

**Compliance Monitoring Guide on Contract Performance Standards
for Home and Community Support Services Agencies**

Participant Name	Participant Medicaid No.	Review Period
Location of Participant <input type="checkbox"/> AL/RC <input type="checkbox"/> AFC <input type="checkbox"/> Own Home	Service <input type="checkbox"/> CBA <input type="checkbox"/> ICM	ISP Period
HCSS Agency Name	Vendor No.	Region No.
Name of Monitor	Type of Review	Date of Review

Standards Criteria	Yes	No	N/A	Notes
Standard 1. Pre-Enrollment Home Health Assessment (N/A for ICM)				Review only if assessment was due or should have been done during review period. Otherwise, go to Standard 2 and mark this section N/A
a. Did the provider agency complete the pre-enrollment home health assessment and return it to the DADS case manager within the time frame specified in Item 14, or 14 days after receipt of Form 3676 (whichever is sooner)? (Form 3676 Part A and Part C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Form 3676 Part A, Provider Agency Date Stamp: _____ Form 3676, Part A, Item 14: _____ Date case manager received complete packet: _____
Reference: 40 TAC §48.6020; HB Section 4441				
b. Was the delay in completion of the pre-enrollment home health assessment due to:	Yes	No	N/A	
1. the decision to initiate Medicare home health services is pending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. a delay in getting Form 3652 signed by the physician (2067)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reference: 40 TAC §48.6021 (a)(1) and (2); HB Section 4442.3				
c. If there was a delay in submission of the pre-enrollment assessment packet, the agency notified the case manager of the reasons:	Yes	No	N/A	Review Form 2067 sent to the case manager.
1. for priority referrals – verbally, no later than 24 hours before the negotiated completion date, and by Form 2067, within two workdays of verbal notification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Negotiated Date: _____ Verbal Notification Date:..... _____
2. for routine referrals – by Form 2067, no later than 24 hours before the 14-day time frame.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Form 2067 Signature Date: _____
Reference: 40 TAC §48.6021 (b)(1) and (2); HB Section 4442.3				
If Item a. is marked Yes, Standard 1 is Met. If Item a. is marked No, and Item b. 1. or b. 2. is marked Yes, continue to Item c. If Item a. is marked No, and Items b. 1. and b. 2. are marked No, Standard is Not Met. If Item b. 1. or b. 2. is marked Yes and Item c. is marked Yes, Standard is Met.	Met	Not Met	N/A	
Standard 1 is: (If ICM, enter N/A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Standard 2. Annual Reassessments (N/A for ICM)				
According to the guidelines in the form instructions, should Standard 2 be applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expiration Date of ISP (From ISP attachment, Form 3671, Page 1)..... _____
If Yes, continue to Item A. If No, mark Standard 2 N/A and skip to Standard 3.				Reassessment Packet Due Date Period (from Appendix XIX)
a. Was the annual reassessment packet (completion of ISP attachments, Form 3671-B-F, as applicable, and Form 3672) completed timely (according to Appendix XIX)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RN signature date (from ISP attachment Form, F3671-C, Page 2) _____ If the RN signature date on ISP attachment, Form 3671-C, Page 2, of the annual reassessment packet is completed according to the time frames in Appendix XIX, mark item a. Yes.
Reference: Appendix XIX; HB Section 4459.				
If Item a. is marked Yes, Standard is Met. If Item a. is marked No, Standard is Not Met.	Met	Not Met	N/A	
Standard 2 is: (If ICM, enter N/A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Client Name: _____

