

[MODIFIED DIRECT SERVICE PROVIDER (DSP) VERSION]

Alabama
Department of
Senior Services

Direct Service Provider Auditing Guide & Tools

October 2014

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ADSS MEDICAID WAIVER PROGRAMS

Direct Service Provider (DSP) Auditing Guide & Tools (Modified DSP Version)

Excerpts Regarding Prospective (New) Direct Service Providers

Provider files to audit:

- Employee files, audit all per AMA Memorandum dated February 11, 2008 which states:

“Statewide background checks will be required for all service employees and for any employee who operates within the State of Alabama and has access to client records. Branch office employees including non-visiting employees employed by direct service providers who have access to client records are required to undergo background checks.

Out-of-state corporate office employees will not be required to have a background done.”

The *Initial Audit* consists of two (2) parts.

Administrative Part to include:

- Key staff i.e. administrator/supervisor (*present during audit*)
- Organizational chart
- Infection control policy/procedures
- HIPAA policy
- Complaint & Grievance policy
- Policy and Procedures manual
- Proof of current *Liability insurance*
- In-service training plan (approved by AAA/ADSS)
- An appropriate place to conduct business:
 - A room specified for the business must be separate from the personal dwelling area in the home. This room must be designated as the work space and can be closed off from the rest of the house.
 - Furniture, equipment, and supplies shall be distinctly related to a business office. Bedroom furniture, clothing, gym equipment, etc. shall not be stored in this space.
 - Business and confidential files must be kept in a locked file cabinet.

- Children, friends, or family members shall not utilize or occupy the office area unless they are employed by the business.
 - A telephone line with a phone number different from the home residence is required. This number shall also have voicemail or an answering service.
 - A sitting area must be included in the office space to meet with clients and business associates.
- Emergency plan
 - Annual operating budget
 - Other requirements per audit tools...

Personnel Part to include:

- Meet all *employee requirements* per the audit tools
- Meet all *worker training requirements* per the audit tools
- Proof/copy of *Statewide, County & Municipalities Background* checks on all waiver employees per guidelines
- Proof/copy of *National Sex Offender Registry* checks per guidelines
- Proof/copy of *Alabama Certified Nurse Aide Registry* checks per guidelines
- Other requirements per audit tools

Existing Service Providers

Audit Process (Announced Audit)

The Area Agency on Aging (AAA) shall schedule routine on-site audits of Direct Service Providers (DSPs) as required by the waiver document.

Prior to the Audit:

- The DSP will be notified of the time frame (months) to be audited.
- The DSP shall list all Waiver clients served during the audit period; or the DSP has the option of printing a list of Waiver clients that were served during the period to be audited.
- The DSP shall have this completed client list available for review and an audit sample shall be chosen from this list by the auditor, not the DSP.
- The DSP is instructed to have billing available for the auditor for the time frame being reviewed.

The Audit Process Consists of the Following:

- Entrance Conference
- Administrative Requirement Review
- Personnel Records to include previous year in-service training review
- Client Record Review

- Billing Review
- Exit conference

How many files to audit:

- For employee files, audit a minimum of five (5) unless, there are fewer than 5 employees, then audit all. The audit is to include the RN supervisor. As part of the audit, all new hires (hired since last audit and currently visiting clients) shall be included. These count as part of the five (5) or fewer.
- For client files, audit a minimum of ten (10) unless, there are fewer than 10 clients, then audit all. If the DSP has more than one hundred (100) clients, a 10% audit shall be conducted.

(530 waiver requires a 100% review)

The amount of audited records may/should be expanded based upon the number of major deficiencies noted during the audit. If the auditor determines that there is a significant amount and/or type of finding(s), a one-hundred percent (100%) review of the records is justified.

The AAA has the option to schedule the audit as “announced” or “unannounced”. An announced visit requires the auditor to send prior notification of the scheduled audit to the DSP following the above guidelines. An unannounced audit requires no prior notification to the provider.

The auditor shall review administrative policies and procedures, personnel records, client records and billing. Depending on the nature of any discrepancies found and the seriousness of those findings, the auditor can make recommendations for corrections. ADSS will issue guidance on the steps to be taken by the AAA to resolve identified issues. The DSP shall not have the opportunity to correct deficiencies found during an announced visit, as ample time was provided for the DSP to prepare. Examples of such deficiencies are, but not limited to, missing results of TB testing, misplaced personnel paperwork, missing supervisory visits, etc.

The auditor will discuss the preliminary findings with the DSP during the exit conference along with any recommendations made by the AAA; but, the DSP must be reminded that ADSS shall review the audit and give final recommendations. After ADSS review/approval, the AAA shall provide the DSP a detailed/bulleted copy of the findings via letter; however, a copy of the audit tools shall not be provided to the DSP.

