

**PROVIDER COMPLIANCE REVIEW**  
**Required Documents List – Agency Providers**

|                       |                        |
|-----------------------|------------------------|
| <b>Provider:</b>      | <b>Date of Review:</b> |
| <b>Review County:</b> |                        |

**The following documentation must be available on the day of the Provider Compliance Review.**

**Personnel Records**

- Complete list of agency staff with corresponding hire dates. Please identify staff responsible for:
  - Transportation
  - Medication Administration
  - Behavior Support Interventions
- Employee information including proof of age, background checks, registry checks, and pre-employment statements
- Employee training records including Rights, Incidents Adversely Affecting Health and Safety, and eight hours continuing education, Behavior Support Plan- if applicable
- Certifications such as CPR, First Aid (IO Transportation Mileage only), and medication administration
- Employees providing transportation must have verification of driver's abstracts, driver's licenses, and vehicle insurance as required
- CEO or Supported Living Administrator's resume and BCII check

**Incidents Adversely Affecting Health and Safety**

- Policy and Procedures on Incidents Adversely Affecting Health and Safety
- Unusual Incident logs
- Evidence of internal review and analysis of MUIs for trends and patterns
- Evidence that quarterly reports are sent to the county board
- The surveyor will ask to see examples of incident reports and major unusual incident reports. Please be prepared to supply these documents on the day of the review.

**Individual Records**

- Current and previous ISP, including Behavior Support Plans
- Service documentation for \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_.
- Medication administration records for \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_.
- Financial Records (if provider is responsible for finances via the ISP)
- Health Records (if provider is responsible for health care via the ISP)

**If you have questions or need technical assistance please contact:**

**Reviewer Name**  
**Address**  
**Phone E-mail**

**If checked please *submit* the following items *prior to the onsite review*. Send to **Reviewer name** as noted above. The deadline for receipt is: \_\_\_\_\_**

**\*Please note: If necessary, additional materials may be requested on the day of the review.**