In-Home Care Provider Conditions of Participation Site Review Tool: 2022-2023

RULE NUMBER	CONDITIONS OF PARTICIPATION	CONSIDERATIONS	FINDINGS /COMMENTS	YES	NO	N/A
1	AgencyStructure: The provider me operating in the Central (ust be a lawfully organized and e Ohio community at least one yea			y tha	t is
1.1	'	A. The disclosure should have been submitted with the application. (Articles of Incorporation, IRS letter and list of share holders accepted)				
		B. Is the purpose consistent with the business/service?				
1.2	The Provider must have articles of incorporation/organization and code of regulations/bylaws/operating agreement effective at least one year prior to the date of application (amendments within the prior one year are permitted) and promptly provide a copy of any amendments thereto after the date of application.	Documents should have been submitted at original application				
1.3		Certificate submitted with application materials				
1.4	communication, advisory, contractual and supervisory authority and responsibility to the direct care level. (Not applicable to self employed	administration, supervision, direct service, intake & billing? Are there contract personnel?				
1.5	The provider must not operate in compliance with all applicable Federal, State or Local laws					

RULE NUMBER	CONDITIONS OF PARTICIPATION	CONSIDERATIONS	FINDINGS /COMMENTS	YES	NO	N/A
1.5.1	The provider must have a written statement supporting compliance with non-discrimination laws, federal wage & hour laws & Workman's Compensation laws in the recruitment and employment of individuals. (Not applicable to self employed wihtout any employees)	certificate of premium payment submitted with application. Review statement personnel policies & procedures				
1.5.2	The provider must have a written statement supporting compliance with non-discrimination laws in service delivery in accordance with the Americans with Disabilities Act and in employment in accordance with all applicable Federal, state and local laws.	accepting client or referrals. Review statement				
1.5.3	The Provider must have a written policy regarding compliance with Health Insurance Portability and Accountability Act (HIPAA), if considered a Covered Entity. If not considered a Covered Entity, the Provider must sign a Business Associate's Agreement with SourcePoint (will be provided with the Letter of Understanding if approved). Providers are expected to comply with all HIPAA privacy and security rules.	Review Business Associate Agreement				
1.5.4	Provider must provide properly complete request for taxpayer ID number and Certification (IRS W9)					
1.6	Provider must promptly provide copy of any notice from any governmental agency of violation or alleged violation by the provider of any federal, state or local law or regulations					
2	Physical Facility: The provider mu	ıst have a physical facility from v services	which to conduct business and	l prov	/ide	its
2.1	The provider must have a telephone & computer equipment that meets the requirements outlined COP 8.0 to receive referrals for service &/or an employee able to receive telephone referrals between 9:00am-4:00pm, Monday-Friday	Address: View facility				

RULE NUMBER	CONDITIONS OF PARTICIPATION	CONSIDERATIONS	FINDINGS /COMMENTS	YES	NO	N/A
2.2	The provider must designate & utilize locked storage for maintenance of all hard-copy SourcePoint client records for a minimum of 4-years unless retention for a longer period is required by law. Electronic records must be HIPAA compliant and maintained for the same period of time	l .				

RULE NUMBER	CONDITIONS OF PARTICIPATION	CONSIDERATIONS	FINDINGS /COMMENTS	YES	NO	N/A
3	Administrative Policies: The provio	ler must have written procedures sup	porting the operation of business	& ser	vice	
3.1	The provider must have a system to document services delivered & billed.	Review system for new providers and audit record for existing providers.				
3.2	The Provider shall submit evidence of business insurance coverage for the required one year prior to the date of application. Throughout the term of the Letter of Understanding, the Provider shall obtain and maintain a comprehensive insurance program affording, at a minimum, the coverage indicated below (to be submitted with application):	Review policy coverage page in application. Are all services & service workers covered? Are volunteers considered covered?				
3.2.1	Comprehensive General liability: \$1,000,000	does coverage include broad form property, personal injury?				
3.2.2	Automobile Liability: \$1,000,000 single limit occurrence	Does coverage include owned, hired and non-hired?				
3.2.2 (a)	Personal automobile insurance coverage is suffcient for provider that is a Sole Proprietor with no employees					
3.2.3	Employee Dishonesty, \$25,000	may be included with general liability coverage, could also be in a bond				
3.2.3 (a)	Insurance Waiver	if above not met, does provider have documentation supporting SourcePoint is aware of variation and agreeable?				
3.3	SourcePoint shall be listed as an additional name insured on required liability insurance policies	view certificate				

