## SELF-DIRECTED PROGRAM COMPLIANCE TOOL

Date:		Date of	Member Intake with Agend	;y:
Member Na	me:		Phone No.:	
Personal Re	epresentative (if applica	able):		
Member Pho	one No.:			
Agency Rep	resentative Name:			
Agency Rep	resentative Phone No.:	:		
Agency Nan	ne:			
Section 1: I	Member Develops and	d Maintains Serv	ce Plan	
	s the member/persona show up?	al representative (F	R) back up plan adequate	if an attendant fails to
If no, pleas	se explain:	Yes	No	
2.	Does the member/PR Service Plan?	provide adequate	training for attendants to p	perform the tasks on the
If no, plea	se explain:	Yes	No	
3.	Does the member/PR attendants perform the	•	supervision and direction the Service Plan?	to ensure that
		Yes	No	

(Rev. 2/2015)

Plan?  Yes No  If no, please explain:  4. Are the tasks on the authorized profile meeting the member's medical need(s)?  Yes No  If no, please explain:  Section 2: Member Reviews and Approves all Time Sheets:  1. Has your agency returned timesheets to the member/PR due to non-compliance with parameters:  (Check all that apply)  Signature: lack of member/PR signaturequestionable signaturetimesheet completed prior to service delivery  Tasks on plan of care: not being performed:over or under utilization of tasks:completion of tasks NOT in accordance with the Service Plan:obttom heavy service delivery record" i.e. Appearance of IADLs (houseke shopping, laundry, community integration) outweighs the other tasks	a. Does the member/	PR direct the	attendant to per	form tasks th	at aren't on the	Service
4. Are the tasks on the authorized profile meeting the member's medical need(s)?  Yes No  If no, please explain:  Pection 2: Member Reviews and Approves all Time Sheets:  1. Has your agency returned timesheets to the member/PR due to non-compliance with parameters:  (Check all that apply)  Signature: lack of member/PR signaturequestionable signaturetimesheet completed prior to service delivery  Tasks on plan of care: not being performed:over or under utilization of tasks:completion of tasks NOT in accordance with the Service Plan:'bottom heavy service delivery record" i.e. Appearance of IADLs (houseke shopping, laundry, community integration) outweighs the other tasks	Plan?					
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	over or under or completion of the completion of the completion heavy	utilization of ta tasks NOT in a y service deliv	accordance with ery record" i.e.	Appearance	of IADLs (hous	sekeeping
2. Number of times a time-sheet has been returned in the last six months:	2. Number of times a time-sh	neet has been	returned in the	last six mont	hs:	
1-5 6-10 11-15 16-20 21+	1-5	6-10	11-15	16-20	21+	
Please explain the issues the member/PR has reviewing and approving time sheets :	Please explain the issues the	e member/PR	has reviewing a	and approving	g time sheets :	

tion 2:	Mombo	r Doorwie	e Traine Soh	odules and M	anagos all A	ttondants Who	Provido
ices:	Member	Reciuii	.s, 11ailis, 3Cii	edules allu ivi	anages an A	ttendants Who	Provide
1.	How m	nany care	egivers has this	member utiliz	ed since they	enrolled with ye	our agency?
		1-5	6-10	11-15	16-20	21+	
	a.)	Is there	frequent turnov	er of caregive	rs with this m	ember?	
			Yes	No			
	a.	Would th	nis member/PR	benefit from a	ittendant mar	nagement trainir	ng?
			Yes	No			
	If yes,	has you	r agency provid	ding additional	support and	training? If no,	why not?
3.	In you	ır profess	sional opinion, v	would this men	nber/PR bene	efit from a PR or	a different PF
			Yes	No			
4.	haras	sment, fi	•	ation between		al, physical, neg or member tha	•
			Yes	No			
5.	Are th	ere any	other attendant	management	issues?		
		. La Sa .	Yes	No			
yes, pi	ease exp	olain:					
ction 4:	Membe	er Manag	ement of Pap	erwork/Corres	spondence:		
1.	Does mann		ber/PR return o	calls or respon	d to written c	orrespondence	in a timely
				No			

2. If the member has a PR, does the PR contact your agency about the timesheets issues attendant management issues, etc.?  Yes  No  If no, who does?  3. Does the member/PR get the health care professional form back to the agency within the month that it is due, without intervention from your agency?  Yes  No  a. Has your agency had to suspend services for this member, due to a missing annual health care professional approval form in the chart?  Yes  No  If yes, please explain:  4. Does the member/PR contact your agency with changes in their condition or health maintenance activities?  Yes  No  If no, please explain:  5. Does the member/PR respond to requests to schedule visits (180-day and annual) in a timely matter?  Yes  No  a. Has your agency had to reschedule a home visit due to the member/PR not being present?  Yes  No  Please explain:  Section 5: Other Issues  1. Has a case manager, plan facilitator, family member, physician or a health care professional, or any other interested party contacted you with concerns regarding this member/PR's participation in the SD-CFC/PAS program?  Yes  No  If yes, what are the expressed concerns?			
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professional, or any other interested party contacted you with concerns regarding this member/PR's participation in the SD-CFC/PAS program?  Yes  No			
	1.	professional, or any other intereste	d party contacted you with concerns regarding this
		Ves N	No
	If yes.		••

(Rev. 2/2015	5)				
2.	Are there any other	er factors affe	ecting the quality of	care provided to this	member?
If yes, plea	Yes se explain:		No		
Section 6: A	Agency Education	and Informa	ation		
1.			as your agency spe s of non-compliance	nt time doing educat e?	ion with the
If yes, ple	ase explain:	Yes	No		
2.			as your agency prov	vided written informa	tion to the
If yes, plea	se explain:	Yes	No		
3.	Has the member/	PR shown im	provement in these	e areas after your ag	ency's intervention?
If no, plea	se explain:	Yes	No		

(Rev. 2/2015) **Section 7: Member and Agency Action-Plan** What is the member's action plan to address the situation? What is your agency's action plan to address the situation? 2. 3. What is the end result if the action plan is not addressed?

(Rev. 2/2015)

Member Signature:	Date:
Agency Rep. Signature:	Date:
Section 8: Regional Program Officer Addendum	
Regional Program Officer:	Date Submitted to RPO:
Agency Comments to RPO:	
*The RPO may submit a Quality Assurance Communicat compliance tool or send a warning letter to the member/F	