Depending on the findings during an unannounced audit, the DSP shall be provided no more than twenty-four (24) hours, or the end of the next business day, to provide the auditor any missing documentation discovered during the audit. (Examples provided above). **On a scheduled audit, the DSP must have all pertinent staff present during the exit conference including the office manager, supervisory nurse and local administrator. Absences of the required staff from the exit conference could result in termination of the contract.**

Plan of Correction

When a *Plan of Correction* (POC) is required, the DSP has 15 working days from the receipt of the notification letter to submit the *plan* to the AAA. The AAA shall forward it to ADSS for review.

The *Plan of Correction* must address each area of non-compliance, the plan for correcting each area and identify the DSP personnel responsible for ensuring the issues are monitored / corrected.

ADSS shall review the *Plan of Correction* and a written response shall be sent to the AAA indicating whether the *Plan of Correction* is acceptable or unacceptable. If the plan meets the waiver requirements a letter will be mailed by the AAA to the DSP stating that it is acceptable.

If the plan is unacceptable, the DSP shall be contacted by telephone, or e-mail with a formal notice in writing to discuss concerns with the plan. The AAA shall offer the DSP the opportunity to correct problems and submit another *Plan of Correction* within 15 working days from the date of the telephone call or email.

Upon receipt of the second *Plan of Correction*, a determination shall be made as to whether the *Plan of Correction* is acceptable or unacceptable. Again this is determined by staff at ADSS. If it is acceptable, a letter stating such is sent to the AAA, and the AAA follows up with a letter to the DSP.

If either of the following occur:

- The plan is not received in fifteen (15) working days
- And/or the plan is unacceptable

ADSS shall follow agency procedures regarding non-compliance and notify the AAA of the results. Based upon official notification, the AAA shall act according to ADSS recommendations regarding the vendor. In order to ensure statewide uniformity in the treatment of DSPs, the AAA shall not act on their own without ADSS approval. ADSS recommendations may include probation, recoupment and/or suspension of payments to the AAA/DSP or termination of the DSP from waiver program participation.

Follow-up Visits

Three (3) month follow-up visits shall occur depending on the seriousness of the findings noted during the audit. If there is a major deficiency in the majority of the records in one audit tool area, a follow-up visit is required. If major deficiencies in two or more of the four audit tool areas (*Administrative, Personnel Record Audit, Client Record Audit, and/or Billing*) are found, a follow-up visit is required. During the follow-up visit, the auditor shall review the *Plan of Correction* and monitor the DSP's current documentation ensuring that the *Plan of Correction* is being implemented. An exit conference shall be held with the DSP following the same procedures identified previously. The time clock for the three (3) month follow-up period shall start upon notification to the DSP. The three (3) months starts from the date of a decision by ADSS, not three (3) months from the date of the original audit. The AAA shall notify the DSP of when (what month) the three (3) month follow-up visit will occur, per ADSS instructions.

(Findings in a majority of records, for example client files, constitutes/adds up to a major deficiency and a follow-up visit is required.)

Probation

If major deficiencies are found in three of the four audit areas, in a majority of the records audited, the DSP, in coordination with ADSS, shall be placed on probationary status. Again, those four areas covered during the audit include:

- Provider Administrative Requirements; some examples include: Staffing, Liability Insurance, Policies and all other Administrative Requirements as per the respective waiver program,
- Personnel Requirements (in the Personnel Records) for each of the staff, for example: TB skin tests, training, registry requirements, supervisory reports, and all other Personnel Requirements per the respective waiver program,
- Waiver Client Record Audit (Including all required documentation and record keeping requirements, per the respective waiver program,
- Billing; for example: billing for services not rendered,
- **Or** if the auditor determines that health and safety is being compromised.

(See Health and Safety Section for steps to follow if this occurs).

If any of the above reasons for probation are identified, the auditor, upon return to the office, will discuss/audit findings, documentation and recommendations with auditor's supervisor or designated staff person and ADSS staff. If all concur, the DSP shall be placed on a six (6) month probationary status. (The DSP has already received a verbal account of the non-compliant areas found during the audit in the exit conference. And at that point, the DSP has been informed of their right to appeal the decision or findings).

A letter shall follow, informing the DSP of the six (6) month probationary period; detailing the non-compliance areas noted during the audit, recommendations, any recoupment, if applicable, and the terms of the probationary period. (The DSP shall be informed of their right to appeal the decision or findings and to request further training from the AAA.). The time clock for the six (6) month probationary follow-up period shall start upon notification to the DSP. The six (6) months starts from the **date of a decision by ADSS**, not six (6) months from the date of the original audit. The AAA shall notify the DSP of when (what month) the six (6) month probationary audit will occur, per ADSS instructions.

The AAA shall conduct a visit to the DSP after six (6) months.

If on the six (6) month probationary audit the DSP is found to have corrected the compliance issue(s), the DSP shall be placed on the annual QA audit schedule and probationary status will end.

If the DSP is not in compliance with waiver requirements at the time of the probationary audit, ADSS will review the documentation regarding the areas of non-compliance to determine if termination is warranted. If it is determined that the DSP contract should be terminated, ADSS

will notify the AAA to begin the process of placing the clients with new providers. ADSS will also notify the Alabama Medicaid Agency (AMA) that the DSP's contract to provide services to waiver participants is being terminated.