Standards Criteria	Yes	No	N/A	Notes
Standard 3. Service Initiation				
a. Was PAS initiated in a timely manner (on the day verbally negotiated with the case manager/service coordinator if initiation was verbally negotiated; otherwise, within seven calendar days from the beginning date of the applicant's or participant's eligibility for PAS, as documented on Form 2065B)? (2065, 3670, 2067) Reference: 40 TAC §48.6092 (2)(A) and (B); 40 TAC §53.905(a)(1)(2); HB Section 4444	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Read this standard only if PAS was initiated or should have been initiated during the review period. Otherwise, mark it N/A. Form 2065-B Effective Date: _____ Negotiated Start Date (Form 2067)..... _____ Form 2067 confirms verbal agreement:.. <input type="checkbox"/> Yes <input type="checkbox"/> No Form 3670 or other approved form service initiated date:..... _____
b. Within seven DADS workdays of PAS service initiation, did the provider agency send the case manager/service coordinator a Form 2067 containing the following: 1. Service initiation date?..... 2. The name of the attendant performing personal assistance services? (2067, 3670) (N/A for ICM) Reference: 40 TAC §48.6092 (2)(C)(i) and (ii); 40 TAC §53.705; HB Section 4444	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Form 2067 Date of Signature _____ Form 3670 or other approved form service initiation date:..... _____ If the date of signature on Form 2067 is more than seven DADS workdays from the service initiation date, the standard is Not Met .
c. Has the provider documented that each attendant was oriented in performing PAS (ADL) tasks prior to the delivery of services and required topics addressed? Note: Item 4421.6, Orientation and Training Responsibilities of the RN Supervisor. (3670)..... Reference: 40 TAC §48.6092 (3)(A),(B) and (C); 40 TAC §53.903; HB Section 4444	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Form 3670 or Approved Facsimile..... _____ Orientation Date: _____ Were the following topics covered? 1. The participant's health condition and how it may affect performance of tasks:..... <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Tasks to be performed, work schedule, and safety and emergency procedures:..... <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Symptoms or changes in the participant's health status about which the unlicensed person should notify the RN or the attending physician: <input type="checkbox"/> Yes <input type="checkbox"/> No Provider's Source of Documentation:..... _____
If any Item a-c under Standard 3 is marked No, standard is Not Met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Standard 3 is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Standard 4. Ongoing Services				
a. Was the replacement attendant oriented in performing PAS (ADL) tasks before or when the new attendant began to provide services to the client? Reference: 40 TAC §48.6092 (3) (A), (B) and (C); 40 TAC §53.903; HB Section 4421.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Read this standard for all cases. Read Item 4.a. only if a new attendant began providing services during the review period. Date the new attendant began providing services, as documented on Form 3670 or approved facsimile _____ Orientation (Training) Date _____ Were the following topics covered? 1. Information about the participant's health condition and how it may affect performance of tasks: <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Tasks to be performed, work schedule, and safety and emergency procedures:..... <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Symptoms or changes in the participant's health status about which the unlicensed person should notify the RN or the attending physician: <input type="checkbox"/> Yes <input type="checkbox"/> No Provider's Source of Documentation:..... _____

