

Multnomah County Aging, Disability & Veterans Services In Home Care Agency Monitoring Summary

Most recent state licensing information received prior to visit? yes no
 Corrective Action Plan required? yes (attached) no

Partner Agency Name:	
Date of monitoring visit:	
Agency contact for monitoring questions:	
Phone Number and email:	
ADVSD monitor:	

Part 1 – Client File Monitoring Summary

Indicate # of clients for whom this was done correctly. Client sample: 3	# of clients	N/A	Comments or description
Timely assignment of caregiver (within 5 days of referral)			
Home safety assessment documented: initial			
Annual home safety reassessment completed?			
Were risks identified and addressed?			
Annual consultation with case manager?			

Part 2 – Invoice Audit Summary

Information for three clients from one invoice was reviewed. Indicate # of clients for whom the information was correct.	# of clients		Comments or description
		n/a	
Correct Program charged?			
Correct District Center Recorded?			
Caregiver’s time sheet supports hours worked?			
Do hours provided match hours authorized?			
Correct hourly rate charged?			

Part 3 – Other areas of contract compliance

	#	yes	no	Comments or description
# of quarterly contractors’ meetings attended?				
Annual report submitted to County?				
Client Survey completed (90%)				
Grievance procedure includes client’s right to contact Multnomah County contract liaison?				

Additional questions:

1. Per your agency’s contract with Multnomah County, each home and personal care client shall receive a client customer satisfaction survey which includes questions regarding cultural practices. What question relating to cultural practices did you include in your survey? Did you track your customers’ responses? How will you use this information?

2. Per your agency’s contract with Multnomah County, “Each home care and personal care client shall receive an initial Home Safety Assessment during intake and reassessed annually, with interim observation at supervisory visits.” Please describe how you assess home safety for each client. If you use a form or checklist, please give us a copy. How do you ensure supervisory observation? How do you ensure that the annual home safety reassessment occurs?

3. The County is interested in learning what your agency does to reduce barriers and increase accessibility of minority elders to in-home services. For example, do you do specific outreach to recruit minority caregivers?

4. Please describe your method of collection, follow-up and accounting for program income (client co-pays).

Compliance Summary	Exceeds Requirements	Meets Requirements	Partially meets requirements	Does not meet requirements	Comments
Client File Review					
Invoice Review					
Customer Survey					
Home Safety Assessment					
Annual Report					

Program income system					
Licensing review					
Other issues (describe):					

Part 4 - Reflection on Cause:

The causes are the factors that contribute to the agency meeting contract requirements, not meeting requirements or exceeding requirements The cause could be contributing factors for success or impediments to compliance.

These are our thoughts on the cause(s) for the current condition as reported above:

Part 5: Reflections on Effects

Effect is the impact on ADVS system, consumers and/or the community of the agency either meeting, not meeting, or exceeding the program standards required by the contract. The effect can be positive or negative on your organization and/or consumers.

These are our thoughts on the effect(s) that the agency's condition as reported above has had on ADVSD consumers, other contractors and the community.

Part 5: Recommendations for Continuing Success and Making Improvements

Recommendations to continue success Goals:	Actions:	Timeframe	Goal date for completion: