

INDEPENDENT PROVIDER REQUIRED DOCUMENTS LIST

Below is a list of documents that may 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.

SECTION 1: SERVICE PLANNING for individuals in sample	YES	NO	N/A
1. Current individual service plan (ISP), including addendums/revisions (This will be provided by the County Board)			
2. Assessments used to develop the service plan (This will be provided by the County Board)			
3. Plan of Care (485) signed by physician for Waiver Nursing services (<i>if applicable</i>)			
4. Current Medication Self-Administration Assessment(s)			
SECTION 2: MEDICATION ADMINISTRATION for individuals in sample (<i>if applicable</i>)	YES	NO	N/A
1. Delegated Nursing: A. On-going nursing assessments B. Statement of delegation C. Annual staff skills checklist			
SECTION 3: BEHAVIOR SUPPORT for individuals in sample (<i>if applicable</i>)	YES	NO	N/A
1. Record of the date, time, duration, and antecedent factors for each use of a restrictive measure, <i>if applicable</i>			
2. If a time out room is utilized, please provide the logs			
SECTION 4: PERSONAL FUNDS for individuals in sample (<i>if applicable</i>)	YES	NO	N/A
1. Evidence that individuals have access to their funds as stipulated in the service plan			
2. Evidence of reconciliation of bank accounts (with bank statements) and cash accounts (including food stamp, gift card, or other cash accounts) for the months requested by someone who does not handle the individual's funds			
3. Documentation for the months requested, including ledgers, receipts, bill payments, etc. as required by the ISP			
SECTION 5: SERVICE DELIVERY & DOCUMENTATION for individuals in sample	YES	NO	N/A
1. Waiver service delivery documentation of services and outcomes in the ISP for the three months prior to review date for each type of service provided. See required documentation elements in the specific rule for each service: A. Career Planning (5123-9-13) B. Individual Employment Support (5123:2-9-15) C. Non-Medical Transportation (5123-9-18) D. Money Management (5123-9-20)			

**INDEPENDENT PROVIDER
REQUIRED DOCUMENTS LIST**

E. Informal Respite (5123-9-21) F. HPC Transportation (5123-9-24) G. HPC (5123-9-30, 5123-9-31, and 5123-9-32) H. Shared Living (5123-9-33) I. Waiver Nursing Delegation (5123:2-9-37) J. Waiver Nursing (5123-9-39)			
2. Medication Administration Records (MAR) and Treatment Administration Records (TAR) for the months requested for individuals in the sample who receive medication administration and/or treatments			
3. Current physician's orders for individuals in the sample who receive medication administration			
4. Waiver Nursing services documentation (<i>if applicable</i>): A. Individual record/Plan of Care (485) with required elements B. Clinical notes or progress notes C. Documentation of face to face visits			
5. For providers of employment services, evidence that a written progress report was submitted to the individual's team at least annually			
SECTION 6: MUI/UI	YES	NO	N/A
1. MUI and UI reports for the 12 months prior to the review date, including notifications, reporting, follow-up on incident, and evidence the UI was investigated. Please be prepared to pull incident reports as requested by the reviewer			
2. If no incidents have occurred within 12 months prior to the review date, please provide a template of an incident report to be used in the event of an incident			
3. UI Log(s) and evidence of monthly UI reviews for the months requested, even if no incidents occurred			
4. Most recent MUI Annual Analysis/Summary and evidence that it was sent to the County Board			
SECTION 7: PERSONNEL and POLICY	YES	NO	N/A
1. Evidence of CPR and First Aid certification.			
2. Evidence of appropriate licenses/certifications <i>if applicable</i> (i.e., nursing, OT/PT, etc.)			
3. Evidence of appropriate certifications if the staff person administers medication, insulin injections, G tube, J tube, or performs health related activities, <i>if applicable</i>			
4. Evidence of training for vagus nerve stimulator, epinephrine auto-injector and/or administration of topical over-the-counter medication for the purpose of cleaning, protecting, or comforting the skin, hair, nails, teeth, or oral surface, <i>if applicable</i>			
5. For providers that transport individuals, please provide the following: A. Evidence of valid driver's license			

**INDEPENDENT PROVIDER
REQUIRED DOCUMENTS LIST**

B. Evidence of current insurance policy for vehicles that are used to transport individuals			
6. Evidence that provider met with a representative of the county board prior to providing services.			
7. If billing the competency-based add-on, verification that provider meets the training requirements.			
8. Evidence of annual training for the previous calendar year on the following, <i>if applicable</i> : A. MUI/UI requirements and health and welfare alerts from the previous year B. Rights of individuals with DD			
9. Evidence that the provider received training specific to each individual he/she supports prior to providing direct services			
10. For the Money Management waiver service, evidence of 8 hours of annual training on topics that enhance skills and competency relevant to providing money management			
11. Evidence that the provider’s current physical address, telephone number, and electronic mail address are accurate in PSM.			
SECTION 8: TRANSPORTATION <i>if applicable</i>	YES	NO	N/A
1. Evidence of daily pre-trip inspections for the months requested above for Non-Medical Transportation in a modified vehicle or a vehicle equipped to transport five or more passengers.			
2. Evidence of daily pre-trip inspections for the months requested above for routine transportation in a modified vehicle.			
3. Evidence of current annual vehicle inspection for Non-Medical Transportation in a modified vehicle or a vehicle equipped to transport five or more passengers.			
SECTION 9: Physical Environment <i>if applicable</i>	YES	NO	N/A
1. Residence or other enforceable lease agreement (with guardian addendum, <i>if applicable</i>) in provider owned or controlled settings (including shared living)			