Administrative Tool

- iBudget Handbook -

Any changes to Florida Statute, Florida Administrative Code or other AHCA/APD rule requirements will supersede requirements identified in this Administrative Review Tool and Service Specific Review Tools.

		General Administrative	
#	**Performance Measure/Standard**	**Protocol**	**Not Met Reasons**
1	The provider maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	iBudget Handbook Section 435.12(2)(c) F.S. All providers, agency and solo (independent) are required to create and maintain an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse. Request a printed copy (may also be viewed electronically) of the Employee/Contractor Roster from the DCF/APD Clearinghouse. The proper DCF/APD Employee/Contractor Roster must display all of the following column labels: • Last Name • First Name • Provider • Position • Provisional Hire Contract Date • Permanent Hire Contract Date • Retained Prints Expiration Date • End Date Refer to APD Provider Advisory #2022-003 Background Screening Rosters Requirements Link to APD Provider Advisories https://apd.myflorida.com/providers/advisories.htm **Note:** The excel export of the Clearinghouse Roster cannot be accepted. **Not Met on this standard is an automatic Alert**	1) Provider did not present evidence of the Employee/Contractor Roster within the DCF/APD Background Screening Clearinghouse. (A)

2	Agency vehicles used for transportation are properly insured.	iBudget Handbook If provider does not transport individuals in agency owned vehicles, score this standard N/A. Determine if the provider uses agency owned vehicles to provide transportation to individuals/people served. • If transportation is provided using agency owned vehicles determine which vehicles are used to transport individuals. • Verify insurance coverage for the entire period of review for each identified vehicle. This may require review of up to three 6-month policies. If copy of current vehicle insurance is present at the time of the review but was not current for the entire period of review, score Not Met without an Alert. If copy of current vehicle insurance is not present at the time of the review, score as Not Met **with an Alert.**	1) Provider did not have a copy of current vehicle insurance in the record at the time of the review. (A) 2) Provider documentation demonstrated vehicle insurance was current at the time of the review but was not current the entire period of review. 3) Provider documentation demonstrated vehicle insurance was not current at the time of the review but was current during some of the period of review. (A)
3	Agency vehicles used for transportation are properly registered.	iBudget Handbook If provider does not provide transportation to individuals in agency owned vehicles, score this standard N/A. Determine if the provider uses agency owned vehicles to provide transportation to individuals/people served. • If transportation is provided in agency owned vehicles determine which vehicles are used to transport individuals. • Verify a copy of vehicle registration is in the record covering the entire period of review for each identified vehicle. This may require review of two vehicle registrations.	1) Provider did not have a copy of vehicle registration in the record at the time of review. 2) Provider documentation demonstrated provider had a copy of current vehicle registration but the vehicle registration did not cover the entire period of review. 3) Provider documentation demonstrated provider did not have a copy of the current vehicle registration in the record, but did have a copy of an expired vehicle registration covering some of the review period.

4	The provider addresses all incident reports.	iBudget Handbook APD Operating Procedure #: 3-0006 Request all incident reports completed within the period of review (Official APD reports and internal forms when applicable). Through documentation/record reviews, conversations with the provider and individuals served determine if all known incidents have been properly documented and reported. • Ask the provider to describe method of effectively identifying and addressing all incident reports. • Request all incident reports completed within the period of review. ○ All follow-up measures taken by the provider to protect the person, gain control, or manage the situation must be noted on the incident report. The measures must specify what actions will be taken to mitigate a recurrence of the same type of incident. • Determine outcome of incidents and follow-up needed. • Review provider documentation to determine if necessary action has been taken to mitigate a recurrence of the same types of incidents in each case. • When available, review incident related information supplied by the APD Regional office.	1) Provider documentation did not demonstrate the provider completed incident reports when required. 2) Provider documentation did not demonstrate all incident reports had been addressed. 3) Provider documentation did not demonstrate that required follow up to incidents had been addressed. 4) Provider documentation did not demonstrate the provider had taken necessary action to mitigate a recurrence of the same types of incidents.
5	The provider identifies and addresses concerns related to abuse, neglect, and exploitation.	iBudget Handbook Through review of incident reports, documentation/record reviews, conversations with the provider and individuals served determine if all known concerns related to abuse, neglect, and exploitation (ANE) have been addressed. • Ask the provider to describe the process used to identify and address concerns related to abuse, neglect, and exploitation.	1) Provider documentation did not demonstrate the provider identified and addressed concerns related to abuse, neglect, and exploitation. 2) Provider documentation demonstrated the provider identified but did not address concerns related to abuse, neglect, and exploitation.

		• Review available incident/accident reports for the period of review. • Documentation showed investigation of any ANE. • Documentation showed appropriate corrective action based on investigation findings.	3) Provider documentation did not demonstrate appropriate corrective action was taken.
6	All instances of abuse, neglect, and exploitation are reported.	iBudget Handbook Provider agencies cannot require their employees to first report such information to them before permitting their employees to call the Florida Abuse Hotline or 911. Any person who knowingly and willfully fails to report a case of known or suspected abuse, neglect, or exploitation of a vulnerable adult or prevents another person from doing so is guilty of a misdemeanor of the second degree. Through review of incident reports, documentation/record reviews, conversations with the provider and individuals served determine if all known instances of abuse, neglect, and exploitation have been reported. • Ask the provider to describe system of reporting abuse, neglect, and exploitation. • Ask the provider if there have been any calls made to the Florida Abuse Hotline within the review period related to allegations of ANE. ○ The calls could have been allegations against the provider or made by the provider on behalf of a person served against someone else. • Request all incident reports completed within the period of review. • Look for evidence the provider is reporting suspicion of abuse, neglect or exploitation in consumer records, a log, or in other documentation.	1) Provider documentation did not demonstrate all instances of abuse, neglect, and/or exploitation had been reported. 2) Provider documentation demonstrated all instances of abuse, neglect, and/or exploitation were reported to the Florida Abuse Hotline but not to the APD Regional office.

		• During documentation review, look for any instances where the provider may have had suspicions, but did not or hesitated to make a report.	
7	The provider identifies addresses and reports all medication errors.	iBudget Handbook Rule 65G-7 F.A.C. If the provider (agency or solo) does not administer or supervise the self-administration of medications, score N/A. If the provider (agency or solo) does administer or supervise the self-administration of medications, request and review all Medication Error Reports (APD Form 65G7-05) completed during the period under review. • Review provider documentation for any indications of medication administration errors that may be identified in Service Logs, Daily Progress Notes, or MARs to determine if there should be a corresponding Medication Error Report. Through review of incident reports, medication error reports, documentation/record reviews, conversations with the provider and individuals served determine if all known medication errors have been properly documented and reported. • Ask the provider to describe method of identifying, documenting, and reporting medication errors. • Ask the provider what, if any, follow-up actions are taken when errors do occur. • Review provider documentation related to follow-up, steps taken to prevent a recurrence.	1) Provider documentation did not demonstrate the provider identified, addressed, and reported all medication errors. 2) Provider documentation demonstrated provider identified medication errors but did not address one or more medication errors. 3) Provider documentation demonstrated the provider did not report one or more medication errors.
8	If provider operates Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst.	iBudget Handbook If the provider does not operate Intensive Behavior Group Homes, score N/A.	1) Provider documentation did not demonstrate the Program/Clinical Services Director meets the minimum qualifications of a Level 1 Behavior Analyst.

		Review the personnel record of the Program or Clinical Services Director to determine the following: • The Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst, including a Doctorate Level Board Certified Behavior Analyst or a Masters Level Board Certified Behavior Analyst, or a practitioner licensed under Chapter 490 or 491, F.S. with training and experience providing behavior analysis services to special populations. • The Program or Clinical Services Director must be in place at the time of designation of the organization as an intensive behavioral residential habilitation program. Look for copies of college transcripts, college degree, associate's degree, professional license, driver's license, job application, resume, letters of reference, and/or reference checks.	
9	If provider operates Enhanced Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst.	iBudget Handbook If the provider does not operate Enhanced Intensive Behavior Group Homes, score N/A. Review the personnel record of the Program or Clinical Services Director to determine the following: • The Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst, including a Doctorate Level Board Certified Behavior Analyst or a Masters Level Board Certified Behavior Analyst, or a practitioner licensed under Chapter 490 or 491, F.S. with training and experience providing behavior analysis services to special populations. • The Program or Clinical Services Director must be in place at the time of designation of the organization as an intensive behavioral residential habilitation program.	1) Provider documentation did not demonstrate the Program/Clinical Services Director meets the minimum qualifications of a Level 1 Behavior Analyst.

		Look for copies of college transcripts, college degree, associate's degree, professional license, driver's license, job application, resume, letters of reference, and/or reference checks.	
		Qualifications and Training	
#	**Performance Measure/Standard**	**Protocol**	**Not Met Reasons**
1	The provider has completed all aspects of required Level II Background Screening.	iBudget Handbook Section 393.065, 435.04 and 409.907 F.S. Provider applicants and enrolled providers must comply with the requirements of a Level II screening in accordance with sections 435.04 and 409.907, F.S. Prior to employment and every five years thereafter the provider/employee must complete a Level II background screening with results indicating no disqualifying offenses or receive an exemption from disqualification. Required components must include: • Complete APD Affidavit/Attestation of Good Moral Character • Conduct a Local Law/Criminal Records Check within the county of residence at the time of hire/re-screening • Obtain APD General FDLE/FBI clearance ("Eligible" status) through the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse. Review personnel files and other provider documents for evidence of compliance. • Determine date of hire • Request current Affidavit/Attestation of Good Moral Character, Local Law/Criminal Records check and FDLE/FBI APD General screening from the Clearinghouse. **<u>Required APD Affidavit/Attestation of Good Moral Character</u>**	1) Provider did not present a current, complete, signed and dated APD Attestation of Good Moral Character. 2) Current Attestation of Good Moral Character presented by provider was not the APD Attestation. 3) The affiant's initials were not next to one or more acknowledgement statements on the current APD Attestation of Good Moral Character presented. 4) The affiant's signature was not on the current APD Attestation of Good Moral Character presented. 5) The affiant did not date the current Attestation of Good Moral Character presented. 6) Provider did not present a current complete, signed, and notarized APD Affidavit of Good Moral Character. 7) Current Affidavit presented was not the APD Affidavit of Good Moral Character. 8) The signature of the affiant was not on the current APD Affidavit of Good Moral Character presented. 9) The signature of the notary was not on the current APD Affidavit of Good Moral Character presented.

		The APD Attestation of Good Moral Character was released January 2019 to replace the August 2010 APD Affidavit of Good Moral Character (Identified in APD Provider Advisory #2019-001 Effective Date: January 15, 2019) During the phase-in period the APD Attestation of Good Moral Character should replace the Affidavit of Good Moral Character as five-year re-screenings are completed or the Affidavit of Good Moral Character expires, whichever comes first. Only the APD Attestation/Affidavit of Good Moral Character is acceptable. Attestations/Affidavits from AHCA, DCF, CDC+ or other entities cannot be accepted. APD Attestation of Good Moral Character can be found on the APD website using the link below https://apd.myflorida.com/background-screening/requirements.htm APD Attestation of Good Moral Character • APD Attestation must include the affiant's initials by each acknowledgement statement • APD Attestation must include the signature of the affiant • APD Attestation must be dated • APD Attestation is not required to be notarized • Determine if the APD Attestation was completed within the previous five years APD Affidavit of Good Moral Character • APD Affidavit must have a revision date of no earlier than 8/1/10. • APD Affidavit must include the signature of the affiant • APD Affidavit must be signed, dated and stamped by a certified notary	10) The date signed by the notary was not on the current APD Affidavit of Good Moral Character presented. 11) The notary's commission stamp was not on the current APD Affidavit of Good Moral Character presented. 12) The notary's commission stamp was expired at the time the APD Affidavit of Good Moral Character was notarized. 13) Provider did not present a current Local Law/Criminal Records Check. (A) 14) Current Local Law/Criminal Records Check presented was not obtained within the county of residence at the time of screening. (A) 15) The issuing agency stamp/signature was not on the current Local Law/Criminal Records Check presented. (A) 16) The date of completion was not indicated by the issuing agency on the current Local Law/Criminal Records Check presented. (A) 17) A potentially disqualifying offense with a final disposition of "Guilty" was indicated on the current Local Law/Criminal Records Check presented. (A) 18) A potentially disqualifying offense with no documentation demonstrating final disposition was indicated on the current Local Law/Criminal Records Check presented. (A) 19) Current Local Law/Criminal Records Check was obtained from a source not authorized by the State Office. (A)

		• Determine if the APD Affidavit was completed within the previous five years **Note:** APD Affidavit/Attestation of Good Moral Character must be completed prior to the date of the review. **<u>Required Local Law/Criminal Records Check</u>** Determine date of Local Law/Criminal Records check • Local Law/Criminal Records check must be conducted in the provider/employee's county of residence at the time of hire and at the time of each 5-year re-screening. • Local Law/Criminal Records check must be conducted through local law enforcement agencies. **Public <u>Internet search results are not acceptable unless specifically authorized by the APD State Office.</u>** Review available documents to verify if potential disqualifying offenses are listed (refer to Affidavit/Attestation of Good Moral Character). • If a potentially disqualifying offense is found on a local Record of Arrests and Prosecutions (RAP) sheet or other law enforcement document, review documents to determine final disposition. • If available documentation does not indicate a final disposition or indicates a disposition of "guilty" score Not Met with an Alert - even if there is a current APD General FDLE/FBI clearance in the file. **Note:** Local Law/Criminal Records Check must be completed prior to the date of the review. **<u>Required Level Two Background Screening</u>**	20) Provider did not present evidence of current APD General FDLE/FBI clearance from the Clearinghouse. (A) 21) Provider was not fully re-screened following a greater than 90 day lapse in employment. (A)

		All background screening must be obtained through the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse. • Final result must indicate a status of “Eligible” under APD General. • Clearinghouse screening results may be viewed electronically or the provider may choose to present a printed copy. When the most recent FDLE/FBI APD General clearance presented was completed prior to the employee hire date, review the employee application and reference checks to determine the following: • Was the employee continuously employed a position that required an APD General screening clearance prior to their current date of hire? • If not, was there more than a 90-day gap between their current hire date and last employment date that required the APD General screening clearance? If there was more than a 90-day gap in employment (requiring APD General screening clearance) at any time since the most recent APD General screening was completed a new full screening was required. • <u>Score Not Met with an Alert if not completed at time of hire</u> 5-year re-screenings require a new APD Affidavit/Attestation of Good Moral Character, new Local Law/Criminal Records check, and new APD General FDLE/FBI clearance through the Clearinghouse. Note: If all components of the level 2 screening are complete at the time of the review but were not completed within required timeframes, score as “Met” and add a Discovery statement regarding timeliness.	

		• "At the time of the review" is defined as "completed no later than the day prior to the start of the review". **Note:** FBI/FDLE Records Check must be completed prior to the date of the review. **Not Met on this standard is an automatic Alert unless related to the APD Affidavit/Attestation of Good Moral Character** Any changes to Florida Statute, Florida Administrative Code or other APD rule requirements will supersede any requirements identified in this standard.	

2	The employment status of the provider/employee is maintained on the Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	iBudget Handbook
		Section 435.12(2)(c) F.S.
		
		Agency and Solo providers are required to maintain an Employee/Contractor Roster in the DCF/APD Background Screening Clearinghouse.
		• Request a printed copy (may also be viewed electronically) of the Employee/Contractor Roster from the Clearinghouse.
		  ○ Score standard Not Met if the provider does not have an Employee/Contractor Roster from the Clearinghouse.
		• Review Roster to locate provider/employee name
		  ○ Score standard Not Met if the provider/employee name is not on the Roster.
		• Review the Retained Prints Expiration Date on the Roster.
		  ○ Score standard Not Met if the retained prints date is expired.
		
		Note: The excel export of the Clearinghouse Roster cannot be accepted.
		
		Not Met on this standard is an automatic Alert
			1) Employee/Contractor Roster was not present. (A)
			2) Provider/employee name was not listed on the Employee/Contractor Roster. (A)
			3) Retained Prints Date on the Employee/Contractor Roster was expired. (A)

3	The provider received training in Zero Tolerance.	iBudget Handbook Zero Tolerance training must be completed as a pre-service training and every three years thereafter. Training may only be obtained by: • Attending a classroom training conducted by an APD approved trainer • Using TRAIN Florida available 5/18/16 • Other APD approved training resources as they become available *Current approved APD web-based or classroom training resources are maintained on the APD website Main APD Provider Training Portal Page: http://apd.myflorida.com/providers/training/ Current APD Approved Trainers http://ptc.apd.myflorida.com/AvailableTraining.aspx?TrainingType=2 Review personnel files and other provider training records for evidence of required training. • Determine date of hire • Determine date of most recent training and previous training ○ Most recent training must have been completed less than 3 years prior to the date of review. ○ Previous training must have been completed less than 3 years prior to the most recent training date. • If hired within the period of review, determine if initial training was completed prior to providing direct care service.	1) Provider did not present documented evidence of completing mandatory training in Zero Tolerance. 2) Provider presented documented evidence of completing training in Zero Tolerance but not from an APD approved trainer/source. 3) Completion date of the most recent training in Zero Tolerance presented exceeds 3 years. 4) Provider documentation demonstrated completion of Zero Tolerance training was not completed prior to providing direct care service. 5) The name of the participant was not included on the classroom certificate of completion presented. 6) The title of the course was not included on the classroom certificate of completion presented. 7) The date(s) of completion was not included on the classroom certificate of completion presented. 8) The name of the trainer and signature was not included on the classroom certificate of completion presented. 9) Evidence of appropriate trainer credentials were not included with the classroom certificate of completion presented. 10) Classroom certificate of completion was not presented on the standardized APD certificate.

