

PDR Administrative Tool		
Weights for Scoring		
Element Number	Description	Weight
1	The provider has completed all aspects of required Level II Background Screening.	1
2	The provider received training in Zero Tolerance.	1
3	The provider received training in Direct Care Core Competency.	1
4	The provider received training in HIPAA.	1
5	The provider received training in Person Centered Approach/Personal Outcome Measures. (5 day POM training for WSCs addressed under WSC specific training requirements)	1
6	The provider received training with an emphasis on choice and rights(Included in 34 hour Statewide and 26 hour Area Specific training for WSCs/CDC+ Consultants)	1
7	The provider received training in the development and implementation of the required documentation for each waiver service provided. (Included in 34 hour Statewide and 26 hour Area Specific training for WSCs/CDC+ Consultants)	1
8	The provider received training on the Medicaid Waiver Services Agreement, its Attachments and the Developmental Disabilities Waiver Services Coverage and Limitations Handbook and its appendices. (Included in 34 hour Statewide and 26 hour Area Specific training for WSCs/CDC+ Consultants)	1
9	The provider received training specific to the scope of the services rendered. (Included in 34 hour Statewide and 26 hour Area Specific training for WSCs/CDC+ Consultants)	1
10	The provider received training specific to the needs or characteristics of the individual as required to successfully provide services and supports. (Included in 34 hour Statewide and 26 hour Area Specific training for WSCs/CDC+ Consultants)	1
11	If applicable, the provider received training in Medication Administration per FAC 65G-7.	1
12	If applicable, the provider has been validated on medication administration per FAC 65G-7.	1
13	The provider received required training regarding FAC 65G-8 (will reword for more clarity).	5
14	The provider received training in HIV/AIDS. (Infection Control now captured in Core Comp.)	1
15	The provider received training in Cardiopulmonary Resuscitation (CPR).	1
16	The provider received 8-hrs of annual in-service related to implementation of individually tailored services.	1
17	The provider received 34 hours of Statewide pre-service training.	1

PDR Administrative Tool		
Weights for Scoring		
Element Number	Description	Weight
18	The provider received 26 hours of Area- specific training.	1
19	The provider has received training on the Administration of APD Assessment Tool	1
20	The provider received 24 hours of ongoing annual job related training.	1
21	Provider received a Certificate of Consultant Training from a designated APD trainer.	1
22	The provider received 18 hours of pre-service certification training. If enrolled before March 1, 2004, a solo provider or agency staff is only required to have twelve (12) hours of pre-service training.	1
23	The provider has attended an employment-related conference.	1
24	The provider received 12 or 18 hours of pre-service certification training. (12 hrs prior to October 2003-18 hrs after October 2003).	1
25	The provider received 20 contact hours of instruction in a curriculum, meeting the requirements specified by the APD and approved by the APD-designated behavior analyst.	1
26-37	The provider meets all minimum educational requirements and levels of experience.	3
38	The provider has written policies and procedures on the use of the personal outcome process, and how individual outcome information will be incorporated into service delivery planning.	1
39	The provider has written policies and procedures governing how a person-centered approach to services will be provided in order to meet the needs of the recipients served and to achieve the personal goals on the support plan.	1
40	The provider is able to describe the organization’s person centered planning process, i.e. developing Implementation Plans, Support Plans, etc.	1
41	The provider has written policies and procedures that will promote the health and safety of every recipient who receives services (to include Abuse/Neglect, Incident Reports, Bill of Rights).	1
42	The provider can describe procedures for reporting any rights violations.	1
43	The provider has evidence of teaching individuals/legal representatives about their rights, e.g. signed receipt of the Bill of Rights of Persons with developmental disability, at least once annually.	1
44	The provider can describe reporting procedures for any incidents of abuse, neglect, and/or exploitation.	1
45	The provider has identified and addressed trends related to abuse, neglect, and exploitation.	1

