

FRANKLIN COUNTY SENIOR OPTIONS

CONDITIONS OF PARTICIPATION

(These rules are subject to change to comply with federal, state, and local laws.)

CONDITION 1: AGENCY STRUCTURE

The Provider agency shall be a formally organized business or service agency registered and in good standing with the Ohio Secretary of State which is currently operating and providing paid home care services to individuals in the community at the point of application. The Provider's business shall be located within the State of Ohio or have a satellite office located within the State of Ohio from which to serve Franklin County, Ohio residents. The FCOA does not contract with independent providers. Provider must have a formally organized business or service agency.

Required Elements

1.1 The Provider agency must demonstrate a two-year (2) business history supported by business records and professional references that will demonstrate the Provider's ability to perform the duties of the contract and provide high quality services.

The Provider agency must meet a minimum of the following criteria:

1.1.1 Provider agency must demonstrate a business history of providing paid home care services to individuals in the community for **at least two (2) years prior to the point of application** to FCOA (point of application is two years prior to the date of the opening of this invitation to bid).

The Provider agency must submit the following documentation at the point of application:

- a) **Evidence of Two Years business history:** Applicant must submit evidence/proof/supporting documentation to demonstrate Provider agency's two-year home care service provision. Examples of documentation include the following: Articles of Incorporation or Organization as filed with Ohio Secretary of State, Federal Tax ID form, evidence of paid service provision for consumers such as independent audits, or financial statements.
 - b) **Two Years of Business Insurance:** Applicant must also submit evidence/proof/supporting documentation of business insurance coverage for a minimum of two years without a lapse in coverage (see COP 1, Section 1.1 and 1.1.1).
 - c) **Certificate of Good Standing** (if agency is incorporated or registered with the Ohio Secretary of State).
- 1.2 The Provider shall disclose all parties having ownership/interest in or control of the agency.
- 1.2.1 The Provider shall have a written statement defining the purpose of their business or service agency.
 - 1.2.2 The Provider shall have a written statement of policies and directives or bylaws or articles of incorporation.

- 1.2.3 The Provider shall disclose the identity and offense of any person who is an owner or has control of the business or service agency who has been convicted of a felony under state or federal law.
- 1.3 The Provider shall have a written table of organization that clearly identifies lines of administrative, advisory, contractual and supervisory authority and responsibility to the direct care level.
- 1.4 The Provider is operating the business in compliance with applicable Federal, State and Local laws.
 - 1.4.1 The Provider shall comply with all applicable federal and state privacy laws, including the Health Insurance Portability and Accountability Act regulations (HIPAA).
 - 1.4.2 The Provider shall have a written statement supporting compliance with anti-discrimination laws, federal wage and hour laws, Worker's Compensation laws and the Americans with Disabilities Act in the recruitment and employment of individuals.
 - 1.4.3 The Provider shall have a written statement supporting compliance with current anti-discrimination laws with regard to employment.

Franklin County Non-Discrimination Policy

Equal Employment Opportunity: The parties hereto agree that as a condition of this contract, there shall be no discrimination against any employee or applicant for employment because of race, color, sex, religion, national origin, disability, age, ancestry, sexual orientation, gender identity, marital status, Vietnam-era veteran status or geographical location. The parties will ensure that applicants and employees are treated without regard to their race, color, sex, religion, national origin, disability, age, ancestry, sexual orientation, gender identity, marital status, or Vietnam-era veteran status. Such actions include, but are not limited to the following: Employment, Upgrading, Demotion or Transfer; Recruitment or Recruitment Advertising; Layoff or Termination; Rates of Pay or other forms of Compensation; and places available to employees and applicants for employment, notices stating the party complies with all applicable federal and state non-discrimination laws.

Drug Free Workplace: The parties hereto agree to comply with all applicable federal and state laws regarding a drug-free workplace. The parties further agree that they will make a good faith effort to ensure that all employees of a government or private entity performing duties or responsibilities under this agreement shall not use illegal drugs or alcohol or abuse prescription drugs in any way.

- 1.5 The Provider shall have a written statement supporting compliance with current anti-discrimination laws in service delivery to consumers. The Provider shall not deny service to FCSO clients for any reason, or subject clients to discriminative actions for reasons of race, color, sex, religion, national origin, disability, age, ancestry, sexual orientation, gender identity, marital status, or Vietnam-era veteran status, or nature of the client's condition.

CONDITION 2 PHYSICAL FACILITY

The Provider has a physical facility from which to conduct business.

