Qualified Organization ("QO") Administrative Tool

Reference: Florida Statutes, iBudget Handbook

Qlarant does not review on all requirements. QO entities should assure knowledge of all applicable requirements through their Medicaid Waiver Services Agreement and applicable Rules and Statutes.

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.

Note: the terms provider, QO, Waiver Support Coordinator (and if applicable CDC+ Consultant) and employee are used interchangeably.

Qualified Organization Provider Discovery Review Administrative Tool

#	Performance Measure/Standard	General Administrative	
		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 ; F.S. 435.12(2)(c) All providers 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 Note: The excel export of the Clearinghouse Roster cannot be accepted. Refer to APD Provider Advisory #2022-003 Background Screening Rosters Requirements Link to APD Provider Advisories https://apd.myflorida.com/providers/advisories.htm **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	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.
3	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.
4	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.	
5	The provider maintains Business Liability Insurance.	iBudget Handbook 393.663 F.S. and Chapter 65G-14 • Verify business liability insurance for the entire period of review for the Qualified Organization. This may require review of multiple policies. • Policies effective after 7/1/2021 should be under the QO and not for each WSC individually. • Confirm APD is listed as the certificate holder.	1) Provider did not have proof of business liability insurance. 2) Provider documentation demonstrated business liability insurance was current at the time of the review but not the entire period of review. 3) Provider documentation demonstrated business liability insurance was not current at the time of the review but was current during some of the period of review. 4) Provider had proof of business liability insurance but APD was not listed as the certificate holder. 5) Provider had proof of business liability insurance, but it was not under the QO policy.

6	The provider maintains a Table of Organization.	iBudget Handbook 393.0663 F.S. and Chapter 65G-14
		
		• Review table of organization for the entire period of review for the Qualified Organization.
		• Table of Organization must include:
		   o All active Support Coordinators first and last name, contact email and phone number and Region(s) rendering in, Medicaid provider number, employment status (full or part time);
		   o Designation of QO Mentor (s);
		   o If QO renders in multiple Regions, the table of organization is organized by Region with a point of contact listed per Region.
			1) Provider did not have evidence of a table of organization.
			2) Provider had a table of organization, but it was not up to date.
			3) Provider had a table of organization, but it did not include the Region(s) the WSC was rendering in.
			4) Provider had a table of organization, but it did not include first and last names.
			5) Provider had a table of organization, but it did not include contact email and phone for each WSC.
			6) Provider had a table of organization, but it did not include Medicaid provider numbers for each WSC.

			7) Provider had a table of organization, but it did not include designation of mentor(s). 8) Provider had a table of organization, but it did not list the point of contact for the Region under review.
7	Standard Removed	Standard Removed	Standard Removed
8	The Mentor has the appropriate qualifications.	iBudget Handbook 393.0663 F.S. and Chapter 65G-14 Review employee record to ensure the Mentor: • Has at least two (2) years of experience working as a Waiver Support Coordinator; • Has an active caseload; • Has no ethical violations within the past three (3) years; • Has no unresolved QIO background screening alerts for the past three years; • Remains in compliance with all required training; • Passed the Level 1 competency-based assessment with a minimum score of 90%; • Has no delinquent Corrective Action Plan per QIO review or Agency audit, or timely resolve any Corrective Action Plan required while the Support Coordinator is a mentor; • Has no more than three mentees assigned at any given time.	1) Mentor did not have at least two years of experience working as a WSC. 2) Mentor does not have an active caseload. 3) Mentor has a background screening alert. 4) Mentor has not completed all required training. 5) Mentor has not completed the Level 1 Competency- based assessment. 6) Mentor has completed the Level 1 competency-based assessment but not with a minimum score of 90%. 7) Mentor had more than three mentees assigned at the same time.
9	The Mentee completed all mentoring program requirements.	iBudget Handbook 393.0663 F.S. and Chapter 65G-14, Chapter 65G-10 Score n/a if there were no people hired in the period of review and therefore there were no mentees in the period of review.	1) Mentee did not shadow or observe a minimum of 5 support plan meetings. 2) Mentee did not shadow or observe a minimum of 9 face to face visits. 3) Mentee did not shadow or observe a minimum of 6 visits detailing coordination of providers' support.

