

ADMINISTRATIVE OVERVIEW

SERVICE SPECIFIC ATTACHMENT

- E. Describe your participant orientation procedure. How do you convey the practice of including each participant's capabilities, interests, preferences and needs in the development and review of the participant's care plan at the time of orientation?
- F. Describe your record keeping method for each consumer, including quarterly progress notes.
- G. Describe your policy and training for reporting suspected abuse or neglect of a participant.
- H. Describe your consumer grievance procedure.
- I. Attach a copy of your participant bill of rights and responsibilities that is posted and distributed to all participants.⁶
- J. Describe your procedure for handling participant medical emergencies.
- K. Describe your emergency plan that includes plans for evacuation and relocation of participants in the event of an emergency such as fire, loss of power (lights and/or heat), and hurricanes/snowstorms.
- L. Describe your nutrition services including how often and who provides the meals.
- M. Describe what the Supportive Day Care Program considers to be a meaningful day for individuals in the Supportive Day Care program.
- N. Attach a monthly schedule of participant activities.
- O. Describe your arrangements or contract for transportation to your facility.

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II. Program Administration

- A. Do you have a governing body responsible for operation of your program?

- B. Do you have an advisory committee?

- C. Is your written plan of operation reviewed and updated annually?

- D. Do you have an updated organizational chart?

- E. Do you have a formally established fee schedule?

III. Personnel Procedure

- A. Describe policy/procedure and frequency for:

Tuberculosis Screening

- B. Describe procedure and frequency for the following trainings, if applicable:

CPR

First Aid

- C. Describe procedure for staff and volunteer orientation.

- D. Describe procedure and frequency for supervision and in-service training, including the use of standard protocols for communicable diseases and infection control.

- E. Do you perform evaluations for employees? How often?

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F. Describe how you achieve the mandatory minimum staff to consumer ratio.

IV. Physical Setting

A. Is the Supportive Day Care program co-located in the same building (or in the same campus setting) with other services/ supports?

- YES
- NO

If yes, what other programs are located with it?

- Hospital
- Nursing Facility
- Residential
- Senior Center / Council on Aging
- Other _____

If yes, are individuals allowed to move about inside and outside of their specific service setting as opposed to one restricted room or area?

- YES, individuals can go anywhere in the setting (i.e., can go to all different services' settings)
- Somewhat, individuals can go to some but not all other places in the setting
- NO, individuals cannot go anywhere other than their specific service setting

B. Is the Supportive Day Care program co-located or adjacent to the following sites?

Site	Co-located (Yes; No)
Medical Facility/Hospital	
Intermediate Care Facility (ICF)	
Nursing Facility	

C. Describe the physical setting of the Supportive Day Care program:

- Residential neighborhood
- Industrial area
- Retail/commercial area
- Other _____

Provider employee who completed this form

Name: _____

Date: _____

SERVICE SPECIFIC ON-SITE REVIEW

Supportive Day Care

Please note the documents and records which will be required for the Consumer files and/or Employee files to be reviewed at the time of On Site Evaluation

EMPLOYEE Records Review					
Provider					
Date					
Monitor					
Start Date & Termination Date, if applicable					
Number of reference checks					
CORI Check					
Orientation: Date					
Job Description(s)					
Licenses/Certificate of Training Current/expired?					
Ongoing training: dates Communicable Diseases and Infection Control: Dates					
CPR: latest dates First Aid: latest dates Current/expired?					
Physical: latest date (if applicable)					
Performance Appraisal Date:					
OIG monthly check					
TB: latest date					
Comments					

SERVICE SPECIFIC ON-SITE REVIEW

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Please note the documents and records which will be required for the Consumer files and/or Employee files to be reviewed at the time of On Site Evaluation

Consumer Records Review					
Provider					
Date					
Monitor					
ASAP Authorization					
Service start date & termination date, if applicable					
ID Info – name; address; phone; DOB					
Emergency contact(s) and phone					
Physician(s) report including medical					
Plan of Care					
Enrollment agreement					
Semi-annual reassessment					
Quarterly progress notes					
Name of current CM					
Comments					
NOTE: Shaded data elements are only required in the Consumer File if provider is not on Provider Direct. Otherwise the PD Demonstrator will be asked to illustrate “on screen”.					
Name and Position of Provider Direct Demonstrator					