

Developmental Services
Special Medical Home 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.”			
A. Service Tasks and Locations				
1	The provider renders special medical home care services at the individual’s licensed group home.			
B. Provider Qualifications and Requirements				
2	Providers of special medical home care are licensed foster or group homes that employ registered nurses, licensed practical nurses and certified nurse aides.			
3	Certified nurse aides work under the supervision of a registered nurse (RN) or licensed practical nurse (LPN).			
4	Registered and licensed nurses work within the scope of their licenses.			
5	Proof of current training and certification is available for all nurses in Cardiopulmonary Resuscitation (CPR).			
6	Proof of current training is available for independent vendors and agency staff in AIDS and infection control.			
7  W4.0	Level two background screenings are complete for all direct service employees.			

Cite	Standard	Met	Not Met	N/A
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	Independent providers and agency staff receive training on required documentation for service(s) rendered.			
13	Independent providers and agency staff receive training on responsibilities under the Core Assurances.			
14	Independent providers and agency staff receive training on responsibilities under the requirements of specific services offered.			
15	Independent providers and agency staff receive training on use of personal outcomes to establish a person-centered approach to service delivery.			
16 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.			
17 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				
18	When special medical home care is provided, the provider does not receive reimbursement for residential habilitation or residential nursing services.			
19 W2.0	The provider maintains a staffing ratio of one nurse to every three individuals in the home who require close nursing supervision.			
20	Provider is authorized to render special medical home care services.			
21	Provider renders services and supports at a frequency and intensity as defined in the service authorization.			

Cite	Standard	Met	Not Met	N/A
D. Documentation				
22 R	Provider has at a minimum copies of the service logs for the period being reviewed.			
23 R	Provider has at a minimum copies of the nursing care plan (and all revisions) for the period being reviewed.			
24 W2.0	Provider has at a minimum daily progress notes (on days services was rendered) for the period being reviewed.			
25	The provider has at a minimum the original prescription for this service.			
26 R	The provider has at a minimum an individual nursing assessment completed at time of first billing and annually thereafter.			
E. Payment and Billing				
27 R	The provider only submits claims for reimbursement for the days the individual actually resides in the licensed group home.			

Special Medical Home Care Checklist 11-27-05.doc
REV 10-29-01; 10-30-01; 11-13-01; 01.03; 02.04.03; 02-10-03; 11-27-05