Required Elements:

- 2.1 The Provider shall have a computer with appropriate software, a printer, a telephone, fax machine and an employee available to take telephone calls between 9:00 a.m. and 4:00 p.m., Monday through Friday. Provider shall supply the FCOA with an alternate telephone number to be used for administrative purposes only, in the event of an emergency and the provider cannot be reached at the primary agency telephone number.
- 2.2 The Provider shall utilize a secure, locked storage space for all FCSO client records.

CONDITION 3 ADMINISTRATIVE POLICIES

The Provider shall have written procedures supporting the operation of the business and its services.

Required Elements:

- 3.1 The Provider shall have a system to document services delivered and billed that complies with the FCSO program requirements.
- 3.2 The Provider shall obtain and maintain a comprehensive insurance program affording as a minimum the items indicated below:
 - 3.2.1 **Comprehensive General Liability**: \$1,000,000 single limit occurrence including coverage for: a) **Personal Injury Liability**: all sums which the company shall become legally obligated to pay as damages because of bodily injury, sickness, or disease including death at any time resulting there from, sustained by any person other than its employees, b) **Broad form Property Damage Liability**, c) products and completed operations; d) premises and completed operations; and e) contractual liability insuring the obligations assumed by the Provider (vendor) under the Contract. This insurance does not apply or shall not be construed as being applicable to liability for damages arising out of bodily injury to any person or damage to any property of others resulting from the negligence

of the Franklin County Board of Commissioners, its officers, employees or agents.

c) **Automobile Liability Insurance:** all sums, which the company shall become legally obligated to pay as damages because of injury to or destruction caused by occurrence arising out of ownership, maintenance or use of any automobile. This coverage is required for any service used to transport clients (i.e., homemaker escort and adult day services).

d) **Excess Annual Aggregate Limit:** \$1,000,000 dollars. During the term of this Contract and any renewal thereto, the Contractor, and any agent of the Offeror, at its sole cost and expense shall maintain the required insurance coverage as described in the Contract. County may require the Contractor to provide respective certificate(s) of insurance in order to verify coverage. Failure to provide a requested certificate within a seven (7) calendar day period may be considered as default.

e) **Employee Dishonesty:** not less than \$10,000 dollars. This requirement can be included in the agency's general liability policy, or be contained separately in an Employee Dishonesty Bond from a Bonding or Surety company.

f) The following must be named as additional insured: **The Franklin County Board of Commissioners and the Franklin County Office on Aging and its staff.**

3.2.2 The Provider shall have Certificates of Insurance providing that during the term of the contract the Provider shall be insured at all locations where it undertakes business operations for the types of insurance and limits of liability as indicated above. Upon request, copies of these Certificates shall be made available to Office on Aging staff.

3.2.3 These policies shall contain the following special provisions: The company agrees that thirty (30) days prior to the cancellation or reduction of the insurance afforded by this policy with respect to the contract involved, written notice shall be delivered to: The Franklin County Office on Aging, Quality Improvement Manager, 280 E. Broad Street, Room 300, Columbus, OH 43215.

3.3 The Provider shall have a written procedure which identifies the steps a client shall take to file a liability claim.

3.4 The Provider shall have a written procedure for documenting all client incidents and reporting the incidents to FCSO. The Provider shall maintain evidence of reporting the incident to FCSO via phone, fax or Q system e-mail.

3.5 The Provider shall notify FCSO within 24 hours of any adverse incidents and document the notification on an adverse incident report, which shall be forwarded to the FCSO.

