

Office of Provider Standards & Review
REQUIRED DOCUMENTS FOR INDEPENDENT PROVIDERS

Below is a list of documentation that will be reviewed during the DODD Compliance Review.

Please have these documents available.

Additional documents may be requested on the day of the review.

ISP for Individuals in Sample	
1. Current and previous service plan, including addendums/revisions	
MEDICATIONS for Individuals in Sample	
2. Current Self-Medication Assessment	
3. Copy of Medication Administration Records (MAR) for the last 3 months	
4. Copy of Physician's orders	
If Delegated Nursing is required, have the following available:	
5. 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 	
6. Name and credentials of the nurse providing delegation	
BEHAVIOR SUPPORT for Individuals in Sample (as identified in the ISP)	
7. Behavior Support Plan if not integrated in the Service Plan	
8. Date of plan implementation	
9. Behavior assessment if not integrated in the Service Plan	
10. Informed consent for aversive interventions	
11. Human Rights approval for aversive interventions	
12. Date of behavior support committee review	
13. Evidence that plans with aversive interventions are reviewed every 30 days (status report)	
14. Evidence the provider was trained on aversive interventions	
MONEY MANAGEMENT for Individuals in Sample (as identified in the ISP)	
15. Copies of receipts for each individual in the sample for the last 3 months.	
16. Copies of bank statements for the last 3 months.	
17. Copies of account transaction records for the last 3 months.	
18. Copies of the last 3 account reconciliations	

DOCUMENTATION for Individuals in Sample	
19. Copies of service delivery documentation for the last 3 months.	
20. Copies of Behavior Support documentation for the last 3 months.	
TRAINING/CERTIFICATION FOR PROVIDER	
21. Evidence of annual MUI/UI training	
22. Evidence of annual individual rights training	
23. Evidence of additional annual training- as required by the waiver service the provider is delivering	
24. Evidence of training on current ISP/BSP	
25. Evidence of First Aid certification	
26. Evidence of CPR certification	
27. Evidence of Medication Administration Certification (if applicable)	
28. Evidence of fire/emergency training (if applicable)	
MUI	
29. Evidence of county board notification of MUIs and UIs for past 9 months including the incident report	
30. Evidence that notifications were made to other parties (law enforcement, guardian, Children Services, SSA, etc.), if applicable	
DRIVERS / TRANSPORTATION	
31. Evidence of valid driver's license (if responsible for transporting individuals)	
32. Signed statement of physical qualifications to provide non-medical transportation (PER TRIP ONLY)	
33. Evidence of Driver's Drug Test (non-medical transportation only)	
34. Copy of current insurance policy for vehicles that are used to transport individuals	
35. Copy of annual vehicle inspection (non-medical transportation only)	
36. Copies of daily vehicle inspections (non-medical transportation only)	
PHYSICAL ENVIRONMENT	
37. Emergency/Fire plan (if required in ISP)	
38. Written record of fire and tornado drills for the last 12 months if specified in the ISP.	