RULE NUMBER	CONDITIONS OF PARTICIPATION	CONSIDERATIONS	FINDINGS /COMMENTS	YES	NO	N/A
3.3 (a)	The Provider shall add SourcePoint as an additional named insured on the required liability insurance policies. The following language and extensions shall be included in the Provider's required liability insurance policies: "SourcePoint is an additional insured with respect to work and/or services performed by the named insured as required by written contract or agreement. All insurance shall be primary and noncontributory with any insurance carried by the Additional Insureds. This includes a Waiver of Subrogation in favor of the additional insured. 30-day notice of cancellation applies."					
3.4	Provider shall provide certificates of insurance to establish that at all times provider is in compliance with the above requirements of COP 3.2.1, 3.2.2, 3.2.3, 3.2.4 and 3.3.	view certificate				
3.5	•	Review procedure. Review how/when clients are provided access to the procedure				
3.6		This includes incidents beyond worker injury or provider caused/related incidents. Providers may need assistance & guidance in understanding this policy				
3.7	3.7: The provider must notify SourcePoint within 24 hours any adverse incidents, document such notification, and provide documentation to Care Consultant within 5 business days	3.8				

RULE NUMBER	CONDITIONS OF PARTICIPATION	CONSIDERATIONS	FINDINGS /COMMENTS	YES	NO	N/A
3.7.1	In the event documentation takes longer than 5 business days, the Provider shall update the care consultant on the status of obtaining the necessary documentation and provide a deadline for when documentation will be submitted as required					
3.8	The provider must maintain file for each SourcePoint client to include the following referral information:	Review providers current format & look for				
3.8.1	Client name, address & phone #					
3.8.2	Client date of birth & sex	low cost ways of revising to meet this COP, if				
3.8.3	Contact person's name & phone #	needed. Review sample file for new providers and audit				
3.8.4	Name & phone # of SourcePoint Care Consultant	ineview sample me for new providers and addit				
3.8.5	Functional limitations of client relevant to service(s) authorized					
3.9	SourcePoint contact regarding the client in the client record or designated log and stored in locked cabinet/drawer	Each client contact means: each visit to home or adult day care, each phone call, each delivery, etc. Documentation may be on set, prescribed Charting@ forms or on HDM delivery logs or ADC attendance logs, transportation logs or telephone logs. Likewise each SourcePoint contact may be recorded in the manners listed above.				
3.9.1	Client contact may be maintained electronically if system requires user authentication for access and maintains HIPAA security (reference COP #2.2)	being used, do they have SourcePoint				
3.1	client to release specific information to sources outside the SourcePoint care system & have a policy regarding confidentiality. Provider must have a	Review providers current policy & procedures What instances may provider seek release of information to outside source. Review form, release of information form must list specific info to be released (it cannot be generalized).				

RULE NUMBER	CONDITIONS OF PARTICIPATION	CONSIDERATIONS	FINDINGS /COMMENTS	YES	NO	N/A
3.11	The provider must retain all records supporting SourcePoint clients until an initiated audit is completed up to 4 years after the provision of services	anticipate any difficulties.				
3.12	Provider shall have written grievance procedure for resolving complaints by clients and shall inform clients they have right to file a grievance. Shall give client name and phone number of Provider's contact person responsible for addressing grievance and shall inform client they have right to voice compliant to SourcePoint Care Consultant					
3.12.1		Review Policies and Procedures, Review any complaints logged by Provider or documented by Care Consultant(s)				
3.12.2	The Provider will notify the Care Consultant of unresolved complaints and multiple complaints of the same nature &/or involving the same client.	complaints logged by Provider or documented				
3.13	The provider shall have a written Emergency Preparedness Policy that addresses both clients and personnel including the following elements:	·				
3.13.1	Written chain of command with 24-hour contact information inlcuding phone numbers and e-mail addresses					
3.13.2	How agency prepares clients and personnal in the event of an emergency					
3.13.3	Plan for communicating with personnel, clients and SourcePoint in the event of closures in operations					
3.13.5	Backup plan should access be limited or blocked to computer and/or phones					

