

**INDEPENDENT PROVIDER
REQUIRED DOCUMENTS LIST**

Below is a list of documents that will 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.

ISP for Individuals in Sample	Completed
1. Current and previous service plan, including addendums/revisions	
2. Plan of Care signed by physician for TDD Waiver Nursing	
MEDICATION ADMINISTRATION for Individuals in Sample if applicable	
3. Current Self-Medication Assessment	
4. Medication Administration Records (MAR) for the last 3 months	
5. Physician's orders	
If Delegated Nursing is required, have the following available:	
6. Evidence of nurse supervision of delegation <ul style="list-style-type: none"> a. Log Notes b. Nursing Notes c. Any documentation used by delegating nurse to evidence supervision d. Any special conditions identified by the nurse e. On-going nursing assessments f. Statement of delegation 	
TDD WAIVER NURSING SERVICES (RN/LPN only)	
7. Evidence of: <ul style="list-style-type: none"> a. Clinical Notes b. Nursing Notes c. Evidence of 120 day face-to-face visit with the individual and the directing RN d. Evidence of 60 day face-to-face visit with the RN e. Name and credentials of the nurse- for Delegated Nursing and TDD Nursing 	
BEHAVIOR SUPPORT for Individuals in Sample- if applicable	
8. Behavior Support Plan if not integrated in the Service Plan	
9. Date of plan implementation	
10. Evidence that plans with aversive interventions are reviewed every 30 days <i>*Please provide the last 3 status reports</i>	
11. Evidence the provider was trained on aversive interventions	
DOCUMENTATION for Individuals in Sample	
12. Waiver service delivery documentation for the last 3 months, including money management, behavior support, and healthcare, if required by the service plan. For TDD this includes the individual record/face sheet.	

TRAINING/CERTIFICATION FOR PROVIDER	
13. Evidence of annual MUI/UI training	
14. Evidence of annual individual rights training	
15. Evidence of additional annual training- as required by the waiver service the provider is delivering	
16. Evidence of training on current ISP/BSP	
17. Current First Aid certification- please note that online only certification will not be accepted. Online training must include evidence of hands on skills component.	
18. Current CPR certification- please note that online only certification will not be accepted. Online training must include evidence of hands on skills component. (CPR not required for TDD)	
19. Evidence of Medication Administration Certification (if applicable)	
20. Evidence of CSTO form (must include date of certification) TDD ONLY	
21. Evidence of any professional license/certification(s)	
22. Evidence of successful completion of DODD Support Broker Training- SELF Support Broker ONLY	
MUI	
23. MUI reports for the last 9 – 12 months, including follow up on incidents	
24. UI Log(s) and evidence of monthly UI reviews for the last 3 months – additional reports may be requested onsite	
25. Most Recent Semi Annual or Annual MUI Analysis Report	
DRIVERS / TRANSPORTATION	
26. Evidence of valid driver's license (if responsible for transporting individuals)	
27. Signed statement of physical qualifications to provide non-medical transportation (PER TRIP ONLY)	
28. Evidence of current insurance policy for vehicles that are used to transport individuals	
29. Annual vehicle inspections – (Non-Medical transportation only)	
30. Daily Pre-Trip Inspection Sheets - (Non-Medical transportation only)	