

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

		General Administrative	
#	Performance Measure/Standard	Protocol	Not Met Reasons
1	The provider maintains an APD Employee/Contractor Roster within the Agency for Health Care Administration Background Screening Clearinghouse Results Website.	<p>iBudget Handbook ; F.S. 435.12(2)(c)</p> <p>All providers are required to create and maintain an APD Employee/Contractor Roster within the Agency for Health Care Administration Background Screening Clearinghouse Results Website.</p> <p>Request a printed copy (may also be viewed electronically) of the providers APD Employee/Contractor Roster from the Clearinghouse.</p> <p>The proper APD Employee/Contractor Roster must display all of the following column labels:</p> <ul style="list-style-type: none"> • Last Name • First Name • Agency (showing APD) • Provider Name • License # • Position • Provisional Hire Contract Date • Permanent Hire Contract Date • Retained Prints Expiration Date • End Date <p>Note: The excel export of the Clearinghouse Roster cannot be accepted.</p> <p style="text-align: center;">Not Met on this standard is an automatic Alert</p>	<p>1) An APD Employee/Contractor Roster maintained within the Agency for Health Care Administration Background Screening Clearinghouse Results Website was not provided. (A)</p> <p>2) Provider does not maintain the employment status of all who provide direct care on the APD Employee/Contractor Roster within the Agency for Health Care Administration Background Screening Clearinghouse Results Website. (A)</p>

Qualified Organization Provider Discovery Review Administrative Tool

2	The provider addresses all incident reports.	<p>iBudget Handbook APD Operating Procedure #: 3-0006</p> <p>Request all incident reports completed within the period of review (Official APD reports and internal forms when applicable).</p> <p>Through documentation/record reviews, conversations with the provider and individuals served determine if all known incidents have been properly documented and reported.</p> <ul style="list-style-type: none"> • Ask the provider to describe method of effectively identifying and addressing all incident reports. • Request all incident reports completed within the period of review. <ul style="list-style-type: none"> ○ 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. 	<ol style="list-style-type: none"> 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.	<p>iBudget Handbook</p> <p>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.</p>	<ol style="list-style-type: none"> 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

Qualified Organization Provider Discovery Review Administrative Tool

		<ul style="list-style-type: none"> • Ask the provider to describe the process used to identify and address concerns related to abuse, neglect, and exploitation. • Review available incident/accident reports for the period of review. • Documentation showed investigation of any ANE. • Documentation showed appropriate corrective action based on investigation findings. 	<p>concerns related to abuse, neglect, and exploitation.</p> <p>3) Provider documentation did not demonstrate appropriate corrective action was taken.</p>
4	<p>All instances of abuse, neglect, and exploitation are reported.</p>	<p>iBudget Handbook</p> <p>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.</p> <p>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.</p> <p>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.</p> <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ 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. 	<p>1) Provider documentation did not demonstrate all instances of abuse, neglect, and/or exploitation had been reported.</p> <p>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.</p>

Qualified Organization Provider Discovery Review Administrative Tool

		<ul style="list-style-type: none"> Look for evidence the provider is reporting suspicion of abuse, neglect or exploitation in consumer records, a log, or in other documentation. 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.	<p>iBudget Handbook 393.663 F.S. and Chapter 65G-14</p> <ul style="list-style-type: none"> 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. 	<ol style="list-style-type: none"> Provider did not have proof of business liability insurance. Provider documentation demonstrated business liability insurance was current at the time of the review but not the entire period of review. 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. Provider had proof of business liability insurance but APD was not listed as the certificate holder. Provider had proof of business liability insurance, but it was not under the QO policy.
6	The provider maintains a Table of Organization.	<p>iBudget Handbook 393.0663 F.S. and Chapter 65G-14</p> <p>Review table of organization for the entire period of review for the Qualified Organization. Table of Organization must include:</p> <ul style="list-style-type: none"> 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); Designation of QO Mentor (s); 	<ol style="list-style-type: none"> Provider did not have evidence of a table of organization. Provider had a table of organization, but it was not up to date. Provider had a table of organization, but it did not include the Region(s) the WSC was rendering in. Provider had a table of organization, but it did not include first and last names. Provider had a table of organization, but it did not include contact email and phone for each WSC.

Qualified Organization Provider Discovery Review Administrative Tool

		<ul style="list-style-type: none"> If QO renders in multiple Regions, the table of organization is organized by Region with a point of contact listed per Region. 	<p>6) Provider had a table of organization, but it did not include Medicaid provider numbers for each WSC.</p> <p>7) Provider had a table of organization, but it did not include designation of mentor(s).</p> <p>8) Provider had a table of organization, but it did not list the point of contact for the Region under review.</p>
7	Standard Removed	Standard Removed	Standard Removed
8	The Mentor has the appropriate qualifications.	<p>iBudget Handbook 393.0663 F.S. and Chapter 65G-14</p> <p>Review employee record to ensure the Mentor:</p> <ul style="list-style-type: none"> 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. 	<p>1) Mentor did not have at least two years of experience working as a WSC.</p> <p>2) Mentor does not have an active caseload.</p> <p>3) Mentor has a background screening alert.</p> <p>4) Mentor has not completed all required training.</p> <p>5) Mentor has not completed the Level 1 Competency- based assessment.</p> <p>6) Mentor has completed the Level 1 competency-based assessment but not with a minimum score of 90%.</p> <p>7) Mentor had more than three mentees assigned at the same time.</p>
9	The Mentee completed all mentoring program requirements.	<p>iBudget Handbook 393.0663 F.S. and Chapter 65G-14, Chapter 65G-10</p>	<p>1) Mentee did not shadow or observe a minimum of 5 support plan meetings.</p> <p>2) Mentee did not shadow or observe a minimum of 9 face to face visits.</p>