Client Name: _____

Standards Criteria	Yes	No	N/A	Notes
4. Ongoing Services (continued)				
<p>b. When requesting routine service plan changes, excluding PAS, did the provider submit the following to the case manager/service coordinator within seven DADS workdays:</p> <p>1. A signed and dated Form 2067 requesting the service plan change?</p> <p>2. The appropriate ISP attachment page, Form 3671-B-E, identifying the change and signed by the provider professional?</p> <p>3. Documentation of necessity from a physician, physician's assistant, registered nurse, nurse practitioner, or therapists for any adaptive aid, medical supply or minor home modifications identified?</p> <p>Reference: 40 TAC §48.6023; 40 TAC §53.409; 40 TAC §53.711; HB Section 4452.2</p> <p>Mark b. 1-3. N/A if the service plan change is not for adaptive aids, minor home modifications or medical supplies.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Read Item 4.b. and Item 4.c. if the date of awareness occurs during the review period.</p> <p>Date of awareness of need for change: _____</p> <p>Date of signature on Form 2067:..... _____</p> <p>Was appropriate ISP attachment sent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was documentation of necessity of adaptive aids, medical supplies and minor home modifications mailed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>c. When requesting routine service plan changes for PAS, did the provider submit to the case manager/service coordinator, within seven DADS workdays of identifying a need for a change, a Form 2067 containing the rationale for the change, the type and amount of additional services needed, and the anticipated duration?</p> <p>Reference: 40 TAC §48.6024; 40 TAC §53.911; HB Section 4452.2</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Date of awareness of need for change: ... _____</p> <p>Date of signature on Form 2067:..... _____</p>
<p>If any Item a.– c. under Standard 4 is marked No, Standard 4 is Not Met.</p> <p style="text-align: right;">Standard 4 is:</p>	Met	Not Met	N/A	
<p>Standard 5. Service Breaks</p>	Yes	No	N/A	<p>Read this standard for all ongoing cases in the sample.</p>
<p>a. Did the client receive all authorized or scheduled PAS services? (2060-A and 3670)</p> <p>Each instance of fewer than scheduled hours or no services provided must have the reason for the break in services documented. Valid reasons are listed in (1-5) below:</p> <p>1. Services are automatically suspended;</p> <p>Reference: 40 TAC §40.6098, §48.6100 and §48.6106; 40 TAC §53.501 (1-11); Appendix XIX</p> <p>2. Services are suspended for cause</p> <p>Reference: 40 TAC §48.6102 and §48.6104; 40 TAC §53.501 (11)(12); Appendix XIX</p> <p>3. Participant is not at home when services are scheduled.</p> <p>Reference: 40 TAC §48.6096; 40 TAC §53.907; Section 4451</p> <p>4. Participant requests that services not be provided on specific days.</p> <p>Reference: 40 TAC §48.6096; 40 TAC §53.907; Section 4451</p> <p>5. Participant agrees to fewer than scheduled hours as documented in the record.</p> <p>Reference: 40 TAC §48.6096; 40 TAC §53.907; Section 4451</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Form 2060-A case manager/service coordinator signature date: _____</p> <p>Document any incidences of fewer than scheduled hours/no services provided, and make any notations as applicable. Indicate any days without valid documentation of service breaks on a separate document. The separate document becomes part of the monitoring tool and must be attached.</p> <p>Number of days with no service, and no valid reason documented: _____</p> <p>Number of days with less service, and no valid reason documented: _____</p> <p>See form instructions for this standard for special instances.</p>
<p>If item a. is marked No, and any instance of less than scheduled/no service provided during the entire review period does not have a reason documented, or the reason documented is not valid, the standard is Not Met.</p> <p style="text-align: right;">Standard 5 is:</p>	Met	Not Met	N/A	

