



Brian Sandoval
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1210 S. Valley View Ste. 104
Las Vegas, Nevada 89102

MICHAEL J. WILLDEN
Director

CHARLES DUARTE
Administrator

February 17, 2011

Provider Number: 003002540

Living Assistance Visiting Angels
1701 N. Green Valley Pkwy, Suite 9A
Henderson, NV 89074

Dear PCS Provider:

Pursuant to the Nevada Medicaid provider contract, a PCS agency must be in compliance with Chapter 3500 of the Nevada Medicaid Services Manual (MSM). Personal Care Services (PCS) Program Compliance Reviews are conducted to evaluate whether a provider is in compliance with the aforementioned MSM chapter requirements.

An unannounced compliance review was conducted at your agency on February 15 and 16, 2011. The findings from this review were discussed with you at the exit conference on February 16, 2011.

The compliance score for each standard audited in this Program Compliance Review related to the sample of 16 recipients and 16 Personal Care Aides reviewed is **100%**. Your agency's non-compliance with specific Chapter 3500 requirements and the score for each standard audited in the Program Compliance Review are as follows:

Administrative and Program Requirements **Score for this Standard =100%**

The Administrative and Program requirements consisted of those items which were requested while at your agency. They include the following requirements:

- | | |
|--|-------------------------|
| 1. Referral Source Agreement | Section 3503.1B #1b.6&7 |
| 2. Serious Occurrence Report Summaries | Section 3503.1B #20 |
| 3. Complaint Procedure | Section 3503.1B #19 |
| 4. Documented Supervisor Training/Experience | Section 3503.1B #16a |
| 5. Licensure from BHCQC | Section 3503.1B #1a.1 |
| 6. 24 Hour Ground Telephone | Section 3503.1B #1a.2&5 |
| 7. Business Office with Posted Hours | Section 3503.1B #1a.3 |
| 8. Tax ID Name and Number | Section 3503.1B #1a.4 |
| 9. Worker's Compensation Insurance | Section 3503.1B #1a.5 |
| 10. Criminal Background Checks | Section 3503.1B #1a.6 |
| 11. Commercial General Liability Insurance | Section 3503.1B #1a.7 |

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|--------------------------------------|-----------------------|
| 12. Vehicle Liability Coverage | Section 3503.1B #1a.8 |
| 13. Commercial Crime Insurance | Section 3503.1B #1a.9 |
| 14. Recipient Satisfaction Survey | Section 3503.1B #9 |
| 15. Serious Occurrence Reports to DO | Section 3503.1B #20 |

Review of the aforementioned requirements revealed that your agency was found to be in compliance with the above Administrative and Program requirements.

AGENCY STANDARDS

Score for this Standard =100%

Agency standards include the following requirements:

- | | |
|---|----------------------|
| 1. Basic Training Program Content | Section 3503.1B #18a |
| 2. Basic Training Facilltated By Supervisor | Section 3503.1B #18a |
| 3. Basic Training Competency Evaluation | Section 3503.1B #18a |
| 4. Annual and Basic Training Attendance Records | Section 3503.1B #18a |
| 5. Annual In-Service Program | Section 3503.1B #18b |

The training materials met the minimum standards required by Medicaid policy. It remains your responsibility to ensure that each Personal Care Aide complies with the Basic Training and Annual Training requirements as outlined in MSM, Chapter 3500, Section 3503.1B, #18a., b., c., d., e.

RECIPIENT SAFETY

Score for this Standard =100%

Recipient Safety standards include the following requirements:

- | | |
|--|----------------------------|
| 1. Current CPR | Section 3503.1B #18a 16 |
| 2. TB Testing Complete or Medical Clearance | Section 3505.1B #4 |
| 3. Criminal Background Checks Initiated
& dilligent follow-up as outlined | Section 3505.1B #3 |
| 4. Basic Training or Annual Training Completed | Section 3505.1B #18a, b, e |
| 5. On-the Job Training | Section 3503.1B #18c |

Your agency was found to be in compliance with Recipient Safety Standard requirements as outlined in Chapter 3500.

INITIATION OF SERVICE

Score for this Standard =100%

Initiation of Services Standards includes the following requirements:

- | | |
|--|--|
| 1. Supervisor Reviews Service Plans with PCA | Section 3503.1B #16b |
| 2. Provider Policies Reviewed with Recipient | Section 3503.1B #14b |
| 3. Complaint Procedure Reviewed with Recipient | Section 3503.1B #14b 4 |
| 4. Advanced Directives Reviewed with Recipient | Section 3503.1B #14a |
| 5. Service Plan Reviewed with Recipient | Section 3503.1B #14c |
| 6. Agency Reviews Covered/Non-Covered &
Not Permitted Services with Recipient | Section 3503.1A #2 & 4
and 3503.1B#15 |

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|--|---|
| 7. Procedure for Missed/Additional Visits Discussed with Recipient | Section 3503.1B #14b 5 and 3503.1D #3 |
| 8. Recipient's Backup Plan Discussed with Recipient | Section 3503.1B #14c 3 and 3503.1B #6 |
| 9. Verification of Services Discussed with Recipient | Section 3503.1B #14b 9 and 3503.1B #23b 4 |

Your agency was found to be in compliance with following the Initiation of Service Standard requirements.

ONGOING SERVICE DELIVERY

Score for this Standard=100%

Ongoing Service Delivery standards include the following requirements:

- | | |
|---|------------------------------------|
| 1. Supervisor Reviews all Delivery Records for Accuracy | Section 3503.1B #16b |
| 2. Documentation of Supervisory Interventions | Section 3503.1B #16b, c |
| 3. Delivery Records Consistent with Service Plan | Section 3503.1B #23 |
| 4. CMS 1500 or Payer Path is Accurate | Section 3503.1D #5 and 3503.1B #23 |

The agency was found to be in compliance with following the Ongoing Service Delivery Standard requirements.

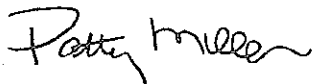
The review team reviewed one discharged recipient's record and the recipient was found to be discharged per Medicaid policy.

As your agency has an overall score of 100% on this review, no Corrective Action Plan is required from you.

Any PCS-PA or other provider who bills DHCFP for services rendered by a PCA who had not met all requirements of this chapter at the time services were rendered (including requirements involving TB testing, training, CPR certification, and criminal background checks) is subject to all administrative and corrective sanction and recoupments listed in the Medicaid Services Manual, Chapter 3300.

If you have any questions about this report please contact Kimberly Craig, LSW, Health Care Coordinator II at 668-4276.

Sincerely,



Patty Miller, Social Services Manager III
 Las Vegas District Office

Cc: Jack Zenteno, SSPS III
 Michelle Campbell, SURS Supervisor
 Susan Nielsen, R.N. HCC IV, Supervisor

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