

Louisiana - Provider Quality Monitoring Personal Care Agency Record Tool

Effective Date: August 7, 2024

These audit tools can be used for various types of audits that a provider may require. They ensure you are meeting state regulatory requirements.

Personal Care Agencies

Question

1. There is evidence of services provided on an individual level.
2. There is documentation that any changes in member's behavior that impact member's health and/or safety was reported to the appropriate Managed Care Organization (MCO).
3. There is documentation that any changes in member's behavior that impact member's health and/or safety were reported to the community case manager, if applicable.
4. There is evidence of provider participation in team meetings, as requested by case manager, if applicable.

Provider responsibilities - discharge

Question

5. If the provider proposes involuntary transfer, discharge of a member, and/or if a provider closes in accordance with licensing standards, there is evidence that the provider gave written notice to the member, a family member and/or the authorized representative, if known, at least 30 calendar days prior to the transfer or the discharge
6. If the provider proposes involuntary transfer, discharge of a member, and/or if a provider closes in accordance with licensing standards, there is evidence that the provider gave written notice to the case manager, if applicable, at least 30 calendar days prior to the transfer or the discharge
7. If the provider proposes involuntary transfer, discharge of a member, and/or if a provider closes in accordance with licensing standards, there is evidence that written notice was made via certified mail, return receipt requested
8. If the provider proposes involuntary transfer, discharge of a member, and/or if a provider closes in accordance with licensing standards, there is evidence that written notice was in a language and manner that the member understands.
9. If the provider proposes involuntary transfer, discharge of a member, and/or if a provider closes in accordance with licensing standards, there is evidence that a copy of the written discharge/transfer notice was placed in the member's record.
10. There is evidence that the written discharge/transfer notice includes documentation of the reason for transfer or discharge.
11. There is evidence that the written discharge/transfer notice includes documentation of the effective date of transfer or discharge.
12. There is evidence that the written discharge/transfer notice includes documentation of the explanation of a member's right to personal and/or third parties' representation at all stages of the transfer or discharge.
13. There is evidence that the written discharge/transfer notice includes documentation of the contact information for the Advocacy Center.
14. There is evidence that the written discharge/transfer notice includes documentation of the names of provider personnel available to assist the member and family in decision making
15. There is evidence that the written discharge/transfer notice includes documentation of the names of provider personnel available to assist the member and family in transfer arrangements.
16. There is a copy of the written discharge/transfer notice is in the member's record that includes time for the discharge planning conference.
17. There is a copy of the written discharge/transfer notice is in the member's record that includes place for the discharge planning conference.

18. There is a copy of the written discharge/transfer notice is in the member's record that includes date for the discharge planning conference.
19. There is a copy of the written discharge/transfer notice is in the member's record that includes a statement regarding the member's appeal rights.
20. There is a copy of the written discharge/transfer notice is in the member's record that includes the name of the director of the Division of Administrative Law.
21. There is a copy of the written discharge/transfer notice is in the member's record that includes the current address of the Division of Administrative Law.
22. There is a copy of the written discharge/transfer notice is in the member's record that includes the telephone number of the Division of Administrative Law.
23. There is a copy of the written discharge/transfer notice is put in the member's record that includes a statement regarding the member's right to remain with the provider and not be transferred or discharged if an appeal is timely filed.
24. There is evidence of transfer or discharge planning conference with the member.
25. There is evidence of transfer or discharge planning conference with family, if applicable.
26. There is evidence of transfer or discharge planning conference with the case manager, if applicable.
27. There is evidence of transfer or discharge planning conference with the legal representative, if applicable.
28. There is evidence of transfer or discharge planning conference with the advocate, if such is known.
29. There is evidence of developing discharge options that will provide reasonable assurance that the member will be transferred or discharge to a setting that can be expected to meet his/her needs.
30. There is evidence of preparing an updated service plan, as applicable.
31. There is evidence of preparing an updated written discharge summary that includes a summary of the health of the member.
32. There is evidence of preparing an updated written discharge summary that includes a summary of the behavioral issues of the member.
33. There is evidence of preparing an updated written discharge summary that includes a summary of the social issues of the member.
34. There is evidence of preparing an updated written discharge summary that includes a summary of the nutritional status of the member.
35. There is evidence of providing all services required prior to discharge that are contained in the final update of the service plan, as applicable.
36. There is evidence of providing all services required prior to discharge that are contained in the in the transfer or discharge plan.

