

Checklist - Administrative Qualified Organization (QO)

Your Qlarant reviewer will contact you about the specific employee files that you need to provide.

Please include the date of hire and in-service period for each employee. Identify your agency's system for tracking annual in-service training hours for employees. This needs to be the same system used each year as identified in the iBudget Waiver Services Coverage and Limitations Handbook.

Items marked with an (A) are Alert items and if not provided will be identified at the close of the review.

Please see the entire QO Administrative Tool for more details at: <https://florida.qlarant.com/>.

General Administrative

- Provider maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse (A)
- Provider addresses all incident reports *Please provide reports for individuals interviewed / reviewed*
- Provider identifies and addresses concerns related to abuse, neglect, and exploitation
- All instances of abuse, neglect, and exploitation are reported

Qualifications & Training

- Level II Background Screening – FBI/FDLE Clearance, Local Law, Affidavit of Good Moral Character (A) - *if the 5 year rescreening was completed during the review period please provide previous and current FBI/FDLE clearance and Local Law*
- DCF/APD Employee/Contractor Roster (A)
- TRAIN Florida Transcript
- Zero Tolerance – *If the 3 year renewal was completed during the review period please provide evidence of previous and current training*
- Direct Care Core Competencies
- Direct Care Core Competency (old)
- Requirements for All Waiver Providers
- HIPAA – *Please provide the current and previous to show updated annually*
- HIV/AIDS/Infection Control
- CPR – *If renewed during the review period please provide current and previous certificates*
- First Aid – *If renewed during the review period please provide current and previous certificates*
- Driver's License, if the employee transports anyone using their own vehicle or company vehicle (A) – *If the license was renewed during the review period please provide current and previous*
- Vehicle Insurance, if the employee transports anyone using their own vehicle (A) *Proof for each month of the review period*
- Vehicle Registration, if the employee transports anyone using their own vehicle *Proof for each month of the review period*

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Service Specific Employee

CDC+ Consultant

- Certificate of Consultant Training

Support Coordination

- Proof of minimum education and experience
- Proof of required Level I training
- Proof of required Level II training
- Proof of Introduction to Social Security Work Incentives training
- 18 hours of job related annual in-service training