

Pre-Service Review Preparation Checklist

The team will need a quiet, private place to work, with access to the agency's Director. Please use this list as a checklist when preparing for your review, as each of these items will be requested and reviewed. If the agency is not prepared during the pre-service review, then the provider risks not being certified.

Training Requirements

You must have a plan for whom your agency will use to train your staff on **Medication Administration** training (if applicable), as well as **First Aid/Cardiopulmonary Resuscitation (CPR) training**.

- ◆ **Medication Administration** is required if the agency is planning to administer medication, or if you are a case management agency.
 - If you have a registered nurse (RN) employed by your agency who needs to be trained through Medication Administration RN Direct Trainer training, your nurse will be able to attend the training after your agency is certified. More information will be provided during the pre-service review.
 - You may also contract with an RN already trained through Direct Trainer Training who can train your employees. More information will be given during the pre-service review about what documentation is needed if you contract with an RN.
- ◆ **First Aid/CPR.** Instead of hiring someone to teach First Aid/CPR, an agency may access the American Red Cross or other nationally accredited organization.

Mock/Sample Participant Record

- ◆ A **mock/sample record** with an example of all forms the agency has developed to meet the participant record requirements.
- ◆ The forms that are required to be maintained in a record are identified on the "Checklist: Record Review" forms located at the link below. We will verify that the agency has a place in the mock/sample record for all of the forms required, depending on the services you plan to provide. <https://dbhdid.ky.gov/1915iriseinitiative>
- ◆ Some of the documents in the record will be provided to the agency by outside entities. For these types of documents, you can simply create a tab in the mock record indicating where you will place it. If in doubt, please contact your Provider Development Specialist. **Other documents (consents, medication administration records, Individualized Needs training, etc.) need to be developed by the agency.**
- ◆ In addition, you will need to have a form that you will use to document the training provided to participants on emergency disaster drills (if providing site-based services), as well as abuse, neglect, exploitation, isolation, and punishment.

- ◆ You will need to develop a template you plan to use to **document each service identified in your policies**. For example, if you plan to provide planned respite care for caregivers, supported employment, and supported education you must develop **three different forms/formats** for documenting these services because each service has a different requirement for documentation.
 - If providing residential services, you will need to develop a **lease** or other legally enforceable agreement providing similar protection, in accordance with the Centers for Medicare & Medicaid Services Final Settings Rules.
<https://www.chfs.ky.gov/agencies/dms/ProviderLetters/1915cFinalRuleReminder.pdf>
 - If you are providing services that require electronic visit verification, ensure you have a plan for how you will implement that.
<https://www.chfs.ky.gov/agencies/dms/dca/Pages/evv.aspx>

Personnel/Training Records

- ◆ A complete set of **training and personnel records** for all employees, subcontractors, and volunteers hired at this point, including the Director. Refer to the “Checklist: Personnel and Training” form, found here <https://dbhdid.ky.gov/1915iriseinitiative>
 - Please note there are different tabs at the bottom of the checklist.
- ◆ In addition to having a record with the actual personnel and training documents, please **fill out** the *Checklist: Personnel and Training* form mentioned above with the employee’s name and dates for each document. Please fill out the *Personnel* tab, *Training* tab, and *CDS* tab. The presentation related to training requirements can be found in the NPO Level 1.
- ◆ Please include the following in your personnel/training records:
 - **Clear documentation of the date of hire or contractual agreement** (e.g., offer of employment letter, etc.) for all employees. If you are an existing agency expanding services to include RISE services, then the date of hire needs to reflect when they agreed to work with the RISE program and there should be written documentation signed by the employee to reflect this. If you use the date they were hired with the existing agency, it is likely your background checks will be out of compliance with the required timeframes.
 - A signed job description.
 - Credentials for those employees whose job description includes specific educational requirements or related experience (i.e., licenses, transcripts, and resumes).
 - Document that staff have a high school diploma or have passed the general educational development (GED) test, if applicable.
 - Documentation of a negative tuberculosis (TB) assessment for each employee, subcontractor or volunteer, dated within the past 12 months and obtained within 30 days of employment.

