

Consumer Directed Services  
**Consumer Directed Services Agency (CDSA)**  
**Compliance Monitoring Guide**

Consumer Name <b>Sue Smith</b>		Medicaid No. <b>123456789</b>	Consumer's Region/Catchment Area <b>07</b>	
Address <b>125 East Blue Bird Avenue</b>		City <b>Austin</b>	ZIP Code <b>78795</b>	Telephone No. <b>(512) 123-4567</b>
Employer Name (Verify employer status – see form instructions.) <b>James Smith</b>			Employer Relationship to Consumer <input type="checkbox"/> Consumer <input checked="" type="checkbox"/> Parent of Minor <input type="checkbox"/> Guardian	
Consumer's Date of Birth <b>01/25/1965</b>	Consumer's Age <b>39</b>	Guardian <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Designated Responsible Party <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Agreement Signed by Employer/CDSA (Date) <b>May 15, 2005</b>

CDSA Provider <b>ACB CDSA</b>	CDSA Vendor No. <b>100100456</b>	CDSA Location <b>Austin</b>
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Name of Monitor <b>Amy Brown</b>	Date of Review <b>12/05/05</b>	Review Period <b>From: May 1, 2005 To: July 31, 2005</b>
Type of Review <input checked="" type="checkbox"/> Formal <input type="checkbox"/> Administrative <input type="checkbox"/> Other:		

STANDARDS CRITERIA			
STANDARD 1 – Orientation and Service Agreement	YES	NO	N/A
1. If the consumer enrolled in Consumer Directed Services (CDS) with this CDSA, did the CDSA conduct an <b>orientation</b> as outlined in §41.103(1) to train the employer in program and legal requirements, as well as provide information concerning fiscal and payroll responsibilities and obligations as an employer? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the CDSA enter into (complete and signed/dated) Form 1735, Employer and Consumer Directed Services Agency Service Agreement, with the employer at the time of enrollment with the provider agency? Did the correct individual sign the agreement as the employer? If either response is No, mark the item No. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Reference:** 40 TAC §41.103(1)-(3)  
 If item is marked NO, Standard 1 is NOT MET. **Standard 1 is:** .....  MET  NOT MET  N/A

**Notes/Comments:**

STANDARD 2 – Budget Development	YES	NO
Review each item in Standard 2 regardless of when the activity occurred within or outside of the review period. Response to each item must be yes or no.		
1. Did the CDSA assist the employer in <b>budget development</b> for each service area authorized for CDS, including use of DADS CDS Budget Workbook and related worksheets? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is the budget calculated based on each service plan in effect during the review period? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Have the employer and CDSA agreed (signed and dated) with each service budget? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Reference:** 40 TAC §41.103(1)-(3)  
 If any item is marked NO, Standard 2 is NOT MET. **Standard 2 is:** .....  MET  NOT MET

**Notes/Comments:**

**Case Review Summary:**

Transfer results of case review to *Form 3853*, Provider Agency Evaluation Summary.

Standard	Met	Not Met	N/A	Standard	Met	Not Met	N/A
Standard 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Standard 5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Standard 6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Standard 7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Standard 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Standard 8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL:</b>					<b>7</b>	<b>1</b>	<b>0</b>





STANDARD 7 – CDSA Responsibilities, Ongoing Training	YES	NO	N/A
<p>Did the CDSA conduct the following activity as required and/or indicated by need: Did the CDSA provide <b>ongoing training</b> pertaining to the CDSA's responsibilities/employment and employer-related issues? .....</p> <p><b>Note:</b> Refer to each standard in this and other monitoring activities to determine if employer was non-compliant (adhering to budgets, time sheets, credentialing of employees and providers, providing required documents to the CDSA within established timeframes, etc.). Did the CDSA document that additional training was provided to the employer? Mark this standard as Not Met if the CDSA did not provide ongoing training to the employer related to any problem or non-compliance.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Reference:** 40 TAC §41.103(2), (3), (4)(L)-(M)  
If any item is marked NO, Standard 7 is NOT MET.      **Standard 7 is:** .....  MET  NOT MET  N/A

**Notes/Comments:**

The employer did not provide dated signature approval for timesheets submitted on July 1 for the June 16 – EOM (end of month) payroll period. The employer did not provide dated signature approval for timesheets submitted on July 16 for the July 1 –16 payroll period. The CDSA did not provide training to the employer to prevent this from reoccurring.

