

IN-HOME SERVICE UNIT

PROGRAM NAME _____ **ID#** _____

PROGRAM OFFICER _____ **DATE** _____

HOMEMAKER/PERSONAL CARE AND HOUSEKEEPING

ANSWER THESE QUESTIONS BASED ON 5 CLIENT FILES YOU REVIEWED AT THE DESIGNATED CASE MANAGEMENT AGENCY. ALL QUESTIONS WILL BE ANSWERED "YES" OR "NO". THESE ANSWERS WILL BE ENTERED INTO PAS.

1. Did the supervisor visit the worker and the client within five working days of service start (or on the day of service start)? If no please explain.
YES _____ **NO** _____

2. Did the supervisor visit the worker in the home of the client twice within the last six months? If no please explain. **YES** _____ **NO** _____

3. Are there notes in the client's file recording the supervisor's findings? If no please explain.
YES _____ **NO** _____

4. Is it clear from the record that the supervisor supervised the worker during the visit (observed and documented performance; demonstrated correct performance; provided instruction where needed)? If no please explain
YES_____ **NO**_____

5. Is there a current Referral Form in the client's record (dated within the last six months from the case management agency in the client's file). If no please explain. **YES**_____ **NO**_____

6. During the past year, has the client had the same homecare worker (or workers with minimum disruption)? If no please explain.
YES_____ **NO**_____

7. During the past year when the assigned worker was absent, was a replacement worker sent or offered? If no please explain?
YES_____ **NO**_____

8. Are there substantive case notes in the client's file? If no please explain.

YES _____ **NO** _____

9. Did the client receive their authorized level of homecare services for the last two months? If no please explain. **YES** _____ **NO** _____

10. Is there a copy of the Client Contribution letter or Cost – Share Status in the client's record? If no please explain. **YES** _____ **NO** _____

**HOMEMAKER/PERSONAL CARE AND HOUSEKEEPER
ADMINISTRATIVE QUESTIONS IN PAS**

**ANSWER QUESTIONS BASED ON BACKUP DOCUMENTATION
FROM THE PROGRAM. REVIEW 3 HOMECARE WORKERS FILES
FOR COMPLIANCE.**

11. Does program maintain workers attendances time sheet or use a workers call-in system? If no please explain. **YES**_____ **NO**_____

12. Is there documentation that clients signed workers timesheets for hours reported on the monthly service summary? If no please explain.
YES_____ **NO**_____

13. Did the program's new workers complete an Application Form stating they never committed a felony or crime? If no please explain.
YES_____ **NO**_____

14. Are two references from past employers on file, or two written personal references if the workers had no work history? If no please explain. **YES**_____ **NO**_____

15. Did the workers have a physical exam and drug screen prior to hire? If no please explain. **YES**_____ **NO**_____

16. Is there documentation that the homecare workers received 6 hours of in-service training? If no please explain. **YES**_____ **NO**_____

17. Has the workers had a PPD (Mantoux) skin test for tuberculosis within the last two years? If no please explain. **YES**_____ **NO**_____

18. Is there documentation in the workers file that they were given a copy of the programs personnel policy? If no please explain.

YES _____ **NO** _____

19. Is there documentation that the program has a system for replacement workers when a worker is absent? If no please explain. **YES** _____ **NO** _____

20. Is there documentation describing the program's client grievance procedure? If no please explain.

YES _____ **NO** _____