		• Verify training was completed via an APD approved method/source/trainer. Classroom – Certificate of completion must be on a standardized APD certificate. The following elements must be included on the certificate: • The participant's name (printed or typed) • Title of the course • Date the training occurred • Name of the trainer (printed or typed) and signature • Approved Trainer Code 2/1/2016 forward • Training conducted 1/1/16 forward must have evidence the trainer has appropriate credentials (for APD courses a copy of the trainer's certificate provided by APD) o **Authorized trainer certificates must have been issued or re-issued since 2016 and include their trainer approval code to be considered valid.** Acceptable evidence of completing this training in TRAIN include the standard printed certificate or official transcript generated by TRAIN Florida. TRAIN Florida certificates must contain: • Participant's name • Title of the course • Date course was completed • Must be the official TRAIN Certificate • TRAIN Florida learner's User ID Not Met reason #4 only applies to providers who were hired within the period of review. Note: With the exception of Not Met reason #4, if provider has evidence training is current at the time of review, but it is noted there was a lapse in completion between most current training date	11) TRAIN Florida certificate of completion presented was not presented on the standardized certificate. 12) TRAIN Florida certificate of completion presented did not include the TRAIN User ID of the learner.

		and previous training date score as Met and add a Discovery statement describing the lapse. This training is required once every three years.	
4	The provider received training in Direct Care Core Competencies.	iBudget Handbook This standard applies to providers enrolled/hired after implementation of the APD "Direct Care Core Competencies" curriculum (Formerly "Core Competency") 5/18/2016 and providers hired/enrolled prior to that date who have taken this course to replace the previous version. Direct Care Core Competencies covers the following topics and replaces the standards identified: – Basic Person-centered Planning (formerly 4b) • Introduction to Developmental Disabilities (Formerly DCCC) • Maintaining Health and Safety (Formerly DCCC) • Individual Choices, Rights and Responsibilities (Formerly 4c) Review personnel files and other provider training records for evidence of required training. • Determine date of hire • Determine date of training • Determine training was completed within 90 days of providing services • Verify training was completed using an APD approved method From new "Direct Care Core Competencies" curriculum implementation date forward options to obtain this training include: • Attending an APD classroom session conducted by a current APD authorized trainer;	1) Provider did not present verification of completing training in Direct Care Core Competencies. 2) Provider presented documented evidence of completing training in Direct Care Core Competencies but not from an APD approved trainer/source. 3) The participant's name (printed or typed) was not included on the classroom certificate of completion presented. 4) The title of the course was not included on the classroom certificate of completion presented. 5) The date of completion was not included on the classroom certificate of completion presented. 6) The name and signature of the trainer was not included on the classroom certificate of completion presented. 7) Evidence of appropriate trainer credentials were not included with the classroom certificate of completion presented. 8) Classroom certificate of completion was not presented on the standardized APD certificate. 9) TRAIN Florida certificate of completion presented was not presented on the standardized certificate.

		• Accessing an APD approved web-based course. Acceptable evidence of classroom training is a **standardized APD certificate for "Direct Care Core Competencies" which must include: • The participant's name (printed or typed) • Title of the course • Date(s) the training occurred • Name of the trainer (printed or typed) **and** signature • Training conducted 1/1/16 forward must have evidence that the trainer has appropriate credentials (for APD courses a copy of the trainer's certificate provided by APD) ○ **Authorized trainer certificates must have been issued or re-issued since Feb 2016 and include their trainer approval code to be considered valid.** Acceptable evidence of completing this training in TRAIN include the standard printed certificate or official transcript generated by TRAIN Florida. TRAIN Florida certificates must contain: • Participant's name • Title of the course • Date course was completed • Must be the official TRAIN Certificate • TRAIN Florida learner's User ID (August 2018 forward) APD Approved Trainers http://ptc.apd.myflorida.com/AvailableTraining.aspx?TrainingType=2 Not Met reason #11 only applies to providers who began working within the period of review.	10) TRAIN Florida certificate of completion presented did not include the TRAIN User ID of the learner. 11) Certificate of completion presented demonstrated the provider completed the training but not within 90 days of initially providing services.

		This training is only required one time	
4a	The provider received training in Direct Care Core Competency. (Old)	iBudget Handbook This standard applies only to the old two part Direct Care Core Competency training: “Intro to Developmental Disabilities” and “Health and Safety”. Both modules were required. If the provider has taken the updated Direct Care Core Competencies training, score this standard NA. Availability of this 2 part curriculum training ended with the implementation of TRAIN 5/18/16 • Exception – Authorized trainers were able to continue training using the old curriculum until 1/31/16. • Exception – Providers were able to register with TCC until 8/18/16 and had 90 days to complete the course online. Review personnel files and other provider training records for evidence of required training. • Determine date of hire • Determine date of training • Verify training was completed using an APD approved method **<u>Prior to 1/31/17 options to obtain this training included:</u>** • Attending an APD classroom session conducted by an authorized APD trainer; • Accessing the Tallahassee Community College (TCC) on-line courses; • Attending a classroom training session conducted by a provider who has been certified by APD to conduct the training; • Using the CD issued to Florida ARC and Florida ARF effective 11/5/10.	1) Provider did not present documented evidence of completing training in Direct Care Core Competency. 2) Provider presented documented evidence of completing training in Direct Care Core Competency but not from an APD approved trainer/source. 3) TCC official or unofficial transcript for Health and Safety did not reflect a passing score (S). 4) TCC official or unofficial transcript for Introduction to Developmental Disabilities did not reflect a passing score (S). 5) Provider completed training on Introduction to Developmental Disabilities but not Health and Safety. 6) Provider completed training on Health and Safety but not Introduction to Developmental Disabilities. 7) Provider presented a non-APD approved CD training certificate of completion. 8) The participant’s name (printed or typed) was not included on the classroom certificate of completion presented. 9) The title of the course was not included on the classroom certificate of completion presented. 10) The date of completion was not included on the classroom certificate of completion presented. 11) The name and signature of the trainer was not included on the classroom certificate of completion presented.

		• Using the old CD (valid through 6/30/09); Acceptable evidence of classroom training is a **standardized APD certificate for "Intro to Developmental Disabilities" and a certificate for "Health and Safety" which must include: • The participant's name (printed or typed) • Title of the course • Date the training occurred • Name of the trainer (printed or typed) **and** signature • Training conducted 1/1/16 forward must have evidence the trainer has appropriate credentials (for APD courses a copy of the trainer's certificate provided by APD) *Certificates should not indicate the same date of completion. Each training is intended to take roughly 6 hours and the hours should be indicated on the certificate. Acceptable evidence of training via Tallahassee Community College (Web-Based): • Official or unofficial transcript indicating a score of "S" for both "Intro to Developmental Disabilities" and "Health and Safety". • TCC does not issue certificates. Note: Copies of completed tests in lieu of the unofficial transcripts are **not acceptable** as evidence of completion. Providers can log in to the TCC system and retrieve transcripts. A standardized certificate for "Intro to Developmental Disabilities" and a certificate for "Health and Safety" were developed specifically for this CD training. Acceptable evidence of training received must include: • The participant's name (printed or typed) • Title of the course	12) Evidence of appropriate trainer credentials were not included with the classroom certificate of completion presented. 13) Classroom certificate of completion was not presented on the standardized APD certificate. 14) The participant's name was not included on the non-Classroom certificate of completion presented. 15) The title of the course was not included on the non-Classroom certificate of completion presented. 16) The date of completion was not included on the non-Classroom certificate of completion presented. 17) The name of approved entity providing training was not included on the non-classroom certificate of certificate presented. 18) Non-Classroom certificate of completion presented was not from an APD approved entity.

		• Date the training occurred • Name of the trainer (printed or typed) and/or signature Acceptable evidence of web-based training include the printed certificate or transcript generated by the entity that provided the training which must contain: • Participant's name • Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required) • Date(s) or period over which training course was completed and notation that course was successfully completed • Name of approved entity providing training **Prior to 2/28/09 options to obtain this training included:** • Attending an APD classroom session conducted by APD; • Taking the Tallahassee Community College (TCC) on-line course; • Using the old CD (valid through 6/30/09). Evidence of this training may be in the form of: • Standard certificate of participation from APD **or** • Affidavit of Completion signed by the participant if completed via the old CD • Tallahassee Community College official or unofficial transcript indicating completion of "Introduction to Developmental Disabilities" and "Health and Safety" modules with a score of "S". (Requirement of a passing score implemented May 2007) Note: Older certificates received from APD (prior to 2009) may be a single certificate usually indicating training on "Core Competency".	

		APD Approved Trainers http://ptc.apd.myflorida.com/AvailableTraining.aspx?TrainingType=2 This training is only required one time.	
4b	The provider received training in Basic Person Centered Planning.	iBudget Handbook If the provider has successfully completed the 2016 Direct Care Core Competencies (standard 4), score this standard NA. • Providers hired prior to 5/18/16 were required to complete training on individually determined goals or other person-centered approach as a separate training. There was not a standard curriculum. • Providers hired between 5/18/16 and 1/31/17 could obtain the training separately or through successful completion of Direct Care Core Competencies training taken face to face from an APD authorized trainer or through Florida TRAIN. • Providers hired 2/1/17 forward must receive Direct Care Core Competencies training face to face from an APD authorized trainer or through TRAIN Florida. Review personnel files and other provider training records for evidence of required training. • Determine date of hire • Determine date of training • Determine training was completed within 90 days of providing services. • Look for evidence of training on Basic Person-Centered Planning. Acceptable evidence of classroom training is a certificate of completion containing the following elements:	1) Provider did not present documented evidence of completing training specific to Person Centered Planning. 2) The participant's name (printed or typed) was not included on the classroom certificate of completion presented. 3) The title of the course was not included on the classroom certificate of completion presented. 4) The date of completion was not included on the classroom certificate of completion presented. 5) The name and signature of the trainer was not included on the classroom certificate of completion presented. 6) Classroom certificate of completion presented demonstrated the provider completed the training but not within 90 days of initially providing services. 7) The participant's name was not included on the non-Classroom certificate of completion presented. 8) The title of the course was not included on the non-Classroom certificate of completion presented. 9) The dates or period over which course was completed was not included on the non-

		• The participant's name (printed or typed) • Title of the course • Date training occurred • Name of the trainer (printed or typed) **and** signature Acceptable evidence of non-classroom APD approved training includes the printed certificate or transcript generated by the entity that provided the training which must contain: • Participant's name • Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required) • Date(s) or period over which training course was completed and notation that course was successfully completed • Name of approved entity providing training Not Met reason #6 only apply to providers/staff who began working within the period of review. This training is required one time.	Classroom certificate of completion presented. 10) The name of approved entity providing training was not included on the non-classroom certificate of certificate completion presented. 11) Non-Classroom certificate of completion presented was not from an APD approved entity.
4c	The provider received training on Individual Choices, Rights and Responsibilities	iBudget Handbook If the provider has successfully completed the 2016 Direct Care Core Competencies (standard 4), score this standard NA. • Providers hired prior to 5/18/16 were required to complete training on Individual Choices, Rights and Responsibilities as a separate training. There was not a standard curriculum. • Providers hired between 5/18/16 and 1/31/17 could obtain the training separately or through successful completion of Direct Care Core Competencies training taken face to face from an APD authorized trainer or through TRAIN Florida. • Providers hired 2/1/17 forward must receive Direct Care Core Competencies training face to face from an APD authorized trainer or through TRAIN Florida.	1) Provider did not present documented evidence of completing training specific to Individual Choices, Rights, and Responsibilities. 2) The participant's name (printed or typed) was not included on the classroom certificate of completion presented. 3) The title of the course was not included on the classroom certificate of completion presented. 4) The date of completion was not included on the classroom certificate of completion presented.

		Review personnel files and other provider training records for evidence of required training. • Determine date of hire • Determine date of training • Determine training was completed within 90 days of providing services • Look for evidence of training related to choice and rights. Acceptable evidence of classroom training is a certificate of completion containing the following elements: • The participant's name (printed or typed) • Title of the course • Date training occurred • Name of the trainer (printed or typed) **and** signature Not Met reason #6 only applies to providers who began working within the period of review. This training is only required one time	5) The name and signature of the trainer was not included on the classroom certificate of completion presented. 6) Classroom certificate of completion presented demonstrated provider completed the training but not within 90 days of initially providing services.
5	The provider received training in Requirements for all Waiver Providers	iBudget Handbook Training must be completed within 90 days of providing services **All providers and their staff are required to complete this training.** The "Requirements for all Waiver Providers" PowerPoint training posted on the APD training website meets the requirements for the following trainings: • Requirements for all Waiver Providers (Required of all Independent or Solo Providers/Management of All Agencies)	1) Provider did not present documented evidence of completing training in Requirements for all Waiver Providers. 2) Provider presented documented evidence of completing training in Requirements for all Waiver Providers but not from an APD approved trainer/source. 3) Provider documentation demonstrated completion of training in Requirements for all Waiver Providers but not within 90 days of initially providing services. 4) Participant's name was not included on the non-Classroom certificate of completion presented.

		• Overview of APD Waiver Provider Requirements (Required of all direct service providers) Review personnel files and other provider training records for evidence of required training. • Determine date of hire • Determine date of training Acceptable evidence of non-classroom APD approved training includes the printed certificate or transcript generated by the entity that provided the training which must contain: • Participant's name • Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required) • Date(s) or period over which training course was completed and notation that course was successfully completed • Name of approved entity providing training Not Met reason #3 only applies to providers who began working within the period of review. This training is only required one time	5) The title of the course was not included on the non-Classroom certificate of completion presented. 6) The date of completion was not included on the non-Classroom certificate of completion presented. 7) The name of the approved entity providing the training was not included on the non-classroom certificate of completion presented.
6	The provider received training in HIPAA.	iBudget Handbook HIPAA training completed through Attain, Inc. after July 31st, 2022 will not be accepted. Providers should take the APD - Health Insurance Portability and Accountability Act (HIPAA) Basics course on TRAIN Florida • Approved source effective September 2021 Review personnel files and other provider training records for evidence of required training. • Determine date of hire	1) Provider did not present documented evidence of completion of HIPAA training. 2) Provider documentation demonstrated most recent HIPAA training was over a year old. 3) Provider presented documented evidence of completing HIPAA training but did not use an APD State Office approved source. 4) Certificate of completion presented demonstrated provider completed the training but not within 30 days of initially providing services.

		• Determine date of training • Training must be completed within 30 days of providing services ○ Not Met reason #4 only applies to providers who began working within the period of review • Determine if training is updated at least annually (within 365 days) • Determine if training was completed using an APD approved method. • Refer to the current iBudget Handbook and the APD Training Portal website for current approved training entities and course titles. Acceptable evidence of non-classroom APD approved training include the printed certificate or TRAIN Florida transcript which must contain: • Participant's name • Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required) • Date(s) or period over which training course was completed and notation that course was successfully completed • Name of approved entity providing training Note: If provider training is current at the time of review, but it is noted there was lapse during the period of review; score as Met and add a Discovery statement. This training is required at least annually	5) The participant's name was not included on the non-Classroom certificate of completion presented. 6) The title of the course was not included on the non-Classroom certificate of completion presented. 7) The date of completion was not included on the non-Classroom certificate of completion presented. 8) The name of the approved entity was not included on the non-classroom certificate of completion presented. 9) TRAIN Florida certificate of completion presented was not presented on the standardized certificate. 10) TRAIN Florida certificate of completion presented did not include the TRAIN User ID of the learner.
7	The provider received training in HIV/AIDS/Infection Control.	iBudget Handbook HIV/AIDS/Infection Control is NOT required for providers of Behavior Analysis. The training is required for all other service providers.	1) Provider did not provide documented evidence of completing training specific to HIV/AIDS/Infection Control. 2) Provider presented documented evidence of completing training in

		HIV/AIDS/Infection Control training completed prior to 1/1/2016 was not restricted to APD approved entities. Effective with the implementation of the September 2021 iBudget Handbook the Florida Department of Health HIV/AIDS in the News DVD with Study Guide is no longer an approved source. The approved Florida Department of Health HIV/AIDS training can be found on TRAIN Florida, titled FDOH HIV/AIDS 101 In the News. Review personnel files and other provider training records for evidence of required training. • Determine date of hire • Determine date of training • Providers must receive training within 90 days of initially providing services. ○ Not Met reason #4 only applies to providers who began working within the period of review. • Training must be obtained from an APD approved source. • Review current certificates/cards. If the certificate/card has an expiration date, determine renewal was completed prior to expiration date of the previous certification period. ○ Recertification requirements are established by the sponsoring organization and may vary. In some instances, there may not be an expiration date. • The only acceptable proof of a successful course completion is a standard card or certificate developed by the sponsoring organizations with the attendee's name either typed or printed on the card or certificate. • Refer to the current iBudget Handbook and the APD Training Portal website for current approved training entities and course titles.	HIV/AIDS/Infection Control but not from an APD approved trainer/source. 3) Course completion certificate/card was not the standard card or certificate developed by the sponsoring organization. 4) Provider received training in HIV/AIDS/Infection Control but not within 90 days of initially providing services. 5) Provider documentation demonstrated most recent certificate of completion was expired. 6) The participant's printed name and signature were not included on the classroom certificate of completion presented. 7) The trainer's printed name and signature were not included on the classroom certificate of completion presented. 8) The title of the course was not included on the classroom certificate of completion presented. 9) The date of course completion was no included on the classroom certificate of completion presented. 10) The participant's name was not included on the non-classroom certificate of completion presented. 11) The title of the course was not included on the non-classroom certificate of completion presented. 12) The date of course completion was not included on the non-classroom certificate of completion presented.