PDR Administrative Tool		
Weights for Scoring		
Element Number	Description	Weight
46	All instances of abuse, neglect, and exploitation have been reported.	5
47	The provider has written policies and procedures which detail the safe administration and handling of medication in order to assure the health and safety of recipients served; if it is the policy of the provider that the provider or the provider's staff should not administer or assist in administration of medication, this should be clearly stated.	1
48	The provider tracks and addresses medication errors (if administering medication).	5
49	The provider has written policies and procedures to ensure the smooth transition of the recipient between providers and other supports and services.	1
50	The provider has written policies and procedures that address the provider's staff training plan and that specify how pre-service and in-service activities will be carried	1
51	The provider has written policies and procedures to address grievances.	1
52	The provider maintains a log of all grievances.	1
53	The provider has evidence of teaching the individual/legal representative about the grievance policy.	1
54	Individuals sign the provider's grievance policy within 30 days of beginning services and annually thereafter.	1
55	The provider has a written policy for conducting self-assessments.	1
56	The provider has completed a Self Assessment including all required components at least once in the past year.	1
57	The provider has taken quality improvement actions as a result of the self assessment.	1
58	The provider maintains a current table of organization, including board of directors (when applicable), directors, supervisors, support staff, and all other employees.	1
59	The provider tracks and addresses all incident reports.	5
60	The provider updates policies and procedures in a timely manner.	1
61	Vehicles used for transportation are properly insured and properly registered.	1
62	Drivers of transportation vehicles are licensed to drive vehicles used.	1
63-67	The provider has evidence of monitoring and reviewing projected service outcomes.	1

***Number 62 is actually Number 38 in the final Administrative Tool**

Adult Day Training

Element Number	Description	Weight
1	The Provider maintains copies of claims submitted for payment.	1
2	The Provider maintains daily attendance logs.	3
3	The current Implementation Plan including all required components is in the record.	3
4	The current Implementation Plan was completed within the required timeframes.	3
5	The current Implementation Plan is consistent with the corresponding Support Plan.	4
6	The record includes data to support the current Implementation Plan.	3
7	The record includes monthly summaries that reflect progress toward the person's goal(s).	3
8	The Provider has a current Annual Report (s) on file.	3
9	The Provider maintains current service authorization(s) for the service being rendered and billed.	1
10	The provider renders the service in accordance with the service authorization and the Handbook.	3
11	In a facility based ADT, individuals spend a minimum of four hours in specific training or program activities designed to meet their needs and personal goals.	4
12	Off site ADT services teach specific job skills and other services directed at meeting specific employment objectives.	4
13	The provider has a system in place to gather historical information about the person's behavioral and emotional health, with the person's/legal representative's consent.	5
14	The provider addresses the individual's communicated goals.	1
15	The provider addresses the individual's communicated choices and preferences.	1
16	The provider addresses the person's interests regarding community participation and involvement.	1
17	The provider is aware of the person's recent progress towards or achievement of personal goals.	1
18	The provider addresses the person's/legal representative's expectations regarding the services he/she is receiving.	1
19	At least annually, the provider conducts an orientation informing individuals of supported employment and other competitive employment opportunities in the community.	4
20	The Provider submits documents to the Waiver Support Coordinator as required.	1
Total Weight		50

