

Phase 2 of the ITN process – Document Checklist prior to contract execution:

Documents requested:

Documents Received:

Completed DOEA Background Screening Attestation of Compliance-Employer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submit for the Owner(s), Administrator(s), and Fiscal Personnel: DOEA Level II Background Screening Result Letter <i>(Must be the actual result letter confirming eligibility in the DOEA Aging Network. Please note that this DOEA screening result is different from the AHCA screening result and is completed in the same AHCA portal.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submit for the Owner(s), Administrator(s) and Fiscal Personnel: DOEA Attestation of Compliance – Candidate Form <i>[Please be advised that when the DOEA screening result is first printed (upon hire or when re-screened) and confirmed as “eligible,” then the Attestation of Compliance – Candidate Form is completed.]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submit a list of the workers who will be viewing and handling client information (office staff) of United HomeCare’s Clients	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submit a list of the workers who will be rendering services to United HomeCare’s Clients	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submit the DOEA Level II Screening Result Letter along with the corresponding Attestation of Compliance – Candidate Form for the workers who will be viewing and handling information of United HomeCare’s clients and/or rendering services to United HomeCare’s clients <i>(Please be advised that prior to a worker rendering services to a DOEA-funded client, the worker must be Level II screened. Once the screening result is printed confirming the worker as “eligible” in the DOEA Aging Network, the worker then completes the Attestation of Compliance – Candidate Form).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registered Dietitian license, if applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Fire Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No

COMMENTS:

Policies and Procedures received:

Policy and Procedure Needed	Provider’s Policy Title Name	Provider’s Policy Title
Service Authorizations (SPO)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Notification to United HomeCare of client changes/problems/situations/increase or decrease in service		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Conflict of Interest Policy		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
HIPAA, including safeguarding of client data <i>(cabinets/IT process/devices)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Confidentiality Policy		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

Fraud, Waste, and Abuse Policy		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Personnel <i>(including signed applications, job descriptions, evaluations, I-9 forms, background screenings, Attestation of Compliance-Candidate Forms, e-verify results, etc.)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Pre-Service and Annual In-service Trainings		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Field Staff Restrictions <i>(including gifts, lending/borrowing money, duties outside scope of service, handling money, giving out staff personal information, etc.)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Unusual Occurrences / Incidents		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Reporting Abuse/Neglect/Exploitation		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Emergency Procedures, if crisis occurs when providing services		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Quality Assurance and Performance Improvement (QAPI) Plan <i>(including monitoring client care, auditing internal files, monitoring client satisfaction and logging complaints, as well as following up on complaint resolution)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
FISCAL: Reconciling Process (units authorized/provided vs. billed/reported)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
FISCAL: Reimburse UHC within 10 days after discovery of unallowable expenditures or overpayment discovered by independent auditor, AAA, UHC, or the subcontractor		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Personal Care Description (including tasks)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Homemaker Description (including tasks)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Respite Description (including tasks)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Companion Description (including tasks)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Chore Description (including tasks)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Enhanced Chore Description (including tasks)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Pest Control Service Description		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Adult Day Care Service (including tasks)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Emergency Alert Provider: - Emergency Signals Received Procedure - Reset Signal Policy		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Hot and Cold Home Delivered Meals Process:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Frozen Home Delivered Meals Process:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Procedure regarding packing, transporting, delivery schedule (including days and hours), and temperature testing.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Completion of time sheet/service record/delivery route sheets (including service, time, signature, comments)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

Supervisory Visits (RN visits for staff performing personal care services at least once every 60 days. HHA must be present.)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Supervision for staff providing services that are non-hands-on care (i.e., homemaking, companionship)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

COMMENTS:

Include this completed checklist with your Phase 2 submission.

