SENIOR & LONG TERM CARE DIVISION
COMMUNITY SERVICES BUREAU

COMMUNITY FIRST CHOICE Policy Manual	Section: FORMS
	Subject: Self-Direct Program Compliance Tool SLTC-167

PURPOSE:

This form is used by self-directed Community First Choice/ Personal Assistance Service (SD-CFC/PAS) provider agencies to document member/Personal Representative (PR) non-compliance with the self-directed program criteria and to inform Regional Program Officers (RPO) of issues. The information on this form will help to identify additional training needs the member/PR may have and an action plan to correct behavior. It may also be used for documentation purposes to discharge a member from the SD CFC/PAS program due to lack of compliance with program policy. This tool will help the agency to organize information that they have available before presenting the case to the RPO.

INSTRUCTIONS:

This form should be completed when an agency has concerns about the member/PR compliance with SD-CFC/PAS policy and procedure. The agency completes this form by gathering pertinent information from their records and case notes and presents it to the member/PR and RPO.

Sections 1—6 should be completed by the agency prior to meeting with the member/PR. Section 7 should be completed with the member/PR.

Member Information:	Enter the name, street address, city, zip code and telephone number of the member.
Personal Representative:	If someone other than the member is responsible for the member’s care, enter the name and telephone number.
Agency Information:	Enter the name, street address, city, zip code and telephone number of the representative from the SD-CFC/PAS agency completing the form.

Authorization: Attach the current profile authorization.

Section 1: Member Develops and Maintains their Service Plan
Answer all applicable questions as outlined in this section. If the member is unable to direct attendants to meet their needs according to the Service Plan provide detailed information in this section.

Section 2: Member Reviews and Approves all Time Sheets
Answer all applicable questions as outlined in this section. If the member is unable to direct attendants appropriately to complete the service delivery records accurately and in a timely fashion or the member/PR is not signing off on the service delivery records provide detailed information in this section.

Section 3: Member Recruits, Trains, Schedules and Manages all Attendants who Provide Services
Answer all applicable questions as outlined in this section. If the member is unable to recruit, train and manage the attendants providing service use this section to provide detailed information on the issues.

Section 4: Member Management of Paperwork/Correspondence
Answer all applicable questions as outlined in this section. If the member is unable to complete paperwork and respond to correspondence in a timely fashion provide detailed information in this section.

Section 5: Other Issues
Answer all applicable questions as outlined in this section. If someone has contacted you with concerns about the member's participation in the SD program or there are other factors affecting the member's participation in the program provide detailed information in this section.

Section 6: Agency Education and information
Answer all applicable questions as outlined in this section. If the agency has provided education, documentation, and/or meetings with the member to address areas of non-compliance provide detailed information in this section.

Section 7: Member and Agency Action Plan
Use this section to document the member's plan to address the areas of non-compliance. Document specific action steps and timeframes for the member will take for remediation. Include the agency's action plan to address the situation and include action steps and timeframes. Last, provide the result if the action plan is not addressed by the member (i.e. change in PR or switch to agency-based).

This section may be completed with the member during the initial visit to discuss the compliance tool or it may be completed in a follow-up meeting after the agency has reviewed section 1-6 with the member/PR.

Signatures: The member/PR and agency rep should sign the completed compliance tool after it has been reviewed and Section 7 has been completed.

Section 8: Regional Program Officer Addendum
The compliance tool should be submitted to the RPO upon completion. The RPO may provide support in handling an issue of non-compliance and addressing concerns when a member/PR has been unable to provide appropriate corrective action as outlined in Section 7 on the Member and Agency Action Plan. The RPO will provide further assistance to the provider agency based on the information documented on the form.

DISTRIBUTION: The agency retains a copy of the completed form, provides a copy to the member/PR, and sends the original to the local RPO.