Behavior Analysis

Element Number	Description	Weight
1	The Provider maintains copies of claims submitted for payment.	1
2	The provider has service logs for each date of service.	3
3	The provider has a copy of the assessment report completed within 30 days of initially providing services.	3
4	The provider maintains monthly summaries that include graphic displays and a brief description of events affecting the data displayed.	3
5	The provider has a current Behavior Analysis services plan within 90 days of initially providing services.	3
6	The Provider has a current Annual Report (s) on file.	3
7	The Provider maintains current service authorization(s) for the service being rendered and billed.	1
8	The provider renders the service in accordance with the service authorization and the Handbook.	3
9	If the targeted reduction behaviors meet the requirements identified in rule 65G-4.009, F.A.C., the LRC review date, and recommendations made specific to the plan, a review schedule for the plan must be included.	3
10	The provider has obtained LRC approval on the current behavior plan.	5
11	The approved behavior plan is being implemented as written and as approved.	4
12	The approved behavior plan identifies a time limit and a plan for fading or discontinuing the service.	1
13	Training for parents, caregivers and staff on the Behavior Plan is documented (when these persons are integral to the implementation or monitoring of a behavior analysis services plan).	1
14	The provider addresses the individual's communicated goals.	1
15	The provider addresses the individual's communicated choices and preferences.	1
16	The provider addresses the person's interests regarding community participation and involvement.	1
17	The provider is aware of the person's recent progress towards or achievement of personal goals.	1
18	The provider addresses the person's/legal representative's expectations regarding the services he/she is receiving.	1
19	Services are provided at mutually agreed upon times and settings.	1
20	The Provider submits documents to the Waiver Support Coordinator as required.	1
Total Weight		41

Behavior Assistant Services

Element Number	Description	Weight
1	The Provider maintains copies of claims submitted for payment.	1
2	The provider has service logs for each date of service.	3
3	The provider maintains monthly summaries and graphic displays of effects of behavioral service plan.	3
4	The provider has a current approved Behavioral Analysis services plan in the record prior to claims submission.	3
5	The responsible Behavior Analysis Services Local Review Committee chairperson or designee approves behavioral Assistant services.	3
6	The provider has documentation of required monitoring and supervision by the responsible Certified Behavior Analyst.	3
7	The provider has evidence of LRC approval on the current behavior plan.	4
8	The approved behavior plan is being implemented as written and as approved.	4
9	The approved behavior plan identifies a time limit and a plan for fading or discontinuing the service.	1
10	The Provider maintains current service authorization(s) for the service being rendered and billed.	1
11	The provider renders the service in accordance with the service authorization and the Handbook.	3
12	Training for parents, caregivers and staff on the Behavior Plan is documented (when these persons are integral to the implementation or monitoring of a behavior analysis services plan).	1
13	The provider addresses the individual's communicated goals.	1
14	The provider addresses the individual's communicated choices and preferences.	1
15	The provider addresses the person's interests regarding community participation and involvement.	1
16	The provider is aware of the person's recent progress towards or achievement of personal goals.	1
17	The provider addresses the person's/legal representative's expectations regarding the services he/she is receiving.	1
18	Services are provided at mutually agreed upon times and settings.	1
19	The provider submits documents to the Waiver Support Coordinator as required.	1
Total Weight		37

Companion

Element Number	Description	Weight
1	The Provider maintains copies of claims submitted for payment.	1
2	The provider has service logs for each date of service which identify activities that are reflective of the individual's support plan goals/outcomes.	3
3	The Provider maintains current service authorization(s) for the service being rendered and billed.	1
4	The provider renders the service in accordance with the service authorization and the Handbook.	3
5	Services are rendered in the individual's own home, or family home or while the individual is engaged in a community activity.	1
6	If the individual resides in a licensed home, the service takes place only in the community.	1
7	The service provided is directly related to an outcome on the individual's current support plan.	4
8	The provider addresses the individual's communicated goals.	1
9	The provider addresses the individual's communicated choices and preferences.	1
10	The provider addresses the person's interests regarding community participation and involvement.	1
11	The provider has a system in place to gather historical information about the person's behavioral and emotional health, with the person's/legal representative's consent.	5
12	The provider is aware of the person's recent progress towards or achievement of personal goals.	1
13	The provider addresses the person's/legal representative's expectations regarding the services he/she is receiving.	1
14	Services are provided at mutually agreed upon times and settings.	1
15	The Provider submits documents to the Waiver Support Coordinator as required.	1
Total Weight		26