		Classroom – Standard Certificate of completion from the sponsoring organization must include: • Participant's typed/printed name • Title of the course • Date training occurred • Printed name of the trainer and signature Acceptable evidence of training via Tallahassee Community College (Web-Based): • Official or unofficial transcript indicating a score of "S". • **TCC does not issue certificates.** Note: Copies of completed tests in lieu of the unofficial transcripts are **not acceptable** as evidence of completion. Providers can log in to the TCC system and retrieve transcripts. Non-Classroom – Certificate of Completion from the sponsoring organization must include: • Participant's name • Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required) • Date(s) or period over which training course was completed • Name of approved entity providing training Note: If provider training is current at the time of review, but a lapse is noted during the period of review; score as Met and add a Discovery statement. Recertification requirements are established by the sponsoring organization.	13) The name of approved entity providing training was not included on the non-classroom certificate of completion presented.
8	The provider maintains current CPR certification.	iBudget Handbook CPR is NOT required for providers of Behavior Analysis. The training is required for all other service providers.	1) Provider did not present documented evidence of completion of training in CPR. 2) Course completion certificate/card demonstrated provider completed training

		CPR certification must be completed in a classroom setting. This certification training cannot be completed online. Review personnel files and other provider training records for evidence of required training. • Determine date of hire • Determine date of training • Providers must receive training within 90 days of initially providing services. • Review current certificates/cards to determine if recertification was completed prior to expiration date of the previous certification period. ○ Recertification requirements are established by the sponsoring organization and may vary. • The only acceptable proof of a successful course completion is a standard card or certificate developed by the sponsoring organizations with the attendee's name either typed or printed on the card or certificate. • Refer to the current iBudget Handbook for current approved training entities and course titles. Note: If provider training is current at the time of review, but a lapse is noted during the period of review; score as Met and add a Discovery statement. Not Met reason #2 only applies to providers who began working within the period of review.	in CPR but not within 90 days of initially providing services. 3) Course completion certificate/card for CPR training was expired. 4) Provider presented documented evidence of completing training in CPR but did not use an APD approved trainer/source. 5) Course completion certificate/card was not the standard card or certificate developed by the sponsoring organization. 6) Provider documentation demonstrated CPR course was not completed in a classroom setting. 7) The printed name of the participant was not included on the course completion certificate/card presented. 8) The title of the course was not included on the course completion certificate/card presented. 9) The date of course completion was not included on the course completion certificate/card presented. 10) An expiration date was not included on the course completion certificate/card presented. 11) The course instructor's name was not included on the course completion certificate/card presented.
9	The provider received training in First Aid.	iBudget Handbook First Aid is NOT required for providers of Behavior Analysis. This training is required for all other service providers.	1) Provider did not present documented evidence of completion of training in First Aid. 2) Course completion certificate/card presented demonstrated provider completed training in First Aid but not

		Review personnel files and other provider training records for evidence of required training: • Determine date of hire. • Determine date of training. • Determine training was completed within 90 days of initially providing services. • Determine training was received from an APD approved source. • Review current certificates/cards to determine if recertification was completed prior to expiration date of the previous certification period. ○ Recertification requirements are established by the sponsoring organization and may vary. • The only acceptable proof of a successful course completion is a standard card or certificate developed by the sponsoring organizations with the attendee's name either typed or printed on the card or certificate. • Refer to for approved training entities and course titles. Classroom – Standard Certificate of completion from the sponsoring organization must include: • Participant's typed/printed name • Title of the course • Date training occurred • Printed name of the trainer and signature Non-Classroom – Certificate of Completion must include: • Participant's name • Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required) • Date(s) or period over which training course was completed and notation that course was successfully completed • Name of approved entity providing training • Length of training/credit hours	within 90 days of initially providing services. 3) Course completion certificate/card presented for First Aid training was expired. 4) Provider presented evidence of completing training in First Aid but not from an APD approved trainer/source. 5) Course completion certificate/card presented was not the standard card or certificate developed by the sponsoring organization. 6) The participant's name and signature were not included on the classroom course completion certificate presented. 7) The trainer's printed name and signature were not included on the classroom course completion certificate presented. 8) The title of the course was not included on the classroom course completion certificate presented. 9) The course completion date was not included on the classroom course completion certificate presented. 10) The participant's name was not included on the non-classroom course completion certificate presented. 11) The title of the course was not included on the non-classroom course completion certificate presented. 12) The course completion date was not included on the non-classroom course completion certificate presented.

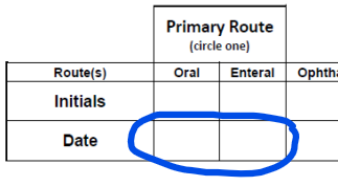
		Not Met reason #2 only applies to providers who began working within the period of review. Note: If provider training is current at the time of review, but a lapse is noted during the period of review; score as Met and add a Discovery statement.	13) The name of approved entity providing training was not included on the non-classroom course completion certificate presented. 14) An expiration date was not included on the course completion certificate/card presented.
10	The provider received Basic Medication Administration Training prior to administering or supervising the self-administration of medication.	iBudget Handbook Rule 65G-7 F.A.C., Section 393.506 F.S. Score standard N/A if provider does not administer or supervise self-administration of medication. • Score standard N/A if the provider only administers or supervises the self-administration of medication to people living in Assisted Living Facilities regulated through Chapter 429, Part I, F.S. ○ However if staff employed by the ALF also work in a non-ALF licensed facility providing Residential Habilitation or provide other waiver services where administering medications is required - this standard does apply. This standard applies to all other service providers who administer or supervises the self-administration of medication who are not authorized, certified, or otherwise permitted by Florida law to administer medication or to supervise self-administration of medication. • Those legally authorized to administer medication include Licensed Practical Nurses (LPN), Registered Nurses (RN), Advanced Practice Registered Nurses (APRN), Respiratory Therapists (RT), Physician Assistants (PA), and Medical Doctors (MD).	1) Provider did not provide documented evidence of completing Basic Medication Administration training. (A) 2) Provider documentation demonstrated the provider administered or supervised the self-administration of medication prior to completing Basic Medication Administration training. (A) 3) Provider documentation demonstrated Basic Medication Administration training was not provided by an APD approved RN, APRN or LPN. (A) 4) Provider documentation demonstrated the provider did not re-take Basic Medication Administration training following a lapse in Primary Route validation. (A) 5) Classroom Basic Medication Administration training certificate presented was not documented on “APD Form 65G-7.003 B, effective December 2018”. (A) 6) The name of the examinee was not on the classroom Basic Medication Administration training certificate presented. (A)

		Medication Administration Training must be successfully completed prior to administering or supervising the self-administration of medication.
		Review personnel files and other provider training records for evidence of required training:
		• Determine date of hire
		• Look for training certificate specific to Basic Medication Administration Determine date of training
		  ○ Must be prior to administering or supervising self-administration of medication or;
		  ○ Following a lapse in Primary Route Validation
		• Training may only be provided by a licensed Registered Nurse (RN), Advanced Practice Registered Nurse (APRN) or a Licensed Practical Nurse (LPN) authorized by APD.
		
		Upon successful completion of a classroom course, the course trainer shall issue the examinee a Certificate of Completion for Basic Medication Administration Training containing:
		• Name of the examinee
		• Date(s) of course administration
		• Name of the course trainer
		• Signature of the course trainer
		• APD assigned course trainer number (Course ID number prior to 7/1/2019)
		• All APD assigned trainer numbers on Basic Medication Administration Training Certificates dated 1/1/2020 forward must include a T at the end indicating the trainer is authorized to provide training. Trainer numbers have a T (for training) or V (for validation) or both meaning they are authorized to train and validate.
		
		Beginning 10/1/2019 the Certificate of Completion for Basic Medication Administration training must be documented on “APD
			7) The date(s) of course administration was not on the classroom Basic Medication Administration training certificate presented. (A)
			8) The signature of the approved trainer was not on the classroom Basic Medication Administration training certificate presented. (A)
			9) The APD assigned trainer number was incorrect or not on the classroom Basic Medication Administration training certificate presented. (A)
			10) The name of the examinee was not on the web-based Basic Medication Administration training certificate presented. (A)
			11) The date(s) of course completion was not on the web-based Basic Medication Administration training certificate presented. (A)
			12) The name of the approved trainer was not on the web-based Basic Medication Administration training certificate presented. (A)
			13) The APD assigned trainer number was incorrect or not on the web-based Basic Medication Administration training certificate presented. (A)
			14) The professional license number of Validation Trainer was not on the Basic Medication Administration Validation Certificate presented.
			15) The Validation Trainer’s professional license expiration date was not on the

		Form 65G-7.003 B, effective December 2018" to be considered valid. Prior to 7/1/2019, an APD standardized certificate format for this training did not exist. Trainers were allowed to create their own certificates of completion as long as the required components listed above were included. Training certificates presented by providers that have maintained continuous validation since 65G-7 became rule (3/8/08) will most likely reference Policy Directive 01-01 and will not have an APD assigned course ID or trainer number. Basic Medication Administration Training is required one time unless there is a lapse in Primary Route (oral or enteral) validation. If there is a lapse in Primary Route validation, the provider is required to re-take the Basic Medication Administration course and re-validate on all routes, including routes validated by simulation. Not Met reason #5 only applies to training certificates dated 10/1/19 forward. Any changes to APD's Rule Chapter 65G-7, F.A.C. requirements or form revisions will supersede this standard. **Not Met on this standard is an automatic Alert**	Basic Medication Administration Validation Certificate presented. 16) Web-based Basic Medication Administration training certificate presented was not from an APD approved source. (A)
11	The provider maintains current Basic Medication Administration Validation.	iBudget Handbook Rule 65G-7 F.A.C. Score standard N/A if provider does not administer or supervise self-administration of medication. Successful completion of Basic Medication Administration Training is required prior to completing initial Basic Medication	1) Provider did not provide documented evidence of Basic Medication Administration Validation. (A) 2) Provider documentation demonstrated the provider was validated in Basic Medication Administration but not prior to administering medication. (A)

		Administration Validation or following a lapse in Primary Route validation. Only a practitioner who has obtained agency approval to provide Basic Medication Administration Training may validate the competency of a MAP (Medication Assistance Provider). Review personnel files and other provider training records for evidence of Basic Medication Administration Validation. • Determine if Basic Medication Administration Validation occurred prior to administering medication. • Determine if Basic Medication Administration Validation remained current during the entire period of review. This may require review of the current and previous validation certificate. Upon successful completion of validation by simulation, course exam, and Primary Route, the trainer shall issue the examinee a completed Basic Medication Administration Validation Certificate. Determine the Basic Medication Administration Validation Certificate(s) meets the following criteria: Note: Both first time validations and revalidations due to a lapse are considered “initial”. The Basic Medication Administration Validation Certificate must be documented on “APD Form 65G-7.003 C, effective April 2019” and shall contain the following components: • Name of Applicant o Required for all validations and revalidations • Medication Administration Trainer’s Name o <u>Required for all first-time (initial) Validation</u>	3) Provider did not provide documented evidence of repeating Basic Medication Administration training following a lapse in Primary Route validation. (A) 4) Provider documentation demonstrated Primary Route validation expired but provider continued to administer medication. (A) 5) Provider documentation demonstrated validation for one or more non-primary, non-simulated routes expired but provider continued to administer medication via the expired route. (A) 6) The name of the applicant being validated was not on the Basic Medication Administration Validation Certificate presented. (A) 7) The Medication Administration Trainer’s name was not on the **initial** Basic Medication Administration Validation Certificate presented. (A) 8) The Medication Administration Trainer’s Approval Number was incorrect or not on the **initial** Basic Medication Administration Validation Certificate presented. 9) The date of Medication Administration Training was not on the **initial** Basic Medication Administration Validation Certificate presented. (A) 10) The Validation Trainer’s Name was not on the Basic Medication Administration Validation Certificate presented. 11) The Validation Trainer’s APD Trainer Number was incorrect or not on the Basic

		– Requested for all revalidations, but in some cases may not be known – especially for MAPs who have been continuously validated without lapse for years. – If unknown, the box should say "unknown"- it should not be left blank • Date of Basic Medication Administration Class ▪ Required for all first-time (initial) Validation – Requested for all revalidations, but in some cases may not be known – especially for MAPs who have been continuously validated without lapse for years. – If the date of the class is unknown, and the applicant has evidence of prior validations, the box should say, "unknown"- it should not be left blank. • Basic Medication Administration Trainer's Approval Number (Medication Administration Trainer APD assigned number) ▪ Required for all first-time (initial) Validation – Requested for all revalidations, but in some cases may not be known – especially for MAPs who have been continuously validated without lapse for years. – If the trainer approval number is unknown, the box should say "unknown"- it should not be left blank. ✳ **Best practice**: Always maintain a copy of the Basic Medication Administration Training certificate in the current file. • Validation Trainer's Name o Required for all validations and revalidations – Should be filled in even if the Validation Trainer is the same person as the Medication Administration Trainer. • Validation Trainer's Initials o Required for validations and revalidations – To identify the initials of the Validation Trainer and should be handwritten • Check boxes to identify professional license type of Validation Trainer	Medication Administration Validation Certificate presented. 12) **The Validation Trainer's initials were missing or not handwritten on the validation trainer information section of the Basic Medication Administration Validation Certificate presented.** 13) The Validation Trainer's initials were missing or not handwritten under one or more validated routes on the Basic Medication Administration Validation Certificate presented. (A) 14) One or more validated routes did not include the date of validation on the Basic Medication Administration Validation Certificate presented. (A) **15) Established Primary Route was not circled on the Basic Medication Administration Validation Certificate presented.** **16) More than one Primary Route was circled on the Basic Medication Administration Validation Certificate presented.** 17) The professional license number of Validation Trainer was not on the Basic Medication Administration Validation Certificate presented. 18) The Validation Trainer's professional license expiration date was not on the Basic Medication Administration Validation Certificate presented.

		○ Required for all validations and revalidations – These are the only acceptable licenses for a Validation Trainer. • License number ○ Required for all validations and revalidations – Refers to professional license number of Validation Trainer • License expiration date ○ Required for all validations and revalidations • Validation Trainer's signature ○ Required for all validations and revalidations • Primary Route Validation Date ○ Required for all validations and revalidations – Current date on which the primary route is being validated or revalidated (enteral or oral). – This date should match the date under the initialed Primary Route box field in the Proficiencies section (see below).  • Validation Effective Date ○ Required for all validations and revalidations – Date on which the MAP first received validation for a Primary Route – either oral or enteral. Note: In some instances the Primary Route Validation is completed on a different day after the Basic Medication Administration Training. It is not always completed the same day.	19) The Validation Trainer's signature was not on the Basic Medication Administration Validation Certificate presented. (A) 20) The Primary Route Validation Date was incorrect or not on the Basic Medication Administration Validation Certificate presented. 21) The Validation Effective Date was incorrect or not on the Basic Medication Administration Validation Certificate presented. (A) 22) The Validation Expiration Date was incorrect or not on the Basic Medication Administration Validation Certificate presented. (A) 23) One or more Skills were not validated on the Basic Medication Administration Validation Certificate presented. (A) 24) Provider documentation demonstrated validation was not completed by a licensed RN, APRN or LPN authorized by APD. (A) 25) Provider documentation demonstrated Basic Medication Administration Validation was not documented on "APD Form 65G-7.003 C, effective April 2019". 26) Provider documentation demonstrated Primary Route re-validation was completed more than 60 days prior to the Validation Expiration Date. (A) 27) Provider documentation demonstrated Primary Route validation was not completed within 180 days of completing

		– **This date, including the year, does not change from year to year once it is established**. – The month and day represents the “due by” date for Primary Route annual revalidation from that point forward unless the Primary Route Validation lapses. – If this is the first validation for the MAP, this date will be the same date as the Primary Route Validation Date. – If this is a revalidation, the Validation Effective Date could be a date from several years ago to as recent as the Primary Route Validation date from the prior year. – During rule implementation Validators may have used the validation date from 2019 to establish a Validation Effective date for MAPs whose original validation date is unknown. • Validation Expiration Date o Required for all validations and revalidations – This date is the **same month and day** (Anniversary) as the Validation Effective Date**.** – The year will increase with each subsequent annual revalidation of the primary route. – A MAP has 60 days before his or her Validation Expiration Date to revalidate • Certification of proficiency on routes o Required for all validations and revalidations – The Validation Trainer identified in the Validation Trainer’s Name field on the Validation Certificate should also be the Trainer who validated the Primary Route, either Oral or Enteral. – The oral or enteral route must be dated, initialed and circled by the Primary Route Validation Trainer. The MAP is not considered a MAP until the Primary Route is validated. – Other routes may be validated by other APD authorized Validation Trainers.	Basic Medication Administration training. (A)

		– All validations should be both initialed and dated in the appropriate boxes. – All non-primary routes (except one-time routes) expire one year from the date of validation on that route. ✳ If MAP is validated for enteral medication on the basic validation certificate also determine if MAP administers prescribed enteral formula or anything other than medication via g-tube. If so, assess standards 13 and 14. • Validation of Skills – checkboxes o Required for all validations and revalidations – Each skill must be checked or initialed for the validation to be complete. This section is completed by the Primary Route Validation Trainer for all **initial** and revalidations. – The first box, about the Basic Medication Training Certificate and the **initial** validation could be left blank on subsequent revalidations. • Subsequent Route Validations o Bottom section of the validation certificate - Required if Validation Trainers other than the Primary Route Validation Trainer validates non-primary routes subsequent to primary validation. – All of the fields in this section must be completed. – All subsequent route validations should be both initialed and dated by the new Validation Trainer in the appropriate boxes. • For Informational Purposes: Date of MAP Annual Update NOT AN ACTUAL FIELD – entered above Date of Medication Administration Class – o Requested for all revalidations.	

		– The MAP should show the Validation Trainer a copy of the certificate received when they complete the Annual Update. Summary of Key Points and Dates ⇨ “Primary route of medication administration” or “primary route” means the oral route, or enteral route. The primary route refers to the route of medication administration that is used to determine the annual revalidation date. Only one route can be identified as Primary. ⇨ Primary Route Validation Date is the real-time date (mm/dd/yyyy) of when the MAP was validated that year in order to receive the validation certificate. ⇨ Validation Effective Date is the date (mm/dd/yyyy) the MAP was initially validated or revalidated following a lapse and does not change from year to year. ⇨ Validation Expiration Date is the same month and day as the Effective Date but the year increases with each subsequent annual revalidation. ⇨ Revalidation must be completed within the 60 days preceding the Primary Route Expiration Date – not before, not after or re-training and revalidation will be required. ⇨ Primary Route validation must be completed within 180 days following successful completion of Basic Medication Administration training. ⇨ Basic Medication Administration Training must be completed prior to Medication Administration Validation – same day is ok ⇨ All APD assigned trainer numbers on Basic Medication Administration Validation Certificates dated 1/1/2020 forward will have a T and/or a V at the end indicating the trainer is authorized to train and validate.	