Qualified Organization Provider Discovery Review Administrative Tool

		<p>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.</p> <p>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.</p> <p>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.</p> <p>A mentee must shadow or observe a mentor and participate in the following:</p> <ul style="list-style-type: none"> • 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; 	<ol style="list-style-type: none"> 3) Mentee did not shadow or observe a minimum of 6 visits detailing coordination of providers’ support. 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.
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Qualified Organization Provider Discovery Review Administrative Tool

		<ul style="list-style-type: none"> • 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. <p>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:</p> <ul style="list-style-type: none"> • 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. <p>The prospective Support Coordinator must successfully complete the Level 1 Training assessment before completing the mentoring program.</p> <p>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.</p>	<p>15) Mentee did not have signed and dated proof of the Certification of Mentoring Program Completion signed and dated by the mentor.</p> <p>16) Mentee did not participate in the mentoring program for a minimum of 90 days.</p> <p>17) Mentee had not successfully completed the Level 1 training prior to completing the mentoring program.</p> <p>18) The provider issued letters of completion prior to the mentee completing all requirements.</p>
10	The Mentee completed all mentoring program	iBudget Handbook 393.0663 F.S. and Chapter 65G-14	1) Mentee did not shadow or observe reviewing draft, denied, or updated purchasing plan, if

Qualified Organization Provider Discovery Review Administrative Tool

	<p>requirements for the CDC+ program.</p>	<p>Score n/a if there were no mentees in the period of review or if the Support Coordinator does not render CDC+ services.</p> <p>Any Qualified Organization intending to provide CDC+ consultation services for participants enrolled in the CDC+ program must include guidance and instructions with respect 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.</p>	<p>applicable or reviewing current purchasing plans for CDC+.</p> <p>2) Mentee did not shadow, observe, or review submission of a SAN request.</p>
<p>11</p>	<p>The provider employs at least four Support Coordinators.</p>	<p>iBudget Handbook 393.0663 F.S. and Chapter 65G-14</p> <p>Each Qualified Organization must employ at least four (4) Support Coordinators. These must be employees; they cannot be subcontracted workers (1099).</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • A list of the individuals on the caseload affected by the absence; 	<p>1) Provider does not employ at least 4 WSC.</p> <p>2) Provider did not employ at least 4 WSC for a time period of greater than 90 days.</p> <p>3) Provider did not submit information to Regional Office in regard to an absence or unavailability in excess of 30 calendar days.</p> <p>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.</p>

Qualified Organization Provider Discovery Review Administrative Tool

		<ul style="list-style-type: none"> • 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. <p>Ask provider for copies of staffing for the period of review. Review for terminations and how long vacancies were in place.</p> <p>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.</p>	
12	<p>All Support Coordinators within the Provider Qualified Organization are hired and paid as employees.</p>	<p>iBudget Handbook 393.0663 F.S. and Chapter 65G-14</p> <p>All Support Coordinators, including mentees, within the Qualified Organization must be employees; they cannot be subcontracted workers/independent contractors (1099).</p> <p>65G-14.001(15) states, <i>“Mentee” means a person employed by a Qualified Organization who is guided, advised, or trained by a mentor;</i> and 65G-14.002(7)(c) states, <i>“mentees count towards the four WSC.”</i></p> <p>Each Qualified Organization may only hire a Support Coordinator as an employee pursuant to this paragraph and Section 393.0663(1) and (2), F.S., and not as an independent contractor.</p> <p>65G-14.001(9) F.S.</p> <p>(9) <i>“Employee” means a person who works in the service of an employer, the Qualified Organization, in a relationship in</i></p>	<ol style="list-style-type: none"> 1) Provider does not have any Support Coordinators hired and paid as employees. 2) Some, but not all Support Coordinators are hired and paid as employees. 3) Provider did not provide payroll documentation for any Support Coordinator. 4) Provider provided some, but not all payroll documentation for Support Coordinators.