CDC+ Consultant

Element Number	Description	Weight
1	The current Support Plan is in the record and is complete.	3
2	The current Support Plan was completed and submitted to the APD Area office within the required timeframes.	1
3	The current Support Plan was distributed to the participant/legal guardian & CDC+ Representative within the required timeframes.	1
4	The current Medicaid Waiver Eligibility Worksheet is in the record and complete.	3
5	The current approved Cost Plan is in the record.	3
6	Consultant assists participant with maintaining Medicaid eligibility and notifies employee's and Area CDC+ liaison when it is determined a participant is ineligible for Medicaid.	5
7	The record includes current outcome notes/personal outcome measures for the individual.	3
8	The current APD approved assessment is in the record.	3
9	Generic resources/supports are identified in the current Support Plan.	1
10	The current Support Plan reflects the individual's communicated personal goals.	4
11	The Consultant addresses the individual's communicated personal goals.	1
12	The Support Plan reflects the individual's communicated choices and preferences.	1
13	Community life is addressed in the current Support Plan.	1
14	The Consultant is aware of the person's recent progress towards or achievement of personal goals.	1
15	The Consultant addresses the individual's/legal representative's expectations of the services he/she is receiving.	1
16	The participant/legal guardian and CDC+ Representative are provided with education related to the benefits of Medication Reviews and preventive healthcare screenings.	4
17	The participant/legal guardian and CDC+ Representative are provided with education related to his/her own safety needs, i.e. natural disasters, community safety, home safety, etc.	4
18	The Consultant addresses the participant's health and health care needs.	5
19	The Consultant addresses the participant's safety needs and safety skills.	5
20	The Consultant can describe how participants are empowered to make informed decisions regarding their own health.	1
21	The Consultant can describe how participants are empowered to make informed decisions regarding their own safety.	1

22	The Consultant is aware of any history regarding abuse, neglect and/or exploitation for the participant.	4
23	The Consultant is aware of the participant's definition of abuse, neglect, and exploitation, and how the participant would report any incidents.	4
24	The Consultant has responded to indicators of fraud, abuse, neglect or exploitation and has reported any findings to proper authorities.	5
25	The Consultant has a back-up Consultant to provide supports in the event he/she is unavailable.	1
26	Completed/signed Participant-Consultant Agreement is in the record.	1
27	Completed/signed CDC+ Consent Form is in the record.	1
28	Completed/signed Participant-Representative Agreement is in the record.	1
29	Completed/signed Purchasing Plan is in the record.	3
30	Participant's Information Update form is completed and submitted to Area CDC+ liaison as needed.	1
31	When correctly completed/submitted by the participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month.	1
32	Consultant provides technical assistance to participant as necessary to meet participant's and Representative's needs.	1
33	Participant Monthly Review forms reflecting required monthly contact/activities (i.e. Annual HV's, bi-annual FF, TC's etc.) are filed in the participant's record prior to billing each month.	3
34	Consultant uses cash receipts log to track expenditures and cash on hand.	3
35	Consultant has taken action to correct any overspending by the participant.	4
36	Consultant initiates Corrective Action when appropriate. Completed/signed Corrective Action Plan is in the record.	4
37	The Emergency Back-up Plan is in the record and is reviewed annually.	5
Total Weight		94

CDC+ Representative

Element Number	Description	Weight
1	Complete and signed Participant/Representative Agreement is available for review.	1
2	Receipts and Detailed Monthly Logs for Cash Purchases are available for review.	3
3	Signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review.	3
4	Signed and approved Invoices for Vendor Payments are available for review.	3
5	Signed and approved receipts and/or statement of "Goods & Services" received are available for review.	3
6	Complete Employee Pacets for all direcly hred employees are availalbel for reievew.	1
7	Complete vendor packets for active vendors and independent contractos are avialble for review.	1
8	Background screening results for all Directly Hired Employees are available for review. (Screening level requirements are outlined on pg 64 in the Participant Notebook)	5
9	Complete and signed Job Descriptions for each service provider are available for review.	1
10	Signed Employee/Employer Agreement for each Directly Hired Employee (DHE) is available for review.	1
11	Signed and approved Purchasing Plan is available for review.	3
12	Copies of Current Support Plan and approved Cost Plan are available for review.	1
13	Emergency Backup Plan is complete and available for review.	5
14	Corrective Action Plan (if applicable) is signed by Participant/Representative and available for review.	1
Total Weight		32