RULE NUMBER	CONDITIONS OF PARTICIPATION	CONSIDERATIONS	FINDINGS /COMMENTS	YES	NO	N/A
3.13.5	As required by PCA SS #9.4 & HMK SS # 7.4, client service priority policy					
3.14	If the Provider subcontracts out services, Provider must disclose the name of the subcontractor to SourcePoint. SourcePoint has a right to terminate the Agreement if it is determined that the arrangement is not in the best interests of SourcePoint.					
3.14.1	All subcontractors must comply with SourcePoint's record retention policies, background check policies, and HIPAA privacy and security rules.					

RULE NUMBER	CONDITIONS OF PARTICIPATION	CONSIDERATIONS	FINDINGS /COMMENTS	YES	NO	N/A			
4	Personnel Policies: The provide	Personnel Policies: The provider must have written personnel policies that support lawful personnel practices							
4.1	statement of job responsibilities which include qualifications (as applicable to service) for each	Do qualifications meet spec requirements? Does the job responsibility list contain items that are not acceptable in SourcePoint practice? (IE PCA gives meds or enema) Are volunteers covered?							
4.2	& document performance appraisals for all individuals involved in the direct delivery of	Check policies & procedures, review compliance with policy & procedures as written. Are volunteers covered? Are appraisals completed at least every 3 years							
4.2.1	Provider must include direct, in-field, supervisory observation as a component of home care direct service worker's regularly-scheduled performance appraisal.	Review policy and check personnel files							
4.2.2	or care worker/position is defined as an employment position in which employee has	Have all direct-care service workers had direct, in-field supervisory observation as part of their perfomrace appraisal, even office-based workers?							
4.3	The Provider must obtain and maintain documentation, signed and dated by the staff member providing the orientation, which indicates	The orientation may be in the form of a video (view for completeness), booklet or required review of manual. If used, probe how provider assesses workers understanding.,							
		format. If format is verbal only, check that							
4.3 (a)	Employee position description expectations								
4.3 (b)	Agency personnel policies	<u> </u>							
4.3 (c)	Reporting procedures & policies								

RULE NUMBER	CONDITIONS OF PARTICIPATION	CONSIDERATIONS	FINDINGS /COMMENTS	YES	NO	N/A
4.3 (d)	Agency table of organization, including lines of communications					
4.3 (e)	SourcePoint Ethical Behaviors					
4.3 (f)	SourcePoint Policies and procedures					
4.4	written policy to assure staff maintain client	Does policy explain how the workers are educated to policy? What record protection guidelines are in place? If documentation forms left in client's home, what is said to client &/or family about protecting client confidentiality?				
4.5	process by which a staff member can register a	Ask provider to demonstrate how the procedure works. Assess philosophy on follow-up				
4.6	In accordance with Ohio Law (ORC 5101.61) Provider must have written policy and procedures for reporting incidents of abuse, neglect and exploitation of an older adult	Review policy and assess follow up procedure				
4.7	The Provider must maintain compliance with SourcePoint's Criminal Background Check Policy, including maintenance of applicant log and conditional hiring requirements	View applicant log. Does it meet requirements? Are database checks completed? Make note if applicant was conditionally hired after database checks were completed, but before criminal records came back and outcome of the criminal record check (e.g. Did staff member have something show up on their criminal record check after they were conditionally hired?)				