		⇨ If documentation demonstrates MAP administered a medication for which they are not validated, score standard 16 Not Met. Any changes to APD's Rule Chapter 65G-7, F.A.C. requirements or form revisions will supersede this standard.	
12	The provider completed Annual Update Training in Basic Medication Administration prior to expiration of current validation.	iBudget Handbook Rule 65G-7 F.A.C., Section 393.506 F.S. Score standard N/A if provider does not administer or supervise self-administration of medication. This standard applies to ongoing medication administration re-validation. Score this standard N/A if the current validation is an initial validation or re-validation as a result of a lapse of Primary Route validation. Medication Assistance Providers that administer or supervise the self-administration of medications must attend an Annual Update Training course in Basic Medication Administration provided by the Agency, prior to the Validation Expiration Date of their current validation. The course titled 65G-7 Basic Medication Administration Annual Update is only available on Train Florida or by attending a classroom training led by a Regional Medical Case Manager or designee. Review personnel files and other provider training records for evidence of required training:	1) Provider did not provide documented evidence of completing Basic Medication Administration Annual Update Training. 2) Provider documentation demonstrated completion of Basic Medication Administration Annual Update Training but not prior to Primary Route re-validation. 3) Provider documentation demonstrated Basic Medication Administration Annual Update Training was completed but not within 60 days preceding the Primary Route re-validation date. 4) Basic Medication Administration Annual Update Training certificate presented did not include the name of the participant. 5) Basic Medication Administration Annual Update Training certificate presented did not include the date of completion. 6) Classroom Basic Medication Administration Annual Update Training certificate presented did not include the signature of the trainer. 7) Basic Medication Administration Annual Update Training certificate presented was not documented on "APD Form 65G-7.004 A, effective December 2018".

		• Look for training certificate specific to Basic Medication Administration Annual Update Training documented on "APD Form 65G-7.004 A, effective December 2018". • Compare date of completion on the Annual Update Training certificate to the Primary Route Validation Date on the current Basic Medication Administration Validation Certificate. • Determine if the Annual Update was completed prior to the current Primary Route Validation Date. • The completion date should be within 60 days preceding the Primary Route re-validation date. Upon successful completion of the Basic Medication Administration Annual Update, the MAP shall receive a Certificate of Completion for Basic Medication Administration Annual Update documented on "APD Form 65G-7.004 A, effective December 2018". Certificate generated from TRAIN Florida shall contain the following: • Printed name of student • Completion Date • TRAIN Florida Logo • APD watermark • Train Florida learner User ID Certificate provided by the APD Regional Medical Case Manger or designee shall contain the following: • Printed name of student • Completion Date • Printed name of Trainer • Signature of Trainer • APD watermark	8) The TRAIN Florida Basic Medication Administration Annual Update certificate did not include the learner User ID. 9) Provider documentation demonstrated Basic Medication Administration Update Training was not obtained from an APD approved source.

		Any changes to APD's Rule Chapter 65G-7, F.A.C. requirements or form revisions will supersede this standard.	
13	The provider has completed the Prescribed Enteral Formula Administration training.	iBudget Handbook Rule 65G-7 F.A.C., Section 393.506 F.S. Requirements in this standard are effective 2/1/2020 Score this standard NA if the provider does not administer or supervise the self-administration of Prescribed Enteral Formula. This standard applies to all unlicensed APD service providers who administer Prescribed Enteral Formula as described in 65G-7 with exception of: Score standard N/A if the provider does administer Prescribed Enteral Formula but only to people living in Assisted Living Facilities regulated through Chapter 429, Part I, F.S. ✱ However if staff employed by the ALF also work in a non-ALF licensed facility providing Residential Habilitation or provide other waiver services where administering Prescribed Enteral Formula is required - this standard does apply. MAP applicants who wish to administer prescribed enteral formula or to supervise the self-administration of prescribed enteral formula shall obtain a separate validation specific to Prescribed Enteral Formula Administration **in addition to** the validation required for Basic Medication Administration Prescribed Enteral Formula Administration (PEFA) training must be successfully completed prior to completing Prescribed Enteral Formula Administration validation or following a lapse in PEFA validation.	1) Provider did not provide documented evidence of Basic Medication Administration Validation on at least the Primary Route prior to the date of the Prescribed Enteral Formula Administration class. (A) 2) Provider documentation did not demonstrate evidence of completion of Prescribed Enteral Formula Administration training. (A) 3) Provider documentation demonstrated the provider administered Prescribed Enteral Formula prior to completing Prescribed Enteral Formula Administration training. (A) 4) Provider documentation demonstrated Prescribed Enteral Formula Administration training was not obtained from an APD approved RN, APRN or LPN. (A) 5) Provider documentation demonstrated the provider did not re-take Prescribed Enteral Formula Administration training following a lapse in PEFA validation. (A) 6) Provider documentation demonstrated the provider did not re-take Prescribed Enteral Formula Administration training following a lapse in primary route validation. (A) 7) Prescribed Enteral Formula Administration training certificate presented was not documented on "APD Form 65G-7.003 D, effective April 2019". (A)

		Review personnel files and other provider training records for evidence of required training: • Determine date of hire • Look for training certificate specific to Prescribed Enteral Formula Administration • Determine date of training • Must be dated prior to Prescribed Enteral Formula Administration validation • Training may only be provided by a licensed Registered Nurse (RN), Advanced Practice Registered Nurse (APRN) or a Licensed Practical Nurse (LPN). • Each trainer must have an APD assigned trainer number and use the APD provided curriculum. Upon successful completion of the examination, the trainer shall issue the examinee a completed Prescribed Enteral Formula Administration Certificate of Completion documented on "APD Form 65G-7.003 D, effective April 2019". Certificate(s) shall contain the following: • Printed name of examinee • Date(s) of course administration • Agency-assigned course trainer number; • Trainer's nursing license number • Nursing License Date of Expiration; • Printed name of Trainer • Signature of Trainer. Any changes to APD's Rule Chapter 65G-7, F.A.C. requirements or form revisions will supersede this standard.	8) The name of the applicant was not on the Prescribed Enteral Formula Administration training certificate presented. (A) 9) The date(s) of course administration was not on the Prescribed Enteral Formula Administration training certificate presented. (A) 10) The signature of the approved trainer was not on the Prescribed Enteral Formula Administration training certificate presented. (A) 11) The APD assigned trainer number was incorrect or not on the Prescribed Enteral Formula Administration training certificate presented. 12) The professional license number of Validation Trainer was not on the Basic Medication Administration Validation Certificate presented. 13) The Validation Trainer's professional license expiration date was not on the Basic Medication Administration Validation Certificate presented.
14	The provider maintains current Prescribed Enteral Formula Administration Validation.	iBudget Handbook Rule 65G-7 F.A.C.	1) Provider did not provide documented evidence of Basic Medication Administration Validation on the Primary

		Score standard N/A if provider does not administer Prescribed Enteral Formula.
		
		Initial Basic Medication Administration Training and Validation is required prior to completing Prescribed Enteral Formula Administration Training or following a lapse in Primary Route validation.
		• Only a practitioner who has obtained agency approval to provide Basic Medication Administration Training may validate the competency of a MAP (Medication Assistance Provider).
		
		Review personnel files and other provider training records for evidence of Prescribed Enteral Formula Administration Validation.
		
		Upon successful completion of the on-site validation completed during the Prescribed Enteral Formula Administration validation, the Validation Trainer shall issue the examinee a completed
		
		Prescribed Enteral Formula Administration Validation Certificate documented on "APD Form 65G-7.0035 B, effective December 2018" and shall contain the following:
		
		• Name of Applicant
		  ○ Required for all validations and revalidations
		• Date of Prescribed Enteral Formula Administration (PEFA) Training
		  ○ <u>Required for all first-time (initial) Validations</u>
		  – Requested for revalidations (carry forward from year-to-year).
		  – If unknown, the box should say "unknown"- it should not be left blank
		• PEFA Trainer's Name
		  ○ <u>Required for all first-time (initial) Validations</u>
			Route prior to the date of the Prescribed Enteral Formula Administration class. (A)
			2) Provider did not provide evidence of current Prescribed Enteral Formula Administration Validation. (A)
			3) Provider documentation demonstrated the provider was validated in Prescribed Enteral Formula Administration but not prior to administering. (A)
			4) Provider documentation demonstrated Primary Route Validation expired but provider continued to administer Prescribed Enteral Formula. (A)
			5) Provider documentation demonstrated Prescribed Enteral Formula Administration Validation expired but provider continued to administer. (A)
			6) The name of the applicant being validated was not on the Prescribed Enteral Formula Administration Validation Certificate presented. (A)
			7) The date of Prescribed Enteral Formula Administration Validation training was not on the **initial** Validation Certificate presented. (A)
			8) The validation trainer's APD approval number was incorrect or not on the Prescribed Enteral Formula Administration Validation Certificate presented.
			9) The name of the validation trainer was not on the Prescribed Enteral Formula Administration Validation Certificate presented.

		– Requested for revalidations (carry forward from year-to-year). – If unknown, the box should say “unknown”- it should not be left blank • PEFA Trainer’s Approval Number ○ Required for all first-time (initial) Validations – Requested for revalidations (carry forward from year-to-year). – If unknown, the box should say “unknown”- it should not be left blank • Date of Basic Medication Administration Training ○ Requested for all but especially first-time (initial) PEFA Validations – Carry forward from year-to-year – If unknown, the box should say “unknown”- it should not be left blank ☞ Best practice: Always maintain a copy of the Prescribed Enteral Formula Administration Training certificate in the current file. • PEFA Validation Trainer’s Name ○ Required for all validations and re-validations – Should be filled in even if the Validation Trainer is the same person as the Medication Administration Trainer • PEFA Validation Trainer Initials Validation Trainer’s Initials ○ Required for validations and revalidations – To identify the initials of the Validation Trainer and should be handwritten • Check boxes to identify professional license type of PEFA Validation Trainer ○ Required for all validations and revalidations – These are the only acceptable licenses for a Validation Trainer. • PEFA Validation Trainer License number ○ Required for all validations and revalidations	10) The validation trainer’s signature was not on the Prescribed Enteral Formula Administration Validation Certificate presented. (A) 11) **The Validation Trainer’s initials were not handwritten or not on the Prescribed Enteral Formula Administration Validation Certificate presented.** 12) The professional license number of Validation Trainer was not on the Prescribed Enteral Formula Administration Validation Certificate presented. 13) The Validation Trainer’s professional license expiration date was not on the Prescribed Enteral Formula Administration Validation Certificate presented. 14) The Prescribed Enteral Formula Administration Validation Date was incorrect or not on the Validation Certificate presented. (A) 15) The Prescribed Enteral Formula Administration Validation Effective Date was incorrect or not on the Validation Certificate presented. (A) 16) The Prescribed Enteral Formula Administration Validation Expiration Date was incorrect or not on the Validation Certificate presented. (A) 17) One or more skills were not validated on the Prescribed Enteral Formula Administration Validation certificate presented. (A)

		– Refers to professional license number of Validation Trainer • PEFA Validation Trainer License expiration date o Required for all validations and revalidations • PEFA Validation Trainer's signature o Required for all validations and revalidations • PEFA Validation Date o Required for all validations and revalidations ✳ Actual date validation or re-validation was completed • PEFA Validation Effective Date o Required for all validations and revalidations – Date on which the MAP first validated for PEFA – **This date, including the year, does not change from year to year once it is established.** – The month and day represents the "due by" date for PEFA annual revalidation from that point forward unless PEFA validation lapses. – If this is the first (initial) validation for the MAP, this date will be the same date as the PEFA Validation Date. – If this is a re-validation, the PEFA Validation Effective Date could be a date from September 2019 to as recent as the PEFA Validation Date from the prior year. • PEFA Validation Expiration Date o Required for all validations and revalidations – This date is the **same month and day** (Anniversary) as the PEFA Validation Effective Date**.** – The year will increase with each subsequent annual revalidation of the primary route. – A MAP has 60 days before his or her PEFA Validation Expiration Date to revalidate • Validation of Skills – checkboxes o Required for all validations and revalidations	18) Provider documentation demonstrated Prescribed Enteral Formula Administration validation was not completed by a licensed Registered Nurse (RN), Advanced Practice Registered Nurse (APRN) or a Licensed Practical Nurse (LPN) authorized by APD. (A) 19) Prescribed Enteral Formula Administration Validation was not documented on "APD Form 65G-7.0035 B, effective December 2018". (A) 20) Provider documentation demonstrated Prescribed Enteral Formula Administration validation was completed but not within 60 days preceding the Validation Expiration Date. (A)

		– Each skill must be checked or initialed for the validation to be complete. – This section is completed by the PEFA Validation Trainer for all **initial** and revalidations. – The first box, about the PEFA Training and the **initial** validation could be left blank on subsequent re-validations. • For Informational Purposes: Date of MAP PEFA Annual Update NOT AN ACTUAL FIELD – entered above Date of Medication Administration Class ○ Requested for all revalidations – The MAP should show the Validation Trainer a copy of the certificate received when they complete the PEFA Annual Update. Any changes to APD's Rule Chapter 65G-7, F.A.C. requirements or form revisions will supersede this standard.	
15	The provider completed the Prescribed Enteral Formula Administration Annual Update training prior to the expiration of their current validation.	iBudget Handbook Rule 65G-7 F.A.C., Section 393.506 F.S. Score standard N/A if provider does not Prescribed Enteral Formula. Effective March 1, 2022 Medication Assistance Providers who are seeking revalidation for Prescribed Enteral Formula Administration (PEFA) must complete the Prescribed Enteral Formula Administration Annual Update training within 60 days preceding the re-validation effective date. • The course titled 65G-7 Prescribed Enteral Formula Administration Annual Update is only available by attending a classroom training led by a Regional Medical Case Manager.	1) Provider documentation did not demonstrate completion of Prescribed Enteral Formula Administration Annual Update training. 2) Provider documentation demonstrated completion of the Prescribed Enteral Formula Administration Annual Update Training but not prior to re-validation. 3) The name of the participant was not on the Prescribed Enteral Formula Administration Annual Update Training certificate presented. 4) The date of completion was not on the Prescribed Enteral Formula Administration Annual Update Training certificate presented.

		MAPs that administer or supervise self-administration of Prescribed Enteral Formula must complete an Annual Update training course in Prescribed Enteral Formula Administration provided by the Agency prior to re-validation. This course is required in addition to the Basic Medication Administration Annual Update training course. Upon successful completion of the Prescribed Enteral Formula Administration Annual Update, the MAP shall receive a Certificate of Completion for Prescribed Enteral Formula Administration Annual Update documented on "APD Form 65G-7.004 B, effective December 2018". Review personnel files and other provider training records for evidence of required training: • Look for training certificate specific to Prescribed Enteral Formula Administration Annual Update • Compare completion date of the Annual Update Training on the certificate to the current Prescribed Enteral Formula Administration Validation date on the current validation Certificate. • Completion date for Prescribed Enteral Formula Administration Annual Update should be within 60 days preceding the re-validation date. Certificate provided by the APD Regional Medical Case Manger or designee shall contain the following: • Printed name of student • Completion Date • Printed name of Trainer • Signature of Trainer • APD watermark	5) The printed name and/or signature of the trainer was not on the Prescribed Enteral Formula Administration Annual Update Training certificate presented. 6) Prescribed Enteral Formula Administration Annual Update Training certificate presented was not documented on "APD Form 65G-7.004 A, effective December 2018". 7) Provider documentation demonstrated Prescribed Enteral Formula Administration Annual Update Training was completed but not within 60 days preceding the revalidation Date. 8) Provider documentation demonstrated Prescribed Enteral Formula Administration Annual Update training was not obtained from an APD approved source.

