# Checklist – Administrative (Agency)

This checklist is provided as a helpful guide; however, it is ultimately your responsibility to ensure all documentation supporting the standards under review are submitted. Refer to the Qlarant Administrative Tool for review standards and protocols at: https://florida.qlarant.com/

The Qlarant reviewer will tell you the employee names you need to submit.

In order to decrease the amount of paperwork you must upload from your employee files send the TRAIN User ID(s) for staff selected and the reviewer will access the transcript. Training completed in TRAIN FL no longer needs to be sent separately for the review.

Items marked with an **(A)** are Alert items and if not provided in the main submission will be identified at the close of the review. You will be given one additional hour to submit Alert items only.

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## 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 – Provide for 12 months
- ☐ Agency vehicles used for transportation are properly registered – Provide for 12 months
- ☐ Provider addresses all incident reports – Provide reports for individuals selected for the review only
- ☐ 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
- ☐ Payroll – If you are billing the Agency rate, provide documentation that reflects federal tax withholding, employee portion of Medicare and Social Security taxes for at least two bonafide employees providing services. Examples: check stubs, reports created by the payroll department or from a formal computerized system such as Quickbooks. Provide for 6 months

# Checklist – Administrative (Agency)

## Qualifications & Training

- ☐ Level II Background Screening – current FBI/FDLE Clearance, Local Law, APD Attestation of Good Moral Character **(A)** – *If the 5-year rescreening was done during the review period, please include the previous FBI/FDLE results (APD General Eligible), Local Law report and Attestation of Good Moral Character.*
- ☐ Staff name listed on the APD Employee/Contractor Roster **(A)**
- ☐ TRAIN User ID(s) - Provide all User IDs) associated with the employee
- ☐ Zero Tolerance – Send if not in TRAIN FL; if the current 3 year renewal was completed during the review period please provide evidence of previous training
- ☐ Direct Care Core Competencies Send if not in TRAIN FL
- ☐ 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 - Send if not in TRAIN FL
- ☐ HIPAA
- ☐ HIV/AIDS/Infection Control - Send if not in TRAIN FL; provide previous and current training
- ☐ 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 (Prescribed Enteral Formula Administration, if applicable) **(A)**
- ☐ Annual Update Training in Basic Medication Administration, if the employee gives medication (Annual Update Training in Prescribed Enteral Formula, if applicable) **(A)** - *Provide current and previous*
- ☐ Medication Validation, if employee gives medication (Prescribed Enteral Formula Validation, if applicable) **(A) –** *Provide current and previous*
- ☐ 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 provide current and previous*
- ☐ Vehicle Insurance, if the employee transports anyone using their own vehicle(s) **(A)** – *Provide for the 12 months showing coverage for each vehicle used*
- ☐ Vehicle Registration(s), if the employee transports anyone using their own vehicle(s) – Provide for each vehicle used in the 12 months

# Checklist – Administrative (Agency)

## Qualifications & Training – Service Specific

Examples of education and experience include diplomas, degrees, transcripts, résumés, job applications and employment verification. Examples of completed in-service training documents include certificates, attendance sheet, transcripts, confirmation emails and subject matter material. If the current in-service training period is still in progress, please provide documentation of the annual in-service training completed in the previous year.

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**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

**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

# Checklist – Administrative (Agency)

**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

**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