Qualified Organization Provider Discovery Review Administrative Tool

		<p><i>which the employer has the right to control the details of his or her job performance, as opposed to an independent contractor.</i></p> <p>Payroll tax is withheld from employees' wages by their employer.</p> <p>Review payroll submitted from the QO for all Support Coordinators for the period of review to confirm withholding of the following taxes:</p> <ul style="list-style-type: none"> • Federal income tax withholding • The employee's portion of Medicare tax and employee's portion of Social Security tax (FICA) • Employer's Federal Unemployment Tax Act (FUTA) <p>Information can be provided via any Payroll system being used, as long as it shows above taxes being withheld for each WSC rendering services for the QO.</p> <p>NOTE: While this standard is new effective 7/1/2025, the Rule including this requirement has been in effect since 7/1/2021 and therefore QO will be reviewed accordingly.</p>	
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		Qualifications and Training	
#	Performance Measure/Standard	Protocol	Not Met Reasons
1	The provider has completed all aspects of required Level II Background Screening.	<p>iBudget Handbook 393.065 F.S. 435.04 and 409.907 F.S.</p> <p>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.</p>	<p>1) Provider did not present a complete, signed and dated APD Attestation of Good Moral Character.</p> <p>2) Attestation of Good Moral Character presented by provider was not the correct APD Attestation of Good Moral Character.</p> <p>3) The affiant's initials were not next to one or more acknowledgement statements on the</p>

Qualified Organization Provider Discovery Review Administrative Tool

		<p>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.</p> <p>Required components must include:</p> <ul style="list-style-type: none"> • A complete APD Attestation of Good Moral Character (once at time of hire unless the form is revised) • A current Local Law/Criminal Records Check conducted within the county of residence at the time of hire/re-screening • Current APD General clearance (“Eligible” determination) through the Agency for Health Care Administration Background Screening Clearinghouse Results Website <p>Review personnel files and other provider documents for evidence of compliance.</p> <ul style="list-style-type: none"> • Determine date of hire • Request current Attestation of Good Moral Character, Local Law/Criminal Records check and APD General screening from the Clearinghouse. <p style="text-align: center;"><u>Required APD Attestation of Good Moral Character</u></p> <p>The current APD Attestation of Good Moral Character was revised effective July 29, 2024 replacing the January 2019 Attestation of Good Moral Character (APD Provider Advisory #2024-019)</p> <p>All providers/employees must come into compliance with completing the July 2024 APD Attestation of Good Moral Character</p> <ul style="list-style-type: none"> • New providers/employees enrolled/hired after 10/1/24 must sign the July 2024 Attestation at time of hire. 	<p>APD Attestation of Good Moral Character presented.</p> <p>4) The affiant’s signature was not on the APD Attestation of Good Moral Character presented.</p> <p>5) The affiant did not date the Attestation of Good Moral Character presented.</p> <p>6) Provider did not present a current Local Law/Criminal Records Check. (A)</p> <p>7) Current Local Law/Criminal Records Check presented was not obtained within the county of residence at the time of screening. (A)</p> <p>8) The issuing agency signature was not on the current Local Law/Criminal Records Check presented. (A)</p> <p>9) The date of completion was not indicated by the issuing agency on the current Local Law/Criminal Records Check presented. (A)</p> <p>10) A potentially disqualifying offense with a final disposition of “Guilty” was indicated on the current Local Law/Criminal Records Check presented. (A)</p> <p>11) A potentially disqualifying offense noted on the current Local Law/Criminal Records check presented did not indicate a final disposition. (A)</p> <p>12) Current Local Law/Criminal Records Check was obtained from a source not authorized by the State Office. (A)</p> <p>13) Provider did not present evidence of current APD General clearance from the Clearinghouse. (A)</p>
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Qualified Organization Provider Discovery Review Administrative Tool

		<ul style="list-style-type: none"> • Providers/employees enrolled/hired prior to 10/1/24 should sign the new form as soon as possible or at the time of renewal at the latest. <p>Only the APD Attestation of Good Moral Character is acceptable. Attestations from AHCA, DCF, CDC+ or other entities cannot be accepted.</p> <p>The current APD Attestation of Good Moral Character can be found on the APD website under background screening</p> <p>The APD Attestation of Good Moral Character must include the following:</p> <ul style="list-style-type: none"> • Affiant’s handwritten initials by each acknowledgement statement • Handwritten signature of the affiant • Date of completion <p>The APD Attestation of Good Moral Character is required to be completed once at the time of hire unless it is revised, requiring the new form be signed.</p> <p>Note: APD Attestation of Good Moral Character must be completed prior to the date of the review.</p> <p style="text-align: center;"><u>Required Local Law/Criminal Records Check</u></p> <p>Determine date of Local Law/Criminal Records check</p> <ul style="list-style-type: none"> • 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. <u>Public Internet search results are not acceptable unless specifically authorized by the APD State Office.</u> 	<p>14) Provider was not fully re-screened following a greater than 90 day lapse in employment. (A)</p>
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Qualified Organization Provider Discovery Review Administrative Tool

