ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

ATTENDANT CARE/HOUSEKEEPING SERVICE MONITORING/SUPERVISION

This form should be used to evaluate Attendant Care/Housekeeping service provided by an Independent Provider or Direct Support Professional (DSP) for a Qualified Vendor. A Qualified Vendor may choose to use this form or one by their own agency.

Member's Name *(Last, First, M.I.)* _____ Assist I.D. No. _____

Service Start Date _____ Monitoring/Supervisory Visit Date _____

SERVICE

☐ Attendant Care ☐ Attendant Care Family ☐ Housekeeping

Monitoring is required within 5-days of a Qualified Vendor working with a new member, and again at 30-days, at 60-days (if issues have been identified), and at 90-days. Services must be monitored every 90-days thereafter. Supervisory visits are required within the first 90-days of a new provider working with the member and the provider must be present for the supervisory visit.

☐ 5 days ☐ 30 Days ☐ 60 Days *(if required)* ☐ 90 days

OBSERVATIONS

Check the appropriate box. If 'NO' is checked, please enter a comment.	YES	NO	N/A
1. Does the member appear to be in a safe environment?	☐	☐	☐
2. Does the member look healthy?	☐	☐	☐
3. Is the member clean and wearing clean clothes?	☐	☐	☐
4. Was activity observed or reported consistent with the assessed need?	☐	☐	☐
5. (Supervisory visit only): Has the provider reviewed the Pre-Service Orientation? If no, indicate the date that the provider will complete:	☐	☐	☐
6. (Supervisory visit only): Does the provider demonstrate competency in providing the assessed services (e.g., lifting, transferring, etc.)?	☐	☐	☐
7. If the member has a an Electronic Visit Verification (EVV) device, can it be moved or is it fixed? (If moveable, what is the plan to ensure the device is fixed in the member's home and the date it will be complete.)?	Fixed ☐	Movable ☐	N/A ☐

QUESTIONS TO ASK THE MEMBER/RESPONSIBLE PERSON

Check the appropriate box. If 'NO' is checked, please enter a comment.	YES	NO	N/A
8. Please describe what the provider typically does when they come to your home? (If the member cannot, the monitor/supervisor should document that the member is unable to do so.)			
9. Is the provider respectful of the member or family choices?	☐	☐	☐

See reverse for EOE/ADA/LEP/GINA disclosures

Check the appropriate box. If 'NO' is checked, please enter a comment.	YES	NO	N/A
10. Are you aware of who to contact in case of a no-show, call-out, or emergency?	☐	☐	☐
11. If the member is using a paper time-sheet, is it still needed or is an electronic verification option available?	☐	☐	☐

Monitor, Supervisor Name _____ Title _____

Signature _____ Date _____

Member's Name _____

Signature _____ Date _____

Provider's Name _____ Title _____

Signature _____ Date _____