- 3.6 The Provider shall maintain a hard copy or electronic file for each FCSO client. Each file shall contain the following information:
- a) Client name, address, and telephone number
 - b) Client date of birth and gender
 - c) Contact person's name and phone number
 - d) FCSO case manager name and phone number
 - e) Functional limitations of client relevant to service(s) authorized
 - f) Signed and dated documentation of each contact with the client or caregiver, FCSO case manager or other authorized persons.
- 3.7 The Provider shall obtain written approval from the FCSO client to release client specific information to sources outside of Franklin County Senior Options and have a written policy regarding confidentiality. Client information received or submitted via computer, paper or verbally shall be considered confidential.
- 3.8 The Provider shall retain all records supporting service delivery to FCSO clients for a period of 6 years or until an initiated fiscal audit is completed, whichever is later. Notwithstanding the above, if there is litigation, claims, audits, negotiations or other actions that involve any of the records cited and that have started before the expiration of the six-year period, then such records must be retained until completion of the actions and resolution of all issues, or the expiration of the six-year period, whichever occurs later.
- 3.9 The Provider shall have a written grievance procedure for the purpose of resolving client complaints. The Provider shall inform all clients of their right to file a grievance, and shall give the client the name and telephone number of the Provider's contact person responsible for addressing grievances.
- 3.9.1 The Provider shall notify the FCSO CM via phone, fax or e-mail of any and all client complaints reported to the Provider agency.
- 3.10 The Provider staff shall return telephone calls from FCSO Case Managers and authorized clients within 24 hours during normal business day.
- 3.11 The Provider shall use the Franklin County Senior Options logo or a written statement indicating that services are funded through the Franklin County Senior Services Levy on all client correspondence and publications related to the FCSO program.
- 3.12 The Provider shall immediately notify the FCOA Quality Improvement Manager in writing of any changes to corporate structure, Federal Tax ID#, or if the vendor is purchased by or merges with another business entity. Per county policy (Section 4.08 of ITB), "the vendor may not assign any of its rights under this contract unless the County consents to the assignment, in writing. Any purported assignment made without the County's written consent is void and may be subject to termination of the

contract. The County may assert against an assignee any claim or defense the County may have against the assignor.”

- 3.13 In the event a FCSO Provider desires to be released from the terms and conditions of the FCSO contract, the provider must submit this request in writing to the FCOA Quality Improvement Manager. The FCOA requires 60 days’ notice of intent to terminate the contract.
- 3.14 The Provider shall not engage in behavior that constitutes a conflict of interest or takes advantage of or manipulates clients’ services resulting in an unintended advantage for personal gain that has detrimental results for the consumer, the consumer’s family or caregivers or another provider. The Provider staff shall maintain professional boundaries with clients and their caregivers at all times.

CONDITION 4 PERSONNEL POLICIES

The Provider has written personnel policies that support personnel practices.

Required Elements:

- 4.1 The Provider shall have written job descriptions or statements of job responsibilities that include qualifications for each position involved in the direct delivery of FCSO services.
- 4.2 The Provider shall conduct and document performance appraisals a minimum of annually for all individuals (employed or contracted) including volunteers involved in the direct delivery of FCSO services.
- 4.3 The Provider shall have documentation signed and dated by the staff member which indicates completion of an orientation **prior to** servicing an FCSO client which includes:
 - 4.3.1 The Provider’s purpose, policies and procedures; including but not limited to:
 - a) Employee position description/duties/expectations
 - b) Agency personnel policies
 - c) Incident reporting procedures and policies
 - d) Agency table of organization/lines of communication
 - e) Emergency procedures
 - 4.3.2 FCSO Program purpose, philosophy, FCSO Provider Code of Ethics, and client confidentiality using orientation materials provided by the Franklin County Office on Aging.
- 4.4 The Provider shall have a written procedure defining the process by which a staff member can register a complaint or grievance.

- 4.5 The Provider shall maintain a personnel file on every staff member (including volunteers and contract workers), who provides direct service to FCSO clients. This file shall include:
- a) A resume or application for employment that includes a description of work history
 - b) Written documentation of employee applicant's signed consent for verification of previous employment, training and experience
 - c) Written documentation of Provider confirmation/verification of employee's previous employment, experience and training
 - d) Written verification of licensure/certification and a valid driver's license, if applicable.
 - e) A copy of the performance appraisals signed and dated by the employee and staff member conducting the appraisal
 - f) A copy of the FCSO Provider Staff Code of Ethics signed and dated by the employee
- 4.6 The FCSO program does not permit the direct service worker to be a family member of the client. The Provider shall assure that the direct service worker will not be related to the client for whom they are assigned to provide care.
- 4.7 Prior to hiring, the Provider shall review the applicant's status in the following six (6) free databases (OAC 173-9-03) for prohibited offenses. For assistance in using these databases please visit <http://aging.ohio.gov/information/rules/faq.aspx>.