		<ul style="list-style-type: none">• At a minimum the Local Law/Criminal Records check must include the signature (written or electronic) of the clerk completing the screening. <p>Review available documents to verify if potential disqualifying offenses are listed (refer to Attestation of Good Moral Character).</p> <ul style="list-style-type: none">• 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. <p>Note: Local Law/Criminal Records Check must be completed prior to the date of the review.</p> <p><u>Required APD General Clearinghouse Screening</u></p> <p>All background screening must be obtained through the Agency for Health Care Administration Background Screening Clearinghouse Results Website. Final determination must indicate a status of “Eligible” under APD General.</p> <p>Clearinghouse screening results may be viewed electronically or the provider may choose to present a printed copy.</p> <p>When the most recent APD General clearance presented was completed prior to the employee hire date, review the employee application and reference checks to determine the following:</p>	
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Qualified Organization Provider Discovery Review Administrative Tool

		<ul style="list-style-type: none"> Was the employee continuously employed in 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 APD General screening clearance? <p>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.</p> <ul style="list-style-type: none"> <u>Score Not Met with an Alert if not completed at time of hire</u> <p>5-year re-screenings require a new Local Law/Criminal Records check, and new APD General eligibility determination through the Clearinghouse.</p> <p>A new Attestation of Good Moral Character is only required for the re-screening if a new version has been instituted since the last version was completed.</p> <p>Note: If all components of the required 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.</p> <ul style="list-style-type: none"> “At the time of the review” is defined as “completed no later than the day prior to the start of the review”. <p>Note: APD General determinations must be completed prior to the date of the review..</p> <p>Not Met on this standard is an automatic Alert unless related to the APD Attestation of Good Moral Character</p>	
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Qualified Organization Provider Discovery Review Administrative Tool

		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 APD Employee/Contractor Roster within the Agency for Health Care Administration Background Screening Clearinghouse Results Website.	<p>iBudget Handbook F.S. 435.12(2)(c)</p> <p>Providers are required to maintain an APD Employee/Contractor Roster within the Agency for Health Care Administration Background Screening Clearinghouse Results Website.</p> <ul style="list-style-type: none"> • Request a printed copy (may also be viewed electronically) of the Employee/Contractor Roster from the Clearinghouse. <ul style="list-style-type: none"> ○ Score standard Not Met if the provider does not have a current APD Employee/Contractor Roster from the Clearinghouse. • Review Roster to locate provider/employee name <ul style="list-style-type: none"> ○ Score standard Not Met if the provider/employee name is not on the Roster. • Review the Retained Prints Expiration Date on the Roster. <ul style="list-style-type: none"> ○ Score standard Not Met if the retained prints date is expired. <p>Note: The excel export of the Clearinghouse Roster cannot be accepted.</p> <p style="text-align: center;">Not Met on this standard is an automatic Alert</p>	<ol style="list-style-type: none"> 1) APD Employee/Contractor Roster was not present. (A) 2) Provider/employee name was not listed on the APD Employee/Contractor Roster. (A) 3) Retained Prints Date on the APD Employee/Contractor Roster was expired. (A)
3	The provider received training in Zero Tolerance.	<p>iBudget Handbook</p> <p>Zero Tolerance training must be completed as a pre-service training and every three years thereafter.</p> <p>Effective 9/17/2024 this training may only be obtained by completing the course in TRAIN Florida. Training obtained</p>	<ol style="list-style-type: none"> 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.

Qualified Organization Provider Discovery Review Administrative Tool

		<p>by attending a classroom training conducted by an APD approved trainer will no longer be accepted after this date. Review personnel files and other provider training records for evidence of required training.</p> <ul style="list-style-type: none"> • Determine date of hire • Determine date of most recent training and previous training <ul style="list-style-type: none"> ○ 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. • Verify training was completed via an APD approved source/trainer. <p>Acceptable evidence of completing this training in TRAIN is the standard printed certificate or official transcript generated by TRAIN Florida.</p> <p>TRAIN Florida certificates must contain:</p> <ul style="list-style-type: none"> • Participant's name • Title of the course • Date course was completed • Must be the official TRAIN Certificate • TRAIN Florida learner's User ID <p>Prior to 9/17/24 acceptable classroom certificate of completion must be on a standardized APD certificate. The following elements must be included on the certificate:</p> <ul style="list-style-type: none"> • The participant's name (printed or typed) • Title of the course • Date the training occurred • Name of the trainer (printed or typed) and signature 	<ol style="list-style-type: none"> 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. 12) TRAIN Florida certificate of completion presented did not include the TRAIN User ID of the learner.
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Qualified Organization Provider Discovery Review Administrative Tool

		<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ○ Authorized trainer certificates must have been issued or re-issued since 2016 and include their trainer approval code to be considered valid. <p>Not Met reason #4 only applies to providers who were hired within the period of review.</p> <p>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 and previous training date score as Met and add a Discovery statement describing the lapse.</p> <p style="text-align: center;">This training is required once every three years.</p>	
4	<p>The provider received training in Direct Care Core Competencies.</p>	<p>iBudget Handbook</p> <p>This standard applies to providers enrolled/hired after implementation of the APD “Direct Care Core Competencies” curriculum (formerly known as “Core Competency”) 5/18/2016 and providers hired/enrolled prior to that date who have taken this course to replace the previous version.</p> <p>Effective 9/17/2024 this training may only be obtained by completing the course in TRAIN Florida. Training obtained by attending a classroom training conducted by an APD approved trainer will no longer be accepted after this date.</p>	<ol style="list-style-type: none"> 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.

