

# QUALITY ASSURANCE COMPLIANCE REVIEW

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|--------------------------------|-----------------------------------|
| <b>Provider:</b>               | <b>Date:</b>                      |
| <b>Provider Staff Present:</b> | <b>Generations Staff Present:</b> |

| REQUIREMENTS   | C | NC | N/A | COMMENTS |
|--|---|----|-----|----------|
| <b>I. Contract Compliance/Administrative Standards</b>   |   |    |     |          |
| A. Following the delivery of authorized service, Vendor submits claims in a timely fashion as directed by the Area Agency.   |   |    |     |          |
| B. All claims submitted by Vendor and payments made to Vendor by the Area Agency are in accordance with the unit rates specified on Attachment A of the MOA/contract.  |   |    |     |          |
| C. Vendor has not imposed fees upon the recipients of services rendered by Vendor pursuant to the MOA/contract.  |   |    |     |          |
| D. Vendor agrees that all information, including but not limited to individual information, received from the Area Agency is maintained in a confidential manner.  |   |    |     |          |
| E. Vendor maintains books, records, documents, and other evidence and follows generally accepted accounting procedures and practices which sufficiently and properly reflect all costs attributable to each service provided pursuant to the MOA/contract. |   |    |     |          |
| F. Vendor retains fiscal records according to the Area Agency standards as set forth in the MOA/contract.  |   |    |     |          |
| G. A system of back-up is in place to assure trained workers are available to fill in when employees are vacationing, ill, terminated, etc.  |   |    |     |          |
| H. Vendor surveys individuals annually to determine satisfaction and has a procedure in place to address individual response to survey.  |   |    |     |          |
| I. Individual files are kept in locked files or secured electronically with password protection and are retained for the amount of time specified by the Area Agency.  |   |    |     |          |

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| <b>II. Policy and Procedure Review</b>   |   |   |   |          |
| A. The following written policies/procedures are enforced and, where applicable, posted in a conspicuous place:<br>1. Conflict of Interest Policy (for staff, board, and sub-contracted agencies)<br>2. Employee Grievance and Appeal Process<br>3. Individual Grievance and Appeal Process<br>4. Communicable and Infectious Disease Policy<br>5. 24-Hour Accessibility to Management Personnel Procedure<br>6. Referral Process Procedure<br>7. Drug Free Workplace Policy<br>8. Equal Opportunity Employer Policy<br>9. Non-Discrimination Policy | _____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ |          |
| B. Vendor has employee disciplinary policy including, but not limited to, falsifying individual records, revealing confidential information, improper treatment of individual, being intoxicated, stealing from individual or agency, repeated absenteeism, and unexcused 'no-shows.'  |   |   |   |          |
| C. Written policies include quality assurance goals, standards, and mission statements.  |   |   |   |          |
| D. The vendor has documentation that quality of service is monitored _____ times in a _____ period.  |   |   |   |          |
| E. The vendor has documentation that individual satisfaction is monitored _____ times in a _____ period.   |   |   |   |          |

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| <b>III. Training Standards</b>   |  |  |  |          |
| A. Vendor has written orientation plan which includes training on universal precautions, confidentiality, allowable and non-allowable activities, and Vendor policies and procedures, as well as, skill testing and supervised training.   |  |  |  |          |
| B. Vendor has written annual training plan which includes dates, topics, presenters, goals to be accomplished, and staff required to attend.   |  |  |  |          |
| C. Annual training plan includes, but is not limited to, the following topics with all appropriate staff in attendance:<br>1. First Aid<br>2. CPR<br>3. Aging Process/Working with Older Adults<br>4. Dementia<br>5. Confidentiality<br>6. Disaster/Emergency Procedures<br>7. Communication Techniques<br>8. Proper Food Handling/Sanitation Techniques<br>9. Proper Transfers (Direct Care and Transportation Providers)<br>10. Defensive Driving (Transportation Providers) | _____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ |          |
| D. Sign-in sheets are utilized and available for review for all required training and in-service sessions.   |  |  |  |          |
| <b>IV. Personnel Review</b>  |  |  |  |          |
| A. Vendor has written personnel/staff training manual.   |  |  |  |          |
| B. Where applicable, personnel files have documentation of the following:<br>1. Orientation/Training<br>2. Reference Checks<br>3. Criminal Background Checks<br>4. Current Job Description<br>5. Certification/Licensing<br>6. Proficiency Testing<br>7. Annual Performance Evaluations<br>8. In-Service/Staff Training Attendance<br>9. Current Mantoux Test and Physical Exam (kept in separate file)<br>10. Accreditation if Applicable                                     | _____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ |          |

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|--|-----|-----|-----|----------|
| <b>V. Service Provision Regulations</b>  |     |     |     |          |
| A. When more than one type of service is being provided (i.e., HMK/ATTC), Vendor makes clear the distinction of each worker's tasks on the schedule. |     |     |     |          |
| B. If one service is being provided under two or more funding sources (i.e., CHOICE, Title III, MAW), Vendor makes a clear distinction by:           |     |     |     |          |
| 1. Always using CHOICE funding last  | ___ | ___ | ___ |          |
| 2. Clearly documenting time billed to each source  | ___ | ___ | ___ |          |
| 3. Providing only tasks requested on the authorization   | ___ | ___ | ___ |          |
| <b>VI. Individual File/Billing Review</b>  |     |     |     |          |
| A. Individual's file contains the following information sent from Area Agency:   |     |     |     |          |
| 1. Service Authorization   | ___ | ___ | ___ |          |
| 2. Modification/Cancellation Notices   | ___ | ___ | ___ |          |
| B. Evidence of coordination/communication between Vendor and Area Agency including case notes, progress reports, and other correspondence.           |     |     |     |          |
| C. Individual Service Plan includes the following:   |     |     |     |          |
| 1. Documentation that individual/POA/CG agrees to the Service Plan   | ___ | ___ | ___ |          |
| 2. Indicates authorized service, frequency, and duration   | ___ | ___ | ___ |          |
| 3. Written Service plan is signed by physician prior to service delivery for home health services  | ___ | ___ | ___ |          |
| D. For verification of service claim, the following are documented:  |     |     |     |          |
| 1. Date of service   | ___ | ___ | ___ |          |
| 2. Arrival and departure time  | ___ | ___ | ___ |          |
| 3. Tasks performed   | ___ | ___ | ___ |          |
| 4. Signatures of individual and service provider   | ___ | ___ | ___ |          |
| 5. Units logged match billing claim  | ___ | ___ | ___ |          |
| 6. Evidence is present of individual notification when regular worker or appointment was changed   | ___ | ___ | ___ |          |

# QUALITY ASSURANCE COMPLIANCE REVIEW

**VII. What are some of the strengths of Generations?**

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**VIII. What can Generations do to strengthen our partnership?**

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**Reviewers Signature**

**Date**