

INDEPENDENT PROVIDER REQUIRED DOCUMENTS LIST

The Independent Provider Review Tool is used for independent providers of career planning, individual employment support, non-medical transportation, money management, transportation, self-directed transportation, homemaker/personal care, participant directed homemaker personal care, shared living, residential respite, waiver nursing, and waiver nursing delegation.

Below is a list of documents that may be reviewed during the compliance review. Please have all written or electronic evidence of these documents 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. If you utilize electronic documentation, you do not need to print documentation for reviewers but will need to make it available to reviewers during the review. **Please contact the reviewer with any questions prior to the onsite review.**

SECTION 1: SERVICE PLANNING for individuals in sample <i>Information needed for this section will be obtained from the County Board</i>	YES	NO	N/A
SECTION 2: MEDICATION ADMINISTRATION for individuals in sample (if applicable)	YES	NO	N/A
1. Name and credentials of the nurse providing delegation (if applicable)			
2. Nursing Delegation (if applicable): <ul style="list-style-type: none"> a. A statement of delegation, b. Evidence the nurse provided individual-specific training to staff prior to the performance of delegated tasks. c. Evidence of ongoing reassessment but at least annually d. Step-by-step-written instructions of the task e. Nurse observed and documented a satisfactory return demonstration of the nursing task 			
SECTION 3: BEHAVIOR SUPPORT for individuals in sample (if applicable)	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> and evidence of notification to the guardian if any uses of chemical restraints, manual restraints, or time-out, <i>if applicable</i>			
2. Evidence the record of restrictive measures that were implemented were shared with the individual, guardian (if applicable) and team whenever the person's behavioral support strategy was reviewed or reconsidered			
SECTION 4: PERSONAL FUNDS for individuals in sample (if applicable)	YES	NO	N/A

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1. Documentation related to assistance with personal funds for the last 3 months, including ledgers, receipts (if required), bill payments, reconciliations of all accounts			
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. Service Delivery Documentation Crosswalk			
2. Medication Administration Records (MAR) and Treatment Administration Records (TAR) for the months requested above for individuals in the sample who receive medication administration and/or treatments			
3. Evidence of medical and dental appointments (if a responsibility of the provider to coordinate) for the past 12 months			
4. Current medication, treatment, and/or physician's orders for individuals in the sample who receive medication administration			
5. Additional Waiver Nursing services documentation (if applicable): <ul style="list-style-type: none"> a. Individual record/Plan of Care (485) b. Clinical notes or progress notes c. Documentation of face-to-face visits 			
6. For providers of employment services, evidence that a written progress report was submitted to the individual's team at least every twelve months.			
7. Documentation demonstrating that waiver services are delivered in a manner which supports each individual's full participation in the greater community, considering their individual choices, preferences, and needs			
8. Documentation demonstrating usage of EVV			
SECTION 6: MUI/UI	YES	NO	N/A

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1. MUI and UI reports for the 12 months prior to the review date, including notifications, reporting, and follow-up on incident. <i>Please be prepared to pull incident reports as requested by the reviewer</i>			
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. Evidence that UI report, documentation of patterns and trends, and corrective actions were made available to the CB and Department upon request.			
5. Evidence that the applicable Appendix Review Form was completed and submitted to the County Board for any potential or determined MUI for law enforcement, unanticipated hospitalization, and unapproved behavior support.			
6. Evidence that the written incident report was submitted to the County Board for any potential or determined major unusual incident			
SECTION 7: PERSONNEL and POLICY	YES	NO	N/A
1. Evidence of current CPR and First Aid certification that includes evidence of in-person skills demonstration.			
2. Evidence of current LPN/RN license <i>if applicable</i>			
3. Evidence of appropriate certifications if the provider administers medication, insulin injections, G tube, J tube, or performs health related activities, if applicable			
4. Evidence of training for vagus nerve stimulator, prescribed epinephrine either by autoinjector or intranasally, 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, if required by a person supported			
5. For providers that transport individuals, please provide the following: <ul style="list-style-type: none"> a. Evidence of valid driver's license 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 to discuss provider's responsibilities; the person's service plan, including what's important to and for the person; service documentation; and billing for services.			

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7. Evidence of annual training for the previous calendar year on the following, if applicable: <ul style="list-style-type: none"> a. Two hours of training provided by the Department or by entity using department-provided curriculum b. Six hours of training on topics selected by the provider that are relevant to services provided and people served in the areas of components of quality care, positive behavior support, or health and safety 			
SECTION 8: TRANSPORTATION if applicable	YES	NO	N/A
1. Evidence of daily pre-trip inspections for the most recent three months 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 previous three months 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 if applicable	YES	NO	N/A
1. If services are provided in provider-owned setting(s), evidence of residency agreement(s) with required elements <i>Not required in settings where a person receives shared living from a caregiver who is related to the person</i>) Provider Owned-Controlled Decision Tree			
2. If services are provided in provider-controlled residential setting(s), evidence of lease(s) with required elements Provider Owned-Controlled Decision Tree			