		Mentees may render services during the mentoring program as long as their mentor supervises each activity. Mentee involvement and attendance in the activities listed below should be documented within the Progress Notes in iConnect. Any Support Coordinator who has less than 12 months experience as of July 1, 2021 must complete an Agency-approved mentoring program offered by their Qualified Organization. Mentees who did not have an active MWSA upon joining a Qualified Organization must shadow or observe a mentor over the course of no less than 90 days. A mentee must shadow or observe a mentor and participate in the following: • A minimum of five (5) support plan meetings involving the mentor or mentee's individuals; • At least nine (9) face-to-face visits in a variety of settings, including meetings with the mentor or mentee's individuals in family homes, supported living arrangements, and licensed facilities. At least six (6) of these visits must detail the coordination of providers' supports; • Meetings with the Agency, including the Regional Office and State Office meetings, which occur while the mentee is participating in the mentoring program; • Discussions to educate individuals and families regarding identifying and preventing abuse, neglect, and exploitation; • Instructions to individuals and families on mandatory reporting requirements for abuse, neglect, and exploitation; • Use of iConnect for case management activities; • Supported Living Quarterly Meeting.	4) Mentee did not shadow or observe APD meetings occurring during the mentoring program. 5) Mentee did not shadow or observe discussion to educate individuals and families on identifying and preventing ANE. 6) Mentee did not shadow or observe education on reporting ANE. 7) Mentee did not shadow or observe use of iConnect for case management activities. 8) Mentee did not shadow or observe a Supported Living Quarterly meeting. 9) Mentee did not shadow, observe, or have documentation of reviewing a SAN submission. 10) Mentee did not shadow, observe, or have documentation of reviewing a Medicaid eligibility redetermination process. 11) Mentee did not shadow, observe, or have documentation of reviewing the updating of 5 cost plans and service authorizations. 12) Mentee did not shadow, observe, or have documentation of reviewing a discussion with an assessor during completion of a comprehensive needs assessment. 13) Supporting documentation for required mentee activities did not match the Certificate of Mentoring Program completion. 14) Mentee did not have signed and dated proof of the Certification of Mentoring Program Completion signed and dated by the mentee. 15) Mentee did not have signed and dated proof of the Certification of Mentoring Program Completion signed and dated by the mentor.

		A mentee has the option to shadow or observe a mentor or other SC in the QO if the following occur while in the mentoring program: • Submission of a Significant Additional Needs ("SAN") request; • Medicaid eligibility redetermination process; • Discussion with the assessor regarding the completion of the comprehensive needs assessment; and • Updating of a minimum of five (5) cost plans and service authorizations in iConnect. • If the above 4 items do not occur while the mentee is in the program, the QO must review the process including the documentation of these process with the mentee. The prospective Support Coordinator must successfully complete the Level 1 Training assessment before completing the mentoring program. For a mentee to receive credit for completing a mentoring program, the mentor must issue the Certification of Mentoring Program Completion APD Form 65G-14.0043 A indicating the mentee's successful completion of the mentoring program to the mentee and the Agency's Regional Office.	16) Mentee did not participate in the mentoring program for a minimum of 90 days. 17) Mentee had not successfully completed the Level 1 training prior to completing the mentoring program. 18) The provider issued letters of completion prior to the mentee completing all requirements.
10	The Mentee completed all mentoring program requirements for the CDC+ program.	iBudget Handbook 393.0663 F.S. and Chapter 65G-14 Score n/a if there were no mentees in the period of review or if the Support Coordinator does not render CDC+ services. Any Qualified Organization intending to provide CDC+ consultation services for participants enrolled in the CDC+ program must include guidance and instructions with respect	1) Mentee did not shadow or observe reviewing draft, denied, or updated purchasing plan, if applicable or reviewing current purchasing plans for CDC+. 2) Mentee did not shadow, observe, or review submission of a SAN request.