		Any changes to APD's Rule Chapter 65G-7, F.A.C. requirements or form revisions will supersede this standard.	
16	The provider obtains Temporary Validation when indicated.	iBudget Handbook Rule 65G-7 F.A.C. Score this standard NA if the provider does not or has not administered medication within the period of review. Score N/A if the provider has not obtained any Temporary Validations within the period of review. Determine if there have been any instances where there was a need to obtain a Temporary Medication Administration Validation. See conditions below. If yes, continue to evaluate Temporary Validation Certificate(s) for compliance. In order to receive a Temporary Validation, the unlicensed provider must already be a MAP A Temporary Validation **cannot** be obtained for the administration of Prescribed Enteral Formulas A Temporary Validation can only be obtained for the following routes: • Oral; • Enteral, except for prescribed enteral formulas; • Transdermal; • Ophthalmic; • Otic; • Rectal; • Inhaled; and	1) Provider documentation demonstrated a Temporary Validation was not obtained for a route in which the MAP had not been validated. (A) 2) Provider documentation demonstrated the Temporary Validation was received but not prior to administering the identified medication. (A) 3) Provider documentation demonstrated the provider was not a Medication Assistance Provider at the time the Temporary Validation was obtained. (A) 4) Temporary Validation certificate presented did not include the name of the Medication Assistance Provider. (A) 5) Temporary Validation certificate did not include the medication route validated. (A) 6) Temporary Validation certificate did not include the name of the client. (A) 7) Temporary Validation certificate did not include the date of validation. (A) 8) Temporary Validation certificate did not include the duration of the validation. (A) 9) Temporary Validation certificate presented did not include the printed name and/or signature of the validating professional. (A) 10) Temporary Validation certificate presented did not include the professional license number of the validating professional. (A) 11) Temporary Validation certificate presented did not include the professional license

		• Topical. A MAP may be temporarily validated when a person is prescribed a medication requiring an administration route for which the MAP has not been validated. The MAP may obtain a temporary validation for only that specific administration route and only that specific person from any nurse or MD/DO licensed in the state of Florida if: a. The prescribed medication is necessary to ensure the health and safety of the person; b. The MAP or the MAP's supervisor attempts and is unable to contact a MAP who is able to administer the medication at the appropriate dosage times and who is validated for the specific administrative route; c. The MAP obtains a validation in that administration route from an Agency-approved Validation Trainer as soon as possible within 30 days of the date the temporary validation was signed by the medical professional; d. The nurse or physician documents the validation either utilizing form "APD 65G-7.004 C, effective April 2019"; or utilizing a document with the nurse or physician's letterhead on it indicating: o That the nurse or physician validated the MAP; o The date of validation; o The route of administration validated; o The length of time the validation is necessary in order to ensure the client obtains the medication as prescribed and to provide time for the MAP to either obtain a validation from an Agency-approved Validation Trainer or locate a MAP who is validated in the appropriate administration route to provide the medication. If the doctor or nurse utilizes a form with the nurse or physician's letterhead rather than the Temporary Validation Form, the document utilized to record the Temporary Validation must be	expiration date of the validating professional. (A) 12) Provider documentation demonstrated validation was not conducted by an RN, APRN, LPN or physician licensed in the state of Florida. (A) 13) Provider documentation demonstrated Temporary Validation was not documented on form "APD Form 65G-7.004 C, effective April 2019". (A) 14) Provider documentation demonstrated the Temporary Validation obtained was for Prescribed Enteral Formula Administration. (A) 15) Temporary Validation obtained from a doctor or nurse and documented on letterhead was not attached to Temporary Validation form APD 65G-7.004 C, effective April 2019. (A) 16) Provider documentation did not demonstrate the provider obtained validation on the identified route from an Agency-approved Validation Trainer within 30 days of the date the temporary validation was signed. (A)

		attached to the Temporary Validation Form. Review personnel files and other provider training records for evidence of Temporary Validation certificate. Review the Temporary Validation certificate for content and determine the following: 1. Temporary Validation was obtained prior to administering medication. 2. If documented on Form 65G-7.004 C, effective April 2019, Temporary Validation certificate contains all required components • Printed Name of Medication Assistance Provider • Name of medication administration route being validated o Note that Prescribed Enteral Formula Administration (PEFA) is not eligible for Temporary Validation, but that Enteral Medication Administration is. • Name of Client • Date of Validation • Duration of Validation o Under no circumstances shall a Temporary Validation last longer than 30 days from the date of validation. • Printed name and signature of validating professional • Printed license number and expiration date of validating professional. 3. If documented utilizing a document with the nurse or physician's letterhead, document contains all required components • That the nurse or physician validated the MAP; • The date of validation; • The route of administration validated; • The length of time the validation is necessary	

		• This completed document is attached to Temporary Validation Form 65G-7.004 C, effective April 2019. Any changes to APD's Rule Chapter 65G-7, F.A.C. requirements or form revisions will supersede this standard.	
17	The provider received training in an Agency approved curriculum for behavioral emergency procedures consistent with the requirements of the Reactive Strategies rule (65G-8, FAC).	iBudget Handbook Rule 65G-8 F.A.C. All providers and facilities using reactive strategies must utilize an emergency procedure training curriculum approved by the Agency, and require all staff utilizing reactive strategies to be trained in that curriculum. Providers that must intervene in behavioral emergency situations (e.g. when recipients exhibit aggression, self-injury, property destruction, etc.), are required to be trained to competency in an agency approved crisis management procedure consistent with Chapter 65G-8, F.A.C. Providers of Residential Habilitation Behavior Focus/Intensive are required to meet this standard. This standard also applies to providers of Behavior Analysis, Behavior Assistant and other services if working with individuals with significant behavioral challenges. Score this standard N/A if the provider does not work with individuals that exhibit aggression, self-injury, property destruction or other significant behavioral challenges. Review personnel files and other provider training records for evidence of required training. • Determine date of hire • Determine date of training	1) Provider did not present evidence of completing training in an Agency approved curriculum for behavioral emergency procedures. 2) Certificate of completion presented demonstrated provider completed the training but not within 30 days of providing services. 3) Certificate of completion presented demonstrated provider completed the training but did not use an Agency approved source. 4) Most current certificate of completion presented was expired. 5) Certificate of completion presented did not include participant's name. 6) Certificate of completion presented did not include name of the curriculum. 7) Certificate of completion presented did not include date of the training. 8) Certificate of completion presented did not include name and signature of the trainer. 9) Certificate of completion presented did not include expiration date.

		• Look for evidence of training specific to behavioral emergency procedures • Determine if training was completed within 30 days of providing services to a person with significant behavioral challenges who may require the use of behavioral emergency procedures or when the staff is expected to implement approved behavioral emergency procedures. • Per 65G-8.002 (4) - Training certification is valid for one year. Before the certificate expires, staff must undertake a full training curriculum to obtain new certification. Proof of classroom training will include a typed certificate with the following elements: • Participant's name; • Name of curriculum; • Date(s) of training • Name and signature of instructor • Date of certificate expiration For the purpose of this review, compare most recent course completion date to previous course completion date to determine if re-certification was completed at least annually. Examples of approved curriculums include: ⇨ Professional Crisis Management (PCM) ⇨ Alternatives for Behavioral Crises ⇨ Mandt Systems ⇨ Crisis Prevention Institute ⇨ Safety Care ⇨ Refer to the APD website for approved curriculums. Not Met reason #2 only applies to providers who began working within the period of review.	

		Recertification is required every 12 months	
18	Drivers of transportation vehicles are licensed to drive vehicles used.	iBudget Handbook If the provider does not drive vehicles used to transport individuals, score N/A. If the provider drives either agency or personal vehicles used to transport individuals check personnel records to verify driver license is current and valid covering the entire period of review. This may require review of more than one license. • If driver license is current at the time of the review but was not current for the entire period of review, score Not Met without an Alert. • If driver license is not current at the time of the review, score as Not Met **with an Alert.**	1) Provider did not have a copy of a driver license in the record. (A) 2) Provider documentation demonstrated driver license was current at the time of the review but did not cover the entire period of review. 3) Provider documentation demonstrated driver license was not current at the time of the review but was current during some of the period of review. (A)
19	Personal vehicles used for transportation are properly insured.	iBudget Handbook If provider does not transport individuals in personal vehicles, score this standard as N/A. • If transportation is provided using personal vehicles check personnel records to verify vehicle insurance coverage is maintained for all personal vehicles used during the entire period of review – 12 full months. This may require review of 2-3 six-month insurance cards. If vehicle insurance is current at the time of the review but was not maintained for the remaining period of review, score as Not Met without an Alert. If vehicle insurance is not current at the time of the review, score as Not Met **with an Alert.**	1) Provider did not have a copy of vehicle insurance in the record at the time of the review. (A) 2) Provider documentation demonstrated vehicle insurance was current at the time of the review but did not cover the entire period of review. 3) Provider documentation demonstrated vehicle insurance was not current at the time of the review but was current covering some of the period of review. (A)

20	Personal vehicles used for transportation are properly registered.	iBudget Handbook If provider does not transport individuals in personal vehicles, score this standard as N/A. • If transportation is provided in personal vehicles check personnel records to verify vehicle registration is maintained for all personal vehicles used by the employee for the entire period of review – 12 full months. (this may require review of 2 vehicle registrations)	1) Provider did not have a copy of vehicle registration in the record at the time of review. 2) Provider documentation demonstrated vehicle registration was current at the time of the review but did not cover the entire period of review. 3) Provider documentation demonstrated vehicle registration was not current at the time of the review but was current covering some of the period of review.
		Service Specific Employee	
		Behavior Analysis	
#	**Performance Measure/Standard**	**Protocol**	**Not Met Reasons**
21	The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	iBudget Handbook Review available personnel records to verify compliance with minimum education and experience requirements. • Review available documentation such as copies of high school diploma or GED, college transcripts, college degree, Associate's degree, professional license, certificates of completion, driver's license, job application, resume, letters of reference, reference checks, etc. Providers of Behavior Analysis must have licensure or certification on active status at the time services are provided. Providers of this service must have one or more of the following credentials: • Level 1 - Board Certified Behavior Analyst, Masters or Doctoral Level; or a person licensed under Chapter 490 or 491, F.S. (Psychologist, School Psychologist, Clinical Social Worker, Marriage and Family Therapist or Mental Health	1) The provider did not present documented evidence of required certification/licensure. 2) Provider documentation demonstrated provider's certification/licensure was expired/no-longer current for some or all of the period under review. 3) Provider did not present documented evidence of level 1 credentials for the level 1 provider. 4) Provider did not present documented evidence of level 2 credentials for the level 2 provider. 5) Provider did not present documented evidence of level 3 credentials for the level 3 provider. 6) Provider did not present documented evidence of required monthly supervision of the Level 3 provider.

		Counselor) with evidence of work samples and work history of more than three years of experience in the application of Applied Behavior Analysis procedures to persons with exceptional needs, post certification or licensure.
		• Level 2 - Board Certified Behavior Analyst, Masters or Doctoral level; Florida Certified Behavior Analyst with a Master's degree or higher or a person licensed under Chapter 490 or 491, F.S. (Psychologist, School Psychologist, Clinical Social Worker, Marriage and Family Therapist or Mental Health Counselor) with evidence based on work samples and work history of at least one year supervised experience in the application of Applied Behavior Analysis procedures to persons with exceptional needs.
		  ○ Board certified behavior analysts have met the year of supervision requirement as part of becoming certified.
		• Level 3 - Florida Certified Behavior Analyst with Bachelor's degree, Associate's degree, or high school diploma or Board Certified Assistant Behavior Analyst.
		  ○ Effective 1/1/16: Level 3 providers are required to evidence at least one hour per month of supervision from a professional who meets the requirements of a Level 1 or Level 2 Board Certified Behavior Analyst.
		• Be at least 18 years of age or older.
		
		Note: Degrees/diplomas earned in other countries shall be accompanied by authentication documentation that the degree is equivalent to the educational requirements for the position.
			7) Provider presented documented evidence of required monthly supervision of the Level 3 provider for some but not all months in the period of review.
			8) Evidence the provider is at least 18 years old was not present.

		Behavior Assistant	
#	**Performance Measure/Standard**	**Protocol**	**Not Met Reasons**
22	The provider meets all minimum educational requirements and levels of	iBudget Handbook	1) Provider did not present documented evidence of at least two years of

	experience for Behavior Assistant.	Review available personnel records to verify compliance with minimum education and experience requirements. • Review available documentation such as copies of high school diploma or GED, college transcripts, college degree, Associate's degree, professional license, certificates of completion, driver's license, job application, resume, letters of reference, reference checks, etc. • Providers of this service must be at least 18 years of age, have a high school diploma or GED and have at least: Two years of experience providing direct services to individuals with developmental disabilities, or one of the following: o At least 120 hours of direct services to individuals with complex behavior problems, as defined in rule 65G-4.010(3)(b), or – 90 classroom hours of instruction in applied behavior analysis from non-university, non-college classes, or university and college courses. ➢ The 90 classroom hours of instruction will count as meeting the requirements of the 20 contact hours in the next standard.	experience providing direct services to individuals with developmental disabilities. 2) Provider did not present documented evidence of at least 120 hours of direct services to individuals with complex behavior problem in lieu of work experience. 3) Provider did not present documented evidence of 90 classroom hours of instruction in applied behavior analysis in lieu of work experience. 4) Evidence the provider is at least 18 years old or older was not present.
23	The Behavior Assistant provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated Behavior Analyst.	iBudget Handbook If the provider is a Registered Behavior Technician™ (RBT™) certified by the Behavior Analyst Certification Board (BACB), score this standard as N/A. If the provider has documented evidence of 90 classroom hours of instruction in applied behavior analysis from non-university, non-college classes, or university and college courses score this standard Met. Review personnel files and other provider training records for evidence of required training.	1) Provider documentation did not demonstrate completion of at least 20 contact hours of instruction in an APD approved curriculum. 2) Provider documentation demonstrated completion of 20 contact hours of instruction in an APD approved curriculum but not from a qualified instructor. 3) Provider documentation presented did not verify successful completion of the required instruction.

		○ Determine date of hire ○ Determine date of training • As proof of instruction, the provider must have either a certificate of completion or a college or university transcript and a course content description, verifying the applicant successfully completed the required instruction. • Instruction must be provided by a person meeting the qualifications of any category of behavior analysis provider as described in this Handbook • The 90 classroom hours of instruction specified in the preceding standard shall also count as meeting the requirements of the 20 contact hours specified in this standard.	
24	The provider completes eight hours of annual in-service training on instruction in applied behavior analysis and related topics for Behavior Assistant.	iBudget Handbook If provider/employee has been working less than 12 months, score this standard as N/A. Eligibility to continue providing Behavior Assistant services can be maintained through receipt of at least eight hours of in-service training offered through instruction in applied behavior analysis and related topics. Establish how the provider tracks annual training (from when to when). The 12-month period will be determined by provider date of hire unless the provider is able to demonstrate another well documented revolving 12 month period. In instances when the provider/employee was hired prior to the implementation of this requirement (September 2015), September can be used as the first month for this service only if preferred. • The 12-month period **cannot** be based on the annual Provider Review date each year.	1) Provider did not present documented evidence of completion of 8 hours of annual in-service training. 2) Provider presented documented evidence of completing some but not all required 8 hours of annual in-service training. 3) Some or all documented training presented was not related to applied behavior analysis and related topics. 4) Documented evidence of some or all training included hours spent repeating basic required training. 5) Classroom certificate of completion presented did not include participant's printed name and signature. 6) Classroom certificate of completion presented did not include the trainer's printed name and signature. 7) Classroom certificate of completion presented did not include the title of the course.

		Review available personnel records to verify compliance with annual in-service training requirements. • Determine date of hire; • Determine date of training; • Content or curricula for this in-service training and providers of training must be approved by the regional behavior analyst within each region. Classroom - Certificate of completion must include: • Participant's printed name and signature • Title of the course • Date training occurred (day and date as well as beginning and ending time) • Printed name of the trainer and signature • **As of 1/1/16:** Copy of the agenda or course syllabus Non-Classroom – Certificate of Completion must include: • Participant's name • Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required) • Date(s) or period over which training course was completed and notation that course was successfully completed • Name of approved entity providing training • Length of training/credit hours. CD/Video – Certificate of Completion must include: • Photocopy of label or training outline (including the title of the course and sponsoring entity) • Printed name and signature of participant • Date training occurred • Length of training (if not noted on CD label) • Copy of the agenda or course syllabus	8) Classroom certificate of completion presented did not include the date of course completion. 9) Classroom certificate of completion presented did not include time spent (Credit Hours). 10) Classroom certificate of completion presented did not include a copy of the agenda or course syllabus. 11) Non-Classroom certificate of completion presented did not include participant's name. 12) Non-Classroom certificate of completion presented did not include the title of the course. 13) Non-Classroom certificate of completion presented did not include dates or period over which course was completed. 14) Non-classroom certificate of completion presented did not include length of training/credit hours. 15) Non-classroom certificate of completion presented did not include the name of approved entity providing training. 16) CD/Video certificate of completion presented did not include a photocopy of label or training outline (including the title of the course and sponsoring entity). 17) CD/Video certificate of completion presented did not include name and signature of participant. 18) CD/Video certificate of completion presented did not include date training occurred.

		Certificates for in-service training must include the number of credit hours received in addition to the information above. Note: Re-taking basic APD training courses will not be counted toward this requirement unless identified as a need in the APD Plan of Remediation.	19) CD/Video certificate of completion presented did not include length of training 20) CD/Video certificate of completion presented did not include copy of agenda or course syllabus.
		Life Skills Development 1 (Companion)	
#	**Performance Measure/Standard**	**Protocol**	**Not Met Reasons**
25	The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.	iBudget Handbook Providers and employees previously providing Companion services hired before September 2015 (the effective date of this rule) with no break in service must meet the qualifications outlined in Developmental Disabilities Waiver Service Coverage and Limitations Handbook, November 2010 Review available personnel records to verify compliance with minimum education and experience requirements. • Review available documentation such as copies of high school diploma or GED, college transcripts, college degree, Associate's degree, professional license, certificates of completion, driver's license, job application, resume, letters of reference, reference checks, etc. Determine: • Date of hire • Provider is at least 18 years of age • Provider has at least one year of verifiable experience working in a medical, psychiatric, nursing, or childcare setting or working with individuals who have a developmental disability.	1) Provider documentation did not demonstrate at least one year of qualifying work experience. 2) Provider did not provide documented evidence of required college, vocational or technical training in lieu of work experience. 3) Evidence the provider is at least 18 years old was not present.

		• Or in lieu of the required work experience has college; vocational or technical training from an accredited institution can substitute at the rate of 30 semester, 45 quarter or 720 classroom hours for the required experience. • Providers enrolled/hired 1/1/16 forward or providers who had a lapse in service delivery are required to have evidence of a valid high school diploma or GED.	
26	The Life Skills Development 1 provider completes 4 hours of annual in-service training related to the specific needs of at least one person currently receiving services.	iBudget Handbook If provider/employee has been working less than 12 months, score this standard as N/A. Four hours of annual in-service training must be successfully completed and be related to the specific needs of at least one person being currently served. Specific needs can include health needs, community resources, or person-centered planning. Establish how the provider tracks annual training (from when to when). The 12-month period will be determined by provider date of hire unless the provider is able to demonstrate another well documented revolving 12 month period. In instances when the provider/employee was hired prior to the implementation of this requirement (September 2015), September can be used as the first month for this service only if preferred. • The 12-month period **cannot** be based on the annual Provider Review date each year. Review available personnel records to verify compliance with annual in-service training requirements. • Determine date of hire • Determine dates of training Classroom - Certificate of completion must include: • Participant's printed name and signature	1) Provider did not present documented evidence of completion of 4 hours of annual in-service training. 2) Provider presented documented evidence of completing some but not all required 4 hours of annual in-service training. 3) Documented training presented was not related to needs of at least one person currently served. 4) Documented evidence of some training presented was renewal of pre-service or other mandatory required training. 5) Classroom certificate of completion presented did not include participant's printed name and signature. 6) Classroom certificate of completion presented did not include the trainer's printed name and signature. 7) Classroom certificate of completion presented did not include the title of the course. 8) Classroom certificate of completion presented did not include the date of course completion. 9) Classroom certificate of completion presented did not include time spent (Credit Hours).

