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| **Date** | Click or tap to enter a date. |
| **Company Name** |  |
| **Address** |  |
| **Contact Person** |  |
| **Phone Number** |  |
| **Email** |  |

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| **Review Team Members** |
| **1:**  |
| **2:** |
| **3:** |
| **4:** |
| **5:** |

**Program Contact:**

Colin Rork,

Program Integrity Manager

A&D CSP Commission

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**FMS READINESS REVIEW TOOL**

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| **ACRONYM REFERENCE GUIDE** |
| “ANE” Abuse, Neglect, Exploitation  |
| “CDDO” Community Developmental Disability Organization  |
| “DOL” Department of Labor |
| “DSW” Direct Service Worker  |
| “FMS” Financial Management Services  |
| “GAAP” Generally Accepted Accounting Principles  |
| “I&A” Information and Assistance |
| “KDADS” Kansas Department for Aging and Disability Services  |
|  “KMAP” Kansas Medical Assistance Program  |
| “MCO” Managed Care Organization  |
| “PD” Position Description |
| “P&P” Policy and Procedure |
| “QA” Quality Assurance |

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| **Scoring Compliance Key** |
| **(1) =Yes (2) =No (7) = NA** |



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| **Section I: Agreements, Registrations, Certifications and Contracts** |
| **#** |  | **1** | **2** | **7** | **Strengths & Comments** | **Findings & Recommendations** |
| 1 | Current Business Associate Agreement  |[ ] [ ] [ ]        |       |
| 2 | Current Boycott of Israel Form  |[ ] [ ] [ ]        |       |
| 3a | Sample employer/FMS agreement |[ ] [ ] [ ]        |       |
| 3b | Sample employer packet  |[ ] [ ] [ ]        |       |
| 4a | Sample DSW/employer agreement |[ ] [ ] [ ]        |       |
| 4b | Sample DSW packet |[ ] [ ] [ ]        |       |
| **Section II: Organization Composition** |
| **#** |  | **1** | **2** | **7** | **Strengths & Comments** | **Findings & Recommendations** |
| 1 | Position Descriptions (PD’s) for provider staff including % time devoted to FMS business and clear delineation of FMS related roles and responsibilities versus others. |[ ] [ ] [ ]        |       |
| 2 | Organizational Chart  |[ ] [ ] [ ]        |       |
| **Section III: Insurance** |
| **#** |  | **1** | **2** | **7** | **Strengths & Comments** | **Findings & Recommendations** |
| 1 | Proof of liability insurance ($500,000 min)?  |[ ] [ ] [ ]        |       |
| 2 | Worker’s comp insurance?  |[ ] [ ] [ ]        |       |
| 3 | Sample affidavit for common law employers with an annual payroll less than $20,000 who are exempt from the law and choose not to provide worker’s compensation coverage to their employee(s)  |[ ] [ ] [ ]        |       |
| 4 | Unemployment insurance |[ ] [ ] [ ]        |       |

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| **Section IV: Financial Solvency** |
| **#** |  | **1** | **2** | **7** | **Strengths & Comments** | **Findings & Recommendations** |
| 1 | Three most current bank statements  |[ ] [ ] [ ]        |       |
| 2 | Open letter of credit  |[ ] [ ] [ ]        |       |
| 3 | Current Balance Sheet  |[ ] [ ] [ ]        |       |
| 4 | Schedule of monthly anticipated expenditures  |[ ] [ ] [ ]        |       |
| 5 | Independent GAAP Audit  |[ ] [ ] [ ]        |       |
| **Section V: Tax Documentation** |
| **#** |  | **1** | **2** | **7** | **Strengths & Comments** | **Findings & Recommendations** |
| 1 | FEIN Documentation as employer agent in accordance with 3504 of the IRS code.  |[ ] [ ] [ ]        |       |
| **Section VI:**  **Policies & Procedures** |
| **#** |  | **1** | **2** | **7** | **Strengths & Comments** | **Findings & Recommendations** |
| 1 | P&P for the Information and Assistance (I&A) Process |[ ] [ ] [ ]        |       |
| 2 | I&A packet for applying for employee EIN?  |[ ] [ ] [ ]        |       |
| 3 | P&P on Conflict of Interest (Guardianship & DPOA) |[ ] [ ] [ ]        |       |
| 4 | P&P on Employer Responsibilities |[ ] [ ] [ ]        |       |
| 5 | P&P on Department of Labor (DOL) rules |[ ] [ ] [ ]        |       |
| 6 | P&P on Background check requirements |[ ] [ ] [ ]        |       |
| 7 | P&P on record retention |[ ] [ ] [ ]        |       |
| 8 | P&P on the required use of the ‘AuthentiCare’ KS IVR system |[ ] [ ] [ ]        |       |
| 9 | P&P on training process for IVR system?  |[ ] [ ] [ ]        |       |
| 10 | P&P on ANE reporting  |[ ] [ ] [ ]        |       |
|  | P&P on KDADS adverse incident reporting system  |[ ] [ ] [ ]        |       |
| 11 | P&P to demonstrate the ability to monitor, identify and report instances of fraud, waste and abuse to the appropriate authorities and ensure correct claims billing for HCBS Program participants directing their care  |[ ] [ ] [ ]        |       |
| 12 | P&P for a participants DSW/employee to file a grievance  |[ ] [ ] [ ]        |       |
| 13 | P&P for Transfer of FMS services Policy  |[ ] [ ] [ ]        |       |
| 14 | P&P for worker’s compensation “opt in” “opt out” in accordance with the law. How does the provider inform the employer if their right/responsibility to opt in/out of work cop coverage |[ ] [ ] [ ]        |       |
| 15 | P&P on FMS Roles & Responsibilities  |[ ] [ ] [ ]        |       |
| **Section VII: Please Provide Written Responses to the following questions:** |
| 1 | Please describe how your Work Comp Policy will be structured between your agency and the Work Comp Insurance Provider?  |
| 2 | How will your agency inform Employers of their right/responsibility to opt in/out of Work Comp coverage?  |
| 3 | How does “opting out” of Work Comp coverage impact the Employers’ direct service worker payrate?  |
| 4 | Describe your billing process, including how each claim is audited prior to billing?  |
| 5 | Describe your process for ensuring FMS claims are only billed when services have been provided.  |
| 6 | What will your system be for tracking of excess funds? How will you track excess funds generated from variable pay rates for each Employer/DSW?  |
| 7 | Will your agency establish a Kansas withholding account on behalf of each employer or a single account?  |
| 8 | Does your agency have a pay rate selection that will be made available to the Consumer/Employer for each of their DSWs?  |
| **Section VIII: Final Steps** |
| **#** |  | **1** | **2** | **7** | **Strengths & Comments** | **Findings & Recommendations** |
| 1 | Current FMS agreement including Provider Signature and Secretary Signature, waivers served |[ ] [ ] [ ]        |       |
| 2 | CDDO Affiliate Agreement |[ ] [ ] [ ]        |       |
| 3 | KMAP Provider Agreement |[ ] [ ] [ ]        |       |
| 4 | Registration in good standing with theSecretary of State’s office |[ ] [ ] [ ]        |       |
| 5 | MCO Credentialed |[ ] [ ] [ ]        |       |
| **KDADS Program Integrity Review**  |
| KDADS Approves of readiness tool findings [ ]  | Date: Click or tap to enter a date. |       |
| KDADS Does Not Approve of readiness tool findings [ ]  | Comments:       |