RULE NUMBER	CONDITIONS OF PARTICIPATION	CONSIDERATIONS	FINDINGS /COMMENTS	YES	NO	N/A
4.8	The Provider must maintain a personnel file on every staff member (including volunteers and contract workers when applicable), who provide direct SourcePoint contracted service or supervise those who provide such direct service. These personnel files will be reviewed during the pre-certification site visit prior to providing SourcePoint contracted services and are subject to review at any time during the term of the Letter of Understanding. Each file should include:	Review for completeness.				
4.8.1	A resume or application for employment includes a work history	Review applications and resumes of all employees or potential employees.				
4.8.2	Documentation of employee applicant's signed consent for verification of previous employment, experience & training					
4.8.3	Documentation of provider attempts to confirm employee previous employment, training and experience.	-				
4.8.4		Check specs. Does provider make photo copy? Does the provider check OBMV to verify currency of license (transportation providers most crucial). Does the provider utilize a licensure verification form that documents name on license, license type, number & expiration date or does the provider copy the license? What procedures does the provider utilize for verification of professional licensure?				
4.8.5	A copy of the performance appraisals, completed within the last 3 years, signed by the staff member					
4.8.6	Summary of observation home visit (as applicable for direct service staff only)	review most recent observation home visit				

RULE NUMBER	CONDITIONS OF PARTICIPATION	CONSIDERATIONS	FINDINGS /COMMENTS	YES	NO	N/A
4.8.7	Date of 6 database checks and results of each	View results				
4.8.7(a)	4.8.7 (a) Providers utilizing the Automated Registry Check System (ARCS) may use this system to conduct database checks. Results must be maintained in employee's personnel record.					
4.8.8	Bureau of Criminal Identification and Investigations form to be conducted using Reason Code 173.38 or 173.27, 3701.38, 3701.881, 5123.081, 5123.169, 173.381 also approved by the Ohio Department of Aging on all employees prior to providing care to a SourcePoint client and/or having access to a SourcePoint client's protected information (including volunteers and contract workers who provide direct service or supervision of direct service staff) and every 5 years, thereafter.	for new and existing providers). When assessing provider & again when furnishing orientation, assure that provider administration, supervisory & intake staff understand this COP. Check intent for ongoing compliance & methodology to be used.				
4.8.8 (a)	If the individual has not lived in the State of Ohio for at least 5 years prior to providing SourcePoint contracted services, there must be an FBI background check.					
4.8.8(b)	4.8.8 (b) Providers enrolled in the Retained Applicant Fingerprint Database (Rap Back) service may use this service in place of completing BCII checks every 5 years. Any updated information obtained through Rap Back must be maintained in employee's personal record. A SourcePoint representative may review this information upon making the initial and annual site evaluations, as outlined in COP #4.8					
4.8.9	Date of Hire	View results				

RULE NUMBER	CONDITIONS OF PARTICIPATION	CONSIDERATIONS	FINDINGS /COMMENTS	YES	NO	N/A
4.8.10	If applicable: Ohio Certificate of Qualification for Employment <u>or</u> the written approval from SourcePoint allowing the employee to work with SourcePoint clients.	View any results				
4.8.11	Provider must have a written policy and corresponding procedures for reporting incidents to the appropriate Delaware county authority for suspected animal abuse and/or neglect.	Review policy				
5	Service Delivery: Provider must delive	er services in compliance with service designed and authorized by the Sour	-	vith th	ne pla	n
5.1	The provider must acknowledge acceptance of client referral for consideration of service within 2 working days of SourcePoint request.	Review upon audit of client records for existing providers. Review this condition with new applicants upon site visit, orientation or via Provider Policies.				
5.1.1	Providers are not to contact SourcePoint client prior to award of service, or after end-date, as documented in SourcePoint case management system	from provider				
5.1.2	Providers continuing to serve clients through other funding sources are exempt from this requirement					
5.2	The Provider must initiate services based on verbal or electronic service orders from SourcePoint. All verbal requests will be confirmed in writing by the Care Consultants.	Review authorization documentation				
5.3		Review upon audit of client records for existing providers. Review this condition with applicants upon site visit, orientation or via Provider Policies.				

