

Developmental Services
Respite Care
 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 | Respite providers are independent vendors or employees of home health, hospice or nurse registry agencies or licensed residential facilities or, agencies that specialize in services for individuals with developmental disabilities, registered or licensed practical nurses or persons at least 18 years of age with at least one year of experience working in a medical, psychiatric, nursing or child care setting or working with individuals with developmental disabilities. | | | |
| 2  W4.0 | Level two background screenings are complete for all direct service employees. | | | |
| 3  W4.0 | Provider undergoes background re-screening every 5 years. | | | |
| 4 | Proof of current training and certification in Cardiopulmonary Resuscitation (CPR) is available for all independent vendors and agency staff. | | | |
| 5 | Proof of current training is available for all independent providers and agency staff in AIDS and infection control. | | | |

| Cite | Standard | Met | Not Met | N/A |
|------------------------------------|--|------------|----------------|------------|
| 6 | The provider attends mandatory meetings and training scheduled by the Area Office and/or Agency. | | | |
| 7 NEW | Direct service staff has received training in the Agency's Direct Care Core Competencies Training. | | | |
| 8 W2.0 | Independent providers and agency staff receive training on responsibilities and procedures for maintaining health, safety and well-being of individuals served. | | | |
| 9 W2.0 | Independent vendors and agency staff receive training on medication administration and on supervising individuals in the self-administration of medication. | | | |
| 10 | Independent providers and agency staff receive training on required documentation for service(s) rendered. | | | |
| 11 | Independent providers and agency staff receive training on responsibilities under the Core Assurances. | | | |
| 12 | Independent providers and agency staff receive training on responsibilities under the requirements of specific services offered. | | | |
| 13 | Independent providers and agency staff receive training on use of personal outcomes to establish a person-centered approach to service delivery. | | | |
| 14 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. | | | |
| 15 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 | | | | |
| 16 | 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. | | | |
| 17 | The provider notifies the Area Office Developmental Disabilities Program Office of any changes in driver's license, vehicle registration, insurance status, or of traffic violations. | | | |
| 18 | Provider is authorized to render respite services. | | | |
| 19 | Provider renders services and supports at a frequency and intensity as defined in the service authorization. | | | |

| Cite | Standard | Met | Not Met | N/A |
|-------------------------------|---|------------|----------------|------------|
| 20 | The provider renders overnight respite care only in the individual's own home, family home, licensed foster home, group home, or ALF. | | | |
| 21 | The provider employs private duty or skilled nurses to perform this service only when the individual has a complex medical condition. | | | |
| D. Documentation | | | | |
| 22 R | Provider has at a minimum copies of the service log for the period being reviewed. | | | |
| E. Payment and billing | | | | |
| 23 R | Provider does not bill separately for transportation and travel cost. | | | |

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REV 10-29-01; 10-30-01; 03-14-02;12.30.03; 01.03; 02.04.03; 02-10-03; 11-27-05