends.
63	The provider addresses all incident reports.	<p>CMS Assurance - Qualified Providers RECORD REVIEW</p> <ul style="list-style-type: none"> • Discuss with the provider the process used to address incidents. • Ask the provider to give examples of instances that have been documented and incidents that have been reported. • Review incident/accident reports for the last six months to determine if patterns exist. • If available, review incident information supplied by the Region/Area office. • Is there evidence the provider investigates complaints/accidents/incidents to determine cause? Takes appropriate corrective action per investigation findings? 	<ol style="list-style-type: none"> 1) The provider did not complete incident reports. 2) The provider did not address all incident reports 3) The provider had identified trends but had not implemented corrective action.