SELF-DIRECTED
PROGRAM COMPLIANCE TOOL

Date: _____ Date of Member Intake with Agency:_____

Member Name: _____ Phone No.: _____

Personal Representative (if applicable): _____

Member Phone No.: _____

Agency Representative Name: _____

Agency Representative Phone No.: _____

Agency Name: _____

Section 1: Member Develops and Maintains Service Plan

1. Is the member/personal representative (PR) back up plan adequate if an attendant fails to show up?

Yes No

If no, please explain:

_____

_____

_____

2. Does the member/PR provide adequate training for attendants to perform the tasks on the Service Plan?

Yes No

If no, please explain:

_____

_____

_____

3. Does the member/PR provide adequate supervision and direction to ensure that attendants perform the tasks outlined on the Service Plan?

Yes No

a. Does the member/PR direct the attendant to perform tasks that aren't on the Service 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 program parameters:

   (Check all that apply)

   Signature:

   ____lack of member/PR signature
   ____questionable signature
   ____timesheet 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 (housekeeping, shopping, laundry, community integration) outweighs the other tasks

2. Number of times a time-sheet has been returned in the last six months:

   1-5 6-10 11-15 16-20 21+

Please explain the issues the member/PR has reviewing and approving time sheets :

_____

_____

_____

Section 3: Member Recruits, Trains, Schedules and Manages all Attendants Who Provide Services:

1. How many caregivers has this member utilized since they enrolled with your agency?

   1-5 6-10 11-15 16-20 21+

   a.) Is there frequent turnover of caregivers with this member?

   Yes No

   a. Would this member/PR benefit from attendant management training?

   Yes No

   If yes, has your agency providing additional support and training? If no, why not?

3. In your professional opinion, would this member/PR benefit from a PR or a different PR?

   Yes No

4. Has there been a report of any suspected or known verbal, physical, neglect, sexual harassment, financial exploitation between the caregiver or member that are in direct violation of program parameters.

   Yes No

5. Are there any other attendant management issues?

   Yes No

If yes, please explain:

_____

_____

_____

Section 4: Member Management of Paperwork/Correspondence:

1. Does the member/PR return calls or respond to written correspondence in a timely manner?

   Yes No

If yes, please explain:

_____

_____

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?

_____

_____

_____

2. Are there any other factors affecting the quality of care provided to this member?

Yes No

If yes, please explain:

_____

_____

_____

Section 6: Agency Education and Information

1. Prior to completing this tool, has your agency spent time doing education with the member/PR concerning issues of non-compliance?

Yes No

If yes, please explain:

_____

_____

2 . Prior to completing this tool, has your agency provided written information to the member/PR concerning issues of non-compliance?

Yes No

If yes, please explain:

_____

_____

_____

3. Has the member/PR shown improvement in these areas after your agency's intervention?

Yes No

If no, please explain:

_____

_____

_____

_____

Section 7: Member and Agency Action-Plan

1. What is the member's action plan to address the situation?

2. What is your agency's action plan to address the situation?

3. What is the end result if the action plan is not addressed?

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 Communication to the agency to document follow-up to the compliance tool or send a warning letter to the member/PR.