In Home Support Services

Element Number	Description	Weight
1	The provider maintains copies of claims submitted for payment.	1
2	The provider has service logs for each date of service that are reflective of the individual's communicated personal goals.	3
3	The record includes monthly summaries that reflect progress toward the communicated personal goals.	1
4	The Provider maintains current service authorization(s) for the service being rendered and billed.	1
5	The provider renders the service in accordance with the service authorization and the Handbook.	3
6	Services are rendered in the individual's own home or while the individual is engaged in a community activity. (If individual is served on Tier 4 services can be rendered in the family home)	1
7	Services are rendered in licensed facilities only with specific APD authority.	3
8	Provider or provider's immediate family is not the recipient's landlord or has any ownership of the housing unit.	3
9	When the in-home support worker lives in the individual's home, the support worker pays an equal share of the room and board for the home.	3
10	If the individual is receiving in-home supports and supported living coaching, there is evidence of coordination between the services.	1
11	If renting, the lease (mortgage) is in the name of the individual receiving the service.	1
12	The service is provided in accordance with an outcome on the individual's support plan.	4
13	The provider addresses the individual's communicated goals.	1
14	The provider addresses the individual's communicated choices and preferences.	1
15	The provider addresses the person's interests regarding community participation and involvement.	1
16	The provider has a system in place to gather historical information about the person's behavioral and emotional health, with the person's/legal representative's consent.	5
17	The provider is aware of the person's recent progress towards or achievement of personal goals.	1
18	The provider addresses the person's/legal representative's expectations regarding the services he/she is receiving.	1
19	Services are provided at mutually agreed upon times and settings.	1

Florida Statewide Quality Assurance Program

20	The Provider submits documents to the Waiver Support Coordinator as required.	1
	Total Weight	37

Personal Care Assistance

Element Number	Description	Weight
1	The provider maintains copies of claims submitted for payment.	1
2	The provider has service logs for each date of service that are reflective of the individual's communicated personal goals.	3
3	The Provider maintains current service authorization(s) for the service being rendered and billed.	1
4	The provider renders the service in accordance with the service authorization and the Handbook.	3
5	The provider renders services to individuals living in their own home or family home.	1
6	The provider has a system in place to gather historical information about the person's behavioral and emotional health, with the person's/legal representative's consent.	5
7	The provider addresses the individual's communicated goals.	1
8	The provider addresses the individual's communicated choices and preferences.	1
9	The provider addresses the person's interests regarding community participation and involvement.	1
10	The provider is aware of the person's recent progress towards or achievement of personal goals.	1
11	The provider addresses the person's/legal representative's expectations regarding the services he/she is receiving.	1
12	Services are provided at mutually agreed upon times and settings.	1
13	The Provider submits documents to the Waiver Support Coordinator as required.	1
	Total Weight	21

