

Missouri Department of Mental Health
 Division of Developmental Disabilities
 Provider Relations Review Tool

Agency: _____ Date: _____

Locations Reviewed: _____

Services Reviewed: _____ Reviewer: _____

Outcome 1: A system is in place to ensure that staff are qualified and trained to meet people’s needs.

Staff Name/Title	Date of Hire	Education	Background Screen	CPR	1 st Aid	Abuse and Neglect	Med. Admin	ISP Training	MQO	PBS	Confidentiality	MANDT	Drivers License	Vehicle Ins	I-9

Shared Living Additional Personnel Record Information

Staff Name/Title	Host/Companion Study on File	Annual Contract in Place	FCSR in place for anyone 18+ residing in the home	List 18+ individuals here and verify that their screenings are in place.

Comments: _____

Outcome 2: A system exists to ensure individual’s documentation is in place at the service site.

Individual Name	Service	ISP current, signed, on file	Dates Rvw'd	1 st name, last, middle initial or DOB	Legible and complete	Name, signature title and date of author	Name, signature title and date of PM resp party	Date of Service & From/To time indicate including am/pm	Setting services were rendered (mileage from/to location & Mileage)	Progress towards goals in ISP	PM logs = hours allocated	CRN logs= hours allocated
								*				
								*				
								*				
								*				
								*				

*monthly report indicates month/year only; census & mileage reflects date of service only, PM/RN logs indicate time spent on activities

Comments:

Outcome 3: A system exists to maintain, update and implement required policy and procedure.

Global Agency Systems	Yes	No	N/A	Comments
Policy & Procedures:				
Existence of 24-hour agency & administrative contact system:				

Outcome 4: A system is in place to ensure staff support is provided at appropriate level to meet individuals needs

Site Name	GH, ISL or SL	If GH: Confirm the group home meets the necessary level of staff supervision. Verify direct care staff are scheduled in accordance with the necessary level of staff supervision.	IF ISL: <u>Staffing Pattern</u> : Staffing pattern exists, matches ISL budget and staff are scheduled in accordance with the staffing pattern.	If Shared Living: Relief Staff Hours were provided as budgeted.	Professional Manager coverage meets the needed level of supervision. Verify enough Professional Manager FTE(s) is present for total hours/month contracted.	Community RN coverage meets the required level of supervision. Verify enough Community RN FTE(s) is present for total hours/month contracted.

Comments:

Outcome 5: A system is in place to meet contract specific requirements.

Contractual Requirements	Yes	No	NA	Comments
Missouri taxes paid annually: Documentation available to prove agency has paid taxes.				
Insurance: Documentation is available for agency insurance for general liability, professional liability, workman's compensation, etc. Host Homes: host is responsible to carry homeowners or renters insurance; administrative agency is responsible in companion models.				

Uniform Cost Report: Agency submitted their UCR within 180 days of the end of their fiscal year on a three year rotation.				
Office of Inspector General: Check the online database to ensure the provider has not been added to the exclusion list. http://oig.hhs.gov/				
Secretary of State: Check site to ensure provider remains active with SOS https://www.sos.mo.gov/BusinessEntity/soskb/csearch.asp				
Annual Plan: The provider has submitted their annual plan(s) since last PR Review.				

Any agency system may be reviewed by PR if warranted through APTS data review, EMT data review, or other Integrated Function sources.

Additional Comments:

NOTES:

Outcome 1: If the review takes place during the year of Accreditation/Certification, the only information to be reviewed in this outcome are: vehicle insurance, employment eligibility and additional Shared Living documentation.

Outcome 2: If the review takes place during the year of Accreditation/Certification, this outcome will not be reviewed.

Outcome 3, 4 and 5 will be reviewed during the year of Accreditation/Certification.

