

Developmental Services
Homemaker
 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.” | | | | |
| B. Provider Qualifications and Requirements | | | | |
| 1 | Providers may be licensed home health or hospice agencies by the Agency for Health Care Administration. Or Independent vendors are at least 18 years of age and that have one year of experience working in a medical, psychiatric, nursing or childcare setting, or working with individuals with developmental disabilities | | | |
| 2  | Level two background screenings are complete for all direct service employees. | | | |
| 3  W4.0 | Provider undergoes background re-screening every 5 years. | | | |
| 4 | The provider attends mandatory meetings and training scheduled by the Area Office and/or Agency. | | | |
| 5 NEW | Direct service staff has received training in the Agency’s Direct Care Core Competencies Training. | | | |
| 6 W2.0 | Independent providers and agency staff receive training on responsibilities and procedures for maintaining health, safety and well-being of individuals served. | | | |

| Cite | Standard | Met | Not Met | N/A |
|------------------------------------|--|------------|----------------|------------|
| 7 | Independent providers and agency staff receive training on required documentation for service(s) rendered. | | | |
| 8 | Independent providers and agency staff receive training on responsibilities under the Core Assurances. | | | |
| 9 | Independent providers and agency staff receive training on responsibilities under the requirements of specific services offered. | | | |
| 10 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. | | | |
| 11 | 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 | | | | |
| 12 | The provider renders no more than 40 units of this service per day. | | | |
| 13 | The provider is authorized to render Homemaker services. | | | |
| 14 | The provider renders services and supports at a frequency and intensity as defined in the service authorization. (New 2003) | | | |
| 15 NEW | Provider is not rendering Homemaker services to individuals living in a licensed residential facility. | | | |
| 16 | The provider does not supervise, or render personal or hands-on care to an individual. | | | |
| 17 | The provider limits services to the individual's primary living area. | | | |
| 18 | Providers of incidental transportation comply with program requirements. | | | |
| D. Documentation | | | | |
| 19 R | Provider has at a minimum copies of the service logs for the period being reviewed. | | | |