		to the CDC+ Handbook in its mentoring program, including observing or shadowing a consultant to review draft, denied, or updated purchasing plans, if applicable, or review the current purchasing plans; and submit a SAN request, if applicable, or review the most recent SAN request that was submitted.	
11	The provider employs at least four Support Coordinators.	iBudget Handbook 393.0663 F.S. and Chapter 65G-14 Each Qualified Organization must employ at least four (4) Support Coordinators. These must be employees; they cannot be subcontracted workers (1099). If a Qualified Organization should be reduced to employing less than four Support Coordinators, the Qualified Organization has a maximum of 90 days to re-establish a minimum employment of four. For purposes of this rule, mentees count towards the minimum of four Support Coordinators. Upon request by the Agency or within five (5) calendar days of any Support Coordinator vacancy, which means absence or unavailability in excess of 30 calendar days, the Qualified Organization must submit the following information regarding that Support Coordinator to the appropriate Regional Office that includes: • A list of the individuals on the caseload affected by the absence; • The beginning and end dates of the vacancy; • The name(s) of a temporary Support Coordinator who will render services to those affected by vacancy; and • Whether the Support Coordinator left the Qualified Organization voluntarily or involuntarily.	1) Provider does not employ at least 4 WSC. 2) Provider did not employ at least 4 WSC for a time period of greater than 90 days. 3) Provider did not submit information to Regional Office in regard to an absence or unavailability in excess of 30 calendar days. 4) Provider did submit information to Regional Office in regard to an absence or unavailability in excess of 30 calendar days, but not for each occurrence in the period of review.

		Ask provider for copies of staffing for the period of review. Review for terminations and how long vacancies were in place. Note: The 4 Support Coordinators do not have to be in the same Region. Statewide the QO is required to have a minimum of 4.	

		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 393.065 F.S. 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 (at time of hire only) • 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.	1) Provider did not present a complete, signed and dated APD Attestation of Good Moral Character. 2) 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 APD Attestation of Good Moral Character presented. 4) The affiant's signature was not on the APD Attestation of Good Moral Character presented. 5) The affiant did not date the Attestation of Good Moral Character presented. 6) Provider did not present a complete, signed, and notarized APD Affidavit of Good Moral Character. 7) Affidavit presented was not the APD Affidavit of Good Moral Character.

		Review personnel files and other provider documents for evidence of compliance.	8) The signature of the affiant was not on the APD Affidavit of Good Moral Character presented.

Review personnel files and other provider documents for evidence of compliance.
- Determine date of hire
- Request Affidavit/Attestation of Good Moral Character, Local Law/Criminal Records check and FDLE/FBI APD General screening from the Clearinghouse.

Required APD Affidavit/Attestation of Good Moral Character

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)

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

APD Affidavit of Good Moral Character
- APD Affidavit must have a revision date of no earlier than 8/1/10.

8) The signature of the affiant was not on the APD Affidavit of Good Moral Character presented.
9) The signature of the notary was not on the APD Affidavit of Good Moral Character presented.
10) The date signed by the notary was not on the APD Affidavit of Good Moral Character presented.
11) The notary's commission stamp was not on the 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

- APD Affidavit must include the signature of the affiant
- APD Affidavit must be signed, dated and stamped by a certified notary

Note: APD Affidavit/Attestation of Good Moral Character must be completed prior to the date of the review.

Required Local Law/Criminal Records Check

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 Internet search results are not acceptable unless specifically authorized by the APD State Office.**

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.

Required Level Two Background Screening

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)
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 in the field prior to their current date of hire?
- If not, was there no more than a 90-day gap between previous employment and date of hire?

If there was more than a 90-day gap in employment 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
		F.S. 435.12(2)(c)
		
		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

*Current approved APD web-based or classroom training resources are maintained on the APD website

Main APD Provider Training 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.
11) TRAIN Florida certificate of completion presented was not presented on the standardized 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) • A copy of the trainer's approved trainer certificate ▪ **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	12) TRAIN Florida certificate of completion presented did not include the TRAIN User ID of the learner.

		there was a lapse in completion between most current training date 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:
			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.

