Checklist – Administrative Qualified Organization (QO)

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 QO Administrative Tool for review standards and protocols at: https://florida.qlarant.com/

The Qlarant reviewer will tell you which employee names you need to submit files for.

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.

General Administrative

- ☐ Provider maintains an APD Employee/Contractor Roster within the Agency for Health Care Administration Background Screening Clearinghouse **(A)**
- ☐ 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 maintains Business Liability Insurance - Provide previous and current
- ☐ Provider maintains a Table of Organization
- ☐ Provider maintains Mentor and Mentee program requirements
- ☐ Provider maintains documentation that each Support Coordinator, including mentees, are employees of the organization – Please provide payroll/paystub information to confirm withholding of federal income tax, employee portion of Medicare and Social Security, for each WSC

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. Include APD CDC Eligible, if applicable.*
- ☐ APD Employee/Contractor Roster **(A)**
- ☐ TRAIN User ID(s) - Provide all associated User IDs for employees selected
- ☐ 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)

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- ☐ 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

Service Specific Employee

Examples of education and experience could include degrees, résumés, job applications and employment verification. Examples of completed in-service training documents include certificates, sign-in sheets, 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.

Support Coordination

- ☐ Proof of required Level I training
- ☐ Proof of required Level II training
- ☐ Completed Mentoring Form - If not in TRAIN FL
- ☐ Proof of Introduction to Social Security Work Incentives training
- ☐ 18 hours of job related annual in-service training

CDC+ Consultant

- ☐ Certificate of Consultant Training