

**Self-Directed Community First Choice/Personal Assistance Services
Provider Prepared Standards**

Provider Name	Provider Region/Office
Person Completing Form	Title
Date Completed	Date Submitted

Standard One: SERIOUS OCCURENCES

Provider reports and follows up on all serious occurrences

List of SOR reported outside the 10 working day timeframe?

What are the top three SOR causes and sub-types for your agency?

How does your agency utilize this information in Quality Assurance/Performance Improvement?

Standard Two and Three: (2) PLAN FACILITATOR CRITERIA and (3) AGENCY OVERSIGHT

Provider employs or contracts with a PCP Plan Facilitator who meets the criteria outlined in policy (SD FCF/PAS 701, 720 and CSB 1103)

Provider agency employs/contracts with Self-Direct Program Oversight staff who meet criteria outlined in SD CFC/PAS 701 and 720

List employee who performed duties of Plan Facilitator (PF) or Agency Oversight (AO) between July-December

Attach a separate list if there are more than four employees

Employee/Contractor Name and Role(s): PF/AO/Both	Agency representative signature verifies that the person listed is free of conflict of interest with any members	# Years Exp in Aging & Disability Svc	PF Certification Training date	Date PF completed first PCP form (PF)	Date Oversight Rep trained in CFC/PAS

**Self-Directed Community First Choice/Personal Assistance Services
Provider Prepared Standards**

Provider Name	Provider Region/Office		
Standard Four: MEMBER SURVEY			
<i>Provider agency conducts an annual member survey and summarizes results</i>			
<input type="checkbox"/> Attach a copy of the last annual member survey.			
Date Survey Distributed	# of Surveys Distributed	Response Rate (%)	
In the space below, summarize the results of the last annual member survey. If no annual member survey was completed, write a SMART (<i>Specific, Measurable, Achievable, Realistic, and Timeframe</i>) goal below.			
Standard Five: Provider Enrollment Criteria			
<i>Provider agencies must meet the provider enrollment criteria outlined in ARM 37.40.4017 and 37.40.1122.</i>			
<input type="checkbox"/> Attach current documentation to verify the following:			
<input type="checkbox"/> General Liability Insurance (\$1,000,000 per occurrence and \$2,000,000 aggregate)	<input type="checkbox"/> Motor Vehicle Liability Insurance (split limits of \$500,000 per person for personal injury and \$100,000 per accident occurrence for property damage; or combined single limits of \$1,000,000 per occurrence to cover such claims as may be caused by any act, omission, or negligence of the provider or its agents, officers, representatives, assigns, or subcontractors)	<input type="checkbox"/> Unemployment Insurance Coverage	<input type="checkbox"/> Worker's Compensation Coverage

**Self-Directed Community First Choice/Personal Assistance Services
Provider Prepared Standards**

Provider Name	Provider Region/Office				
Standard Six: Agency Organizational Structure <i>Provider agency submits a written summary of the agency's organizational structure; including the key staff and the role(s) they play in relation to the CFC/PAS Program administration.</i>					
<p>The provider agency must submit a copy of the following:</p> <p><input type="checkbox"/> organizational chart or</p> <p><input type="checkbox"/> attach a written summary of the agency's organizational structure</p>					
Standard Seven: Education <i>Provider agency must provide Member/PR with appropriate information and support to understand their roles and responsibilities in the Self-Directed Program</i>					
<p>An agency representative must initial the boxes below to indicate that the agency has a written policy that addresses how the agency educates the member/PR.</p> <p>Agency Representative Name: _____</p> <p><input type="checkbox"/> Initial the box and mark a check in each circle indicating the agency has a policy to educate and assess the member/PR comprehension in the following:</p> <ul style="list-style-type: none"> <input type="radio"/> Service Profile; <input type="radio"/> Service delivery; <input type="radio"/> Training of PCA; <input type="radio"/> Supervision of workers; <input type="radio"/> Review of SDR; <input type="radio"/> Health Care Professional Authorization; <input type="radio"/> Liability; and <input type="radio"/> Back-up Plan. <p><input type="checkbox"/> Initial the box and mark a check in each circle indicating the agency has a policy ensure that when a PR is selected the agency has assessed and ensured the PR meets the following criteria:</p> <ul style="list-style-type: none"> <input type="radio"/> Is a person immediately involved in the member daily care; <input type="radio"/> Is immediately available to provide assistance when attendants don't show up or is able to access back-up support; <input type="radio"/> Is available to assume the responsibility of managing the member care; and <input type="radio"/> Is at least 18 years of age. 					
Personal Representative Verification Select that last three Recertification visits with a PR and complete the following:					
<i>PR Name</i>	<i>Immediately involved</i>	<i>Available to provide or access back-up</i>	<i>Able to assume responsibility of managing care</i>	<i>Date of Birth/or other verification of age</i>	<i>Agency representative signature verifies the PR meets the criteria</i>

**Self-Directed Community First Choice/Personal Assistance Services
Provider Prepared Standards**

Provider Name	Provider Region/Office
Standard Eight: AGENCY INTAKE PACKET	
<i>Provider agency ensures that all intakes include written and verbal information according to policy AB CFC/PAS 702</i>	
<p>An agency representative must initial the box below to indicate that the agency has a written policy that addresses the following: Agency Representative Name:</p> <p><input type="checkbox"/> Initial the box and check each circle indicating the following documentation is included in the agency intake packet:</p> <ul style="list-style-type: none"> <input type="radio"/> CFC/PAS program overview <input type="radio"/> Provider agency hiring policies; <input type="radio"/> Member services and assistance; <input type="radio"/> Voluntary attendant management training; <input type="radio"/> Provider agency role and responsibilities; <input type="radio"/> Member role, rights and responsibilities; <input type="radio"/> Provider agency complaint procedure; <input type="radio"/> Member responsibility to report incidents that meet the criteria for serious occurrence reporting outlined in SD CFC/PAS 709; and <input type="radio"/> Information on Medicaid Fraud 	
Standard Nine: Corrective Action Plan	
<i>Provider agency must provide a written plan for remediation on any internal quality assurance standards and unmet provider prepared standards</i>	
<p><input type="checkbox"/> Attach a copy of the agency action plan for addressing any of the unmet standards.</p>	
<p>For each unmet standard, please attach your agency action plan. Each goal/action must be:</p> <p>Specific to the unmet standard</p> <p>Measurable and include the agency staff person who will be responsible for measuring the outcome</p> <p>Action specific (i.e., identify specifically how the goal will be achieved)</p> <p>Relevant to the unmet standard and include a</p> <p>Timeframe for implementing and evaluating the action item(s)</p>	