

Oklahoma HealthCare Authority

Living Choice Medically Fragile

Member's Name: _____ PCA/ASR Name: _____

Provider Agency: _____ Month & Year: _____

Home Health Qualified Providers Non-Licensed Checklist

Provider submitted a copy of current license? yes () no () PM (QP 3.1)

PCA Qualifications: These items are evaluated to verify provider compliance for each PCA who provide services to members.

OSBI	PM (QP 2.1)	
Competency Check <i>(Evaluator's Name & Date)</i>		
Member Rights		
Code of Ethics		
Confidentiality Statement <i>(PCA Signature & Date)</i>		
HIPAA Statement <i>(PCA Signature & Date)</i>		
ODH 805 Employment Application <i>(01012001)</i>		
Community Service Worker's Check		
Proof of Age/ Copy of D. L. or ID <i>(18 yrs or older)</i>		
References X 2/ Verified		
Nurse Aide Registry Check <i>(Date)</i>		
Annual Evaluation	PM (QP 2.3)	
ASR Competency <i>(Advance Supportive Restorative)</i> <i>(Evaluator & Date)</i>		
AST CPR Date <i>(Absolute Safety Training)</i>		
A, N, & E Training Verified <i>(Abuse, Neglect & Exploitation)</i>	PM (HW 1.2)	

Notes Section