Health and Safety

The following are *Health & Safety* violations:

- Missing and/or late TB tests per guidelines
- Missing and/or late National Sex Offender Registry checks per guidelines
- Missing and/or late Nurse Aide Registry checks per guidelines
- Missing and/or late Employee Background checks per guidelines
- Missing and/or late Fraud/Abuse Registry (*OIG*) checks per guidelines
- RN/LPN not meeting waiver requirements i.e. education, prior working experience, licensure, etc. per guidelines
- Other per guidelines

Upon audit review, if the AAA/ADSS determines that health and safety is/was compromised, the following steps shall be taken depending on the seriousness of the deficiencies:

- Immediate *Plan of Correction* from the DSP covering the health and safety issue with a written plan of correction to follow within 15 working days. The *Plan of Correction* shall set forth time lines reasonable to correct the identified problems and steps the DSP has taken to ensure the problem will not recur.

If the AAA does not receive a timely acceptable *Plan of Correction*, the following shall be implemented.

- Immediate notification to the AAA case managers to make other arrangements for the provision of services for the clients including notification to the clients' caregivers or responsible persons and assignment to another DSP to ensure health and safety.

The AAA/ADSS reserve the right to place the DSP on immediate probation and also reserve the right to review any/all DSP audit results to determine recommendations for termination of the contract due to health and safety issues identified.

Retraining

Each DSP shall be provided an opportunity for retraining on the *Scope of Services* as outlined in each waiver document at the end of the audit.

Recoupment

ADSS / AAA can recoup funds previously paid to a DSP for several reasons that may include, but not limited to, health & safety, non-compliance with the required initial visit, supervisory visits, billing for services not provided, or others as determined.

Misc.

All reports must be submitted to ADSS within 30 days of the date the audit was conducted. ADSS shall respond to the AAA within 30 days of receipt of the report.

Links to Data Bases:

http://www.medicaid.alabama.gov/CONTENT/7.0_Fraud_Abuse/7.7_Suspended_Providers.aspx

<http://exclusions.oig.hhs.gov/>

<http://www.nsopr.gov/>

[https://ph.state.al.us/NurseAideRegistry/\(S\(dimakv55yn2eig55fbhke53l\)\)/Default.aspx](https://ph.state.al.us/NurseAideRegistry/(S(dimakv55yn2eig55fbhke53l))/Default.aspx)

www.abn.alabama.gov

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RCO probationary applicants meet with Alabama Medicaid officials

Pilot project connects physicians to state health information exchange

Suggestion nets bonus for employee, savings for Agency

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Suspended Providers

List of Suspended Providers - Updated 9/16/14

- PDF Version
- Excel Version

Excluded Individuals and Entities are not allowed to receive reimbursement for providing Medicare and Medicaid services in any capacity, even if they are not on this listing by the Alabama Medicaid Agency.

Excluded individuals and entities are listed according to the type of provider they were at the time of exclusion; however, they are excluded from participating in providing services in the Medicaid program in all categories of service and in any capacity. The exclusion remains in effect until they are removed from this list.

Any provider participating or applying to participate in the Medicaid program must search this list and the List of Excluded Individuals and Entities (LEIE) on a monthly basis to determine if any existing employee or contractor has been excluded from participation in the Medicaid program. Also, any provider participating or applying to participate in the Medicaid program must search both lists prior to hiring staff to ensure that any potential employees or contractors have not been excluded from participating in the Medicaid program. For further details on screening of current and potential employees and contractors, see **Chapter 7, Section 7.3.1** of the Provider Manual.

The Office of the Inspector General maintains a national list of all individuals who are excluded from receiving reimbursement from Medicare and Medicaid. For a comprehensive list of all individuals, go to <http://oig.hhs.gov/fraud/exclusions.asp>

My MEDICAID

Patient 1st

One Health Record

eHR INCENTIVE PROGRAM

Alabama VOTES

**INDIVIDUALS EXCLUDED FROM PARTICIPATING
IN THE ALABAMA TITLE XIX (MEDICAID) PROGRAM
As of September 16, 2014**

FOR A COMPREHENSIVE LISTING OF THOSE INDIVIDUALS EXCLUDED FROM RECEIVING REIMBURSEMENT FOR PROVIDING MEDICARE AND MEDICAID SERVICES NATIONWIDE, SEE THE OFFICE OF INSPECTOR GENERAL'S WEBSITE, LIST OF EXCLUDED INDIVIDUALS/ENTITIES (LEIE), by following this link,

<http://oig.hhs.gov/fraud/exclusions.asp>

If someone is on the LEIE, they are not allowed to receive reimbursement for providing Medicare and Medicaid services in any capacity even if they are not on this listing by the Alabama Medicaid Agency.

The following individuals are listed according to the type of provider they were at the time of exclusion; however, they are excluded from participating in providing services in the Medicaid program in all categories of service and in any capacity. The exclusion remains in effect until they are removed from this list.