Qualified Organization Provider Discovery Review Administrative Tool

		<p>Direct Care Core Competencies covers the following topics and replaces the standards identified:</p> <ul style="list-style-type: none"> • 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) <p>Review personnel files and other provider training records for evidence of required training.</p> <ul style="list-style-type: none"> • Determine date of hire • Determine date of training • Determine training was completed within 90 days of providing services • Verify training was completed using an APD approved method <p>From new “Direct Care Core Competencies” curriculum implementation date through 9/16/24 options to obtain this training included:</p> <ul style="list-style-type: none"> • Attending an APD classroom session conducted by a current APD authorized trainer; • Accessing the TRAIN Florida APD approved web-based course. <p>Acceptable evidence of completing this training in TRAIN Florida is the standard printed certificate or official transcript generated by TRAIN Florida.</p> <p>TRAIN Florida certificates must contain:</p> <ul style="list-style-type: none"> • Participant’s name • Title of the course • Date course was completed 	<p>5) The date of completion was not included on the classroom certificate of completion presented.</p> <p>6) The name and signature of the trainer was not included on the classroom certificate of completion presented.</p> <p>7) Evidence of appropriate trainer credentials were not included with the classroom certificate of completion presented.</p> <p>8) Classroom certificate of completion was not presented on the standardized APD certificate.</p> <p>9) TRAIN Florida certificate of completion presented was not presented on the standardized certificate.</p> <p>10) TRAIN Florida certificate of completion presented did not include the TRAIN User ID of the learner.</p> <p>11) Certificate of completion presented demonstrated the provider completed the training but not within 90 days of initially providing services.</p>
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Qualified Organization Provider Discovery Review Administrative Tool

		<ul style="list-style-type: none"> • Must be the official TRAIN Certificate • TRAIN Florida learner’s User ID (August 2018 forward) <p>Prior to 9/17/24 acceptable evidence of classroom training is a **standardized APD certificate for “Direct Care Core Competencies” which must include:</p> <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ○ Training conducted 1/1/16 through 9/16/24 must have evidence that the trainer had appropriate credentials (for APD courses a copy of the trainer’s certificate provided by APD) <ul style="list-style-type: none"> ▪ Authorized trainer certificates must have been issued or re-issued since Feb 2016 and include their trainer approval code to be considered valid. <p>Not Met reason #11 only applies to providers who began working within the period of review.</p> <p style="text-align: center;">This training is only required one time</p>	
4a	The provider received training in Direct Care Core Competency. (Old)	<p>iBudget Handbook</p> <p>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.</p> <p>If the provider has taken the updated Direct Care Core Competencies training, score this standard NA.</p>	<ol style="list-style-type: none"> 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).

Qualified Organization Provider Discovery Review Administrative Tool

		<p>Availability of this 2 part curriculum training ended with the implementation of TRAIN 5/18/16</p> <ul style="list-style-type: none"> • 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. <p>Review personnel files and other provider training records for evidence of required training.</p> <ul style="list-style-type: none"> • Determine date of hire • Determine date of training • Verify training was completed using an APD approved method <p><u>Prior to 1/31/17 options to obtain this training included:</u></p> <ul style="list-style-type: none"> • 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) <p>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:</p> <ul style="list-style-type: none"> • The participant’s name (printed or typed) • Title of the course • Date the training occurred • Name of the trainer (printed or typed) <u>and</u> signature 	<ol style="list-style-type: none"> 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. 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.
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Qualified Organization Provider Discovery Review Administrative Tool

		<ul style="list-style-type: none"> • 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) <p>*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.</p> <p>Acceptable evidence of training via Tallahassee Community College (Web-Based):</p> <ul style="list-style-type: none"> • Official or unofficial transcript indicating a score of “S” for both “Intro to Developmental Disabilities” and “Health and Safety”. • TCC does not issue certificates. <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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 <p>Acceptable evidence of web-based training include the printed certificate or transcript generated by the entity that provided the training which must contain:</p> <ul style="list-style-type: none"> • Participant’s name 	<p>16) The date of completion was not included on the non-Classroom certificate of completion presented.</p> <p>17) The name of approved entity providing training was not included on the non-classroom certificate of certificate presented.</p> <p>18) Non-Classroom certificate of completion presented was not from an APD approved entity.</p>
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Qualified Organization Provider Discovery Review Administrative Tool

		<ul style="list-style-type: none"> • 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 <p><u>Prior to 2/28/09 options to obtain this training included:</u></p> <ul style="list-style-type: none"> • Attending an APD classroom session conducted by APD; • Taking the Tallahassee Community College (TCC) on-line course; • Using the old CD (valid through 6/30/09). <p>Evidence of this training may be in the form of:</p> <ul style="list-style-type: none"> • Standard certificate of participation from APD <p style="text-align: center;">or</p> <ul style="list-style-type: none"> • Affidavit of Completion signed by the participant if completed via the old CD • Tallahassee Community College official or unofficial transcript indicating completion of “Introduction to Developmental Disabilities” and “Health and Safety” modules with a score of “S”. (Requirement of a passing score implemented May 2007) <p>Note: Older certificates received from APD (prior to 2009) may be a single certificate usually indicating training on “Core Competency”.</p> <p style="text-align: center;">This training is only required one time.</p>	
5	The provider received training in Requirements for all Waiver Providers	<p>iBudget Handbook</p> <p>Training must be completed within 90 days of providing services.</p>	1) Provider did not present documented evidence of completing training in Requirements for all Waiver Providers.