RULE NUMBER	CONDITIONS OF PARTICIPATION	CONSIDERATIONS	FINDINGS /COMMENTS	YES	NO	N/A
5.4	The provider must inform the care consultant, through the SourcePoint case management system or telephone, of the actual start of service date and client's ongoing schedule within 2-business days of the start of service	Review documentation communication occurred for existing providers. Review this condition with applicants upon site visit, orientation or via Provider Policies.				
	The provider must not increase or decrease units of client service or change a schedule without prior approval of the SourcePoint Care Consultant.	Review upon audit of client records for existing providers. Review this condition with applicants upon site visit, orientation or via Provider Policies.				
	The Provider must also notify SourcePoint within 1 business day of being made aware of any of the following:	Review upon audit of client records for existing providers. Review this condition with applicants upon site visit, orientation or via Provider Policies.				
5.6.1	Changes in client status (physical, mental or emotional health or status, or death)					
5.6.2	Changes in client location (new address, telephone number, mailing address or e-mail address)					
5.6.3	Client admission to an institution Nursing home, hospital rehabilitation center, etc.)					
5.6.4	Suspected or observed safety concerns or bug infestations					
5.6.5	The Client's repeated refusal of services or supervisory visits (see Disenrollment Policy)					
5.7	The Provider must make all reasonable efforts to deliver services as authorized.					
5.7.1	In the event of a staff member absence, the provider must furnish a substitute to deliver the services as authorized by the SourcePoint Care Consultant.					
5.7.2	In the event services cannot be delivered as authorized, notify the Care Consultant of the following information:					
5.7.2 (a)	Client name					

RULE NUMBER	CONDITIONS OF PARTICIPATION	CONSIDERATIONS	FINDINGS /COMMENTS	YES	NO	N/A
5.7.2 (b)	Reason service cannot be delivered					
5.7.2 (c)	If subsequent service orders will be affected.					
5.7.3	In the event Provider has challenges servicing a client, the Provider shall notify the Care Consultant and must participate in SourcePoint's Provider problem resolution process to promote continuing service delivery.					
F 7.4	5.7.4 The Provider shall notify SourcePoint of planned termination 30 days prior to terminating services for a client.					
5.7.4(a)	5.7.4 (a) Exceptions include:i.the individual has been hospitalized, placed in a long-term care facility, or is deceased; ii.the health or safety of the individual or Provider is at serious, imminent risk (SourcePoint must be informed of this situation as soon as it is identified by the Provider); or iii.the individual chooses to no longer receive services from the Provider					
5.8	The Provider must have a policy which addresses safety concerns and/or bug infestations. The policy must contain the following:	Review policy and any subsequent procedures.				
5.8.1	Training for staff and new employees related to bug infestations	review in orientation policies. Review type of training provided				
5.8.2	Notification of Care Consultant or Client Services Supervisor immediately to report observed or suspected bug infestations or other safety concerns					
5.8.3	Conditions for suspending services and criteria for resuming services after a bug infestation or safety concerns have been identified.					

RULE NUMBER	CONDITIONS OF PARTICIPATION	CONSIDERATIONS	FINDINGS /COMMENTS	YES	NO	N/A			
5.8.4	Documentation or precautions providers are taking to reduce and/or minimize the spread of bugs to other clients' homes								
6	Compliance: The Provider must comply with all SourcePoint contractual requirements, Provider policies and procedures, these Conditions of Participation, and relevant service specification(s) and monitoring and reporting requirements established by SourcePoint and permit representatives of SourcePoint full access to the Provider's facility(ies) and documentation during any on site review at Provider's facility(ies) to ensure compliance.								
6.1	The provider must furnish documentation demonstrating that all requirements outlined in the applicable service specifications have been met when delivered either directly or by subcontractor.	Review of service specifications applicable to provider and verify compliance.							
6.2	The provider must allow representatives of the SourcePoint access to the provider facility and full access to policies, procedures, records and other documents related to provision of service to contracted clients, on an annual basis and whenever SourcePoint, in its sole discretion, deems such appropriate.	Secured during initial site evaluation and onsite audit.							
6.3	The Provider acknowledges and agrees that SourcePoint may take any action, including but not limited to, the termination of the Letter of Understanding or any other agreement, the imposition of sanctions or the suspension of referrals, if it is determined by SourcePoint or their representatives, in their sole discretion, that the Provider is not in compliance with any of these Conditions of Participation or relevant Service Specifications.	Remind provider during initial Pre Cert Review							
6.4		Review upon audit of client records for existing providers. Review this condition with applicants upon site visit, orientation or via Provider Policies.							

