



Home-care provider compliance quick guide



At-a-glance priorities

- **Before unsupervised direct patient contact:** obtain the required original criminal record clearance or criminal history record.
- **When services involve a minor:** complete the Virginia DSS Child Protective Services Central Registry search.
- **OIG LEIE:** search at hire and monthly for personnel.
- **Personal care aides:** verify DMAS-compliant qualifications and retain training documentation.
- **DMAS-99:** use the current version, address every line, obtain the proper signature, and file within fourteen days of the last visit.
- **RN/LPN supervisory visits:** complete as often as needed and at least every 90 calendar days.

Use this guide as a documentation and quality-control aid. It organizes the supplied requirements into practical review points while retaining the key statutory and operational details.

1. SCREEN

2. QUALIFY

3. DOCUMENT

4. SUPERVISE

1. Personnel screening & exclusion checks

HIRING RULE

When hiring an individual, obtain a background check from the Virginia State Police. If the individual will care for a minor, a CPS Central Registry search must also be conducted.

Background checks:

Per DMAS Provider Manual, any licensed home care organization, any home care organization exempt from licensure, or any licensed hospice shall, within 30 days of employment, obtain for each compensated employee either:

- An original criminal record clearance conducted by Virginia State Police concerning convictions for offenses specified in DMAS Provider Manual, Chapter 2.
- An original criminal history record from the Central Criminal Records Exchange.

Direct-contact restriction:

No employee may work in a position involving direct contact with a patient until the original clearance or original criminal history record

has been received, unless the person works under the direct supervision of another employee whose background check has been completed in accordance with DMAS guidelines

Providers are responsible for complying with DMAS guidelines listed in DMAS Provider Manual regarding criminal record checks and crimes against minors obtained through the Virginia State Police. The services facilitator (SF) must submit to a search of the Virginia Department of Social Services Child Protective Services Central Registry when the individual receiving services is a minor child.

The provider shall not hire a person who has been convicted of a barrier crime or who has a founded complaint confirmed by the CPS Central Registry outlines in DMAS Provider Manual Chapter 2.

OIG EXCLUSION SCREENING

Search the OIG List of Excluded Individuals and Entities (LEIE) upon employee hire and monthly for personnel.



Personnel file checklist:

- Virginia State Police result retained.
- CPS Central Registry results retained when the member is a minor.
- No disqualifying barrier crime or founded CPS complaint.
- LEIE search documented at hire and monthly thereafter.
- Direct-contact restriction followed until the original result is received, unless qualifying direct supervision is in place.

2. Personal Care Aides (PCA)

Providers must evaluate every personal care aide hired to ensure the aide meets DMAS qualification requirements.

MINIMUM TRAINING STANDARD

- The aide must complete a minimum 40-hour training program consistent with DMAS requirements.
- Training must include special instruction related to meeting the needs of elderly individuals and individuals with disabilities.
- The provider must retain documentation showing that the aide satisfactorily completed a DMAS-consistent training program.

Provider-developed program option:

A provider may develop and offer its own 40-hour personal care aide training program. The curriculum should include the knowledge and skills an aide needs to provide safe, quality care to the member.

RN INSTRUCTOR & CERTIFICATE REQUIREMENTS

- Training must be conducted by a registered nurse who meets the RN staffing requirements for personal care/ respite providers.
- Every graduate of the provider's 40-hour program must receive a certificate of completion.
- The certificate must include the RN instructor's signature, printed name, and the date of course completion.

Recommended personnel-file verification:

Verify	DMAS-consistent training
Evidence to retain	Certificate, transcript, or other satisfactory completion documentation
Verify	Minimum 40 hours
Evidence to retain	Training record showing total hours and curriculum
Verify	Required content
Evidence to retain	Curriculum addressing elderly needs and needs of individuals with disabilities
Verify	Qualified instructor
Evidence to retain	RN credentials and evidence the instructor meets applicable staffing requirements
Verify	RN credentials and evidence the instructor meets applicable staffing requirements
Evidence to retain	Certificate with RN signature, printed name, and completion date

Annual training:

12 hours of annual training must be completed by PCA. Training must include name of training and hours. Training records must be kept in personnel records.

3. DMAS-99 Documentation

CORE COMPLETION RULES

- Use the most current version of the DMAS-99.
- Address every line. If an item does not pertain to the member or services facilitator, enter "N/A."
- File the completed DMAS-99 in the member's record within fourteen days of the date of the last visit.
- The form must be signed by the member or authorized signer only. The authorized signer cannot be a paid caregiver.

Assessment details that must be specific:

- **Orientation and behavior:**
list the source of the information.
- **Joint motion:** identify which joints are limited.
- **Medication administration:** identify who administers the member's medications.
- **Medical and nursing information:**
complete this section, include all diagnoses and medications.
- **Condition and care needs:** document changes in condition and list all current medical/nursing needs, including information the medical professional should monitor.
- **Therapies and procedures:** address all therapies or procedures.
- **Hospitalizations:** include all admission and discharge dates and the reason for each hospitalization.
- **Critical incidents:** list incidents that create a significant risk to the member.

Plan, support, supervision and service accuracy:

- Document changes to plan-of-care hours, the support system, or the need for supervision.
- Ensure total weekly hours and days per week match the current plan of care.
- If the member is cognitively impaired, identify who is responsible for signing aide records.
- If the member has PERS, answer all related questions.
- On every routine supervisory visit, document the accuracy of aide documentation.
- If the member has been dissatisfied, describe the concern and the follow-up action taken.
- Record the date and patient pay amount from the most recent DMAS-225.