		• Title of the course • Date training occurred (day and date as well as beginning and ending time) • Printed name of the trainer and signature • **As of 1/1/16:** Copy of the agenda or course syllabus Non-Classroom – Certificate of Completion must include: • Participant's name • Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required) • Date(s) or period over which training course was completed and notation that course was successfully completed • Length of training/credit hours • Name of approved entity providing training CD/Video – Certificate of Completion must include: • Photocopy of label or training outline (including the title of the course and sponsoring entity) • Printed name and signature of participant • Date training occurred • Length of training (if not noted on CD label) • Copy of the agenda or course syllabus Certificates for in-service training must include the number of credit hours received in addition to the information above. Note: Re-taking basic APD training courses will not be counted toward this requirement unless identified as a need in the APD Plan of Remediation.	10) Classroom certificate of completion presented did not include a copy of the agenda or course syllabus. 11) Non-Classroom certificate of completion presented did not include participant's name. 12) Non-Classroom certificate of completion presented did not include the title of the course. 13) Non-Classroom certificate of completion presented did not include dates or period over which course was completed. 14) Non-classroom certificate of completion did not include length of training/credit hours. 15) Non-classroom certificate of completion presented did not include the name of approved entity providing training. 16) CD/Video certificate of completion presented did not include a photocopy of label or training outline (including the title of the course and sponsoring entity). 17) CD/Video certificate of completion presented did not include name and signature of participant. 18) CD/Video certificate of completion presented did not include date training occurred. 19) CD/Video certificate of completion presented did not include length of training. 20) CD/Video certificate of completion presented did not include copy of agenda or course syllabus.

		Life Skills Development 2 (Supported Employment)	
#	**Performance Measure/Standard**	**Protocol**	**Not Met Reasons**
27	The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	iBudget Handbook Review available personnel records to verify compliance with minimum education and experience requirements. • Review available documentation such as copies of high school diploma or GED, college transcripts, college degree, Associate's degree, professional license, certificates of completion, driver's license, job application, resume, letters of reference, reference checks, etc. Determine: • Date of hire • Provider enrolled/hired 1/1/16 forward has a valid high school diploma or GED (or providers who had a lapse in service delivery) • Provider is at least 18 years of age All providers of Life Skills Development Level 2 must also meet one or more of the following education/experience requirements: • Have a Bachelor's degree from an accredited college or university with a major in education, rehabilitative science, business, or related degree. • Have an associate's degree or two years of college from an accredited college or university and have two years of documented direct experience with recipients with developmental disabilities. • Have one year of college from an accredited college or university and three years of documented direct experience in working with recipients with developmental disabilities.	1) Provider did not present documented evidence of a Bachelor's degree with a major in education, rehabilitative science, business, or related degree. 2) Provider did not present documented evidence of an Associate's degree from an accredited college or university and two years qualifying work experience. 3) Provider did not have documented evidence of one year of college and three years qualifying work experience. 4) Provider did not present documented evidence of year-for-year experience to substitute for the required college education. 5) Evidence the provider is at least 18 years old was not present.

		• Four years of direct professional experience in working with recipients with developmental disabilities may substitute for college on a year for year basis.	
28	The provider has completed standardized, pre-service training for Life Skills Development 2.	iBudget Handbook Pre-service training for Life Skills 2 consists of successfully completing APD's courses titled "***Best Practices in Supported Employment***" and "***Introduction to Social Security Work Incentives".*** Introduction to Social Security Work Incentives became part of the standard LSD 2 pre-service training in 2010. LSD 2 coaches certified prior to that time are required to complete this portion of the pre-service training. Review personnel records and other provider training records for evidence of required pre-service training. • Determine date of hire • Determine date of training • Determine if completed via approved method • Determine classroom-training certificate demonstrates completion of 18 hours of pre-service training. • Providers enrolled before March 1, 2004, were only required to complete twelve (12) hours of pre-service training. o Web-based training certificates through TRN may not include number of hours Note: Newer pre-service trainings will no longer indicate number of hours (implementation date-TBD) The LSD 2 training curriculum is currently being revised. Standard APD certificates may not be immediately available until the new curriculum is implemented. Classroom training is 4 days	1) Provider did not present documented evidence of completing 18 hours of pre-service training. 2) Provider did not present documented evidence of completing 12 hours of pre-service training. 3) Provider had documented evidence of completing some but not all required pre-service training. 4) Provider documentation demonstrated provider received pre-service training but not prior to rendering services. 5) Provider presented documented evidence of completing pre-service training but training was not obtained from an APD approved trainer/source. 6) Classroom certificate of completion presented did not include the name of the participant. 7) Classroom certificate of completion presented did not include the title of the course. 8) Classroom certificate of completion presented did not include the date(s) of completion. 9) Classroom certificate of completion presented did not include the name of the trainer and signature. 10) Provider documentation did not demonstrate completion of ***Best Practices in Supported Employmen***t.

		• 2 days for "*Best Practices in Supported Employment*" • 2 days for "*Introduction to Social Security Work Incentives"* This course may be completed in a classroom setting taught by an APD authorized instructor or by accessing the web-based training through Training Resource Network. Refer to the APD training website for additional resources as they come available. Proof of classroom training will include a typed certificate with the following elements: • The participant's name (printed or typed) • Title of the course • Date and location training occurred • Name of the trainer (printed or typed) and signature • **As of 1/1/16**: Evidence the trainer has appropriate credentials (for APD courses a copy of the trainer's certificate provided by APD) • Look for evidence of training specific to *Introduction to Social Security Work Incentives*. Non-Classroom – Certificate of Completion must include: • Participant's name • Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required) • Date(s) or period over which training course was completed and notation that course was successfully completed • Name of approved entity providing training Not Met reason #4 applies only to providers who have been working less than 12 months at the time of the review.	11) Provider documentation did not demonstrate completion of Introduction to Social Security Work Incentives. 12) Classroom certificate of completion presented did not include evidence the trainer has appropriate credentials. 13) Classroom certificate of completion presented was not presented on the standardized APD certificate. 14) Non-classroom certificate of completion presented did not include the participant's name. 15) Non-classroom certificate of completion presented did not include the title of the course. 16) Non-classroom certificate of completion presented did not include date(s) or period over which training course was completed. 17) Non-classroom certificate of completion presented did not include name of approved entity providing the training.

29	The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment.	iBudget Handbook If provider/employee has been working less than 12 months, score this standard as N/A. Eight hours of annual in-service training related to employment must be completed by providers providing Life Skills Development 2 (Supported Employment). Establish how the provider tracks annual training (from when to when). The 12-month period will be determined by provider date of hire unless the provider is able to demonstrate another well documented revolving 12 month period. In instances when the provider/employee was hired prior to the implementation of this requirement (September 2015), September can be used as the first month for this service only if preferred. • The 12-month period **cannot** be based on the annual Provider Review date each year. Review personnel records and other provider training records for evidence of required training. • Determine date of hire • Determine dates of training • Establish how the provider tracks annual training (from when to when). The 12-month period is determined by provider date of hire unless the provider can demonstrate another well documented revolving 12 month period. ○ The 12-month period cannot be based on the annual Provider Review date each year. • Training can be received from a variety of sources but must relate to employment. Classroom - Certificate of completion must include: • Participant's printed name and signature	1) Provider did not present documented evidence of completion of 8 hours of annual in-service training. 2) Provider presented documented evidence of completing some but not all required 8 hours of annual in-service training. 3) Documented training presented was not related to employment. 4) Documented evidence of some training presented was renewal of pre-service or other mandatory required training. 5) Classroom certificate of completion presented did not include participant's printed name and signature. 6) Classroom certificate of completion presented did not include the trainer's printed name and signature. 7) Classroom certificate of completion presented did not include the title of the course. 8) Classroom certificate of completion presented did not include the date of course completion. 9) Classroom certificate of completion presented did not include time spent (Credit Hours). 10) Classroom certificate of completion presented did not include a copy of the agenda or course syllabus. 11) Non-Classroom certificate of completion presented did not include participant's name.

		• Title of the course • Date training occurred (day and date as well as beginning and ending time) • Printed name of the trainer and signature • **As of 1/1/16:** Copy of the agenda or course syllabus Non-Classroom – Certificate of Completion must include: • Participant's name • Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required) • Date(s) or period over which training course was completed and notation that course was successfully completed • Length of training/credit hours • Name of approved entity providing training CD/Video – Certificate of Completion must include: • Photocopy of label or training outline (including the title of the course and sponsoring entity) • Printed name and signature of participant • Date training occurred • Length of training (if not noted on CD label) • Copy of the agenda or course syllabus Certificates for in-service training must include the number of credit hours received in addition to the information above. Note: Re-taking basic APD training courses will not be counted toward this requirement unless identified as a need in the APD Plan of Remediation.	12) Non-Classroom certificate of completion presented did not include the title of the course. 13) Non-Classroom certificate of completion presented did not include dates or period over which course was completed. 14) Non-classroom certificate of completion did not include length of training/credit hours. 15) Non-classroom certificate of completion presented did not include the name of approved entity providing training. 16) CD/Video certificate of completion presented did not include a photocopy of label or training outline (including the title of the course and sponsoring entity). 17) CD/Video certificate of completion presented did not include name and signature of participant. 18) CD/Video certificate of completion presented did not include date training occurred. 19) CD/Video certificate of completion presented did not include length of training. 20) CD/Video certificate of completion presented did not include a copy of an agenda or course syllabus.
		Life Skills Development 3 (Adult Day Training)	
#	**Performance Measure/Standard**	**Protocol**	**Not Met Reasons**

30	The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.	iBudget Handbook Review available personnel records to verify compliance with minimum education and experience requirements. • Review available documentation such as copies of high school diploma or GED, college transcripts, college degree, Associate's degree, professional license, certificates of completion, driver's license, job application, resume, letters of reference, reference checks, etc. Determine: • Date of hire • Provider is at least 18 years of age • The program director must possess at a minimum an Associate's Degree from an accredited college or university and two years, verifiable experience working directly with individuals receiving services or related experience. • Supervisors of direct care staff will have a high school diploma or GED and one year of direct, care-related experience. • Related experience will substitute on a year-for-year basis for the required college education. • Direct service staff must be age 18 years or older at the time they are hired.	1) Provider documentation did not demonstrate Program Director possesses at a minimum an Associate's Degree from an accredited college/university. 2) Provider documentation did not demonstrate Program Director possess evidence of two years, verifiable, related work experience. 3) Provider documentation did not demonstrate Instructor/Supervisor had at least one year, direct care related experience. 4) Evidence of related experience to substitute for required college education was not present for the Program Director. 5) Evidence the provider is at least 18 years old was not present.
31	The Life Skills Development 3 provider completes eight hours of annual in-service training related to the individually tailored services.	iBudget Handbook If provider/employee has been working less than 12 months, score this standard as N/A. Eight hours of annual in-service training related to individually tailored services must be completed by providers providing Life Skills Development – Level 3 (Adult Day Training).	1) Provider did not present documented evidence of completion of 8 hours of annual in-service training. 2) Provider presented documented evidence of completing some but not all required 8 hours of annual in-service training. 3) Documented training presented was not related to individually tailored services.

		Individually tailored services can include exploring ways to integrate person-centered planning in service delivery, integrating individuals with disabilities into their community and integrating individuals with disabilities into employment or volunteerism within an integrated environment. Establish how the provider tracks annual training (from when to when). The 12-month period will be determined by provider date of hire unless the provider is able to demonstrate another well documented revolving 12 month period. In instances when the provider/employee was hired prior to the implementation of this requirement (September 2015), September can be used as the first month for this service only if preferred. • The 12-month period **cannot** be based on the annual Provider Review date each year. Review personnel records and other provider training records for evidence of required training. • Determine date of hire • Determine dates of training Classroom - Certificate of completion must include: • Participant's printed name and signature • Title of the course • Date training occurred (day and date as well as beginning and ending time) • Printed name of the trainer and signature • **As of 1/1/16:** Copy of the agenda or course syllabus Non-Classroom – Certificate of Completion must include: • Participant's name • Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required)	4) Documented evidence of some training presented was renewal of pre-service or other mandatory required training. 5) Classroom certificate of completion presented did not include participant's printed name and signature. 6) Classroom certificate of completion presented did not include the trainer's printed name and signature. 7) Classroom certificate of completion presented did not include the title of the course. 8) Classroom certificate of completion presented did not include the date of course completion. 9) Classroom certificate of completion presented did not include time spent (Credit Hours). 10) Classroom certificate of completion presented did not include a copy of the agenda or course syllabus. 11) Non-Classroom certificate of completion presented did not include participant's name. 12) Non-Classroom certificate of completion presented did not include the title of the course. 13) Non-Classroom certificate of completion presented did not include dates or period over which course was completed. 14) Non-classroom certificate of completion did not include length of training/credit hours.

		• Date(s) or period over which training course was completed and notation that course was successfully completed • Length of training/credit hours • Name of approved entity providing training CD/Video – Certificate of Completion must include: • Photocopy of label or training outline (including the title of the course and sponsoring entity) • Printed name and signature of participant • Date training occurred • Length of training (if not noted on CD label) • Copy of the agenda or course syllabus Certificates for in-service training must include the number of credit hours received in addition to the information above. Note: Re-taking basic APD training courses will not be counted toward this requirement unless identified as a need in the APD Plan of Remediation.	15) Non-classroom certificate of completion presented did not include the name of approved entity providing training. 16) CD/Video certificate of completion presented did not include a photocopy of label or training outline (including the title of the course and sponsoring entity). 17) CD/Video certificate of completion presented did not include name and signature of participant. 18) CD/Video certificate of completion presented did not include date training occurred. 19) CD/Video certificate of completion presented did not include length of training. 20) CD/Video certificate of completion presented did not include copy of agenda or course syllabus.
		Life Skills Development 4 (Prevocational Services)	
#	**Performance Measure/Standard**	**Protocol**	**Not Met Reasons**
32	The provider meets all minimum educational requirements and levels of experience for Life Skills Development 4.	iBudget Handbook Review available personnel records to verify compliance with minimum education and experience requirements. • Review available documentation such as copies of high school diploma or GED, college transcripts, college degree, Associate's degree, professional license, certificates of completion, driver's license, job application, resume, letters of reference, reference checks, etc. Determine:	1) Provider documentation did not demonstrate Program Director possesses at a minimum an Associate's Degree from an accredited college/university. 2) Provider documentation did not demonstrate Program Director possess evidence of two years, verifiable, related work experience. 3) Provider documentation did not demonstrate Instructor/Supervisor had at

		• Date of hire • Provider is at least 18 years of age • The program director must possess at a minimum of an Associate's Degree from an accredited college or university and two years, verifiable experience working directly with individuals receiving services or related experience. • Supervisors of direct care staff will have a high school diploma or GED and one year of direct, care-related experience. • Related experience will substitute on a year-for-year basis for the required college education. • Direct service staff must be age 18 years or older at the time they are hired.	least one year, direct care related experience. 4) Evidence of related experience to substitute for required college education was not present for the Program Director. 5) Evidence the provider is at least 18 years old was not present.
33	The Life Skills Development 4 provider completes eight hours of annual in-service training related to the individually tailored services.	iBudget Handbook If provider/employee has been working less than 12 months, score this standard as N/A. Eight hours of annual in-service training related to the implementation of individually tailored services must be completed by providers providing Life Skills Development – Level 4 (Prevocational Services). Individually tailored services can include exploring ways to integrate person-centered planning in service delivery, integrating individuals with disabilities into their community and integrating individuals with disabilities into employment or volunteerism within an integrated environment. Establish how the provider tracks annual training (from when to when). The 12-month period will be determined by provider date of hire unless the provider is able to demonstrate another well documented revolving 12 month period.	1) Provider did not present documented evidence of completion of 8 hours of annual in-service training. 2) Provider presented documented evidence of completing some but not all required 8 hours of annual in-service training. 3) Documented training presented was not related to individually tailored services. 4) Documented evidence of some training presented was renewal of pre-service or other mandatory required training. 5) Classroom certificate of completion presented did not include participant's printed name and signature. 6) Classroom certificate of completion presented did not include the trainer's printed name and signature. 7) Classroom certificate of completion presented did not include the title of the course.

		• The 12-month period **cannot** be based on the annual Provider Review date each year. Review personnel records and other provider training records for evidence of required training. • Determine date of hire • Determine dates of training Classroom - Certificate of completion must include: • Participant's printed name and signature • Title of the course • Date training occurred (day and date as well as beginning and ending time) • Printed name of the trainer and signature • Copy of the agenda or course syllabus Non-Classroom – Certificate of Completion must include: • Participant's name • Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required) • Date(s) or period over which training course was completed and notation that course was successfully completed • Length of training/credit hours • Name of approved entity providing training CD/Video – Certificate of Completion must include: • Photocopy of label or training outline (including the title of the course and sponsoring entity) • Printed name and signature of participant • Date training occurred • Length of training (if not noted on CD label) • Copy of the agenda or course syllabus	8) Classroom certificate of completion presented did not include the date of course completion. 9) Classroom certificate of completion presented did not include time spent (Credit Hours). 10) Classroom certificate of completion presented did not include a copy of the agenda or course syllabus. 11) Non-Classroom certificate of completion presented did not include participant's name. 12) Non-Classroom certificate of completion presented did not include the title of the course. 13) Non-Classroom certificate of completion presented did not include dates or period over which course was completed. 14) Non-classroom certificate of completion did not include length of training/credit hours. 15) Non-classroom certificate of completion presented did not include the name of approved entity providing training. 16) CD/Video certificate of completion presented did not include a photocopy of label or training outline (including the title of the course and sponsoring entity). 17) CD/Video certificate of completion presented did not include name and signature of participant. 18) CD/Video certificate of completion presented did not include date training occurred.