Client Name: _____

Standards Criteria	Yes	No	N/A	Notes
Standard 6. Specifications for Adaptive Aids and Minor Home Modifications				Read this standard if the delivery/completion due date is in the review period. Case is read even if the actual delivery/completion date was in the previous month, if the adaptive aid should have been delivered or the minor home modification job completed during the review period in order to meet time frame requirements.
a. Does the provider have specifications for all adaptive aids costing more than \$500? Reference: 40 TAC §48.6052 (b)(1); 40 TAC §53.737(d)(1); HB Section 4424.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If delivery/completion due date was in the following month, and if this is the only adaptive aid or minor home modification in the sample, mark standard N/A. List item(s), date authorized, and delivery or completion due date: _____ _____
b. Does the provider have specifications for all minor home modification jobs costing more than \$1000?..... Reference: 40 TAC §48.6068 (3); 40 TAC §53.867(a); HB Section 4425.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If Item a. or Item b. in Standard 6 is marked No, standard is Not Met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Standard 6 is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Standard 7. Form 3848, Documentation of Completion of Purchase				Read this standard if the delivery/completion due date is in the review period. Case is read even if the actual delivery/completion date was in the previous month, if the adaptive aid should have been delivered or the minor home modification job completed during the review period in order to meet time frame requirements.
a. Does the provider have a Form 3848 for all adaptive aids delivered or minor home modifications completed? Reference: 40 TAC §48.6052 (6) and §48.6086 (6); 40 TAC §53.755; 40 TAC §53.879; HB Section 4424.3 and 4425.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If delivery/completion due date was in the following month, and if this is the only adaptive aid or minor home modification in the sample, mark standard N/A. If there should be a Form 3848, or an equivalent if an ICM LTSS provider, based on the service delivery record and one is not available, mark the standard Not Met. List item(s), date authorized, and delivery or completion date: _____ _____
b. Was Form 3848 mailed to the case manager within the required time frame (7 days)? Reference: 40 TAC §48.6068 (6)(C); HB Section 4424.3 & 4425.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. If ICM, was Form 3848 or equivalent mailed to the service coordinator within the required time frame (7 days after the home visit) if the individual continued to express dissatisfaction after the home visit? (N/A for CBA) Reference: 40 TAC §53.1011	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If any item under Standard 7 is marked No, mark standard Not Met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If entire Form 3848 is not completed according to instructions or if all required elements are not included on the equivalent document used by an ICM LTSS provider, mark this standard Not Met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If the activity for this standard is late due to a valid reason, mark the standard N/A.
Standard 7 is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Supplies/Adaptive Aids/Minor Home Modifications Compliance Time frame Standards (Standards 8 – 10)				
Standard 8. Medical Supplies (§48.6060)				Read this standard for all sample cases in this review period for any type of medical supplies that were authorized for the first time. For example, if the authorized medical supplies are diapers and blue pads, both types of medical supplies need to be delivered in order for the standard to be Met.
a. Were all medical supplies delivered within 5 DADS workdays of the waiver initiation date, unless documentation is available that supplies were on hand on the service initiation date? Reference: 40 TAC §48.6060 (a); 40 TAC §53.849(a); HB Section 4424.4.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If the medical supply costs \$200 or less per month, and is on the approved list in Section 4424.2, do not apply Standard 8 to the medical supply. If the only medical supply(ies) for this client meets both criteria, mark standard 8 N/A. ISP effective date: On approved list? <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly cost of medical supply Date services were initiated (Form 3670)..... Date supplies were delivered (Form 3670).....
b. On existing cases, were all medical supplies delivered within 5 DADS workdays of the ISP effective date or the date the ISP form is received, unless documentation is available that supplies were on hand for ongoing services? Reference: 40 TAC §48.6060 (b); 40 TAC §53.849(a); HB Section 4424.4.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. If the medical supplies were not delivered within 5 DADS workdays of receipt of DADS's authorization, was a Form 2067 sent to the case manager/service coordinator before the 5th day, containing an explanation of the delay, and a new proposed delivery date? Reference: 40 TAC §48.6060 (b); 40 TAC §53.849(a); HB Section 4424.4.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there documentation on file indicating that supplies were on hand on the service initiation date?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
If any item is answered No, mark standard Not Met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If there is documentation that medical supplies were on hand when waiver services were initiated, mark the standard Met.
Standard 8 is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Client Name: _____

Standard 9. Adaptive Aids
 Read this standard for any case in which an adaptive aid was authorized and should have been delivered during the review period but was not delivered, or was delivered prior to the review period; or for any adaptive aid that was delivered during the review period.
 If the adaptive aid costs \$200 or less, and is on the approved list in Section 4424.2, do not apply Standard 9 to the adaptive aid. If the only adaptive aid(s) for this client meets both criteria, mark Standard 9 N/A.

9. a. Adaptive aids costing less than \$500: Were adaptive aids costing less than \$500 delivered within 14 DADS workdays of being authorized? Reference: 40 TAC §48.6054 (a); 40 TAC §53.743(b); HB Section 4424.4.4

Item	On Approved List		Cost of Item	Date Authorized (Form 3671 or date form received)	Date Due for Delivery	Date Delivered (Form 3848)	Delivered Within 14 Workdays?		If Required, Form 2067 Sent		Form 2067 Documents Valid Reason for Delay	
	Yes	No					Yes	No	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. b. Adaptive aids costing \$500 or more: Were adaptive aids costing \$500 or more delivered within 30 DADS workdays of being authorized? Reference: 40 TAC §48.6056 (a); 40 TAC §53.743(c); HB Section 4424.4.4

Item	Date Authorized (Form 3671 or date form received)	Date Due for Delivery	Date Delivered (Form 3848)	Delivered Within 30 Workdays?		If Required, Form 2067 Sent		Form 2067 Documents Valid Reason for Delay	
				Yes	No	Yes	No	Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of adaptive aids delivered according to program requirements, as documented in Item a. and Item b. above: <p style="text-align: right;">enter total in block c.</p>	
Number of adaptive aids <u>not</u> delivered according to program requirements, as documented in Item a. and Item b. above: <p style="text-align: right;">enter total in block d.</p>	
If there were no adaptive aids during this review period, <p style="text-align: right;">enter N/A in block e.</p>	

Proceed to Page 7, AA/MHM Compliance Summary, to transfer the totals from Block c. and Block d. of this page to applicable columns.