RULE NUMBER	CONDITIONS OF PARTICIPATION	CONSIDERATIONS	FINDINGS /COMMENTS	YES	NO	N/A			
6.5	The Provider shall communicate contract concerns and/or grievances to the SourcePoint Provider Relations Specialist.	Review documentation if applicable							
7	Billing: The Provider must submit billing to the SourcePoint through the SourcePoint case management system, unless otherwise agreed by SourcePoint. Payments are made by the SourcePoint through electronic funds transfers, unless otherwise approved by the SourcePoint. The Provider's final electronic unit entry for monthly payment is due no later than the 8th of the month following service provision. If approved to submit paper bills, they are to be received by SourcePoint no later than the 6th of the month.								
7.1	Provider must agree to allow the SourcePoint to make electronic funds transfers as the method of payment for SourcePoint contracted services. Bank account information, including the routing and account numbers, is to be submitted with application	Verified with application materials							
7.2	The Provider must bill for only those units authorized and delivered which have dated documentation (signed by the client or approved representative immediately at end of service provision) for each unit of service delivered. Billing units should be entered in the SourcePoint case management system only after service has been provided. Payment is made on a monthly basis and will not be made for units delivered in excess of units authorized unless the SourcePoint Care Consultant has approved the provision of additional units. If the number of units billed is less than the monthly authorized units, no accumulation of undelivered units carried forward to the forthcoming month's authorized amount is permitted. SourcePoint is not liable to pay costs arising from changes, modifications or extra work orders without prior authorization by the SourcePoint Care Consultant, except for documented emergency situations.	Review upon audit of client records for existing providers. Review this condition with applicants upon site visit, orientation or via Provider Policies.							

RULE NUMBER	CONDITIONS OF PARTICIPATION	CONSIDERATIONS	FINDINGS /COMMENTS	YES	NO	N/A
7.2.1	Provider may utilize an electronic service delivery system if the provider has completed the electronic service delivery waiver and has been approved by SourcePoint	SourcePoint waiver?				
7.3	service delivered rounded up to nearest 1/4 unit. Direct Service Worker's time spent for travel, breaks	Review upon audit of client records for existing providers. Review this condition with applicants upon site visit, orientation or via Provider Policies. Providers may round up to reach nearest 1/4 unit				
7.4	•	Review upon audit of client records for existing providers. Review this condition with applicants upon site visit, orientation or via				
7.4.1	Provider may follow own policy regarding service on Federal holidays. SourcePoint reimburses holidays at the contracted rate.					
7.5	workers spend in client care conferences as authorized or requested by the Care Consultant. Instead of obtaining the client's signature on the	Review for Care Consultant/Care Consultant's supervisor signature on service form when completing audit. Review this condition with applicants upon site visit, orientation or via Provider Policies.				
7.6	payment to the provider when requests for payment	Remind all providers, old and new, of this condition upon site visit, orientation, audit or via Provider Policies.				
7.6.1	To ensure payment, providers shall promptly discuss extenuating circumstance prior to the 8th of the month which may cause a delay in billing submission with SourcePoint's provider relations specialist	provider relations specialist is important when there is a possibility of late billing				

RULE NUMBER	CONDITIONS OF PARTICIPATION	CONSIDERATIONS	FINDINGS /COMMENTS	YES	NO	N/A
7.6.2	Provider must request approval from SourcePoint's quality improvement coordinator for any billing past the 8th of the month after service delivery. Approval will be considered on a case by case basis and is at the discretion of SourcePoint	considerations and stress importance of on time billing. Repeated attempts at late billing without cause or proper communication will				
7.7	of payment including third party payers such as Medicare, PASSPORT and private insurances and discuss these with SourcePoint Care Consultants,	Review for Care Consultant's Supervisor's signature on service form when completing audit. Review this condition with applicants upon site visit, orientation or via Provider Policies.				
7.8	The provider must only bill one payment source for a provided unit of service.	Review this condition with applicants upon site visit, orientation or via Provider Policies.				
7.9	A contracted client or Care Consultant may cancel a service unit without incurring a charge by contacting the Provider before 9:00 a.m. one (1) working day prior to the scheduled day of service delivery. If the Provider is notified a service unit is to be canceled after 9:00 a.m. one (1) working day prior to the scheduled day of service delivery, the Provider may bill SourcePoint for a maximum of one-half (1/2) unit of service regardless of the number of units ordered, including Adult Day Care Providers.					
7.9.1	The provider must document in the client record who notified the provider of the cancellation, the time the provider was notified and the reason for the cancellation.					
7.9.2	All providers must notify the Care Consultant after each unexplained absence or inability to provide service.					

