

INDIVIDUAL PROVIDER COMPLIANCE REQUIRED DOCUMENTS LIST

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

Provider Training Records

- Evidence of annual training on Incidents Adversely Affecting Health and Safety
- Evidence of annual training on rights
- Evidence of CPR certification
- Evidence of eight hours of continuing education/training annually
- Evidence of medication administration certification if responsible for administering medications
- Evidence of behavior support plan training if required to implement a behavior support plan

Incidents Adversely Affecting Health and Safety

- The surveyor will ask to see examples of your incident reports, Major Unusual Incidents, and evidence that incidents are reported to the county board designee. Please be prepared to supply this information on the day of the review.

Transportation

- If providing transportation, please have available a copy of your driver's license and current vehicle insurance verification
- If billing for IO waiver Transportation Mileage, please have available evidence of First Aid certification

ISP and Service Delivery Documentation for: (Individual's Name)

- Service delivery documentation, *including behavior support and medication administration documentation*, for the following months:

_____, _____, _____

- ISP that corresponds with the service delivery documentation requested above
- Behavior Support Plan, if applicable

IF THIS BOX IS CHECKED, PLEASE SUBMIT THE ISP, BSP, AND SERVICE DELIVERY DOCUMENTATION PRIOR TO THE ONSITE REVIEW TO:

INSERT ADDRESS AND CONTACT NAME HERE

The deadline for receipt is: _____

Please have the following additional item/s available to the Provider Compliance Review team *at the time of the on-site review: (Specify documents for each sample, if applicable)*

- 1.
- 2.
- 3.

If you have questions regarding the information to be provided for the purpose of this review, please contact:

_____ at () _____ - _____ or _____ @ _____
Provider Compliance Surveyor Phone Number E-mail Address