

Developmental Services
Personal Care Assistance
 Monitoring Checklist

Provider Number: _____

Provider Name: _____

Review Date: _____


Provider Address: _____



Reviewer Name: _____

District: _____

Location: _____

Agency Provider Solo Provider Onsite Review Desk

Cite	Standard	Met	Not Met	N/A
Explanation of Monitoring Tool Symbols/Codes				
	Alert: Denotes a critical standard or cite relating to health, safety and rights. A deficiency requires a more intense corrective action and follow-up cycle.			
“W”	Weighted Element: A “W” followed by 2.0 or 4.0 in the Cite column denotes elements that have a greater impact on the monitoring score.			
“R”	Recoupment: An “R” in the Cite column denotes an element that is subject to recoupment of funds by the State if the element is “Not Met.”			
A. Service Tasks and Location				
1 W2.0	The provider renders this service on a one-on-one basis.			
2	The provider renders personal care assistance in the individual’s own home or family home or while the individual who lives in one of those arrangements is engaged in a community activity.			
B. Provider Qualifications and Requirements				
3	Providers of personal care assistance may be independent vendors or home health or hospice agencies licensed by the Agency for Health Care Administration.			
4	Independent vendors and employees of agencies must be at least 18 years of age and have one-year experience working in a medical, psychiatric, nursing or childcare setting or working with individuals who have a developmental disability.			
5	Proof of current training and certification is available for all independent vendors and agency staff in Cardiopulmonary Resuscitation (CPR).			

Cite	Standard	Met	Not Met	N/A
6	Proof of current training is available for all independent vendors and agency staff in AIDS and infection control.			
7  W4.0	Level two background screenings are complete for all direct service employees.			
8  W4.0	All employees undergo background re-screening every 5 years.			
9	The provider attends mandatory meetings and training scheduled by the Area Office and/or Agency.			
10 NEW	Direct service staff has received training in the Agency's Direct Care Core Competencies Training.			
11 W2.0	Independent providers and agency staff receive training on responsibilities and procedures for maintaining health, safety and well-being of individuals served.			
12 W2.0	Independent providers and agency staff receive training on medication administration and on supervising individuals in the self-administration of medication.			
13	Independent providers and agency staff receive training on required documentation for service(s) rendered.			
14	Independent providers and agency staff receive training on responsibilities under the Core Assurances.			
15	Independent providers and agency staff receive training on responsibilities under the requirements of specific services offered.			
16	Independent providers and agency staff receive training on use of personal outcomes to establish a person-centered approach to service delivery.			
17 W2.0	Independent providers and agency staff receive other training specific to the needs or characteristics of the individual as required to successfully provide services and supports.			
18 W2.0	Proof of required training in recognition of abuse and neglect to include domestic violence and sexual assault, and the required reporting procedures is available for all independent vendors and agency staff.			
C. Service Limits and Times				
19	The provider renders no more than 64 units of this service per day when the provider is paid by the quarter-hour unit.			

Cite	Standard	Met	Not Met	N/A
20	Provider is authorized to render personal care assistance.			
21 R	Provider renders services and supports at a frequency and intensity as defined in the service authorization.			
22 R	The provider does not render services to individuals living in foster or group homes except as allowed.			
D. Documentation				
23 R	Provider must have at a minimum copies of the service logs for the period being reviewed.			
24	If the provider is transporting the individual in his or her private vehicle, the provider has a valid driver's license, vehicle registration, and insurance.			
25	The provider notifies the Area Office Program office of any changes in driver's license, car registration, insurance status, or of traffic violations.			
26 R NEW	Provider does not bill separately for transportation and travel cost.			

Personal Care Asst. Checklist 11-27-05.doc
REV 03.06.02; 03.12.02; 03.13.02;03.14.02; 12.27.02; 01.03; 02.04.03; 02-10-03; 11-27-05