

**GUIDELINES FOR REVIEWERS
PROVIDER COMPLIANCE ‘CONNECTED’ RECORD REVIEWS**

PERSONNEL RECORDS* vs *INDIVIDUAL’S DOCUMENTS

# of IO/L1 Waiver Individuals Served by the Provider in that county	Corresponding number of provider personnel records to review *
1-2	1
3-5	2
6-10	4
11-15	5
16-32	6
33-75	8
Over 75	10

# of IO/L1 Waiver Individuals Served by the Provider in that county	Corresponding # of Individuals’ Records to review *
1-2	1
3-8	2
9-15	3
16-32	4
33-75	5
Over 75	8%

It is recommended that personnel records/staff names are selected that will correspond to the individuals that the staff are assigned to serve along with corresponding documents that will be used in the provider compliance review process. The intent of this type of “connected” records review is to determine the continuity and competency of the services delivered by staff who have been trained on the needs of that specific individual. **This information can be obtained by first:**

- ▣ **Checking the selected individual’s ISP for identified special needs or services**
- ▣ **Cross checking the “connected” staff’s training records (match the staff names to the individuals and respective documents, assessing for consistency and continuity) to determine if the direct service staff are prepared to provide the special services**

By matching staff records to individual’s records during the provider compliance review, you will be able to determine if the staff are trained to deliver services in areas such as:

- ▣ **Competently performing behavior support plan activities**
- ▣ **Effectively providing the services identified on the ISP specific to the person for whom the staff is working**
- ▣ **Safely administering medications, if the selected individual has “medication administration” identified as a needed ISP service**
- ▣ **Safely working with the individual and any specialized equipment needed by the individual to ambulate, communicate, etc**

**The guidelines for the number of records, both personnel and individual’s documents, have been established to assure uniformity/standardization of the review process. As always, if during the provider compliance review, patterns or “red flags” emerge within the suggested number of files to be reviewed, it is recommended that additional records be pulled to determine the extent of the problem. It is not recommended that provider compliance reviewers request, “across-the-board”, all personnel or all individuals’ files and documents to be pulled for the review. It has been found that 1-3 months of individuals’ documentation can be sufficient to determine compliance in areas related to service delivery. *For example: Oct, Nov, Dec 2004 H/PC documentation, Nov and Dec 2004 Medication Administration Record & BSP documentation for selected individuals.*