SAM	The U.S. general services administration's system for award management	https://www.sam.gov
OIG	The Office of Inspector General of the U.S. Dept. of Health and Human Services' list of excluded individuals.	http://exclusions.oig.hhs.gov
Abuser Registry	The Department of Developmental Disabilities' online abuser registry that lists people cited for abuse, neglect, or misappropriation.	https://its.prodapps.dodd.ohio.gov/ABR_Default.aspx
Sex Offender Search	Ohio Attorney General's sex offender and child-victim offender database.	https://www.icrimewatch.net/index.php?AgencyID=55149&disc=
Offender Search	This Department of Rehabilitation and Correction's database of inmates.	http://www.drc.ohio.gov/OffenderSearch/Search.aspx
Nurse-Aide Registry	Department of Health's state nurse aide registry. If applicant has not been a resident of Ohio for 5 years, agency must conduct nurse-aid registry in state(s) in which applicant resided prior to Ohio.	http://odhgateway.odh.ohio.gov/nar/nar_registry_search.aspx

- 4.8 The Provider shall have written procedures that require it to conduct background checks on all applicants as well as procedures that do not permit hiring an applicant who has been convicted of a disqualifying offense, as defined in Ohio Revised Code Section 3701.881 and Ohio Administrative Code Section 173-9-01 through 173-9-10 or other actions that pose a risk to the clients.
- 4.8.1 The Bureau of Criminal Identification and Investigations fingerprint check is to be conducted on all employees (including volunteers and contract workers) who provide direct service or supervision of direct service staff.
- 4.8.2 The Provider shall maintain a documentation log to support completion of BCII checks on all service workers and supervisory personnel.

CONDITION 5 SERVICE DELIVERY

FCSO case managers make referrals and authorize services to providers based on the lowest cost, the highest quality service delivery, and the provider's capacity to deliver the service while being respectful of client choice. FCSO does not guarantee a volume of service for providers. All referrals and authorizations are made electronically utilizing the FCSO "Q Case Management System."

Required Elements:

- 5.1 The Provider shall deliver services in compliance with service specification(s) and in accordance with the service plan as authorized by Franklin County Senior Options.
- 5.2 The Provider shall check FCSO Requests for Service (RFS) and e-mails *a minimum of twice each working day*, and shall acknowledge, accept, or decline RFS's within 3 working days.
- 5.3 The Provider shall only initiate services authorized by FCSO. The Provider shall not contact the FCSO client until the service has been authorized to the provider agency. FCSO will not pay for services delivered without authorization.
- 5.4 The Provider shall inform the FCSO case manager within 5 working days if the authorization date initially entered by the Case Manager must be changed after the Provider is authorized the client.
- 5.5 The Provider must have prior approval from the FCSO case manager or supervisor to increase or decrease service units, or to change a service schedule (i.e. day of week care is provided). Any change to a service schedule agreed upon by the worker and client must have prior approval by the FCSO Case Manager.

- Failure to obtain prior approval from the FCSO case manager may result in refusal of payment.
- 5.6 The Provider shall immediately (within 24 hours) notify the FCSO case manager by phone, fax, or Q system e-mail of the following:
- a) Changes in client status (health, mental health or death)
 - b) Changes in client address or living arrangement
 - c) Client admission to an institution (nursing home, hospital or rehab facility)
 - d) Any other changes or client status issues that could pose a health and safety issue to the client or provider staff, or interfere with the delivery of authorized services.
- 5.6.1 The Provider shall notify the FCSO case manager via phone, fax or Q system e-mail if the client is repeatedly refusing service, or has asked the Provider to cancel services.
- 5.6.2 The Provider shall have a written procedure for verifying service delivery when a client signature cannot be obtained.
- 5.6.3 The Provider shall make this documentation available upon request from the client or FCSO personnel.
- 5.6.4 The Provider shall create and implement a policy to ensure clients receive a monthly report of services delivered if the Provider elects to use an electronic verification system. This report shall include date of service, time in and time out, tasks completed, and client phone number. In the event client does not have a phone to verify service delivery, the Provider must utilize a paper service ticket for each date of service.
- 5.7 The Provider shall obtain documentation signed and dated by the client for each instance of service delivery (with the exception of Adult Day Services where a daily roster is used) . The documentation signed by the client shall include:
- a) The date of service delivery
 - b) A description of the service tasks being performed
 - c) The name of the direct service worker
 - d) The arrival and departure time of the direct service worker
 - e) The signature of the direct service worker
- 5.7.1 The Provider shall make this documentation available upon request from the client or FCSO personnel.
- 5.8 In the event of a staff member absence, the Provider is responsible for furnishing a substitute staff member to deliver the services in accordance with the authorized care plan schedule.

