Title: **AB-CFC/PAS 925**
Section: **FORMS**
Subject: **Provider Prepared Standards (SLTC-253)**
Reference:
Supersedes: **January 1, 2018**

PURPOSE

The purpose of the Agency Based Provider Prepared Standards (SLTC-253) is to capture information about a provider agency's policy and procedure to ensure program compliance. Provider prepared standards are one component of agency's Provider Quality Assurance Report (P-QAR). Refer to CFC/PAS 610.

INSTRUCTIONS

1. Standard One: Serious Occurrence Report (SOR)- Complete the provider prepared section for the following criteria:
   a. List of SOR Reported Outside Timeframe: Run the "SOR Provider Agency Detail Timeline Report" in QAMS for July 1-December 31 and report the number of SOR your agency completed that did not meet the 10 working day criteria for submitting SOR.
   b. Top Three SOR: Run an SOR Search for SOR from July 1-December 31 and click the report button. Determine the top three incident types by cause and subtype. Report the top three in each category. If there are more than three incident types that tie for the top three select the three the agency intends to focus on for future remediation.
   c. Agency Action and Follow-Up: In the space provided describe how the provider agency will utilize information on the number of SORs that were reported outside the required timeframe and the most frequent SOR cause and incident type for quality improvement.

      If an agency runs the SOR reports outlined above (2.a and 2.b.) and no SORs are reported

in the last six months, the agency must use the space in the Agency Action and Follow-up to document agency policy and procedure to educate members/personal representatives about the requirements of SOR reporting to ensure appropriate reporting to the provider agency.

d. If any of the following occurs the criteria is unmet:

i. The provider agency doesn't complete the Agency Action and Follow-up section.

2. Standard Two and Three: Plan Facilitator and Nurse Supervision/Qualified Designee- Complete the provider prepared section for the following criteria:

a. Attach a current copy of the nurse supervisor(s) license.

b. ➢List the full names of each employee/contractor who performed the duties of a Qualified Designee, Plan Facilitator and Nurse Supervisor from July 1-December 31. For each employee/contractor indicate the following information:

i. ➢Role: By each person's name indicate the duties that the staff person performed- Plan Facilitator (PF), Nurse Supervisor (NS) and Qualified Designee (QD);

ii. Agency Verification: A provider agency representative must sign the box to verify that the person listed is free of the conflict of interest criteria outlined in policy (Refer to CFC/PAS 720);

NOTE: The person who signs off that the person is free of conflict of interest does not need to be the person who is

listed on the form. It can be anyone employed at the agency who can verify that the person listed is free from the conflict of interest criteria.

iii. Number Years of Experience: Indicate the number of years of experience the person has in aging/disability related arena;

iv. Certification Training Date: If the person is a Plan Facilitator indicate the date the PF was certified (Refer to CBS 1103);

v. Date First PCP Form Completed: If the person is a Plan Facilitator indicate the date the first PCP Form was completed;

vi. Date NS Staff Trained: If the person performs nurse supervision duties indicate the date CFC/PAS training was provided by the agency to the staff person; and

vii. ➢QD Training: If the person performs duties of the qualified designee provide the name of the NS who trained him/her and the date the NS signed off on the training.

c. If any of the following occurs the criteria is unmet:

i. Agency does not have a person who is able to sign off to verify that the person listed is free from conflict of interest criteria; or

ii. Nurse Supervisor doesn't have a current license; or

iii. Person listed has less than one year experience in the aging/disability arena; or

iv. The agency does not have a copy of the Plan Facilitator's training quiz;

v. Date Plan Facilitator completed first PCP form is prior to the date the person was certified; or

vi. ➢Qualified Designee does not have training documented and signed by the Nurse Supervisor.

3. Standard Four: Member Survey- Complete the provider prepared section for the following criteria:

   a. Member Survey- Attach a copy of the member survey that was distributed to members between January-December of the reporting year. If no survey is available the criteria is unmet.

   b. Include the following information on the member survey:

      i. Date Survey Distributed- Document the date the member survey was distributed to members;

      ii. Number of Survey Distributed- Document the number of surveys that were distributed to members; and

      iii. Response Rate Percent (%)- Calculate the number of surveys collected out of the total surveys distributed

   a. Member Survey Summary and Future Action: In the space provided the provider agency must provide a written summary of the survey results.

   b. If any of the following occurs the criteria is unmet:

      i. No survey was completed in the reporting year.

