

**INDEPENDENT PROVIDER
REQUIRED DOCUMENTS LIST**

Below is a list of documents that will be reviewed during the compliance review, please have these items available at the beginning of the onsite review. Additional documents may be requested during the onsite review. Depending on the type of waiver and services provided some items will not apply to the review. Please contact the reviewer with any questions prior to the onsite review.

ISP for Individuals in Sample	Completed
1. Current and previous service plan, addendums and revisions (Please note that the service plan should include information on restrictive measures or supports for behavioral concerns)	
2. Assessments used to develop the service plan	
3. Plan of Care signed by physician for TDD Waiver Nursing	
MEDICATION ADMINISTRATION for Individuals in Sample if applicable	
4. Current Self-Medication Assessment	
5. Medication Administration Records (MAR) for the last 3 months	
6. Physician's orders	
DELEGATED NURSING (if applicable)	
7. Evidence of nurse supervision of delegation <ul style="list-style-type: none"> a. Log Notes b. Nursing Notes c. Any documentation used by delegating nurse to evidence supervision d. Any special conditions identified by the nurse e. On-going nursing assessments f. Statement of delegation g. Name and credentials of the Delegating Nurse 	
TDD WAIVER NURSING SERVICES (RN/LPN only)	
8. Evidence of: <ul style="list-style-type: none"> a. Clinical Notes b. Nursing Notes c. Evidence of 120 day face-to-face visit with the individual and the directing RN d. Evidence of 60 day face-to-face visit with the RN e. Name and credentials of the nurse providing 	
BEHAVIOR SUPPORT for Individuals in Sample (if applicable)	
9. Evidence that plans with restrictive measures are reviewed every 90 days *Please provide last 3 status reports	
10. Evidence the provider was trained on restrictive measures	
DOCUMENTATION for Individuals in Sample	
11. Waiver service delivery documentation for the last 3 months, including money management, behavior support, and healthcare, if required by the service plan. For TDD this includes the individual record/face sheet.	

For employment services this includes the name of the individual's employer, number of hours worked and hourly wage.	
12. For providers of employment services evidence that a written progress report was submitted to the individual's team.	
13. For providers of employment services evidence that employment outcome data was submitted to the web-based data collection system maintained by DODD.	
14. For providers of employment services evidence that documentation includes the name of the individual's employer, # of hours worked and hourly wage.	
TRAINING/CERTIFICATION FOR PROVIDER	
15. Evidence of annual MUI/UI training	
16. Evidence of annual individual rights training	
17. Evidence of additional annual training- as required by the waiver service the provider is delivering	
18. Evidence of training on current ISP/BSP	
19. Current First Aid certification- please note that online only certification will not be accepted. Online training must include evidence of hands on skills component.	
20. Current CPR certification- please note that online only certification will not be accepted. Online training must include evidence of hands on skills component. (CPR not required for TDD)	
21. Evidence of Medication Administration Certification (if applicable)	
22. Evidence of CSTO form (must include date of certification) TDD ONLY	
23. Evidence of any professional license/certification(s)	
24. Evidence of successful completion of DODD Support Broker Training- SELF Support Broker ONLY	
MUI/UI	
25. MUI and UI reports for the last 9 – 12 months, including follow up on incidents	
26. UI Log(s) and evidence of monthly UI reviews for the last 3 months – additional reports may be requested onsite	
DRIVERS / TRANSPORTATION	
27. Evidence of valid driver's license (if responsible for transporting individuals)	
28. Evidence of current insurance policy for vehicles that are used to transport individuals	
29. Annual vehicle inspections – (Non-Medical transportation only)	
30. Daily Pre-Trip Inspection Sheets - (Non-Medical transportation only)	