- 5.8.1 The Provider may make arrangements with the client to provide services on another day; however, the Provider shall make every effort to provide the service as authorized in the FCSO care plan. For example, if the client is authorized for weekly homemaker service, the Provider shall make every effort to provide a substitute worker during that same week period. If the client is authorized to receive a meal delivery, the Provider shall make every effort to deliver the meals within the same week.
- 5.9 In the event services cannot be delivered as authorized, the Provider shall notify the FCSO case manager within one working day with the following information:
- a) Client name
 - b) Reason service cannot be delivered
 - c) If subsequent service visits will be missed
 - d) Date client will receive next service
- 5.10 The Provider shall maintain written documentation of all client contacts, case manager contacts, and units of service delivered. The provider shall make this documentation available upon request.
- 5.11 To promote high quality service delivery, the Provider shall participate with the FCSO staff in problem resolution of client or Provider staff incidents, grievances or complaints.
- 5.12 The Provider shall furnish their employees with an agency ID to present to clients at the time of service provision.
- 5.13 The Provider shall furnish their employees with personal protective equipment including but not limited to gloves, masks, booties, etc., as needed to ensure compliance with universal precautions and infestation control.

CONDITION 6 COMPLIANCE

The Provider shall comply with all contract requirements, Conditions of Participation, relevant Service Specifications and reporting requirements of the Franklin County Office on Aging.

Required Elements:

- 6.1 The Provider must furnish documentation demonstrating that all requirements outlined in the applicable Service Specifications and Conditions of Participation have been met.
- 6.2 The Provider acknowledges and agrees that FCOA may take any action, including but not limited to the termination of the agreement, the imposition of sanctions or

the suspension of referrals if it is determined by FCOA or their representatives at their sole discretion that the Provider is not in compliance with any of these Conditions of Participation or relevant Service Specifications.

6.3 The Provider shall allow representatives of FCOA access to the Provider facility and full access to policies, procedures, records, and other documents related to provision of service to FCSO clients, and shall cooperate with said representatives in periodic reviews.

6.4 The Provider shall maintain compliance with all contract requirements, Conditions of Participation (COP), and relevant Service Specifications (SS) during the term of this contract. Failure to maintain compliance may result in the following actions:

6.4.1 A Provider who is found to be non-compliant with a COP or SS may:

- a) Be required to submit a Plan of Correction.
- b) Be placed on hold for new requests for service/referrals (RFS) from FCSO.

The Provider agency must demonstrate compliance with the specified terms of the contract prior to being released from RFS hold status.

6.4.2 A Provider who is found to have repeated non-compliance issues with the COP's or SS's, or when non-compliance poses a health and/or safety risk to the FCSO client, may:

- a) Be required to submit a Plan of Correction
- b) Be placed on an extended hold for RFS
- c) Have their FCSO client's removed from the Provider's care.

The Provider agency must demonstrate compliance with the specified terms of the contract prior to being released from RFS hold status and to resume service provision to FCSO clients.

6.4.3 A Provider who is found to have repeated non-compliance issues with the COP's and SS's, has repeatedly failed to show their ability to meet the terms and conditions of the contract, or is found to have serious non-compliance issues which pose a health and/or safety risk to the FCSO client may jeopardize their participation as an FCSO provider.

6.5 The Provider shall immediately notify the FCOA Quality Improvement Manager in writing of any of the following changes:

- a) Significant policy concerns or problems
- b) Changes in name, corporate structure, or service provision
- c) Office relocations, changes in phone numbers
- d) Changes in Administrative staff

- 6.6 The Provider shall have a representative from their agency attend all Provider meetings.
- 6.7 Notwithstanding the process outlined in this Section, the County reserves its right to terminate the contract according to the provisions of Section 9 of the ITB without the need to follow the process outlined in that Section.

CONDITION 7 BILLING

The Provider shall submit billings to the Franklin County Office on Aging Senior Options Program on a monthly basis. The Provider's request for payment is due no later than the 15th of the subsequent month following the date of service.