Residential Habilitation

Element Number	Description	Weight
1	The provider maintains copies of claims submitted for payment.	1
2	The Provider maintains daily attendance logs.	3
3	The Provider has a current Annual Report (s) on file.	3
4	The record includes the current Implementation Plan (completed at the time of initial claim submission) including all required components.	4
5	The current Implementation Plan was completed within the required timeframes.	3
6	The record includes data to support the current Implementation Plan.	3
7	The record includes monthly summaries that reflect progress toward the person's goal(s) and if applicable graphic display of acquisition and reduction behaviors related to the implementation plan.	1
8	When applicable, the provider maintains documentation of LRC review dates and recommendations made specific to the plan and review schedules for the plan.	5
9	The record includes results of the annual satisfaction survey.	1
10	If this service is rendered in the family home (to a child aged 16-18), the service is directly related to a training goal on the person's support plan.	1
11	The Provider maintains current service authorization(s) for the service being rendered and billed.	1
12	The provider renders the service in accordance with the service authorization and the Handbook.	3
13	If the service is rendered in the person's own home, the provider is not the landlord nor has any interest in the ownership of the housing unit.	4
14	The provider addresses the individual's communicated goals.	1
15	The provider addresses the individual's communicated choices and preferences.	1
16	The provider addresses the person's interests regarding community participation and involvement.	1
17	The provider is aware of the person's recent progress towards or achievement of personal goals.	1
18	The provider addresses the person's/legal representative's expectations regarding the services he/she is receiving.	1
19	Services are provided at mutually agreed upon times and settings.	1
20	The Provider submits documents to the Waiver Support Coordinator as required.	1
Total Weight		40

Respite

Element Number	Description	Weight
1	The provider maintains copies of claims submitted for payment.	1
2	The provider has service logs for each date of service that are reflective of the individual's communicated personal goals.	3
3	The Provider maintains current service authorization(s) for the service being rendered and billed.	1
4	The provider renders the service in accordance with the service authorization and the Handbook.	3
5	The provider renders services only in the individual's own home, family home, licensed foster home, group home, ALF, or Home for Special Services.	3
6	The provider has a system in place to gather historical information about the person's behavioral, and emotional health with the person's/legal representative's consent.	5
7	The provider addresses the individual's communicated goals.	1
8	The provider addresses the individual's communicated choices and preferences.	1
9	The provider addresses the person's/legal representative's expectations regarding the services he/she is receiving.	1
10	The provider is aware of the person's recent progress towards or achievement of personal goals.	1
11	Services are provided at mutually agreed upon times and settings.	1
12	The Provider submits documents to the Waiver Support Coordinator as required.	1
Total Weight		22

Special Medical Home Care

Element Number	Description	Weight
1	The provider maintains copies of claims submitted for payment.	1
2	The file includes the current nursing care plan and revisions.	5
3	The provider has service logs for each date of service that are reflective of the individual's communicated personal goals.	3
4	The file includes the nursing assessment (completed at the time of the first claim submission and annually thereafter).	3
5	The file includes daily progress notes on days the service was rendered, directly related to the individual's plan of care and treatment.	5
6	The file includes a current prescription for the service.	3
7	The file includes the list of duties to be performed by the nurse.	1
8	The provider does not receive reimbursement for residential habilitation or residential nursing services.	5
9	The Provider maintains current service authorization(s) for the service being rendered and billed.	1
10	The provider renders the service in accordance with the service authorization and the Handbook.	3
11	The provider is a group home that employs registered nurses, licensed practical nurses, and certified nurse assistants licensed or certified in accordance with Ch 464.	5
12	The individual see's medical and dental professionals routinely and as needed.	5
13	The Provider addresses recommendations, MD orders and other service needs in a timely manner.	5
14	The Provider submits documents to the Waiver Support Coordinator as required.	1
	Total Weight	46