Any provider participating or applying to participate in the Medicaid program must search this list and the LEIE monthly to determine if any existing employee or contractor has been excluded from participation in the Medicaid program. Also, any provider participating or applying to participate in the Medicaid program must search both lists prior to hiring staff to ensure any potential employees or contractors have not been excluded from participating in the Medicaid program. For further details on screening of current employees and contractors and potential employees and contractors, see Chapter 7, Section 7.3.1 and 7.3.2 of the Provider Manual (attached below).

If you have questions concerning potential matches to any names on this list or require additional information, please send an email to PIDexclusions@medicaid.alabama.gov.

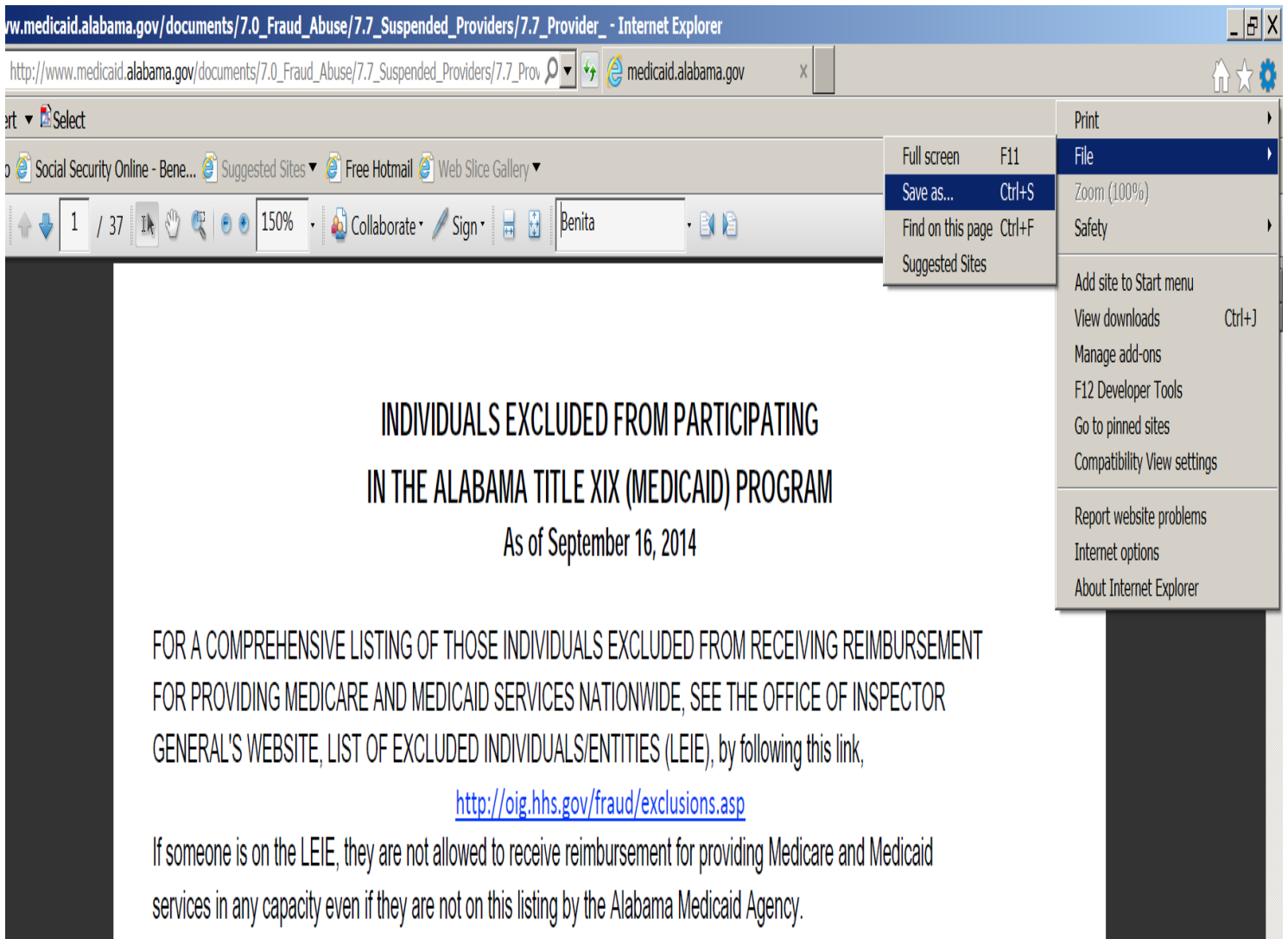
MFCU = Medicaid Fraud Control Unit, Attorney General's Office
MLC = Medical Licensure Commission of Alabama
BDE = Board of Dental Examiners of Alabama
ABN = Alabama Board of Nursing

Newly added sanctioned providers are highlighted in yellow (Note: The list is updated monthly.)