Required Elements:

- 7.1 The Provider shall input service units into the FCSO billing system via computer. The FCOA will only remit payments to the contracted Provider agency. The Provider's request for payment is due no later than the 15th of the subsequent month following the date of service.
- 7.2 The Provider shall bill on a monthly basis for only those units authorized by FCSO and delivered by the Provider. If the number of units billed is less than the monthly authorized units, the unbilled units cannot be added to the next month's billing. The FCOA is not liable to pay costs arising from changes, modifications or extra work orders not authorized in advance by FCSO, except during emergency situations.
- 7.3 The Provider shall bill for actual units of service delivered rounded off to the nearest quarter unit for one hour units. Workers time spent for travel, breaks, meal breaks or administrative activities shall not be billed to FCSO.
- 7.4 The Provider shall not bill extra for services provided on holidays or weekends; this cost should be calculated into the unit cost. (See service specifications for any exceptions.)
- 7.5 The Provider may bill for time direct service workers spend in client care conferences as authorized by FCSO. In these cases, FCSO will sign the receipt of service form, and retain the client copy.
- 7.6 The FCOA has the right to refuse payment to the Provider when requests for payment are not received within sixty days of the date of service delivery.
- 7.7 The Provider and its representatives shall not bill any FCSO client for service(s) delivered OR solicit clients for donations.

- 7.7.1 The Provider shall not solicit donations from clients whose services are provided under Senior Options. This includes prohibition against adding FCSO clients to general solicitation mailing lists. **FCSO clients who would like to make a donation should be directed to the Franklin County Office on Aging Manager of Finance and Operations.**
- 7.8 The FCOA will research unpaid units, if the requests are received within sixty days of the end of the month in which services were delivered.
- 7.9 The Provider shall identify and bill all other sources of payment including third party payers such as Medicare and private insurance, billing FCSO as the last resort. The Provider shall only bill one payment source for a provided unit of service.
- 7.10 The Provider shall maintain written documentation of all units of service delivered. The FCOA has the right to refuse payment, or require re-payment to the FCOA, for any units of service billed to the FCOA when the Provider agency does not have written documentation to support the provision of service.
- 7.11 An FCSO client or Case Manager may cancel a service unit without incurring a charge by contacting the Provider before 7:00 a.m. on the scheduled day of service. If the Provider is notified after 7:00 a.m. or does not receive a notice of cancellation, the Provider may bill the FCOA as follows:
- a. All Providers, with the exception of Medical Transportation and Adult Day Services may bill for a maximum of 1 unit of service.
 - b. Adult Day Services Providers may bill for a maximum of (1/2) unit of service. For Adult Day Service transportation, a maximum of 1 unit of service may be billed if the Provider attempted to transport the client.
 - c. All Providers shall document in the client record the person who notified the Provider of the cancellation, the time of notification, and the reason given for the cancellation.
- 7.12 Franklin County normally makes payments within 45 days from the day the invoice is “signed off” or received and/or acceptance of supplies or services.

CONDITION 8 COMPUTER REQUIREMENTS

Required Elements:

- 8.1 To access the “Q System” and receive technical support from FCOA, the provider agency must have computer equipment that **meets or exceeds** the following requirements:
- IBM compatible PC with PC mouse
 - Windows desktop operating actively supported by Microsoft (<https://support.microsoft.com/lifecycle/search>)
 - Internet access (broadband is recommended)

- Modern web browser with support for 128-bit encryption
 - Active antivirus software with up-to-date signatures
- 8.2 To protect your system, and by extension, FCOA client data on our systems, an active antivirus system with up-to-date signatures is required. Furthermore, all Windows security patches must be kept current via Microsoft Windows Update (<http://update.microsoft.com>).
- 8.3 Every user of the Q System is required to have a personal account and password. **The sharing of user accounts and passwords is prohibited.** All users will be required to sign a network security agreement to indicate understanding and acceptance of the security policy. **“Violations of this agreement may result in penalties, including but not limited to, the suspension of your agency’s participation in the Franklin County Senior Options program, a \$250 fine and prosecution.”**
- 8.4 FCOA will provide phone support to assist the provider agency with any technical issues **related to the Q System** at no charge to the provider agency.
- 8.5 To ensure proper utilization of the Q System, the provider agency must have at least one staff member who has attended Q System training at the FCOA. Q System users who do not attend training at FCOA should be trained by a provider staff member who has been trained at FCOA.
- 8.6 The Q System is used to respond to request for services (RFS), notification of client services, billing for services, and communication via e-mail. **Therefore, it is vital that the Q System be checked for these items a minimum of two times a day (at least once in the AM and once in the PM).**
- 8.7 The provider agency shall notify the FCOA if they are unable to access the Q System for any reason. By doing this, FCOA will be able to identify and respond to these problems in the most efficient and effective manner possible.
- 8.8 The computer requirements may be updated if deemed necessary by FCOA. The provider is required to comply with computer-related policies and procedures as directed in other sections of the Conditions of Participation and Service Specifications or as defined by the FCOA.