

## 2. ISO to Client Training Checklist for Intermediary Service Organization (ISO)

### ISO to Client

<p><b><u>Name of Client</u></b></p> <p>ISO provides a Written Statement of Services Provided by ISO to include (a-g):</p> 	<p>a. Statement not within scope of ISO to manage medical &amp; health conditions of person w/disability (1621)</p> <p>b. Qualifications &amp; required training for PCAs (1621)</p>	<p>c. Amount charged for services by ISO (1622)</p> <p>d. Description of billing methods, acceptable payment methods/due dates/how to notify of increase in charges (1622)</p>	<p>e. Criteria, circumstances, conditions that may result in termination by ISO – how to notify client of termination (1623)</p> <p>f. How to contact ISO during hrs. when services are provided (1623)</p>	<p>g. Info on rights of client of ISO &amp; procedures for filing a grievance (1623)</p> <p>Signed Statement maintained by ISO of a-g (1624)</p>	<p>ISO discuss w/each potential client before services rendered (h-j):</p> 	<p>h. The planned training provided by ISO to PCA (1625)</p> <p>i. The responsibilities of the ISO (1625)</p>	<p>j. Contingency plan if PCA fails to report (1625)</p> <p>Discussion of ISO to PCA documented &amp; maintained in client records (1630)</p>	<p>Client received description of advanced directives &amp; how to obtain (1640)</p> <p>Client received written list of rights (1650)</p>	<p>Documented supervisory visits/phone calls every 6 months (1610-1615)</p>
<p>1.</p> <p>Initial Date of Service:</p>	_____	_____	_____	_____		_____	_____	_____	
<p>2.</p> <p>Initial Date of Service:</p>	_____	_____	_____	_____		_____	_____	_____	
<p>3.</p> <p>Initial Date of Service:</p>	_____	_____	_____	_____		_____	_____	_____	
<p>4.</p> <p>Initial Date of Service:</p>	_____	_____	_____	_____		_____	_____	_____	

Place check marks in all applicable boxes. For supervisory visit/phone calls, document date of the last two, if applicable.