Qualified Organization Provider Discovery Review Administrative Tool

		<p>Per APD Provider Advisory #2022-27 (11/1/2022): All providers and their staff are required to complete this training.</p> <p>Review personnel files and other provider training records for evidence of required training.</p> <ul style="list-style-type: none"> • Determine date of hire • Determine date of training <p>The “Requirements for all Waiver Providers” PowerPoint training previously posted on the APD training website was acceptable through 10/31/2022.</p> <p>Effective 11/1/2022 this training must be completed in TRAIN Florida.</p> <p>Acceptable evidence of completing this training in TRAIN Florida is the standard printed certificate or official transcript generated by TRAIN Florida.</p> <p>TRAIN Florida certificates must contain:</p> <ul style="list-style-type: none"> • Participant’s name • Title of the course • Date course was completed • Must be the official TRAIN Certificate • TRAIN Florida learner’s User ID <p>Prior to 11/1/22 this training was available on the APD website consisting of a PowerPoint presentation followed by a APD standard certificate of completion signed and dated by the participant.</p> <p>Not Met reason #3 only applies to providers who began working within the period of review.</p> <p style="text-align: center;">This training is only required one time</p>	<ol style="list-style-type: none"> 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 standard certificate of completion presented. 5) The title of the course was not included on the standard certificate of completion presented. 6) The date of completion was not included on the standard certificate of completion presented. 7) The name of the approved entity providing the training was not included on the standard certificate of completion presented. 8) APD certificate of completion was not presented on the standard certificate. 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.
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Qualified Organization Provider Discovery Review Administrative Tool

6	<p>The provider received training in HIPAA.</p>	<p>iBudget Handbook</p> <p>Providers must take the APD - Health Insurance Portability and Accountability Act (HIPAA) Basics course on TRAIN Florida</p> <p>Review personnel files and other provider training records for evidence of required training.</p> <ul style="list-style-type: none"> • Determine date of hire • Determine date of training • Training must be completed within 30 days of providing services <ul style="list-style-type: none"> ○ 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. <p>Acceptable evidence of completing this training in TRAIN Florida is the standard printed certificate or official transcript generated by TRAIN Florida.</p> <p>TRAIN Florida certificates must contain:</p> <ul style="list-style-type: none"> • Participant's name • Title of the course • Date course was completed • Must be the official TRAIN Certificate • TRAIN Florida learner's User ID <p>Note: With the exception of Not Met reason #4, if provider training is current at the time of review, but it is noted there</p>	<ol style="list-style-type: none"> 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 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 on the standard certificate of completion presented. 6) The title of the course was not included on the on the standard certificate of completion presented. 7) The date of completion was not included on the on the standard certificate of completion presented. 8) TRAIN Florida certificate of completion presented was not presented on the standardized certificate. 9) TRAIN Florida certificate of completion presented did not include the TRAIN User ID of the learner.
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Qualified Organization Provider Discovery Review Administrative Tool

		<p>was lapse during the period of review; score as Met and add a Discovery statement.</p> <p>Not Met reason #4 only applies to providers who began working within the period of review.</p> <p style="text-align: center;">This training is required at least annually.</p>	
7	<p>The provider received training in HIV/AIDS/Infection Control.</p>	<p>iBudget Handbook</p> <p>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.</p> <p>The APD approved Florida Department of Health HIV/AIDS training can be found on TRAIN Florida, titled FDOH HIV/AIDS 101 In the News.</p> <p>Prior to 1/1/2016 training completed in HIV/AIDS/Infection control was not restricted to APD approved entities or certificate requirements.</p> <p>Review personnel files and other provider training records for evidence of required training.</p> <ul style="list-style-type: none"> • Determine date of hire • Determine date of training • Providers must receive training within 90 days of initially providing services. <ul style="list-style-type: none"> ○ Not Met reason #4 only applies to providers who began working within the period of review. • As of 1/1/2016 training must be obtained from an APD approved source. <p>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.</p>	<ol style="list-style-type: none"> 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. 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 not included on the classroom certificate of completion presented.