Support Coordination

Element Number	Description	Weight
1	The current Support Plan is in the record and complete.	3
2	The current Support Plan was completed and submitted to the APD Area office within the required timeframes.	1
3	The current Support Plan was distributed to the individual/legal representative/providers within the required timeframes.	1
4	The current Medicaid Waiver Eligibility Worksheet is in the record and complete.	3
5	The current approved Cost Plan is in the record.	3
6	The Support Coordinator issued current, accurate and approved service authorizations to the provider in accordance with approved APD rates and within required timeframes.	1
7	The record includes current outcome notes/personal outcome measures for the individual.	3
8	The current APD approved assessment is in the record.	3
9	Progress notes reflecting required monthly contact/activities are filed in the individual's record prior to billing each month.	3
10	The current Support Plan reflects the individual's communicated personal goals.	4
11	The Support Plan reflects the individual's communicated choices and preferences.	1
12	Generic resources/supports are identified in the current Support Plan.	1
13	Community life is addressed in the current Support Plan.	1
14	The Support Coordinator addresses the individual's interests regarding community participation and involvement.	1
15	The Support Coordinator addresses the individual's communicated personal goals.	1
16	The Support Coordinator is aware of the person's recent progress towards or achievement of personal goals.	1
17	The Support Coordinator addresses the individual's communicated choices and preferences.	1
18	The Support Coordinator addresses the individual's/legal representative's expectations of the services he/she is receiving.	1
19	The individual/legal representative is provided with education related to his/her own health needs, i.e. medications, side effects of medications, medication reviews, preventive healthcare.	4
20	The Support Coordinator addresses the individual's health and health care needs.	5
21	The Support Coordinator is aware of how individuals are empowered to make informed decisions regarding their own health.	1

22	The individual/legal representative is provided with education related to his/her own safety needs, i.e., natural disasters, community safety, home safety, etc.	4
23	The Support Coordinator addresses the individual's safety needs and safety skills.	5
24	The Support Coordinator is aware of how individuals are empowered to make informed decisions regarding their own safety.	1
25	The Support Coordinator is aware of the individual's history regarding abuse, neglect, and/or exploitation.	4
26	The provider is aware of the individual's definition of abuse, neglect, and exploitation and how the individual would report any incidents.	5
27	The Support Coordinator knows which rights are important to the individual.	1
28	The Support Coordinator can identify methods for teaching individuals about their rights, that are tailored to their learning style.	4
29	Referrals are made to non-HCBS waiver funded resources based upon the individual's expressed need or outcome.	1
30	The Support Coordinator has evidence of referrals to service providers and selection of or change to providers based upon individual choice.	1
31	The Support Coordinator has a back-up Support Coordinator to provide supports in the event he/she is unavailable.	1
32	Services are provided at mutually agreeable times and settings.	1
33	The Support Coordinator maintains a proper caseload size.	1
Total Weight		72

Supported Living Coaching

Element Number	Description	Weight
1	The provider maintains copies of claims submitted for payment.	1
2	The provider has service logs or time intervention logs for each date of service that are reflective of the individual's communicated personal goals.	3
3	The current Implementation/Transition Plan and all required components are in the record.	3
4	The current Implementation/Transition Plan was completed within the required timeframes.	1
5	The individual's Implementation plan reflects the individual's communicated personal goals.	4
6	The initial Housing Survey and ongoing quarterly updates are in the record.	5
7	The Functional Community Assessment is in the file (completed prior to the person moving into the supported living arrangement and updated annually thereafter).	1
8	The Provider has a current Annual Report (s) on file.	3
9	An annual satisfaction survey as described in rule 65G-5.007, F.A.C is in the record.	1
10	The provider maintains current service authorization(s) for the service being rendered and billed.	1
11	The provider renders the service in accordance with the service authorization and the Handbook.	3
12	The file includes updated information regarding the demographic, health, medical and emergency information, and a complete copy of the current support plan.	5
13	The provider addresses the individual's communicated goals.	1
14	The provider addresses the individual's communicated choices and preferences.	1
15	The provider addresses the person's interests regarding community participation and involvement.	4
16	The provider is aware of the person's recent progress towards or achievement of personal goals.	1
17	The provider addresses the person's/legal representative's expectations regarding the services he/she is receiving.	1
18	The provider has a system in place to gather historical information about the person's behavioral and emotional health with the person's/legal representative's consent.	5
19	The provider addresses the individual's health and health care needs.	5
20	The individual is provided with education related to his/her own health needs, i.e. medications, side effects of medications, medication reviews, preventive healthcare.	4