		Certificates for in-service training must include the number of credit hours received in addition to the information above. • Note: Re-taking basic APD training courses will not be counted toward this requirement unless identified as a need in the APD Plan of Remediation.	19) CD/Video certificate of completion presented did not include length of training. 20) CD/Video certificate of completion presented did not include copy of agenda or course syllabus.
		Personal Supports	
#	**Performance Measure/Standard**	**Protocol**	**Not Met Reasons**
34	The provider meets all minimum educational requirements and levels of experience for Personal Supports.	iBudget Handbook Review available personnel records to verify compliance with minimum education and experience requirements. • Look for copies of college transcripts, college degree, associate's degree, professional license, high school diploma or equivalent, driver's license, job application, resume, letters of reference, reference checks, etc. Determine: • Date of hire • Provider is at least 18 years of age • Determine provider enrolled/hired 1/1/16 forward or provider who had a lapse in service delivery has a valid high school diploma or GED. • At least one year of verifiable experience working directly with individuals receiving services in a medical, psychiatric, nursing, or childcare setting or working with recipients with a developmental disability. • In lieu of required work experience, providers and employees may have 30 semester hours, 45 quarter-hours, or 720 classroom hours of college or vocational school.	1) Provider documentation did not demonstrate at least one year of qualifying work experience. 2) Provider documentation did not demonstrate required college or vocational school in place of qualifying work experience. 3) Evidence the provider is at least 18 years old was not present.

35	The Personal Supports provider completes four hours of annual in-service training related to the specific needs of at least one person currently served.	iBudget Handbook If provider/employee has been working less than 12 months, score this standard as N/A. Four hours of annual in-service training must be successfully completed and be related to the specific needs of at least one person being currently served. Specific needs can include health needs, community resources, or person-centered planning. Establish how the provider tracks annual training (from when to when). The 12-month period will be determined by provider date of hire unless the provider is able to demonstrate another well documented revolving 12 month period. In instances when the provider/employee was hired prior to the implementation of this requirement (September 2015), September can be used as the first month for this service only if preferred. • The 12-month period **cannot** be based on the annual Provider Review date each year. Review available personnel records to verify compliance with annual in-service training requirements. • Determine date of hire • Determine dates of training Classroom - Certificate of completion must include: • Participant's printed name and signature • Title of the course • Date training occurred (day and date as well as beginning and ending time) • Printed name of the trainer and signature • **As of 1/1/16:** Copy of the agenda or course syllabus Non-Classroom – Certificate of Completion must include:	1) Provider did not present documented evidence of completion of 4 hours of annual in-service training. 2) Provider presented documented evidence of completing some but not all required 4 hours of annual in-service training. 3) Documented training presented was not related to specific needs of at least one person currently served. 4) Documented evidence of some training presented was renewal of pre-service or other mandatory required training. 5) Classroom certificate of completion presented did not include participant's printed name and signature. 6) Classroom certificate of completion presented did not include the trainer's printed name and signature. 7) Classroom certificate of completion presented did not include the title of the course. 8) Classroom certificate of completion presented did not include the date of course completion. 9) Classroom certificate of completion presented did not include time spent (Credit Hours). 10) Classroom certificate of completion presented did not include a copy of the agenda or course syllabus. 11) Non-Classroom certificate of completion presented did not include participant's name.

		• Participant's name • Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required) • Date(s) or period over which training course was completed and notation that course was successfully completed • Length of training/credit hours • Name of approved entity providing training CD/Video – Certificate of Completion must include: • Photocopy of label or training outline (including the title of the course and sponsoring entity) • Printed name and signature of participant • Date training occurred • Length of training (if not noted on CD label) • Copy of the agenda or course syllabus Certificates for in-service training must include the number of credit hours received in addition to the information above. Note: Re-taking basic APD training courses will not be counted toward this requirement unless identified as a need in the APD Plan of Remediation.	12) Non-Classroom certificate of completion presented did not include the title of the course. 13) Non-Classroom certificate of completion presented did not include dates or period over which course was completed. 14) Non-classroom certificate of completion did not include length of training/credit hours. 15) Non-classroom certificate of completion presented did not include the name of approved entity providing training. 16) CD/Video certificate of completion presented did not include a photocopy of label or training outline (including the title of the course and sponsoring entity). 17) CD/Video certificate of completion presented did not include name and signature of participant. 18) CD/Video certificate of completion presented did not include date training occurred. 19) CD/Video certificate of completion presented did not include length of training. 20) CD/Video certificate of completion presented did not include copy of agenda or course syllabus.
		Residential Habilitation - Standard	
#	**Performance Measure/Standard**	**Protocol**	**Not Met Reasons**

36	The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	iBudget Handbook Review available personnel records to verify compliance with minimum education and experience requirements. • Review available documentation such as copies of high school diploma or GED, college transcripts, college degree, Associate's degree, professional license, certificates of completion, driver's license, job application, resume, letters of reference, reference checks, etc. Determine: • Provider is at least 18 years of age • Provider has a valid high school diploma or GED • Provider has at least one year of experience working in a medical, psychiatric, nursing or childcare setting or working with individuals with a developmental disability (For exemptions to this requirement, see Rule 65G-2.008, F.A.C.) or have; • 30 semester hours, 45 quarter hours or 720 classroom hours of college or vocational school; or • 120 hours of direct services to individuals with complex behavior problems, as defined in APD's Rule 65G-4.010(3)(b), F.A.C.	1) Provider documentation did not demonstrate evidence of at least one year of qualifying work experience. 2) Provider documentation did not demonstrate evidence of required college or vocational school in place of work experience. 3) Provider documentation did not demonstrate compliance with 65G-2.008, F.A.C in lieu of required experience. 4) Evidence the provider is at least 18 years old was not present.
37	The Residential Habilitation - Standard provider completes eight hours of annual in-service training related to the implementation of individually tailored services.	iBudget Handbook If provider/employee has been working less than 12 months, score this standard N/A. In-service training for Residential Habilitation - Standard must be related to the implementation of individually tailored services. Establish how the provider tracks annual training (from when to when). The 12-month period will be determined by provider date of hire unless the provider is able to demonstrate another well	1) The provider did not present documented evidence of completing 8 hours of annual in-service training. 2) Provider presented documented evidence of completing some but not all required 8 hours of annual in-service training. 3) Documented training was not related to the implementation of individually tailored services.

		documented revolving 12 month period. In instances when the provider/employee was hired prior to the implementation of this requirement (September 2015), September can be used as the first month for this service only if preferred. • The 12-month period **cannot** be based on the annual Provider Review date each year. Review personnel files and other provider training records for evidence of required training. • Determine date of hire • Determine date of training Classroom - Certificate of completion must include: • Participant's printed name and signature • Title of the course • Date the training occurred (day and date as well as beginning and ending time) • Printed name of the trainer and signature • **As of 1/1/16:** Copy of the agenda or course syllabus Non-Classroom – Certificate of Completion must include: • Participant's name • Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required) • Date(s) or period over which training course was completed and notation that course was successfully completed • Length of training/Credit hours • Name of approved entity providing training CD/Video – Certificate of Completion must include: • Photocopy of label or training outline (including the title of the course and sponsoring entity) • Printed name and signature of participant	4) Provider documentation demonstrated provided included hours spent repeating basic required training. 5) Classroom certificate of completion presented did not include participant's printed name and signature. 6) Classroom certificate of completion presented did not include the trainer's printed name and signature. 7) Classroom certificate of completion presented did not include the title of the course. 8) Classroom certificate of completion presented did not include the date of course completion. 9) Classroom certificate of completion presented did not include time spent (Credit Hours). 10) Classroom certificate of completion presented did not include a copy of the agenda or course syllabus. 11) Non-Classroom certificate of completion presented did not include participant's name. 12) Non-Classroom certificate of completion presented did not include the title of the course. 13) Non-Classroom certificate of completion presented did not include date or period over which course was completed. 14) Non-classroom certificate of completion presented did not include the name of approved entity providing training.

		• Date training occurred • Length of training (if not noted on CD label) • Copy of the agenda or course syllabus Certificates for in-service training must include, in addition to the information above, the number of credit hours received. Note: Re-taking basic APD training courses will not be counted toward this requirement unless identified as a need in the APD Plan of Remediation.	15) Non-classroom certificate of completion presented did not include length of training/credit hours. 16) CD/Video certificate of completion presented did not include a photocopy of label or training outline (including the title of the course and sponsoring entity). 17) CD/Video certificate of completion presented did not include name and signature of participant. 18) CD/Video certificate of completion presented did not include date training occurred. 19) CD/Video certificate of completion presented did not include length of training. 20) CD/Video certificate of completion presented did not include a copy of an agenda or course syllabus.
		Residential Habilitation – Behavior Focus	
#	**Performance Measure/Standard**	**Protocol**	**Not Met Reasons**
38	The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	iBudget Handbook Rule 65G-2 F.A.C. Review available personnel records to verify compliance with minimum education and experience requirements. • Review available documentation such as copies of high school diploma or GED, college transcripts, college degree, Associate's degree, professional license, certificates of completion, driver's license, job application, resume, letters of reference, reference checks, etc. Determine:	1) Provider documentation did not demonstrate evidence of at least one year of qualifying work experience. 2) Provider documentation did not demonstrate evidence of required college or vocational school in place of work experience. 3) Provider documentation did not demonstrate compliance with 65G-2.008, F.A.C in lieu of required experience.

		• Provider is at least 18 years of age
		• Provider has a valid high school diploma or GED
		• Provider has at least one of the following:
		  ○ One year of experience providing direct services in a medical, psychiatric, nursing, child care setting, or working with persons who have a developmental disability (For exemptions to this requirement, see Rule 65G-2.008, F.A.C); or
		  ○ In lieu of the required work experience, the employee may have 30 semester hours, 45 quarter-hours, or 720 classroom hours of college or vocational school; or
		  ○ At least 120 hours of direct services to individuals with complex behavior problems, as defined in APD's Rule 65G-4.010(3)(b), F.A.C.; or
		  ○ 90 classroom hours of instruction in applied behavior analysis from non-university, non-college classes, or university and college courses.
		  – The 90 classroom hours of instruction will count as meeting the requirements of the 20 contact hours in standard below.
			4) Evidence the provider is at least 18 years old was not present.

39	The Residential Habilitation-Behavior Focus provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated Behavior Analyst.	iBudget Handbook If the provider is a Registered Behavior Technician™ (RBT™) certified by the Behavior Analyst Certification Board (BACB), score this standard N/A. If the provider has documented evidence of 90 classroom hours of instruction in applied behavior analysis from non-university, non-college classes, or university and college courses, score this standard Met. Review personnel files and other provider training records for evidence of required training. ○ Determine date of hire	1) Provider documentation did not demonstrate completion of at least 20 contact hours of instruction in an APD approved curriculum. 2) Provider documentation demonstrated completion of 20 contact hours of instruction in an APD approved curriculum but not from a qualified instructor. 3) Provider documentation presented did not verify successful completion of the required instruction.

		○ Determine date of training • As proof of instruction, the provider must have either a certificate of completion or a college or university transcript and a course content description, verifying the applicant successfully completed the required instruction. • Instruction must be provided by a person meeting the qualifications of any category of behavior analysis provider as described in this Handbook • The 90 classroom hours of instruction specified in the preceding standard shall also count as meeting the requirements of the 20 contact hours specified in this standard.	
40	The Residential Habilitation-Behavior Focus provider completes eight hours of annual in-service training related to behavior analysis and related topics.	iBudget Handbook If provider/employee has been working less than 12 months, score this standard as N/A. Establish how the provider tracks annual training (from when to when). The 12-month period will be determined by provider date of hire unless the provider is able to demonstrate another well documented revolving 12 month period. In instances when the provider/employee was hired prior to the implementation of this requirement (September 2015), September can be used as the first month for this service only if preferred. • The 12-month period **cannot** be based on the annual Provider Review date each year. In-service training for Residential Habilitation-Behavior Focus must be related to behavior analysis and related topics. Review available personnel records to verify compliance with annual in-service training requirements. • Determine date of hire; • Determine date of training;	1) Provider did not present documented evidence of completion of 8 hours of annual in-service training. 2) Provider presented documented evidence of completing some but not all required 8 hours of annual in-service training. 3) Documented training presented was not related to behavior analysis and related topics. 4) Documented evidence of some training presented was renewal of pre-service or other mandatory required training. 5) Classroom certificate of completion presented did not include participant's printed name and signature. 6) Classroom certificate of completion presented did not include the trainer's printed name and signature. 7) Classroom certificate of completion presented did not include the title of the course.

		Classroom - Certificate of completion must include: • Participant's printed name and signature • Title of the course • Date training occurred (day and date as well as beginning and ending time) • Printed name of the trainer and signature • **As of 1/1/16:** Copy of the agenda or course syllabus Non-Classroom – Certificate of Completion must include: • Participant's name • Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required) • Date(s) or period over which training course was completed and notation that course was successfully completed • Length of training/credit hours • Name of approved entity providing training CD/Video – Certificate of Completion must include: • Photocopy of label or training outline (including the title of the course and sponsoring entity) • Printed name and signature of participant • Date training occurred • Length of training (if not noted on CD label) • Copy of the agenda or course syllabus Certificates for in-service training must include the number of credit hours received in addition to the information above. Note: Re-taking basic APD training courses will not be counted toward this requirement unless identified as a need in the APD Plan of Remediation.	8) Classroom certificate of completion presented did not include the date of course completion. 9) Classroom certificate of completion presented did not include time spent (Credit Hours). 10) Classroom certificate of completion presented did not include a copy of the agenda or course syllabus. 11) Non-Classroom certificate of completion presented did not include participant's name. 12) Non-Classroom certificate of completion presented did not include the title of the course. 13) Non-Classroom certificate of completion presented did not include dates or period over which course was completed. 14) Non-classroom certificate of completion did not include length of training/credit hours. 15) Non-classroom certificate of completion presented did not include the name of approved entity providing training. 16) CD/Video certificate of completion presented did not include a photocopy of label or training outline (including the title of the course and sponsoring entity). 17) CD/Video certificate of completion presented did not include name and signature of participant. 18) CD/Video certificate of completion presented did not include date training occurred.

			19) CD/Video certificate of completion presented did not include length of training. 20) CD/Video certificate of completion presented did not include copy of agenda or course syllabus.
		Residential Habilitation – Intensive Behavior	
#	**Performance Measure/Standard**	**Protocol**	**Not Met Reasons**
41	The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior.	iBudget Handbook Rule 65G-2 F.A.C. Review available personnel records to verify compliance with minimum education and experience requirements. • Review available documentation such as copies of high school diploma or GED, college transcripts, college degree, Associate's degree, professional license, certificates of completion, driver's license, job application, resume, letters of reference, reference checks, etc. Determine: • Provider is at least 18 years of age • Provider has a valid high school diploma or GED • Provider has at least one of the following: o One year of experience providing direct services in a medical, psychiatric, nursing, child care setting, or working with persons who have a developmental disability (For exemptions to this requirement, see Rule 65G-2.008, F.A.C); or o College, vocational or technical training equal to 30 semester hours, 45-quarter hours, or 720 classroom hours can substitute for the required experience or;	1) Provider documentation did not demonstrate evidence of at least one year of qualifying work experience. 2) Provider documentation did not demonstrate evidence of required college or vocational school in place of work experience. 3) Provider documentation did not demonstrate compliance with 65G-2.008, F.A.C in lieu of required experience. 4) Evidence the provider is at least 18 years old was not present.

		○ At least 120 hours of direct services to individuals with complex behavior problems, as defined in APD's Rule 65G-4.010(3)(b), F.A.C.; or ○ 90 classroom hours of instruction in applied behavior analysis from non-university, non-college classes, or university and college courses. – The 90 classroom hours of instruction will count as meeting the requirements of the 20 contact hours in standard below.	
42	The Residential Habilitation – Intensive Behavior provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.	iBudget Handbook If the provider is a Registered Behavior Technician™ (RBT™) certified by the Behavior Analyst Certification Board (BACB), score this standard N/A. If the provider has documented evidence of 90 classroom hours of instruction in applied behavior analysis from non-university, non-college classes, or university and college courses, score this standard as Met. Review personnel files and other provider training records for evidence of required training. ○ Determine date of hire ○ Determine date of training • As proof of instruction, the provider must have either a certificate of completion or a college or university transcript and a course content description, verifying the applicant successfully completed the required instruction. • Instruction must be provided by a person meeting the qualifications of any category of behavior analysis provider as described in this Handbook. • The 90 classroom hours of instruction specified in the preceding standard shall also count as meeting the	1) Provider documentation did not demonstrate completion of at least 20 contact hours of instruction in an APD approved curriculum. 2) Provider documentation demonstrated completion of 20 contact hours of instruction in an APD approved curriculum but not from a qualified instructor. 3) Provider documentation presented did not verify successful completion of the required instruction.

		requirements of the 20 contact hours specified in this standard.	
43	The Residential Habilitation – Intensive Behavior provider completes eight hours of annual in-service training related to behavior analysis and related topics.	iBudget Handbook If provider/employee has been working less than 12 months, score this standard as N/A. Establish how the provider tracks annual training (from when to when). The 12-month period will be determined by provider date of hire unless the provider is able to demonstrate another well documented revolving 12 month period. In instances when the provider/employee was hired prior to the implementation of this requirement (September 2015), September can be used as the first month for this service only if preferred. • The 12-month period cannot be based on the annual Provider Review date each year. In-service training for Residential Habilitation – Intensive Behavior must be related to behavior analysis and related topics. Review available personnel records to verify compliance with annual in-service training requirements. • Determine date of hire; • Determine date of training; Classroom - Certificate of completion must include: • Participant's printed name and signature • Title of the course • Date training occurred (day and date as well as beginning and ending time) • Printed name of the trainer and signature • As of 1/1/16: Copy of the agenda or course syllabus Non-Classroom – Certificate of Completion must include:	1) Provider did not present evidence of completion of 8 hours of annual in-service training. 2) Provider presented evidence of completing some but not all required 8 hours of annual in-service training. 3) Documented training presented was not related to behavior analysis and related topics. 4) Documented evidence of some training presented was renewal of pre-service or other mandatory required training. 5) Classroom certificate of completion presented did not include participant's printed name and signature. 6) Classroom certificate of completion presented did not include the trainer's printed name and signature. 7) Classroom certificate of completion presented did not include the title of the course. 8) Classroom certificate of completion presented did not include the date of course completion. 9) Classroom certificate of completion presented did not include time spent (Credit Hours). 10) Classroom certificate of completion presented did not include a copy of the agenda or course syllabus.