Qualified Organization Provider Discovery Review Administrative Tool

		<ul style="list-style-type: none"> • 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. <p>Classroom – Standard Certificate of completion from the sponsoring organization must include:</p> <ul style="list-style-type: none"> • Participant's typed/printed name • Title of the course • Date training occurred • Printed name of the trainer and signature <p>Acceptable evidence of training via Tallahassee Community College (Web-Based):</p> <ul style="list-style-type: none"> • Official or unofficial transcript indicating a score of "S". • TCC did not issue certificates. <p>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.</p> <p>Non-Classroom – Certificate of Completion from the sponsoring organization must include:</p> <ul style="list-style-type: none"> • Participant's name • Title of the course (if not titled as in the handbook, then written confirmation of the course content may be required) 	<p>10) The participant's name was not included on the non-classroom certificate of completion presented.</p> <p>11) The title of the course was not included on the non-classroom certificate of completion presented.</p> <p>12) The date of course completion was not included on the non-classroom certificate of completion presented.</p> <p>13) The name of approved entity providing training was not included on the non-classroom certificate of completion presented.</p>
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Qualified Organization Provider Discovery Review Administrative Tool

		<ul style="list-style-type: none"> • Date(s) or period over which training course was completed • Name of approved entity providing training <p>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.</p> <p>Not Met reason #4 only applies to providers who began working within the period of review.</p> <p>Recertification requirements are established by the sponsoring organization.</p>	
8	<p>The provider maintains current CPR certification.</p>	<p>iBudget Handbook</p> <p>CPR certification must be completed in a classroom setting. This certification training cannot be completed online.</p> <p>Review personnel files and other provider training records for evidence of required training.</p> <ul style="list-style-type: none"> • Determine date of hire • Determine date of training • 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. <ul style="list-style-type: none"> ○ 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. 	<ol style="list-style-type: none"> 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.

Qualified Organization Provider Discovery Review Administrative Tool

		<ul style="list-style-type: none"> • Refer to the current iBudget Handbook for current approved training entities and course titles. <p>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.</p> <p>Not Met reason #2 only applies to providers who began working within the period of review.</p> <p>Recertification requirements are established by the sponsoring organization.</p>	<p>8) The title of the course was not included on the course completion certificate/card presented.</p> <p>9) The date of course completion was not included on the course completion certificate/card presented.</p> <p>10) An expiration date was not included on the course completion certificate/card presented.</p> <p>11) The course instructor's name was not included on the course completion certificate/card presented.</p>
9	The provider received training in First Aid.	<p>iBudget Handbook</p> <p>Review personnel files and other provider training records for evidence of required training:</p> <ul style="list-style-type: none"> • Determine date of hire. • Determine date of training. • Determine 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. <ul style="list-style-type: none"> ○ 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. 	<p>1) Provider did not present documented evidence of completion of training in First Aid.</p> <p>2) Course completion certificate/card presented demonstrated provider completed training in First Aid but not within 90 days of initially providing services.</p> <p>3) Course completion certificate/card presented for First Aid training was expired.</p> <p>4) Provider presented evidence of completing training in First Aid but not from an APD approved trainer/source.</p> <p>5) Course completion certificate/card presented was not the standard card or certificate developed by the sponsoring organization.</p> <p>6) The participant's name was not included on the course completion certificate presented.</p> <p>7) The trainer's printed name was not included on the course completion certificate presented.</p>

Qualified Organization Provider Discovery Review Administrative Tool

		<p>Standard Certificate of completion from the sponsoring organization must include:</p> <ul style="list-style-type: none"> • Participant’s typed/printed name • Title of the course • Date training occurred • Printed name of the trainer • Name of approved entity providing training <p>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.</p> <p>Not Met reason #2 only applies to providers who began working within the period of review.</p> <p>Recertification requirements are established by the sponsoring organization.</p>	<p>8) The title of the course was not included on the course completion certificate presented.</p> <p>9) The course completion date was not included on the course completion certificate presented.</p> <p>10) The name of approved entity providing training was not included on the course completion certificate presented.</p> <p>11) An expiration date was not included on the course completion certificate/card presented.</p>
10	Standard Removed	Standard Removed	Standard Removed
11	The Support Coordinator successfully completed required pre-service level 1 assessment.	<p>iBudget Handbook F.S 65G-10.001 65G-10.004 65G-10.005</p> <p>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.</p> <p>Review personnel files and other provider training records for evidence of required training.</p> <ul style="list-style-type: none"> • Determine date of 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). 	<p>1) Provider did not present documented evidence of successfully completing required pre-service level 1 training.</p> <p>2) Provider did not successfully complete the assessment within 30 days of completing the level 1 training.</p> <p>3) Provider presented documented evidence of successfully completing the pre-service level 1 training but not prior to signing the Medicaid Waiver Service Agreement.</p> <p>4) Provider discontinued providing services for more than 12 months and did not successfully retake the pre-service level 1 training.</p>

Qualified Organization Provider Discovery Review Administrative Tool

		<p>Persons interested in providing support coordination services who enrolled after the effective date of this Rule, July 1, 2021, 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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Standard would only be applied to a WSC once and not in subsequent years of service.</p>	
12	<p>The Support Coordinator successfully completed required In-Person Level 2 assessment.</p>	<p>iBudget Handbook F.S 65G-10.001 65G-10.004 65G-10.005</p> <p>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.</p> <p>Review personnel files and other provider training records for evidence of required training.</p>	<ol style="list-style-type: none"> 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.