Client Name: _____

Standard 10. Minor Home Modifications
Read this standard for any case in which a minor home modification was authorized and should have been completed during the review period but was not completed, or was completed prior to the review period; or for any minor home modification that was completed during the review period.

10. a. Minor home modifications costing less than \$1000: Were minor home modifications costing less than \$1000 completed within 30 DADS workdays of being authorized? **Reference: 40 TAC §48.6072 (a); 40 TAC §53.875(a); HB Section 4425.8.1**

Item	Date Authorized (Form 3671 or date form received)	Date Due for Completion	Date Completed (Form 3848)	Completed Within 30 Workdays?		If Required, Form 2067 Sent		Form 2067 Documents Valid Reason for Delay	
				Yes	No	Yes	No	Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. b. Minor Home Modifications costing \$1000 or more: Were minor home modifications costing \$1000 or more completed within 60 DADS workdays of being authorized? **Reference: 40 TAC §48.6070 (a); 40 TAC §53.875(b); HB Section 4425.8.1**

Item	Date Authorized (Form 3671 or date form received)	Date Due for Completion	Date Completed (Form 3848)	Completed Within 60 Workdays?		If Required, Form 2067 Sent		Form 2067 Documents Valid Reason for Delay	
				Yes	No	Yes	No	Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of minor home modifications completed according to program requirements, as documented in Item a. and Item b. above: <p style="text-align: right;">enter total in block</p>	f.
Number of minor home modifications <u>not</u> completed according to program requirements, as documented in Item a. and Item b. above: <p style="text-align: right;">enter total in block</p>	g.
If there were no minor home modifications during this review period, <p style="text-align: right;">enter N/A in block</p>	h.

Proceed to Page 7, AA/MHM Compliance Summary, to transfer the totals from Block f. and Block g. of this page to applicable columns.

Agency Name: _____

Standard 11. Complaints	Yes	No	N/A					
a. Does the provider agency maintain a log of the complaints and make review of complaints accessible to the contract manager?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete this item only once for the provider agency.				
Reference: 40 TAC §49.14 (3); HB Section 2110 If Yes, continue. If No, mark Item b. N/A and mark Standard 11 Not Met.				List all sample and non-sample PHC clients that had complaints during the review period.				
b. Were there any complaints during the review period?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client Name	Date Received	Date Completed*	Completed* Timely	
If Yes, continue. If No, mark Standard Met.							Yes	No
c. Is there documentation that the provider agency:							<input type="checkbox"/>	<input type="checkbox"/>
1. investigated and resolved all of the complaints within five workdays of receipt of the complaint, including client's initials on client-initiated complaints or witness's signature when the client refuses to sign; and.....							<input type="checkbox"/>	<input type="checkbox"/>
2. submitted the complaint findings to DADS within 30 days of receipt of the complaint (Form 2067)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
Reference: 40 TAC §49.14 (4); HB Section 2110							<input type="checkbox"/>	<input type="checkbox"/>
If any complaint received from a sample or non-sample client during the review period:							<input type="checkbox"/>	<input type="checkbox"/>
(1.) is not investigated and/or resolved, and/or							<input type="checkbox"/>	<input type="checkbox"/>
(2.) the findings are not reported to the DADS contract manager within the required timeframe(s), mark Item 11c., 1-2, as applicable, No.							<input type="checkbox"/>	<input type="checkbox"/>
If Item 11a., 11c.1., or 11c.2. is marked No, mark Standard 11 Not Met.				*Note: Completed means complaints were investigated, resolved and the findings were reported to the DADS contract manager. For client-initiated complaints, the client's initials or witness's signature must be present to verify resolution.				
Note: Do not include the findings for Standard 11 in determining the compliance level for the provider agency. Report Standard 11 findings separately in the findings section of Form 3853. Request that the provider agency develop a corrective action plan and/or sanction if compliance with Standard 11 is below 100%.								
				Reference: 40 TAC §49.14(5); HB Section 2110				
Standard 11 is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					