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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:**

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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 the  Secretary 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: | | |