RULE NUMBER	CONDITIONS OF PARTICIPATION	CONSIDERATIONS	FINDINGS /COMMENTS	YES	NO	N/A
7.1	If during the scheduled service visit the providers direct service worker finds the client not at home or the client will not accept service, the provider may bill for a maximum of one-half unit of service (except an Adult Day Care Transportation provider may bill for one unit of transportation if the Transportation provider attempted to pick up the client). The provider shall document in the client's record what attempts were made to provide the service.	Review this condition with applicants upon site visit, orientation or via Provider Policies.				
7.10.1	All providers must notify the Care Consultant when such an event occurs.	•				
8	The Provider must have adequate of management system. Wait	computer hardware and software ver of requirement must be soug			int c	ase
8.1	The Provider must have computer equipment that meets or exceeds the following requirements:					
8.1.1	Currently supported operating systems include Windows, IOS and Android based systems					
8.1.2	Broadband (T1, Cable, DSL) Internet connectivity					
8.1.3	Operating systems must be current on windows updates and patches					
8.1.4	Device must have updated anti-virus and free of any viruses.					
8.1.5	Currently supported web browsers, for example: Google Chrome, Microsoft Edge, Firefox,					

RULE NUMBER	CONDITIONS OF PARTICIPATION	CONSIDERATIONS	FINDINGS /COMMENTS	YES	NO	N/A
8.2	The provider will need to contact SourcePoint to request user information necessary to access the SourcePoint case management system. Providers are issued two (2) user licenses for the SourcePoint case management computer system. To request additional licenses, please contact Provider Relations Specialist.					
8.3	Every user of the SourcePoint case management system must have a unique user name and password. The sharing of user names and passwords is prohibited by HIPAA Security Requirements.	Is there any indication of the sharing of user credentials? Remind agency of rule.				
8.4	The Provider must participate in any required training to assure proper utilization and understanding of the system. The Provider is responsible for training their new users, with telephone support and/remote control support provided by SourcePoint.	If having issue, has agency reached out to SourcePoint for technical assistance?				
8.5	The provider will monitor the SourcePoint case management system. The SourcePoint case management system will be used to respond to request for services, notification of client's services and communication via the Internal Communication system, the email capability built into the SourcePoint case management system	review importance of rule with provider. Provider SourcePoint's System Administrator's contact information if necessary				
8.6	The provider agency shall notify SourcePoint's provider relations specialist if they are unable to access the SourcePoint case management system for any reason. This will enable the SourcePoint to identify and respond to problems efficiently and effectively.					
8.7	The Computer Requirements may be updated if deemed necessary by the SourcePoint. The Provider is required to comply with computer related policies.					

RULE NUMBER	CONDITIONS OF PARTICIPATION	CONSIDERATIONS	FINDINGS /COMMENTS	YES	NO	N/A
8.8	The provider will notify SourcePoint's provider relations specialist immediately upon recognition that a breach or virus has been detected in the Provider's computer network	and ask if there have been any breaches or				
9	To ensure a commitment to a coor	dinated and integrated system o partnership with SourcePo	-	romo	ote tl	neir
9.1	statement, "We are a proud service provider for	Review Materials. If provider does not have, do they have documentation supporting SourcePoint's approval?				
9.1.1	Printed materials, such as stationary, brochures, and fliers					
9.1.2	Marketing and outreach materials, such as advertisements and commercials					
9.1.3	Electronic media, such as web site(s). The SourcePoint' logo on the Provider's website(s) must link to URL: www.mysourcepoint.org					
9.1.3 (a)	9.1.3 (a) any exceptions must be reviewed and approved by SourcePoint	If provider is non-compliant any of the above requirements under 9.1, request to see documentation of approval from SourcePoint/waiver for this requirement				