Florida Statewide Quality Assurance Program

21	The individual see's medical and dental professionals routinely and as needed.	5
22	The provider is aware of the individual's safety needs and safety skills.	5
23	The individual is provided with education related to his/her own safety needs, i.e. natural disasters, community safety, home safety, etc.	4
24	The provider knows which rights are important to the individual.	1
25	The provider identifies methods for teaching individuals about their rights that are tailored to their learning style.	4
26	The provider describes how individuals are empowered to make informed decisions regarding their own health.	1
27	The provider describes how individuals are empowered to make informed decisions regarding their own safety.	1
28	The provider is aware of the individual's history regarding abuse, neglect, and/or exploitation.	4
29	The provider is responsive to the individual's definition of abuse, neglect, and exploitation and how the individual would report any incidents.	5
30	The provider has an on-call system that allows individuals' access to services for emergency assistance 24 hours per day, 7 days per week.	5
31	Referrals are made to non-HCBS waiver funded resources based upon the individual's expressed need or outcome.	1
32	Services are provided at mutually agreed upon times and settings.	1
33	The Provider submits documents to the Waiver Support Coordinator as required.	1
Total Weight		91

Supported Employment

Element Number	Description	Weight
1	The provider maintains copies of claims submitted for payment.	1
2	The provider has service logs for each date of service that are reflective of the individual's communicated personal goals.	3
3	The record includes monthly summaries that reflect progress toward the communicated personal goals(s).	3
4	The provider has evidence of documentation, in the form of a letter from Vocational Rehabilitation (VR) Services or a case note detailing contact with a named VR representative, indicating a lack of available VR funding for supported employment.	1
5	The current Implementation/Employment Plan and all required components are in the record.	3
6	The current Implementation/Employment Plan was completed within the required timeframes.	1
7	The person's current Implementation/Employment plan reflects the individual's communicated personal goals.	4
8	The Provider has a current Annual Report (s) on file.	3
9	The provider maintains current service authorization(s) for the service being rendered and billed.	1
10	The provider renders the service in accordance with the service authorization and the Handbook.	3
11	The provider assists with the acquisition of skills related to accessing and maintaining employment or developing and operating a small business through supports typical to the workplace.	1
12	The provider assists individuals in securing employment according to their desired outcomes, including type of work environment, activities, hours of work, level of pay and supports needed.	1
13	The provider assists individuals with retention and improvement of skills related to maintaining employment or developing and operating a small business.	1
14	The provider includes activities, such as supervision and training, needed for individuals to sustain paid work at or above minimum wage.	1
15	Services are provided in the individual's place of employment, in the community or in a setting mutually agreed to by the supported employee, the employment coach/consultant and the employer.	1
16	The provider notifies the support coordinator within five working days of a change in an individual's employment location.	1

Florida Statewide Quality Assurance Program

17	Individuals who work an average of less than 20 hours per week or who remain in job development status have at least a quarterly review and documented attempts to increase work hours or secure an appropriate job.	4
18	The provider addresses the individual's communicated goals.	1
19	The provider addresses the individual's communicated choices and preferences.	1
20	The provider addresses the person's interests regarding community employment related outreach, linkage.	4
21	The provider is aware of the person's recent progress towards or achievement of personal goals the person has recently achieved.	1
22	The provider addresses the person's/legal representative's expectations regarding the services he/she is receiving.	1
23	The provider is able to describe methods for teaching individuals about rights that are tailored to their learning style.	1
24	The Provider submits documents to the Waiver Support Coordinator as required.	1
Total Weight		43

Service Specific Record Review
 Number of Elements and Weighted
 Value

Service	Number of elements	Weight
ADT	20	50
BA	20	41
BASS	19	37
Comp	15	26
CDC-C	37	94
CDC-R	14	32
IHSS	20	37
PCA	13	21
ResHab	20	40
Respite	12	22
SMHC	14	46
SC	33	72
SE	24	43
SLC	33	91