<table>
<tr><td>

- Attending an APD classroom session conducted by a current APD authorized trainer;
- Accessing the TRAIN Florida 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
- Copy of the trainer's approved trainer certificate
  - 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 Florida 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
</td><td>

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.
</td></tr>
</table>

		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. 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 are 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>**	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.

		• 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. • 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.	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. 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.

	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 • 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.	
5	The provider received training in Requirements for all Waiver Providers.	iBudget Handbook Training must be completed within 90 days of providing services. Per APD Provider Advisory #2022-27 (11/1/2022): All providers and their staff are required to complete this training. The "Requirements for all Waiver Providers" PowerPoint training previously posted on the APD training website was acceptable through 10/31/2022. 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 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. 5) The title of the course was not included on the non-Classroom certificate of completion presented.

		Acceptable evidence of non-classroom APD approved training includes the printed certificate or transcript generated by TRAIN Florida 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	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 Providers must take the APD - Health Insurance Portability and Accountability Act (HIPAA) Basics course on TRAIN Florida Review personnel files and other provider training records for evidence of required training. • Determine date of hire • 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.	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. 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.

		• 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 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 Note: With the exception of Not Met reason #4, 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. Not Met reason #4 only applies to providers who began working within the period of review. This training is required at least annually.	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 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	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 but not from an APD approved trainer/source.

		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.
		   o 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.
		   o 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.
		
		Classroom – Standard Certificate of completion from the sponsoring organization must include:
		• Participant's typed/printed name
			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.
			13) The name of approved entity providing training was not included on the non-classroom certificate of completion presented.

<table>
<tr><td></td><td></td><td>

- 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: With the exception of Not Met reasons #4, 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 #4 only applies to providers who began working within the period of review.

Recertification requirements are established by the sponsoring organization.

</td><td></td></tr>
</table>

| 8 | The provider maintains current CPR certification. | iBudget Handbook

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: With the exception of Not Met reason #2, 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.

Recertification requirements are established by the sponsoring organization. | 1) Provider did not present documented evidence of completion of training in CPR.
2) Course completion certificate/card demonstrated provider completed training 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
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.
   o 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 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) | 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 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. |

		• 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 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. Recertification requirements are established by the sponsoring organization.	12) The course completion date was not included on the non-classroom course completion certificate presented. 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	Standard Removed	Standard Removed	Standard Removed

11	The Support Coordinator successfully completed required pre-service level 1 assessment.	iBudget Handbook
		F.S 65G-10.001 65G-10.004 65G-10.005
		
		This standard is applicable for WSC who initially became enrolled as a WSC after 7/1/2021. If the WSC was enrolled as a WSC prior to 7/1/2021, score n/a.
		
		Review personnel files and other provider training records for evidence of required training.
		   ○ Determine date of enrollment
		   ○ Determine date of pre-service level 1 training
		   ○ Determine date of pre-service level 1 assessment
		   ○ Compare completion date of assessment to signature date on the Medicaid Waiver Service Agreement (MWSA).
		
		Persons interested in providing support coordination services who enrolled after the effective date of this Rule, July 1, 2021,
			1) Provider did not present documented evidence of successfully completing required pre-service level 1 training.
			2) Provider did not successfully complete the assessment within 30 days of completing the level 1 training.
			3) Provider presented documented evidence of successfully completing the pre-service level 1 training but not prior to signing the Medicaid Waiver Service Agreement.
			4) Provider discontinued providing services for more than 12 months and did not successfully retake the pre-service level 1 training.

<table>
<tr>
<td colspan="2"></td>
<td>must complete the pre-service level 1 ("level" 1) training, as provided by the Agency. At the end of the level 1 training, the trainee must complete the level 1 competency-based assessment with a score of 85% or higher to receive credit. Trainees must pass the assessment within 30 days of completing the level 1 training.