NAME OF PROVIDER	SUSPENSION EFFECTIVE DATE	SUSPENSION INITIATED BY
PHYSICIANS		
Abell, John B.	02/23/13	MLC
Aggarwal, Shelinder	09/13/13	MLC & Medicare
Akkanti, Venkatreddy	01/25/12	MLC
Alexander, Eloise Karin Lundberg, MD	03/21/12	MLC
Anderson, James Burns	07/24/95	Medicare
Anderson, Walter O.	10/30/02	MLC
Aqel, Raed Ahmed	06/24/09	MLC
Arington, Thomas H.	05/07/04	MLC

Estep, Demetra Lache, Massage Therapist	08/20/14	Medicare
Floyd, James Irland Hoyt, Drug Distributor	12/20/09	Medicare
Ford, Janyce Kay Townley	08/15/14	Medicare
Fultz, Edward Eugene	09/15/93	MFCU & Medicare
Gist, Jackie Randolph, Owner of Hospice Facility	07/19/12	Medicare
Harvill, Horace L.	08/31/96	Medicaid
Hayes, Maria, Medicaid Assister	11/18/10	Medicaid
Henderson, Linda Christie, Nursing Home Secretary/Receptionist	10/06/94	Medicare
Hill, Tameka, Direct Care Employee	12/20/04	Medicare
Holmes, Ernest Lee, III, Direct Care Staff	12/17/03	Medicare
Home Buddies of Northwest Alabama, Inc./Alabama Angels, Inc., Direct Service Provider (Benita Owens, Owner)	09/02/10	Medicaid
Houk, Kathy Campbell, Bookkeeper	06/17/10	Medicare
Hull, Jim Davis, Rehabilitation Facility Owner	02/18/10	Medicare
Hyatt, Doris Elizabeth Griffith	09/15/93	MFCU & Medicare
Jemison, Jacketta	06/06/91	MFCU & Medicare
Jemison, Stephen Lamar, Health Care Aide	07/20/06	Medicare
Jones, Anne Marie, Accounts Payable Clerk	10/20/09	Medicare
Jones, David Jerome	09/15/93	MFCU & Medicare
Kellay, Mary Ann Kennamer, Bookkeeper	12/20/04	Medicare

- Check ALL of your workers’ names.
- Save the document in a file folder labeled something like, “Medicaid Suspension List FY15”.
- The file will Save as the date of the report.
- The Properties of the file will show the date it was created.
- Check and Save the report at the same time next month.
- If you are using this method to show compliance (rather than printing it out – the decision is yours), be sure to Back Up your computer files regularly. If your computer crashes and you lose your data, it will not be excused.



INDIVIDUALS EXCLUDED FROM PARTICIPATING IN THE ALABAMA TITLE XIX (MEDICAID) PROGRAM

Save a Copy...

Save in: H & C ADMIN

Name	Date modified
1 - MW Slot Status Reports	10/14/20
1 - MW WAITING LISTS	7/22/201
Audit Guides	10/13/20
Contractor Audits by ADSS & Medicaid	7/3/2014
OMBUDSMAN	3/10/201
Medicaid Suspension Reports FY2015	10/13/20

File name: Provider_Sanction_List_9-16-14

Save as type: Adobe PDF Files (*.pdf)

Buttons: Open, Cancel

RECEIVING REIMBURSEMENT
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Search Medicaid ...

Folder

Name ^	Date modified	Type	Size
Provider_Sanction_List_9-16-14	10/13/2014 4:58 PM	Adobe Acrobat Docu...	113 KB

Provider_Sanction_List_9-16-14 Properties

General | PDF | Security | Details | Previous Versions

Provider_Sanction_List_9-16-14

Type of file: Adobe Acrobat Document (.pdf)

Opens with: Adobe Reader Change...

Location: S:\Home & Comm Svc\H & C ADMIN\Medicaid Susp

Size: 112 KB (114,817 bytes)

Size on disk: 116 KB (118,784 bytes)

Created: Today, October 13, 2014, 2 minutes ago

Modified: Today, October 13, 2014, 2 minutes ago

Accessed: Today, October 13, 2014, 2 minutes ago

Attributes: Read-only Hidden Advanced...

File name: Provider_Sanction_List_9-16-14

Tools ▼ All Files

Open ▼ Cancel

OK Cancel Apply

5:00 PM 10/13/2014

National Sex Offender Search Results

0 records from a national search including all states, territories and Indian Country for First Name like *victoria*, Last Name like *edwards*

Search performed 10/3/2014 10:51 AM EDT



Alabama Department of Public Health
Certified Nurse Aide Registry



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Alabama Certified Nurse Aide Registry



You will need the FREE Adobe Reader to print the Nurse Aide Status Report or to view the Abuse List.

Search the Alabama Certified Nurse Aide Registry to verify the status of a Nurse Aide.

Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="button" value="Search"/>

XXX-XX-7590 is not found in registry.