4. Standard Five: Provider Enrollment - Attach current documentation to verify the following criteria:
    a. General Liability Insurance: General liability insurance must include a minimum $1,000,000 per occurrence and $2,000,000 per aggregate;
    b. 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;
    c. Unemployment Insurance Coverage; and'
    d. Workers Compensation Coverage.
    e. If any of the following occurs the criteria is unmet:
        i. The provider agency does not have documentation that verifies current coverage for the criteria (a-d).
5. Standard 6: Agency Organization Structure-Complete the section for the following criteria:
    a. Submit a copy of the provider agency's organizational chart or a summary of the provider agency's organizational structure that identifies all of the staff who perform duties relevant to CFC/PAS.
6. Standard 7: Personal Care Attendant Training Curriculum- complete the section for the following criteria:
    a. Complete the table to identify how the agency covers the mandatory training topics for the 16-hour training. The table includes detail by subject matter including:
        i. Training method;
        ii. Person leading the training of the topic;

iii. Qualification of the trainer;

iv. Length of time to cover topic; and

v. Evaluation method used to determine attendant competency with topic.

b. A provider agency representative must verify that the agency has written policy for determining competency when the training requirement is waived. The competency determination must include the following:

i. Procedures and instruments for evaluating PCA competency;

ii. Plan for remedial basic training for a PCA who fails to meet level of competency; and

iii. Mechanism for documenting successful demonstration of competency.

c. A provider agency representative must verify that the agency has a written policy that outlines the role of the nurse supervisor in overseeing the 16-hour PCA training curriculum and waiver of training certification. The role must include the Nurse Supervisor signing off on all PCA training and waiver of training competency.

d. If any of the following occurs the criteria is unmet:

i. The agency doesn't have a training curriculum that totals 16 hours and/or doesn't address the ten training topics; or

ii. The agency doesn't have a waiver of training policy that addresses all of the requirements outlined above (7. b. i-iii); or

iii. The agency doesn't have a policy to ensure the Nurse Supervisor

oversees the PCA training and PCA waiver of training.

7. Standard 8: PCA Training Certification- complete the section for the following criteria:
    a. Select the last five PCAs who were hired to work with Medicaid CFC/PAS members and document the following for each PCA:
        i. PCA Name- Provide the full name of the PCA;
        ii. Hire date- Provide the date the PCA was hired;
        iii. Date Training Completed/Waived- Provide the date the PCA completed training or the date the provider agency determined the PCA qualified for a waiver of training;
        iv. Certification/Competency Date- Provide the date the PCA was certified (if completed training) or determined competent (if training was waived);
        v. Medicaid ID number of first CFC/PAS Member Served- Provide the Medicaid ID of the first member that the PCA worked with; and
        vi. First Day of Service with Member- Provide the date that the PCA first worked with the member.
    b. If any of the following occurs the criteria is unmet:
        i. The PCA began working with a member prior to receiving training or waiver of training and/or the date documenting certification/competency.

8. Standard 9: PCA In-Service Training Requirement- Complete the section for the following criteria:
    a. A provider agency representative must verify that the agency has a written policy addressing how PCA longevity is tracked and how the agency ensures that each PCA receives the required in-service training according to policy (Refer to AB CFC/PAS 706). The policy must include:
        i. Process to ensure that any PCA who receives a waiver of the training requirements completed mandatory 8 hours of in-service training within their first year of employment; and
        ii. Process to ensure that any PCA who completes the training curriculum receives mandatory 8 hours of in-service training within their second full year of employment.
    b. The agency must attach a “PCA In-Service Summary”. Pull a random sample of five PCAs who have worked more than two years with the agency. Attach a list of the five PCAs that include the following for each PCA:
        i. Name (full name);
        ii. Type of training competency- select one of the two:
            1. Training; or
            2. Waiver of training.
        iii. If training was selected provide the following:
            1. Initial certification date (day, month and year).
        iv. If waiver of training was selected provide the following:

1. Competency date (day, month and year); and
2. Reason training was waived.

v. List of in-service training completed in last two calendar years. List must include:

1. Date completed (day, month and year);
2. Topic; and
3. Length of training in hours or minutes.

vi. Total in-service training completed in past two calendar years.

c. If any of the following occurs the criteria is unmet:

i. The provider agency doesn't have a policy addressing PCA in-service tracking; or

ii. The PCA completed the 16-hours of training and does not have a minimum of 8 hours of in-service training or the PCA received a waiver of training and did not complete a minimum of 16 hours of in-service training;

9. Standard 10: Agency Intake Packet- A provider agency representative must verify that the agency intake packet includes documentation and a review of information as outlined in policy (Refer to AB CFC/PAS 702 pg. 3 6. a-i).

a. If any of the following occurs the criteria is unmet:

i. The provider agency intake doesn't include all of the required documentation.

10. Standard 11: Agency Action Plan- Provider agency must submit a written action plan when any of the criteria from the agency's Provider Prepared Standards or Internal Quality Assurance Review standards are unmet.

    For each unmet criteria, the agency must complete a minimum of one Specific Measureable Action-specific Relevant and Time specific (SMART) goal to address the unmet criteria (Refer to CFC/PAS 610).

REPORTING TIMEFRAME

- The Provider Agency must submit the Provider Prepared Standards to the Regional Program Officer by April 1 of each year, along with the Internal Quality Assurance Review (SLTC-252). The two documents must be submitted as part of the agency's P-QAR.

A provider agency that has enrolled as a Community First Choice/Personal Assistance Service provider agency in the past year or a provider agency that has extenuating circumstances and needs additional time to complete the Provider Prepared Standards, may request one three-month extension to complete the Provider Prepared Standards. A provider agency must submit the request for an extension in writing to the Regional Program Officer by March 15th.