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| **DESIGNATED MANAGER REVIEW** | | |
| Program:        Date of review:    Name of Designated Manager completing the review:  \*If the responsibilities of the Designated Coordinator and the Designated Manager are fulfilled by the same person in the company, both this form and the *Designated Coordinator Review* form may be completed by that person. If the responsibilities of both positions are filled by different persons in the company, each position will complete the applicable review form. | | |
| The Designated Manager is responsible for providing program management and oversight of the services provided by the license holder including:   * Maintaining a current understanding of the licensing requirements sufficient to ensure compliance throughout the program as identified in 245A.04, subdivision 1, paragraph (e), and when applicable, 256B.04, subdivision 21, paragraph (b). * Ensuring the duties of the Designated Coordinator are fulfilled according to 245D.09, subdivision 2. * Ensuring the program implements corrective action identified as necessary by the program following review of incident and emergency reports according to 245D.11, subdivision 2, clause (7) including that an internal review has been completed for situations that require one. * Evaluation of satisfaction of persons served and/or legal representatives and the case managers, with the service delivery and progress towards accomplishing outcomes identified in 245D.07 and 245D.071, and ensuring and protecting each person’s rights as identified in 245D.04. * Ensuring staff competency requirements are met according to 245D.09, subdivision 3 and ensuring staff orientation and training is provided according to the requirements in 245D.09, subdivisions 4, 4a, and 5. * Ensuring corrective action is taken when ordered by the commissioner (DHS) and that the terms and condition of the license and any variances are met. * Evaluating the information identified in the previous six points to develop, document, and implement ongoing program improvements. | | |
| **Review area** | **Evaluation** | **Write correction action plan and recheck date, if necessary** |
| Licensing requirement understanding and implementation –  245A.04, subdivision 1, paragraph (e) | A review of any updates that have occurred to MN Statutes, chapters 245A, 245C, and 245D has been completed. Those updates include:  Any questions regarding licensing requirements have been asked and answered. The information regarding the question and answer includes: |  |
| Public Funds Integrity Monitoring Compliance Officer –  256B.04, subdivision 21, paragraph (b) | The *Policy and Procedure on Anti-Fraud* is current and being implemented by all staff of the company.  Yes  No  All staff of the company have been trained on this policy.  Yes  No  Have there been allegations of improper conduct?  Yes  No  Has any report been made to DHS regarding violations or overpayment; with overpayment returned within 60 days?  Yes  No.  If yes, when? |  |
| Designated Coordinator responsibilities are fulfilled | A review of the *Designated Coordinator Reviews* for this time frame has occurred and concerns noted. Date of review:  Concerns noted:  Is the Designated Coordinator fulfilling their responsibilities according to 245D.09, subdivision 2?  Yes  No  If no, indicate what is not being fulfilled: |  |
| Review of *Incident and Emergency Reports* and taking of corrective action | Provide the name and date of *Incident and Emergency Reports* reviewed during this time frame:    Identification of patterns and corrective action was included on each report:  Yes  No  Corrective action was taken for each *Incident and Emergency Report* as indicated.  Yes  No  An internal review was completed for each incident or complaint that requires an internal review.  Yes  No  Corrective action based upon the results of the internal review was implemented.  Yes  No |  |
| Evaluation of satisfaction and ensuring rights of persons served | Date of last evaluation of satisfaction of persons served by the program, legal representatives, if any, and case managers regarding service delivery and progress towards accomplishing outcomes:  There have been complaints or lack of satisfaction made during this time frame.  Yes  No  If yes, indicate date of complaint and name of person served and the nature of the complaint:  Are there any concerns with ensuring and protecting the rights of persons served?  Yes  No  If yes, indicate what concern is present: |  |
| Staff competencies and provision of orientation and training requirements | Are staff competent to provide services to persons served?  Yes  No  Indicate what is being done to ensure this competency:    Orientation and training requirements include demonstration of competency as required.  Yes  No  Are staff competencies and orientation and training requirements being provided according to 245D.09, subdivisions 3 through 5?  Yes  No |  |
| License terms and conditions | Indicate any corrective action taken as ordered by the commissioner during this time frame:  Are there any concerns related to the terms and conditions of the license or any variances?  Yes  No  If yes, indicate the concern(s): |  |
| Quality assurance and program improvement:  9544.0120 | Was a review completed of the company’s program improvement process to assess the ongoing implementation of positive support strategies and person-centered planning?  Yes  No  Were strengths and opportunities for improvement identified?  Yes  No  Upon review of this information, what action will be taken to remedy problems or concern?  Date of review (completed every 6 months): |  |
| Based upon this review and the items noted above, what ongoing program improvements, if any, will be developed, documented, and implemented? | | |