		• Participant's name • Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required) • Date(s) or period over which training course was completed and notation that course was successfully completed • Length of training/credit hours • Name of approved entity providing training CD/Video – Certificate of Completion must include: • Photocopy of label or training outline (including the title of the course and sponsoring entity) • Printed name and signature of participant • Date training occurred • Length of training (if not noted on CD label) • Copy of the agenda or course syllabus Certificates for in-service training must include the number of credit hours received in addition to the information above. Note: Re-taking basic APD training courses will not be counted toward this requirement unless identified as a need in the APD Plan of Remediation.	11) Non-Classroom certificate of completion presented did not include participant's name. 12) Non-Classroom certificate of completion presented did not include the title of the course. 13) Non-Classroom certificate of completion presented did not include dates or period over which course was completed. 14) Non-classroom certificate of completion did not include length of training/credit hours. 15) Non-classroom certificate of completion presented did not include the name of approved entity providing training. 16) CD/Video certificate of completion presented did not include a photocopy of label or training outline (including the title of the course and sponsoring entity). 17) CD/Video certificate of completion presented did not include name and signature of participant. 18) CD/Video certificate of completion presented did not include date training occurred. 19) CD/Video certificate of completion presented did not include length of training. 20) CD/Video certificate of completion presented did not include copy of agenda or course syllabus.
		Residential Habilitation – Enhanced Intensive Behavior	
#	**Performance Measure/Standard**	**Protocol**	**Not Met Reasons**

44	The provider meets all minimum educational requirements and levels of experience for Residential Habilitation- Enhanced Intensive Behavior.	iBudget Handbook Review available personnel records to verify compliance with minimum education and experience requirements. • Review available documentation such as copies of high school diploma or GED, college transcripts, college degree, Associate's degree, professional license, certificates of completion, driver's license, job application, resume, letters of reference, reference checks, etc. Direct care staff rendering EIB services in a licensed residential facility must: • Be age 18 or older and have a high school or GED diploma. • Have two years of experience working with persons who have a developmental disability, or one year in direct services to recipients with complex behavior problems. • Be a registered behavior technician (RBT); or • Have received 40 hours of training in RBT techniques provided by a Behavior Analyst Certification Board (BACB) certified RBT trainer within 6 months of providing direct care services in an EIB setting with successful completion of a competency assessment equivalent to the certified RBT assessment. • If not an RBT: Prior to rendering EIB services, direct care staff shall have successfully completed 20 classroom hours of behavior analysis training and meet the criteria to become a behavior assistant. Not Met reason #6 only applies to direct support staff hired within the period of review.	1) Provider documentation did not demonstrate evidence of minimum required qualifying work experience. 2) Provider documentation did not demonstrate evidence of required college or vocational school in place of work experience. 3) Evidence the provider is at least 18 years old was not present. 4) Provider documentation did not present documented evidence of current Registered Behavior Technician certification. 5) Provider did not present evidence of successfully completing 20 classroom hours of behavior analysis training and meet the criteria to become a behavior assistant. 6) Provider did not present evidence of 40 hours of training in RBT techniques provided by a Behavior Analyst Certification Board (BACB) certified RBT trainer within 6 months of providing direct care services in an EIB setting with successful completion of a competency assessment.
45	The Residential Habilitation – Enhanced Intensive Behavior provider	iBudget Handbook	1) Provider did not present evidence of completion of 8 hours of annual in-service training.

	completes eight hours of annual in-service training through participation in recipient case-review or in combination with training related to behavior analysis.	If provider/employee has been working less than 12 months, score this standard as N/A. Establish how the provider tracks annual training (from when to when). The 12-month period will be determined by provider date of hire unless the provider is able to demonstrate another well documented revolving 12 month period. • The 12-month period **cannot** be based on the annual Provider Review date each year. Providers must complete the equivalent of eight hours of annual in-service training through participation in recipient case-review or in combination with training related to behavior analysis. • An attendance sheet must be used for documenting participation in consumer case review and a summary of the case review discussion must be maintained in the provider's records. • Documentation of completion for the in-service training that meets the requirements is specified at the beginning of this Appendix. Retaking basic APD training courses does not meet this requirement. Case Review: A regularly scheduled review of consumer progress with the behavior analyst in which graphed data for targeted maladaptive and replacement behaviors or skill acquisition is shared with staff. Case review includes: • Positive feedback to staff on recipients who have had improvements. • Identification of targets that are not on track and actions needed to resolve. • Discussion of any slowing progress and identification of strategies to address progress.	2) Provider presented evidence of completing some but not all required 8 hours of annual in-service training. 3) Documented training presented was not related to behavior analysis and related topics. 4) Documented evidence of some training presented was renewal of pre-service or other mandatory required training. 5) Classroom certificate of completion presented did not include participant's printed name and signature. 6) Classroom certificate of completion presented did not include the trainer's printed name and signature. 7) Classroom certificate of completion presented did not include the title of the course. 8) Classroom certificate of completion presented did not include the date of course completion. 9) Classroom certificate of completion presented did not include time spent (Credit Hours). 10) Classroom certificate of completion presented did not include a copy of the agenda or course syllabus. 11) Non-Classroom certificate of completion presented did not include participant's name. 12) Non-Classroom certificate of completion presented did not include the title of the course.

		• Discussion of recent reactive strategies and a plan for how the intervention might be avoided or improved upon in the future. In-service training for Residential Habilitation – Enhanced Intensive Behavior must be related to behavior analysis and related topics. Review available personnel records to verify compliance with annual in-service training requirements. • Determine date of hire; • Determine date of training; Classroom - Certificate of completion must include: • Participant's printed name and signature • Title of the course • Date training occurred (day and date as well as beginning and ending time) • Printed name of the trainer and signature • **As of 1/1/16:** Copy of the agenda or course syllabus Non-Classroom – Certificate of Completion must include: • Participant's name • Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required) • Date(s) or period over which training course was completed and notation that course was successfully completed • Length of training/credit hours • Name of approved entity providing training CD/Video – Certificate of Completion must include: • Photocopy of label or training outline (including the title of the course and sponsoring entity) • Printed name and signature of participant	13) Non-Classroom certificate of completion presented did not include dates or period over which course was completed. 14) Non-classroom certificate of completion did not include length of training/credit hours. 15) Non-classroom certificate of completion presented did not include the name of approved entity providing training. 16) CD/Video certificate of completion presented did not include a photocopy of label or training outline (including the title of the course and sponsoring entity). 17) CD/Video certificate of completion presented did not include name and signature of participant. 18) CD/Video certificate of completion presented did not include date training occurred. 19) CD/Video certificate of completion presented did not include length of training. 20) CD/Video certificate of completion presented did not include copy of agenda or course syllabus.

		• Date training occurred • Length of training (if not noted on CD label) • Copy of the agenda or course syllabus Certificates for in-service training must include the number of credit hours received in addition to the information above Note: Re-taking basic APD training courses will not be counted toward this requirement unless identified as a need in the APD Plan of Remediation.	
		Respite (Under 21 Only)	
#	**Performance Measure/Standard**	**Protocol**	**Not Met Reasons**
46	The provider meets all minimum educational requirements and levels of experience for Respite.	iBudget Handbook Review available personnel records to verify compliance with minimum education and experience requirements. • Review available documentation such as copies of high school diploma or GED, college transcripts, college degree, Associate's degree, professional license, certificates of completion, driver's license, job application, resume, letters of reference, reference checks, etc. Determine: • Provider is at least 18 years of age; • Determine provider enrolled/hired 1/1/16 forward or who has had a lapse in service delivery has a valid high school diploma or GED; • Determine provider has at least one year of verifiable experience working directly with individuals receiving services in a medical, psychiatric, nursing, or childcare setting or working with recipients who have a developmental disability; or	1) Provider documentation did not demonstrate evidence of at least one year of qualifying work experience. 2) Provider documentation did not demonstrate evidence of required college or vocational school in place of work experience. 3) Evidence the provider is at least 18 years old was not present.

		• Has 30 semester hours, 45 quarter hours, or 720 classroom hours of college or vocational school.	
		Special Medical Home Care	
#	**Performance Measure/Standard**	**Protocol**	**Not Met Reasons**
47	The provider meets all minimum educational requirements and levels of experience for Special Medical Home Care.	iBudget Handbook 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. • Group homes shall be licensed in accordance with Chapter 393, F.S. Nurses and certified nurse assistants must perform services within the scope of their license or certification. Review available personnel records to verify compliance with minimum education and experience requirements. • Review available documentation such as copies of high school diploma or GED, college transcripts, college degree, Associate's degree, professional license, certificates of completion, driver's license, job application, resume, letters of reference, reference checks, etc.	1) Evidence of current Registered Nurse license was not present. 2) Evidence of current Licensed Practical Nurse certification was not present. 3) Evidence of current Certified Nurse Assistant's license was not present.
		Supported Living Coaching	
#	**Performance Measure/Standard**	**Protocol**	**Not Met Reasons**
48	The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.	iBudget Handbook Review available personnel records to verify compliance with minimum education and experience requirements.	1) Provider did present documented evidence of a Bachelor's degree from an accredited college or university with a major in education; or rehabilitative science, business or related degree.

		• Review available documentation such as copies of high school diploma or GED, college transcripts, college degree, Associate's degree, professional license, certificates of completion, driver's license, job application, resume, letters of reference, reference checks, etc. All providers of Supported Living Coaching must meet at a minimum, one of the following requirements: • Have a bachelor's degree from an accredited college or university with a major in education, rehabilitative science, business or a related degree. • Have an associate's degree or two years of college from an accredited college or university and have two years of documented direct experience with recipients with developmental disabilities. • Have one year of college from an accredited college or university and three years of documented direct experience in working with recipients with developmental disabilities. • Four years of direct professional experience in working with recipients with developmental disabilities may substitute for college on a year for year basis. The provider must hold a high school or GED diploma. • Be at least 18 years of age.	2) Provider did not present documented evidence of an Associate's degree or two years of college from an accredited college or university and have two years of documented direct experience with individuals with developmental disabilities. 3) Provider did not present documented evidence of one year of college from an accredited college or university and three years of documented direct experience in working with recipients with developmental disabilities. 4) Provider did not present documented evidence of four years of direct professional experience working with individuals with developmental disabilities to substitute for required college education. 5) Evidence the provider is at least 18 years old was not present.
49	The provider completed required Supported Living Pre-Service training.	iBudget Handbook Supported living coaching providers must complete the APD course entitled "Supported Living Pre-Service," prior to beginning to serve any recipients Review personnel records and other provider training records for evidence of required training. • Determine date of hire • Determine date training was completed	1) Provider did not present documented evidence of completing Supported Living pre-service training. 2) Provider documentation demonstrated completion of some but not all required Supported Living pre-service certification training. 3) Provider documentation demonstrated completion of Supported Living pre-service training but not prior to rendering services.

		• Determine if pre-service was completed prior to providing services • Determine if completed via approved trainer/source • Providers enrolled before October 1, 2003 only required twelve (12) hours of pre-service training • Providers enrolled between March 1, 2004 and September 2015 require 18 hours of pre-service training • After September 2015, pre-service certificates will no longer identify a number of hours but will indicate the participant successfully completed the course. Classroom - A standardized APD certificate will be issued to all participants that have successfully completed APD Required Training Classroom courses. The following elements must be included on the certificate: • The participant's name (printed or typed) • Title of the course • Date training occurred • Name of the trainer (printed or typed) and signature • **As of 1/1/16:** Evidence the trainer has appropriate credentials (for APD courses a copy of the trainer's certificate provided by APD) Non-Classroom – Certificate of Completion must include: • Participant's name • Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required) • Date(s) or period over which training course was completed and notation that course was successfully completed • Name of approved entity providing training Not Met reason #1 only applies to providers who have been working less than 12 months.	4) Provider presented documented evidence of completing Supported Living pre-service training but training was not obtained from an APD approved trainer/source. 5) Classroom certificate of completion did not include the name of the participant. 6) Classroom certificate of completion did not include the title of the course. 7) Classroom certificate of completion did not include the date(s) of completion. 8) Classroom certificate of completion did not include the name of the trainer and signature. 9) Classroom certificate of completion did not include evidence the trainer has appropriate credentials. 10) Classroom certificate of completion was not presented on the standardized APD certificate. 11) Non-classroom certificate of completion did not include the participant's name. 12) Non-classroom certificate of completion did not include the title of the course. 13) Non-classroom certificate of completion did not include date(s) or period over which training course was completed. 14) Non-classroom certificate of completion did not include name of approved entity providing the training.

50	The Supported Living Coach completed Introduction to Social Security Work Incentives.	iBudget Handbook All Supported Living coaches must successfully complete APD's course entitled "Introduction to Social Security Work Incentives" within one year of receiving their certificate of enrollment as a Supported Living Coach. Review personnel files and other provider training records for evidence of required training. • Determine date of hire • Determine date of training • Look for evidence of training titled Introduction to Social Security Work Incentives. This course may be completed in a classroom setting taught by an APD authorized instructor or by accessing the web-based training through Training Resource Network (TRN). Refer to the APD training website for additional resources as they come available. Classroom - A standardized APD certificate will be issued to all participants that have successfully completed APD Required Training Classroom courses. The following elements must be included on the certificate: • The participant's name (printed or typed) • Title of the course • Date training occurred • Name of the trainer (printed or typed) and signature • **As of 1/1/16:** Evidence the trainer has appropriate credentials (for APD courses a copy of the trainer's certificate provided by APD) Non-Classroom – Certificate of Completion must include: • Participant's name	1) The provider did not present evidence of completing training entitled Introduction to Social Security Work Incentives. 2) Provider documentation demonstrated the provider completed training entitled Introduction to Social Security Work Incentives but did not use an APD approved trainer/source. 3) Provider documentation demonstrated provider completed training entitled Introduction to Social Security Work Incentives but not within one year of receiving certificate of enrollment. 4) Classroom certificate of completion did not include the participant's name (printed or typed). 5) Classroom certificate of completion did not include the title of the course. 6) Classroom certificate of completion did not include the date of completion. 7) Classroom certificate of completion did not include the name and signature of the trainer. 8) Classroom certificate of completion did not include evidence the trainer has appropriate credentials. 9) Classroom certificate of completion was not presented on the standardized APD certificate. 10) Non-Classroom certificate of completion did not include participant's name. 11) Non-Classroom certificate of completion did not include the title of the course.

		• Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required) • Date(s) or period over which training course was completed and notation that course was successfully completed • Name of approved entity providing training Not Met reason #3 only applies if the deadline for completing the training falls within the review period and the training was not completed prior to that date.	12) Non-Classroom certificate of completion not include dates or period over which course was completed. 13) Non-classroom certificate of completion did not include the name of approved entity providing training.
51	The Supported Living Coaching provider completes eight hours of annual in-service training.	iBudget Handbook If provider/employee has been working less than 12 months, score this standard N/A. Establish how the provider tracks annual training (from when to when). The 12-month period will be determined by provider date of hire unless the provider is able to demonstrate another well documented revolving 12 month period. In instances when the provider/employee was hired prior to the implementation of this requirement (September 2015), September can be used as the first month for this service only if preferred. • The 12-month period <u>cannot</u> be based on the annual Provider Review date each year. Supported Living Coaching providers must complete eight hours of annual in-service • Examples of training topics include: affordable housing options, asset development, money management, specific health needs of persons served, accessing governmental benefits other than those provided by the Waiver (such as food stamps or legal services), or employment-related topics.	1) The provider did not present documented evidence of completing 8 hours of annual in-service training. 2) Provider presented documented evidence of completing some but not all required 8 hours of annual in-service training. 3) Documented training was not related to Supported Living Coaching. 4) Provider documentation demonstrated provided included hours spent repeating basic required training. 5) Classroom certificate of completion presented did not include participant's printed name and signature. 6) Classroom certificate of completion presented did not include the trainer's printed name and signature. 7) Classroom certificate of completion presented did not include the title of the course. 8) Classroom certificate of completion presented did not include the date of course completion.

		Review personnel files and other provider training records for evidence of required training. • Determine date of hire • Determine date of training • Training can be received from a variety of sources but must relate to the topics listed above. Classroom - Certificate of completion must include: • Participant's printed name and signature • Title of the course • Date training occurred (day and date as well as beginning and ending time) • Printed name of the trainer and signature • **As of 1/1/16:** Copy of the agenda or course syllabus Non-Classroom – Certificate of Completion must include: • Participant's name • Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required) • Date(s) or period over which training course was completed and notation that course was successfully completed • Length of training/Credit hours • Name of approved entity providing training CD/Video – Certificate of Completion must include: • Photocopy of label or training outline (including the title of the course and sponsoring entity) • Printed name and signature of participant • Date training occurred • Length of training (if not noted on CD label) • Copy of the agenda or course syllabus	9) Classroom certificate of completion presented did not include time spent (Credit Hours). 10) Classroom certificate of completion presented did not include a copy of the agenda or course syllabus. 11) Non-Classroom certificate of completion presented did not include participant's name. 12) Non-Classroom certificate of completion presented did not include the title of the course. 13) Non-Classroom certificate of completion presented did not include date or period over which course was completed. 14) Non-classroom certificate of completion presented did not include the name of approved entity providing training. 15) Non-classroom certificate of completion presented did not include length of training/credit hours. 16) CD/Video certificate of completion presented did not include a photocopy of label or training outline (including the title of the course and sponsoring entity). 17) CD/Video certificate of completion presented did not include name and signature of participant. 18) CD/Video certificate of completion presented did not include date training occurred. 19) CD/Video certificate of completion presented did not include length of training.

		Certificates for in-service training must include the number of credit hours received in addition to the information above. Note: Re-taking basic APD training courses will not be counted toward this requirement unless identified as a need in the APD Plan of Remediation.	20) CD/Video certificate of completion presented did not include a copy of an agenda or course syllabus.