

Checklist – Administrative (Agency)

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

Please include date of hire and the 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 Administrative Tool for more details at: <https://florida.qlarant.com/>

General Administrative

- ☐ Provider maintains an APD Employee/Contractor Roster within the Agency for Health Care Administration Background Screening Clearinghouse (A)
- ☐ Agency vehicles used for transportation are properly insured - *Proof for each month of the review period*
- ☐ Agency vehicles used for transportation are properly registered - *Proof for each month of the review period*
- ☐ Provider addresses all incident reports – *Please provide reports for all individuals reviewed*
- ☐ Provider identifies and addresses concerns related to abuse, neglect, and exploitation
- ☐ All instances of abuse, neglect, and exploitation are reported
- ☐ Provider identifies addresses and reports all medication errors
- ☐ If provider operates Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst
- ☐ If provider operates Enhanced Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst

Qualifications & Training

- ☐ Level II Background Screening – FBI/FDLE Clearance, Local Law, APD Attestation 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.*
- ☐ Staff name listed on the 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)
- ☐ Basic Person Centered Planning (if using old core competency)
- ☐ Individual Choices, Rights and Responsibilities (if using old core competency)
- ☐ Requirements for All Waiver Providers

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- ☐ 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*
- ☐ Training in Basic Medication Administration, if employee gives medication (A)
- ☐ Annual Update Training in Basic Medication Administration, if the employee gives medication (A)
- ☐ Medication Validation, if the employee gives medication (A)
- ☐ Reactive Strategies Training, if applicable
- ☐ 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*

Qualifications & Training – Service Specific

Behavior Analysis

- ☐ Proof of minimum education and experience
- ☐ Current CBA certificate

Behavior Assistant

- ☐ Proof of minimum education and experience
- ☐ Proof of least 20 contact hours of instruction in an APD approved curriculum
- ☐ Eight hours of annual in-service training

Life Skills Development 1 (Companion)

- ☐ Proof of minimum education and experience
- ☐ Four hours of annual in-service training related to the specific needs of at least one person currently served

Life Skills Development 2 (Supported Employment)

- ☐ Proof of minimum education and experience
- ☐ Proof of standardized, pre-service training
- ☐ Eight hours of annual in-service training related to employment

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Life Skills Development 3 (Adult Day Training)

- ☐ Proof of minimum education and experience
- ☐ Eight hours of annual in-service training related to the individually tailored services

Life Skills Development 4 (Prevocational Services)

- ☐ Proof of minimum education and experience
- ☐ Eight hours of annual in-service training related to the individually tailored services

Personal Supports

- ☐ Proof of minimum education and experience
- ☐ Four hours of annual in-service training related to the specific needs of at least one person currently served

Residential Habilitation - Standard

- ☐ Proof of minimum education and experience
- ☐ Eight hours of annual in-service training related to the implementation of individually tailored services

Residential Habilitation – Behavior Focus

- ☐ Proof of minimum education and experience
- ☐ Proof of least 20 contact hours of instruction in an APD approved curriculum
- ☐ Eight hours of annual in-service training

Residential Habilitation – Intensive Behavior

- ☐ Proof of minimum education and experience
- ☐ Proof of least 20 contact hours of instruction in an APD approved curriculum
- ☐ Eight hours of annual in-service training

Residential Habilitation – Enhanced Intensive Behavior

- ☐ Proof of minimum education and experience
- ☐ Proof of least 20 contact hours of instruction in an APD approved curriculum ☐ Eight hours of annual in-service training

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Respite (Under 21)

- ☐ Proof of minimum education and experience

Special Medical Home Care

- ☐ Proof of minimum education and experience

Supported Living Coaching

- ☐ Proof of minimum education and experience
- ☐ Documentation of required Supported Living Pre-Service training
- ☐ Proof of Introduction to Social Security Work Incentives training
- ☐ Eight hours of annual in-service training