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LICENSE LOOKUP INFORMATION

NAME	LICENSE#	LICENSE TYPE	STATUS	ISSUED	EXPIRATION	DISCIPLINE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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IRENE B. COLLINS
EXECUTIVE DIRECTOR

March 14, 2008

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www.AGELINE.net

EDW NOTICE 08-01

TO: Executive Directors and Area Agency on Aging Directors

FROM: Jean Stone, Division Chief
Long Term Care Programs

SUBJECT: Policy for Background Checks

As you are aware, the Centers for Medicare and Medicaid Services approved the renewal of the Elderly & Disabled waiver for October 1, 2007. As part of the renewal, the waiver program now requires that state criminal history background checks be obtained for staff hired on or after October 1, 2007, who either provide direct services to the participant and/or who have access to client records. The background check must also include checking references with previous employers and the Nurse/Aide Registry.

The following are the specifics related to the implementation of the background checks:

- Statewide background checks will be required for employees hired on or after October 1, 2007. As of May 1, 2008, employees will not be allowed to provide services until after the results of the background check have been received.
- Statewide background checks will not be required for employees hired prior to October 1, 2007.
- Statewide background checks will be required for all direct service providers and for any employee who operates within the State of Alabama and has access to client records. Branch office employees including non-visiting employees employed by direct service providers who have access to client records are required to undergo background checks.
- Out-of-state corporate office employees will not be required to have a background check done.

- Case Managers, Adult Day Health, and Home Delivered Meals providers will be required to undergo a background check.

Attached is a document that provides guidance on criminal offences that will permanently disqualify a potential applicant from employment and those that are barriers to employment for a specified period of time.

Verification of these investigations will be conducted during the periodic audit reviews.

Please communicate these requirements with all of your contracted direct service providers and ensure that they are in compliance with these requirements before May 1, 2008. Neither the Medicaid Agency nor ADSS is prescribing the method by how these checks are performed as long as a statewide, including county and municipalities, background check is conducted.

Thank you so much for what you do. Please let me know if there are additional questions.

Attachment

cc: Marilyn Chappelle, Alabama Medicaid Agency

Alabama Medicaid Agency
Guidance on EDW and HIV/AIDS Waiver
Background Checks

The following information is provided as guidance for the HCBS Operating Agencies to assist in the implementation of the Statewide Background Checks.

The background check shall consist of the use of personal identifiers such as name, social security number, date of birth and drivers license number. Additionally, the authorized background check agency shall notify the potential employer if the background check reveals that an applicant is listed in the national sex offender public registry.

The following are criminal activities that will permanently disqualify a potential applicant from employment:

Applicants **must not** have convictions or criminal history for:

- Any crime of violence
- Any felony convictions as well as any pending felony arrests

The following are criminal activities that would prevent an individual from being employed for the time period as specified below:

Class A Misdemeanor:

- Assault in the third degree in the past 5 years
- Reckless endangerment in the past 5 years
- Stalking in the second degree in the past 5 years
- Criminal trespass in the first degree in the past 5 years
- Criminal mischief in the third degree in the past 3 years
- Violating a protective order in the past 3 years
- Unlawful contact in the first degree in the past 3 years

Class B Misdemeanor:

- Criminal mischief in the first degree in the past 7 years
- Unlawful contact in the second degree in the past year

Approved: Maulyn Chappelle

Effective Date: May 1, 2008

DSP Quality Performance Assessment (Personnel File Review)

Name of Staff Member	Job Title of Staff Member	Hire Date of Staff Member	Audit Date
Name of Direct Service Provider Agency		Name and Agency of Reviewer	
(The below section applies to ALL in-home workers. Also complete the section that pertains to the type of service provided by the worker.)			
A copy of the staff member's job description is present in the employee's file (should identify responsibilities, education and experience)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
Staff member's personnel file contains documentation that references were verified for those hired prior to 10/01/07)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date conducted:	Comments	
Staff members and all personnel with access to client information have proof that statewide criminal background checks are documented in the employee's personnel file and are prior to client contact or access to client information? (This pertains to employees hired as of 10/01/07.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date conducted:	Comments	
Staff members and all personnel with access to client information have proof that sex offender checks are documented in the employee's personnel file and are prior to client contact or access to client information? (This pertains to employees hired as of 10/01/07.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date conducted:	Comments	
Staff members and all personnel with access to client information have proof that nurse aide registry checks are documented in the employee's personnel file and are prior to client contact or access to client information? (This pertains to employees hired as of 10/01/07.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date conducted:	Comments	
Staff members and all personnel with access to client information have proof that previous employers and references are verified and documented in the employee's personnel file and are prior to client contact or access to client information? (This pertains to employees hired as of 10/01/07.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date conducted:	Comments	
Staff member's file contains documentation that he/she submits to a program for the testing, prevention, and control of tuberculosis annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Dates of last 2 tests:	Comments	
Staff member's personnel file contains an application for employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
Staff member's personnel file contains a record of pre-employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
Staff member's personnel file contains evaluations per each agency policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
Staff member's personnel file contains a copy of a valid, picture identification?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
Staff member meets orientation training requirements prior to service delivery?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
Staff member meets annual in-service training requirements? (These must include infection control updates. A four (4) hour annual limit for self-study i.e. videos/online is in effect.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
Staff member's file contains other forms as required by state and federal law including agreements regarding confidentiality?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
Staff member's file contains an every six (6) month direct supervisory visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
Staff member's file contains records of all complaints/incidents lodged by the client/family and action taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
Staff member's file contains documentation of education (high school diploma or equivalent) (supervisor only)? (HM & CO)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
RN/LPN has a current Alabama State Board of Nursing license? (PC & SR) (530 Waiver, SN/RN or LPN)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
RN/LPN supervisor has at least two (2) years experience as a Registered Nurse or Licensed Practical Nurse? (PC & SR) (530 Waiver, SN/RN or SN/LPN)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	