Qualified Organization Provider Discovery Review Administrative Tool

		<ul style="list-style-type: none"> • 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. <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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 Pre-Service Level 2 report to verify the WSC passing the competency based assessment.</p>	<p>3) The provider documentation demonstrated provider completed some but not all In-Person Level 2 training.</p> <p>4) The provider discontinued providing services for more than 12 months and did not successfully retake the In-Person level 2 training.</p> <p>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).</p>
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Qualified Organization Provider Discovery Review Administrative Tool

		<p>Trainees must successfully pass the Level 2 assessment within 120 days of passing the Level 1 assessment.</p> <p>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.</p> <p>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.</p>	
13	<p>The Support Coordinator completes 18 hours of job related annual in-service training.</p>	<p>iBudget and CDC+ Handbook F.S 65G-10.001 65G-10.004 65G-10.005 and Chapter 393</p> <p>Level 1 can count toward in-service once for 8 hours. Level 2 training does not count toward in-service hours.</p> <p>Review personnel files and other provider training records for evidence of required training.</p> <ul style="list-style-type: none"> • Determine date of hire • Determine 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. <p>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 revised requirement (July 2021), July can be used as the first month for this service if preferred. The 12-month period <u>cannot</u> be based on the</p>	<ol style="list-style-type: none"> 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 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

Qualified Organization Provider Discovery Review Administrative Tool

		<p>annual Provider Discovery Review date each year as this date can vary.</p> <p>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.</p> <ul style="list-style-type: none"> • 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 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 	<p>Verification Form for some or all of the training completed outside of APD.</p>
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Qualified Organization Provider Discovery Review Administrative Tool

		<p>hours provided and will not be just based on times in and out for a monthly meeting.</p> <ul style="list-style-type: none"> • Support coordinators must maintain documentation verifying successful completion for each in-service training in order to receive in-service training credit, as follows: <ul style="list-style-type: none"> 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 c) The Support coordinator must maintain this form for their records for review by the QIO or by the Agency. <p>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.</p>	
14	<p>The Support Coordinator successfully completed Introduction to Social Security Work Incentives.</p>	<p>iBudget Handbook</p> <p>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.</p> <p>Review personnel files and other provider training records for evidence of required training.</p> <ul style="list-style-type: none"> • Determine date of hire • Determine date of training 	<ol style="list-style-type: none"> 1) 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. 3) Provider documentation demonstrated provider successfully completed training

Qualified Organization Provider Discovery Review Administrative Tool

		<ul style="list-style-type: none"> • Look for evidence of training titled Introduction to Social Security Work Incentives. <p>Effective 9/17/24 “Introduction to Social Security Work Incentives” must be completed in TRAIN Florida or through the Training Resource Network.</p> <p>Acceptable evidence of completing this training in TRAIN includes the standard certificate or official transcript generated by TRAIN Florida.</p> <p>TRAIN Florida certificates must contain:</p> <ul style="list-style-type: none"> • Participant’s name • Title of the course • Date course was completed • Must be the official TRAIN Certificate • TRAIN Florida learner’s User ID <p>To obtain certification for this course in TRAIN Florida, participants must:</p> <ul style="list-style-type: none"> • Attend all scheduled days of training • Complete all 8 course modules in their entirety • Score an 85% or higher on the final certification exam <p>Acceptable evidence of completing training through the Training Resource Network is the standard certificate of completion issued by TRN and must include:</p> <ul style="list-style-type: none"> • Participant’s name • Title of the course • Date of completion • Name of approved entity providing training <p>Prior to 9/17/12 this course could be completed in a classroom setting taught by an APD authorized instructor or</p>	<p>entitled Introduction to Social Security Work Incentives but not within one year of receiving certificate of enrollment.</p> <ol style="list-style-type: none"> 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) TRAIN Florida certificate of completion presented was not the standardized certificate. 11) TRAIN Florida certificate of completion presented did not include the TRAIN User ID of the learner.
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Qualified Organization Provider Discovery Review Administrative Tool

		<p>by accessing the web-based training through Training Resource Network (TRN).</p> <p>Evidence of classroom training taught by an APD authorized trainer is a certificate of completion and must include the following elements:</p> <ul style="list-style-type: none"> • 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) <p>Acceptable evidence of completing training through the Training Resource Network is the standard certificate of completion issued by TRN and must include:</p> <ul style="list-style-type: none"> • Participant's name • Title of the course • Date of completion • Name of approved entity providing training <p>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.</p>	
		Service Specific CDC+ Consultant	
#	Performance Measure/Standard	Protocol	Not Met Reasons

Qualified Organization Provider Discovery Review Administrative Tool

15	<p>The provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).</p>	<p>iBudget and CDC+ Handbook</p> <p>If the provider does not render CDC+ Consultant service, score this standard as N/A.</p> <p>Review available personnel records to verify compliance with minimum training requirements.</p> <ul style="list-style-type: none"> • Determine date of hire • Determine date of training • Determine if completed via approved method 	<ol style="list-style-type: none"> 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.
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