Final DMAS-99 quality check:

- Every line addressed
- Sources identified
- Clinical details complete
- Current plan information matched
- Proper signer used
- Filed within fourteen days

4. RN/LPN Supervisory/SF Visits

FREQUENCY & AVAILABILITY

- Make supervisory visits as often as needed to ensure quality and appropriateness of services and to supervise personal care aides.
- The minimum frequency is every 90 calendar days.
- An RN/LPN supervisor must be available by telephone at all times an aide is providing services. A provider may contract with an RN for this service.

Plan-of-care review during the visit:

- Determine whether the Plan of Care continues to meet the individual's needs and document the review.
- If the plan no longer meets the individual's needs, develop a new DMAS-97 A/B.
- If a change in hours is needed, submit the request to the service authorization contractor for review.
- Include supporting documentation for requested hours above the Level of Care (LOC) cap.

Aide performance & competency:

Ongoing RN/LPN/SF assessment of aide performance is expected to protect the individual's health, safety, and welfare. Based on continuing evaluation of the aide's performance and the individual's needs, the supervisor must identify competency gaps and provide training as necessary. The supervisor must also perform any subsequent evaluations or changes to supporting documentation.

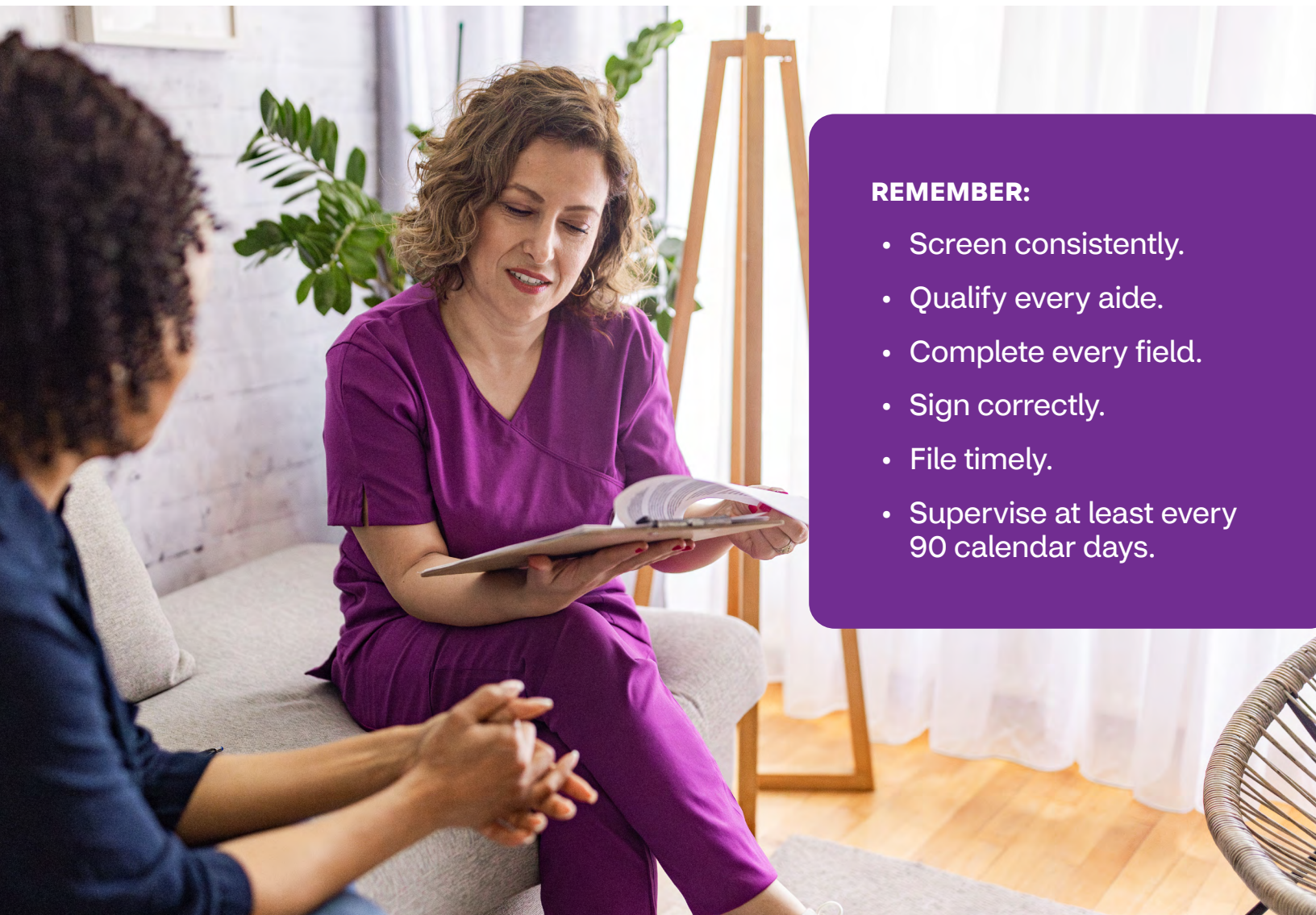
DELAYED VISIT RULE

If the supervising RN/LPN/SF cannot conduct the regular visit within the required time frame, document the reason for the delay in the waiver individual's record. Conduct the supervisory visit within 15 calendar days of the waiver individual's first availability.



Supervisory visit documentation checklist:

- Visit date is within the 90-calendar-day MINIMUM interval.
Visit frequency determined by member.
- Plan of Care review and continued appropriateness are documented.
- Aide performance, documentation accuracy, and competency are evaluated.
- Training needs, training provided, follow-up evaluations, and documentation changes are recorded.
- Any needed DMAS-97 A/B revision or service-authorization request is initiated with supporting evidence.
- Telephone availability for aides is maintained during all service hours.



REMEMBER:

- Screen consistently.
- Qualify every aide.
- Complete every field.
- Sign correctly.
- File timely.
- Supervise at least every 90 calendar days.