DSP Quality Performance Assessment (In-Home Worker Training Requirements)

Name of Staff Member

ADDITIONAL HOMEMAKER & UNSKILLED RESPITE (HM) REQUIREMENTS

Minimum training requirements for Homemaker prior to service delivery include:

Physical, emotional and developmental needs of population served including the need for respect of the client, his/her privacy, and his/her property.

Note: The annual in-service training is in addition to the training required prior to the provision of service. ALL Homemakers must have at least six (6) hours, in-service training annually from the following areas below and include topic, name and title of trainer, objective of training, date of training, outline of content, length of training, list of trainees and location.

- Maintaining a safe and clean environment;
- Providing care including individual safety, laundry, serve and prepare meals, and household management;
- First aid in emergency situations;
- Fire and safety measures;
- Client rights;
- Record keeping such as a signed service log of services delivered and a written summary to supervisor of any problems with services;
- Communication skills;
- Basic infection control/Universal Standards;
- Other areas of training as appropriate or mandated by Medicaid or the Operating Agency.

ADDITIONAL PERSONAL CARE & UNSKILLED RESPITE (PC) REQUIREMENTS

Unskilled Respite Workers must meet the same orientation and in-service training requirements as a HM and PCW dependent upon the level of care. Minimum training requirements for Personal Care prior to service delivery include:

Physical, emotional and developmental needs of population served including the need for respect of the client, his/her privacy, and his/her property.

Note: The annual in-service training is in addition to the training required prior to the provision of service. ALL PC and UR Workers must have at least twelve (12) hours, in-service training annually from the following areas below and include topic, name and title of trainer, objective of training, date of training, outline of content, length of training, list of trainees and location (For PC Workers hired during the calendar year, this in-service requirement may be prorated based on date of employment as a PC Worker.)

Activities of daily living, such as,

- Bathing (sponge, tub)
- Personal grooming
- Personal hygiene
- Meal preparation
- Proper transfer technique (assisting clients in and out of bed)
- Assistance with ambulation
- Toileting
- Feeding the client

Home support, such as,

- Cleaning
- Laundry
- Home safety

Recognizing and reporting observations of the client, such as,

- Physical condition
- Mental condition
- Emotional condition
- Prompting the client of medication regimen

Plus,

- Record keeping such as a signed service log of services delivered and a written summary to supervisor of any problems with services
- Communication skills
- Basic infection control/Universal Standards
- First aid in emergency situations
- Fire and safety measures
- Client rights and responsibilities
- Other areas of training as appropriate or mandated by Medicaid or the Operating Agency

DSP Quality Performance Assessment (In-Home Worker Training Requirements)

Name of Staff Member

ADDITIONAL COMPANION REQUIREMENTS

Minimum training requirements for Companion prior to service delivery include:

Physical, emotional and developmental needs of population served including the need for respect of the client, his/her privacy, and his/her property.

Note: The annual in-service training is in addition to the training required prior to the provision of service. ALL Companion Workers must have at least six (6) hours, in-service training annually from the following areas below and include topic, name and title of trainer, objective of training, date of training, outline of content, length of training, list of trainees and location.

- Meal planning and preparation;
- Laundry/shopping;
- Provision of care and supervision including individual safety;
- First aid in emergency situations;
- Documentation of services provided per written instructions;
- Basic infection control/Universal Standards (required annually);
- Fire and safety measures;
- Assist clients with medications;
- Communication skills;
- Client rights;
- Other areas of training as appropriate or mandated by Medicaid or the Operating Agency.

ADDITIONAL SKILLED RESPITE CARE REQUIREMENTS

SKILLED RESPITE WORKER - AND SKILLED NURSING WORKER (530 Waiver) A Licensed Practical Nurse (LPN) or Registered Nurse (RN) who meets the following additional requirements:

- Be currently licensed by the State of Alabama Board of Nursing to practice nursing.
- Have at least two (2) years of experience.
- The personnel file contains documents that the nurse submits to the program for testing, prevention, and control of tuberculosis annually.
- Be able to follow the Plan of Care with minimal supervision unless there is a change in the client's condition.
- The personnel file contains a copy of a valid, picture identification.
- The personnel file contains validation of CEUs for licensure.
- The DSP must assure Medicaid and the Operating Agency (OA) that the nurse has adequate experience and expertise to perform the skilled services and the care required.