- Director and other staff's performance evaluation or probationary evaluation if they are required as of this date. If not yet due, **provide a copy of the document that will be used for staff evaluations.**
- Documentation of the credentials of all trainers that meet the requirements for each training session (e.g., nursing license, College of Direct Support transcript, First Aid/CPR instructor card, high school diploma or GED, etc.).
- Documentation of drug test results for all employees and subcontractors.
- **Forms for documenting training** that meet the regulatory requirements. This must include all the requirements for documenting face-to-face training, which you identified in your policies (e.g., name of training, length of training, title of trainer, etc.).
- In addition to the four background checks listed below, you will also need to obtain an equivalent out-of-state check if the individual resided, worked, or volunteered outside of Kentucky during the year prior to employment or volunteerism.
 - A *criminal records check* with results from the Kentucky Administrative Office of the Courts or a completed Kentucky Applicant Registry and Employment Screening check.
 - A *central registry check* completed within 30 days of the date of hire.
 - The results of a *caregiver misconduct registry check* prior to employment.
 - A *nurse aide abuse registry check* completed prior to employment.
 - Must be **stamped or otherwise dated** by you to indicate when the information was received by your agency.
 - Remember to check all names used (e.g., maiden and married names, nicknames [both Beth and Elizabeth if she goes by Beth], middle name and first name if the person goes by their middle name, etc.).

The information listed in the bullets above addressing personnel and training should be captured in a systematic approach so you have all of this information in the same place in every personnel/training record. It is important that the checklist indicates the dates of the training, when the TB assessment/test was read, and background check results were obtained, not requested. For the educational requirement, you can simply abbreviate (e.g., HS = High School, B.A., MS, etc.).

Additional Requirements

- ◆ If applicable, we will review the template you will use to document emergency evacuation drills. This should be the actual form you will use to document the location of the drill, the length of the drill, etc.
- ◆ We also recommend you keep track of emergency evacuation drills (if applicable) by using the *Evacuation Drill Log*, which can be downloaded here <https://dbhdid.ky.gov/1915iriseinitiative>. This is a monitoring tool and does not take the place of the document listed above.

- ◆ A **Memorandum of Understanding (MOU)** between a participant's case management agency and the participant's service providers. If you provide case management services, you must have an MOU with all agencies with whom you share a person-centered service plan (PCSP). If you provide non-case management services, you must have MOUs with the case management agencies on your participants' PCSPs. This form must be developed internally, but you may consult existing agencies to get an idea of what the content should contain. We do not expect the forms to be signed yet. We only are interested in viewing the form that you have developed.
- ◆ We will look at any brochures/websites/descriptions of services offered to the public.
- ◆ Demonstrated knowledge of **incident reporting** requirements including current instructional guide, which can be found at <https://dbhdid.ky.gov/1915iriseinitiative>.
- ◆ The agency must be in good, active standing with the Kentucky Secretary of State.
- ◆ Documentation of **liability insurance** is required **prior to accepting** the first person into your program.
- ◆ If you have a **Board of Directors (Board)**, the following will be needed:
 - Meeting minutes. These should discuss the Board appointing the Director.
 - List of Board members, their roles, and experience.
 - Documentation or plan for orienting new Board members, including the roles and responsibilities of a Board member, the curriculum used to provide this orientation, etc.
 - The name, address, and email address of the Chairman of the Board.
- ◆ You should have a copy of the current 1915(i) RISE **regulations**, if both are applicable for your service array, and be able to access them, if requested. Electronic versions are fine.
- ◆ **Plans** for the following:
 - Ensuring Americans with Disabilities Act compliance.
 - Recruiting and training qualified staff.
 - Obtaining new admissions to the agency and plan for growth which adheres to ethical standards.
 - Safe and appropriate transition from one provider to another or from the individual's current situation to another. Regulation requires that the RISE provider not enroll a RISE recipient for whom they cannot meet the support needs.

(The above plans do not necessarily have to be written out, but the Director should be prepared to discuss if they are not.)

If you have made any updates to the following documents since they were last reviewed as part of your Certification Packet, we will review those changes.

- ◆ A complete set of **Policies and Procedures**. Any changes made to policies should be incorporated into your current policy manual and **clearly identified** as a change, with the date of the change.
- ◆ A written plan for participating in a Human Rights Committee Orientation.
- ◆ A list of **ALL** owners/shareholders/investors/silent partners of the company.
- ◆ A statement of mission and values.
- ◆ Table of organization identifying the names of employees occupying each position.
- ◆ Articles of Incorporation/Organization or business license.
- ◆ Documentation of non-profit status, if applicable.
- ◆ Business plan.
- ◆ Projected budget for the initial six months past the date of certification.
- ◆ A **current** financial statement indicating that the agency has appropriate cash flow to begin providing services.

Site Visits

- ◆ We will need to visit **any residential site**, if applicable. The checklist used by the Department for Behavioral Health, Developmental and Intellectual Disabilities to ensure regulations are met can be found here <https://dbhdid.ky.gov/1915iriseinitiative>. If you do not have locations secured for the sites yet, we will arrange a pre-service site visit at a different time, prior to you providing services at the location.