STANDARD 8 – CDSA Responsibilities, Criminal Conviction History Reports	YES	NO	N/A
1. Was the <b>Texas Department of Public Safety (DPS) Criminal Conviction History Report</b> obtained for each applicant <b>before</b> employment or, for service providers, <b>before</b> delivery of services through CDS?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If conducted by the CDSA, was the employer informed of the results of the convictions check before the employer made an offer of employment to the applicant? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the CDSA have a current copy of the DPS check at the time of hire? (If no, mark Standard 8 as Not Met. CDSA must have current verification of status before issuing any payment to an applicant or employee.).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was each applicant offered or denied employment in accordance with Health and Safety Code 250?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Reference:** 40 TAC §41.103(5)(A) and (B)  
If any item is marked NO, Standard 8 is NOT MET.      **Standard 8 is:** .....  MET  NOT MET  N/A

**Notes/Comments:**

**Notes/Comments**

## Complaints Consumer Directed Services Agency (CDSA)

CDSA Provider <b>ABC CDSA</b>	CDSA Vendor No. <b>100100456</b>	CDSA Location <b>Austin</b>
Name of Monitor <b>Amy Brown</b>	Date of Review <b>12/05/05</b>	Review Period <b>From: May 1, 2005 To: July 31, 2005</b>
Type of Review <input checked="" type="checkbox"/> Formal <input type="checkbox"/> Administrative <input type="checkbox"/> Other:		

<b>STANDARD 9 – Complaints – Reference: §49.17(d)(3)</b> <b>This standard is reviewed only once for the provider agency.</b>	YES	NO	N/A
1. Does the CDSA provider agency maintain a log of complaints and make records and resolution of complaints accessible to DADS staff?..... If No, Standard 9 is Not Met.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Each complaint received from any source during the review period must be documented and resolved. Did the agency comply with rules for each complaint? ..... If No, Standard 9 is Not Met. If there is no complaint, mark N/A.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List **any** consumer with any complaint received during the review period. List the consumer's name, not the complainant's name. Continue listing on back of form or on an additional sheet, if needed.

Consumer Name	Date Complaint Received	Date Investigation & Resolution Completed	Date Services Began (for initial cases)	Date of Most Recent Notification of Procedures	Date of Previous **Notification of Procedures	*Completed Timely (Y/N)
<b>N/A</b>						

**Notes:**

\* **Completed means:**

- investigating and resolving within five (5) DADS work days, and
- obtaining the consumer or guardian's initials on consumer/guardian-initiated complaints (or a witness's signature when the consumer refuses to sign).

\*\* Providing complaint procedures to consumers/consumers' representatives in writing no later than the time services begin (for initial cases) and no later than 12 months between each notification (for ongoing cases).

3. Is there documentation that the provider agency:	YES	NO	N/A
a. Investigated and resolved all complaints within five (5) DADS work days? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Provided complaint procedures to consumers/consumers' representatives in writing no later than the time services began (for initial cases) and no later than 12 months between each notification (for ongoing cases). .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Reference:</b> §41.17(a)-(f), §49.18(a), (d) If either item for 3 (a or b) is marked NO, Standard 9 is NOT MET.			

Standard 9 is: .....  MET     NOT MET     N/A

Do not include the findings for Standard 9, Complaints, in determining the compliance level for the provider agency. Report Standard 9 findings separately in the findings section of Form 3853, Provider Agency Evaluation Summary.

**Standard 9 is Met** when Item 1 is Yes; Item 2 is Yes or N/A; Item 3a is Yes or N/A; **and** Item 3b is Yes.

**Contract/Program Compliance  
Provider Agency Evaluation Summary**

Provider Agency Name <b>ABC CDSA</b>		Vendor No. <b>100100456</b>	Region No. <b>07</b>
Type of Review <b>Formal</b>	Reason for Review <input checked="" type="checkbox"/> Routine Monitoring <input type="checkbox"/> Complaint <input type="checkbox"/> Other		Review Period <b>June 2005</b>
			Date <b>12/05/2005</b>

STANDARDS	A NUMBER MET	B NUMBER NOT MET	C NUMBER N/A	D TOTAL (A + B)	E % MET
Orientation and Service Agreement	4	0	0	4	100%
Budget Development	3	1	0	4	50%
Employer and Employer-Agent Registration	4	0	0	4	100%
CDSA Responsibilities, Federal and State Agencies	4	0	0	4	100%
CDSA Responsibilities, Payroll and Accounts Payable	4	0	0	4	100%
CDSA Responsibilities, Payroll Status Monitoring and Reporting	4	0	0	4	100%
CDSA Responsibilities, Ongoing Training	3	1	0	4	75%
CDSA Responsibilities, Criminal Conviction History Reports	3	1	0	4	75%
Complaints – Reference: §49.17(d)(3)	4	0	0	4	100%
<b>TOTALS:</b>	<b>33</b>	<b>3</b>	<b>0</b>	<b>36</b>	

<b>Overall Compliance Percentage:</b>	<b>91.7%</b>
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**ABOVE COMPLIANCE**—Your agency is performing at or above 90%, which is the minimum compliance level. Please review the “Findings” section (below), if appropriate, for areas of concern.

**BELOW COMPLIANCE**—Your agency is performing BELOW 90%, which is the minimum compliance level. The major reasons for noncompliance of standards are noted in the “Findings” section (below).

**Findings:**

**Refer Forms 1722 for details of standards indicated as not met. (Consumers S.S. and B.T.)**

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*Amu Brown*  
Signature—Reviewer

**12/06/05**

Date

Reviewer BJN <b>621-81-P15-363</b>
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Signature—Reviewer

Date

Reviewer BJN
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**My signature confirms that the findings of the review have been shared with me. My signature does not signify agreement.**

*John Jones*

**12/06/05**

Signature—Provider Agency

Date

**This is to certify that I am waiving my right to an exit conference.**

Signature—Provider Agency

Date