Additional Comments

DSP Quality Performance Assessment (Administrative Review)

Name of Direct Service Provider Agency	Name and Agency of Reviewer	Audit Date
The DSP has designated an individual to serve as the agency administrator?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments
The DSP agency has key staff, to include the agency administrator or DSP supervisor, present during this compliance audit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments
The DSP supervisor is immediately assessable by phone?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments
The DSP has an organizational chart showing chain of command and it is accessible to the staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments
The DSP has a written policy on infection control procedures, and an ongoing infection control program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments
The DSP has a written policy concerning client/patient confidentiality (HIPAA) and all files are locked up?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments
The DSP has a written client/patient complaint and grievance policy and procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments
The DSP has some type of complaint log and a means of monitoring/conducting complaints received including follow up?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments
Is the DSP in-service training pre-approved by the Operating Agency and Medicaid?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments
The DSP had a change in agency administrator, address or phone number?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments
If there was a change in administrator, address or phone number, was the Operating Agency notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments
The DSP has an office open during normal business hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments
The DSP has a list of regular scheduled holidays (office can not be closed for more than four (4) consecutive days at a time and then only if a holiday falls in conjunction with a weekend)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments
The DSP has current liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments
The DSP has a written Policy and Procedures Manual which includes hiring practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments
The DSP's Policy and Procedures Manual includes the agency's Emergency Plan regarding service delivery?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments
The DSP has an operating annual budget?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments
The DSP has an appropriate place of business/office?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments
Additional Comments		

DSP Quality Performance Assessment (Client File Review)

Name of Client	Medicaid Number	Name of Case Manager	Audit Date
Name of Direct Service Provider Agency		Frequency/Service(s) Authorized	
Name and Agency of Reviewer			Period of Review
Both current and historical "Service Provider Authorization" form(s) is/are present in the client file?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
The Service Provider Authorization Form contains the number of units, frequency, begin date, and activities to be performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
Services were initiated within three (3) working days of the designated "START DATE" on the Service Authorization Form? (Per 10/01/07 waiver renewal). Prior to 10/01/07 within three (3) days of "receipt" of the service authorization.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
Were services started prior to the start date on the Service Authorization Form?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
Were services billed prior to the start date on the Service Authorization Form?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
The file contains a "new" Service Authorization Form for any change in number of hours, frequency, or type of service?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
The file contains a Service Authorization Form to terminate services? (If applicable).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
During the initial assessment, is there evidence that the provider reviewed the Care Plan, reviewed and provided written information regarding rights and responsibilities, discussed how to register complaints, discussed the provisions and supervision of the service(s) and left appropriate phone numbers with the client and/or caregiver? (As of 05/01/2008).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
The file contains all 60 day supervisory reports and they are within the required time frame?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
If the supervisory visit wasn't completed in a timely manner, due to the client being inaccessible , was it completed within five (5) working days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
The supervisory visit report includes assurances that the services are being delivered consistent with the Plan of Care and the Service Authorization Form in an appropriate manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
The supervisory visit report includes assurances that the client's needs are being met, and includes a brief statement regarding the client's condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
The summary is submitted to the case manager within ten (10) calendar days of submission of the supervisory report?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
The file contains documentation of an initial visit for in-home services prior to service implementation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
The initial visit included the case manager, worker, worker supervisor, and the client/caregiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
A complete/current copy of the HCBS application (to include the Plan of Care) is present in the client/patient file?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
Does the file indicate that the client had a change in condition or the Plan of Care no longer meets the client's needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
Did the DSP notify the case manager within one (1) working day of any change in the client's condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
Did the case manager respond back to the DSP within one (1) working day of the DSP's notification?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
A record of all complaints lodged by the client, family member or responsible party, and any action taken, is in the client/patient file, and followed up on per AMA requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	

Name of Client		Medicaid Number	
The case manager was notified by telephone immediately, if services could not be provided to an "at risk" client?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
The file contains all service logs (signed by the client, family member/responsible party and the worker)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
If the service logs are not signed, did the worker document why they were not signed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
The service logs are reviewed and signed by the supervisor every two (2) weeks? (PC, HM, CO)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
All missed/attempted visits are documented and sent to the case manager weekly (Monday) as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
The case manager was notified within one (1) working day after the second attempted visit whenever two (2) attempted visits occur within the SAME week?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
If Skilled Respite service is provided, did the worker fully document that the services were authorized by the client's physician and performed for the client during "each" visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
If respite, Skilled or Unskilled is provided, were the service logs and documentation forms signed by the respective supervisor at least once every two (2) weeks? For 530 Waiver also SN/RN or LPN?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
The billing corresponds with the service logs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
The billing corresponds with the missed visit reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
The services billed match the services authorized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments	
Additional Comments			