Trainees who do not pass the level 1 assessment within 30 days of the level 1 training must retake the level 1 training before they may retake the level 1 competency-based assessment. In no instance shall a trainee be allowed to take the assessment more than 3 times within a 12-month period.

Trainees must successfully pass the level 1 competency-based assessment before taking the in-person level 2 training and signing a MWSA with the Agency.

If a support coordinator discontinues providing support coordination services for more than 12 months and wants to return as a provider of support coordination services, all Basic Training and the Pre-Service Level 1 and the Level 2 In-Person Training must be completed again.

Standard would only be applied to a WSC once and not in subsequent years of service.</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>The Support Coordinator successfully completed required In-Person Level 2 assessment.</td>
<td>iBudget Handbook
F.S 65G-10.001 65G-10.004 65G-10.005

This standard is applicable for WSC who initially became enrolled as a WSC after 7/1/2021. If the WSC was enrolled as a WSC prior to 7/1/2021, score n/a.

Review personnel files and other provider training records for evidence of required training.</td>
<td>1) The provider did not present documented evidence of passing In-Person Level 2 assessment.
2) The provider did not successfully complete the assessment within 120 days of successfully completing the pre-service level 1 assessment.</td>
</tr>
</table>

		- Determine date of enrollment (n/a for those enrolled prior to 7/1/2021) - Determine date of training - In-Person Level 2 training must be provided by an APD Regional Office. If the WSC renders services in multiple APD Regions, the WSC is only required to attend In-Person Level 2 training in 1 Region. WSC can take in any Region offered. The WSC In-Person Level 2 training will be provided by the Agency at the regional offices to provide hands on experience to practice key tasks related to Waiver Support Coordination and provides practical scenarios and experiences related to foundations learned in online training. Trainees who were unable to complete any portion of the Level 2 training must complete the missed portion(s) at the next available Level 2 training session. Trainees must attend all Level 2 training sessions before they may take the Level 2 competency-based assessment, which is documented by the trainee's signature on a daily attendance sheet, maintained by the Agency during the Level 2 Training, as proof of attendance. The Level 2 competency-based assessment, which is administered onsite at the end of the Level 2 training, must be passed with a score of 85% or higher in order to receive credit. Trainees will receive a Certificate of Completion upon passing the Level 2 competency-based assessment. Each trainee is responsible for uploading the Certificate of Completion into the LMS system. Additionally, Qlarant will use TRAIN Florida WSC	3) The provider documentation demonstrated provider completed some but not all In-Person Level 2 training. 4) The provider discontinued providing services for more than 12 months and did not successfully retake the In-Person level 2 training. 5) The provider documentation demonstrated provider had not completed In-Person Level 2 training within 120 days of successfully completing pre service level 1 assessment due to training not being offered by any Region in the State. (***Scored Not Met but not calculated in final score).

		Pre-Service Level 2 report to verify the WSC passing the competency based assessment. Trainees must successfully pass the Level 2 assessment within 120 days of passing the Level 1 assessment. The requirements for Basic Training are identified in the iBudget Handbook and must be completed prior to taking the WSC In-Person Level 2 competency-based assessment. If a support coordinator discontinues providing support coordination services for more than 12 months and wants to return as a provider of support coordination services, all Basic Training and the Pre-Service Level 1 and the Level 2 In-Person Training must be completed again.	
13	The Support Coordinator completes 18 hours of job related annual in-service training.	iBudget and CDC+ Handbook F.S 65G-10.001 65G-10.004 65G-10.005 and Chapter 393 Level 1 can count toward in-service once for 8 hours. Level 2 training does not count toward in-service hours. Review personnel files and other provider training records for evidence of required training. • Determine date of hire • Determine in-service training period (from QO) • Determine dates of training • Training can be received from a variety of sources but must meet the criteria listed below. 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	1) The provider did not present documented evidence of completing 18 hours of job related annual in-service training. 2) The provider documentation demonstrated completion of some but not all 18 hours of job related annual in-service training. 3) The provider documentation demonstrated some or all training completed was not job related. 4) The provider documentation demonstrated some or all training completed was mandatory required basic training. 5) The provider documentation demonstrated time spent in internal management meetings was included in some of the 18 hours of job related annual in-service training. 6) The provider documentation demonstrated more than 12 hours of in-service training

implementation of this revised requirement (July 2021), July can be used as the first month for this service if preferred. The 12-month period cannot be based on the annual Provider Discovery Review date each year as this date can vary.