Service plan

Question

37. There is evidence of a service plan is in the record.
38. There is evidence that the service plan was developed prior to delivery of services.
39. There is evidence that the service plan is updated at least every six (6) months, or more frequently based on changes to the member's needs or preferences.
40. There is evidence that the service plan was developed in collaboration with the member/member's family to include the frequency of each activity.
41. There is evidence that the service plan was developed in collaboration with the member/member's family to include the duration of each activity.
42. There is evidence that the service plan was developed in collaboration with the member/member's family based on the member's goals.
43. There is evidence that the service plan was developed in collaboration with the member/member's family based on member preferences.

- 44. There is evidence that the service plan was developed in collaboration with the member/member's family based on assessed needs.
- 45. There is evidence that the service plan was followed.
- 46. There is evidence that the PCS provider provided the plan to the member prior to service delivery.
- 47. There is evidence that the PCS provider provided the plan to the member when the plan is updated.

Service logs

Question

- 48. There is evidence that service logs document the Personal Care Services (PCS) provided and billed.
- 49. There is evidence that service logs document any variation from the approved service plan with reason for variation.
- 50. There is evidence that service logs document the member's name.
- 51. There is evidence that service logs document name of direct service worker who provided the service.
- 52. There is evidence that service logs document assistance provided to the member.
- 53. There is evidence that service logs document the date of service.
- 54. There is evidence that service logs document the place of services.
- 55. There is evidence that service logs are completed daily, as tasks are provided (may not be completed prior to services).
- 56. There is evidence that service logs are signed by the direct service worker after the work has been completed at the end of the week.
- 57. There is evidence that service logs are dated by the direct service worker after the work has been completed at the end of the week.
- 58. There is evidence that service logs are signed the member or responsible representative after the work has been completed at the end of the week.
- 59. There is evidence that service logs are dated by the member or responsible representative after the work has been completed at the end of the week.
- 60. There is evidence that service logs are specific to only one member.

Back-up staffing

Question

- 61. There is evidence of a back-up staffing plan in the event the assigned direct service worker is unable to provide support due to unplanned circumstances or emergencies that may arise during the direct service worker's shift.
- 62. There is evidence that available options for back-up coverage were discussed with the member or his/her authorized representative and complete the required staffing plan.
- 63. There is evidence that the back-up plan includes person or persons responsible for back up coverage (including names, relationships, and contact phone numbers).
- 64. There is evidence that the back-up plan includes a toll-free telephone number with 24-hour availability that allows the recipient to contact the provider if the worker fails to show up for work.
- 65. There is evidence that the back-up plan includes member signature.
- 66. There is evidence that the back-up plan includes provider signature.
- 67. There is evidence that the back-up plan includes date.
- 68. There is evidence that the direct care worker contacted the provider when not able to provide services.
- 69. There is evidence that the direct care worker contacted the family/member immediately, when not able to provide services.
- 70. There is evidence that the back-up plan is current.
- 71. There is evidence that the back-up plan is being followed according to the plan.

Emergency evacuation plans

Question

- 72. There is evidence of an individualized emergency plan in preparation for emergencies and disasters that may arise.
- 73. There is evidence of an individualized emergency plan responses to emergencies and disasters that may arise.
- 74. There is evidence of an individualized emergency plan documents specific resources available through the provider, natural resources, and the community.
- 75. There is evidence that the emergency plan is assess on an ongoing basis whether the emergency plan is current and being followed according to the plan.
- 76. There is evidence that the emergency plan is signed by the member.
- 77. There is evidence that the emergency plan is signed by authorized representative.
- 78. There is evidence that the emergency plan is signed provider.
- 79. There is evidence that the emergency plan is dated by the member.
- 80. There is evidence that the emergency plan is dated by the authorized representative.
- 81. There is evidence that the emergency plan is dated by the provider.

Limitations and exclusions

Question

- 82. There is evidence that PCS does not include administration of medication.
- 83. There is evidence that PCS does not include insertion and sterile irrigation of catheters.
- 84. There is evidence that PCS does not include irrigation of any body cavities which require sterile procedures.
- 85. There is evidence that PCS does not include complex wound care.
- 86. There is evidence that PCS does not include skilled nursing services as defined in the State Nurse Practice Act.
- 87. There is evidence that services are provided in home and/or community-based settings.
- 88. There is evidence that PCS are not billed during the time the member has been admitted to a hospital, nursing home, or residential facility. Services may be provided and billed on the day the member is admitted to the hospital and following the member's discharge.
- 89. There is evidence that PCS is not provided outside the state of Louisiana unless a temporary exception has been approved by the Medicaid managed care entity.