All support coordinators must attend a minimum of 18 hours of job-related in-service training annually. Any and all training that is received by a support coordinator, in order to meet the annual 18-hour in-service requirement, must relate to services provided to individuals served by the support coordinator as referenced in sources.

- Internal management meetings conducted by support coordination agencies for their staff do not apply toward the continuing education annual requirement.

- Certificates for in-service training must include the number of credit hours received in addition to the information above.
- Support coordinators may receive in-service training credits by attending seminars, workshops, home study courses, and webinars presented by other government agencies, certification organizations that specialize in case management, or professional organizations designated by the Agency. See Handbook and Rule for details.
- Any support coordinator who has received and maintains a certification from the Commission on Rehabilitation Counselor Certification may satisfy the 18-hour annual in-service training requirement. The support coordinator is responsible for maintaining proof of this certification in their records.
- See Handbook and Rule for list of applicable topics.
- Support coordinators may take up to 12 hours per year toward their annual in-service training requirement by

was conducted by APD for the 18 hours of job related annual in-service training.
7) The provider documentation did not demonstrate completion of an approved Support Coordinator In-Service Training Verification Form for some or all of the training completed outside of APD.

<table>
<tr>
<td></td>
<td></td>
<td>

attending webinars, training offer during monthly meetings, or other trainings conducted or organized by APD. APD will indicate on each certificate the number of applicable in-service hours provided and will not be just based on times in and out for a monthly meeting.

- Support coordinators must maintain documentation verifying successful completion for each in-service training in order to receive in-service training credit, as follows:

 (a) Support coordinators will receive documentation from the Agency regarding his or her successful completion of any APD provided in-service training;
(b) For any in-service training provided by non-APD sources, support coordinators must complete the Support Coordinator In-Service Training Verification, APD Form 65G-10.005 A, effective July 1, 2021 https://www.flrules.org/Gateway/reference.asp?No=Ref-12745
(c) The Support coordinator must maintain this form for their records for review by the QIO or by the Agency.

Any Basic Training that must to be taken on a periodic basis does not count toward in-service training requirements. Note: If APD requires level 1 to be retaken through determination on a POR, this can count toward annual in-service with written approval from APD.

</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>The Support Coordinator successfully completed Introduction to Social Security Work Incentives.</td>
<td>

iBudget Handbook

All Support Coordinators must successfully complete APD's course entitled "Introduction to Social Security Work Incentives" within one year of receiving their certificate of enrollment as a Support Coordination provider.

Review personnel files and other provider training records for evidence of required training.

</td>
<td>

1) Provider did not present documented evidence of successfully completing training entitled Introduction to Social Security Work Incentives.
2) Provider documentation demonstrated the provider successfully completed training entitled Introduction to Social Security Work Incentives but did not use an APD approved trainer/source.

</td>
</tr>
</table>

		- 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 - 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	3) Provider documentation demonstrated provider successfully 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. 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.

		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.	
		Service Specific CDC+ Consultant	
#	**Performance Measure/Standard**	**Protocol**	**Not Met Reasons**
15	The provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).	iBudget and CDC+ Handbook If the provider does not render CDC+ Consultant service, score this standard as N/A. Review available personnel records to verify compliance with minimum training requirements. • Determine date of hire • Determine date of training • Determine if completed via approved method	1) Provider did not present documented evidence of completion of the CDC+ Consultant Training. 2) Provider presented documented evidence of completion of the CDC+ Consultant Training but not from an approved source.