



TBI Waiver On-Site Provider Review Tool

TBI Waiver Provider Agency: \_\_\_\_\_  
 Review Number: \_\_\_\_\_  
 NPI Number: \_\_\_\_\_  
 Date of Review: \_\_\_\_\_  
 Provider Educator(s): \_\_\_\_\_  
 Review Period: \_\_\_\_\_  
 # Participants Files: \_\_\_\_\_  
 # Staff Files: \_\_\_\_\_  
 Total # Participants Served: \_\_\_\_\_

CEO/Responsible Person to Whom Reports Will Go (include mailing address)		Email Address

The Office of Program Integrity (OPI) may be contacted for referral to the Medicaid Fraud Control Unit and disallowances may be recommended for:

- \*Services delivered to program members who are not medically and/or financially eligible
- \*Services delivered related to an invalid Service Plan
- \*Services delivered with no (or insufficient) supporting documentation
- \*Services delivered by a staff or employee who is not qualified
- \*Services delivered that exceed service limits
- \*Services delivered that are not indicated as a need on the program member's Service Plan
- \*Services delivered outside the scope of the service definition

■ Items highlighted in Red will be recommended for disallowance.  
■ Items highlighted in Yellow will not be recommended for disallowance; however, will be addressed on the Agency's Plan of Correction and Technical Assistance will be provided.

**WV Medicaid TBI Waiver Policy is referenced for all items that are recommended for a potential disallowance.**

**TBI Waiver Provider Review Tool**

<b>Qualified Personnel Identifier</b>				
	<b>Provider First Name</b>	<b>Provider Last Name</b>	<b>Provider Role (CM, PAs)</b>	<b>Hire Date</b>
P1				
P2				
P3				
P4				
P5				
P6				
P7				
P8				
P9				
P10				

CM=Case Manager  
 PAs=Personal Attendant Staff

**TBI Waiver Provider Review Tool**

<b>Provider Agency Certification</b>		Score 1 = Yes 0 = No NA
<b>Settings Rule</b>		
1	Do you own or lease a residential setting where you are providing TBI Waiver Personal Attendant Services? If yes document the name of the residential setting and physical address on the review tool:	
<b>512.2 Provider Agency Certification</b>		
2	Is the Provider enrolled to provide both Case Management and Personal Attendant Service? If yes is there evidence of:	
2A	A separate certification and WV Medicaid provider number for each service,	
2B	Separate staffing, and	
2C	Separate files for Case Management and Personal Attendant Services.	
3	The following documentation was provided during review:	
3A	A business license issued by the State of West Virginia,	
3B	A federal tax identification number (FEIN),	
3C	A competency based curriculum for required training areas for personal attendant staff,	
3D	An organizational chart,	
3E	A list of the Board of Directors (if applicable),	
3F	A list of all agency staff, which includes their qualifications, and	
3G	A Quality Management Plan for the agency.	
<b>512.2 Provider Agency Certification -Required Written Policies and Procedures</b>		
4	Written policies and procedures for processing complaints and grievances, from staff or people receiving TBIW services exist, that:	
4A	Addresses the process for submitting a complaint,	
4B	Provides steps for remediation of the complaint including who will be involved in the process,	
4C	Steps include the process for notifying the person/staff of the findings and recommendations,	
4D	Provides steps for advancing the complaint if the person/staff does not feel the complaint has been resolved, and	
4E	Ensures that a person receiving TBIW services or agency staff are not discharged, discriminated, or retaliated against in any way if they have been a complainant, on whose behalf a complaint has been submitted or who has participated in an investigation process that involves a TBIW provider.	
5	Written policies and procedures for the use of personally and agency owned electronic devices which includes, but is not limited to:	
5A	Prohibits using personally identifiable information in texts and subject lines of emails,	
5B	Prohibits the use of personally identifiable information in the body of emails unless the email is sent securely through a HIPAA compliant connection,	
5C	Prohibits personally identifiable information be posted on social media sites,	
5D	Prohibits using public Wi-Fi connections,	
5E	Informs agency employees that during the course of an investigation, information related on their personal cell phone is discoverable, and	
5F	Requires all electronic devices be encrypted.	

**TBI Waiver Provider Review Tool**

<b>Provider Agency Certification</b>		Score 1 = Yes 0 = No NA
6	Written policies and procedures for people to transfer which includes, but is not limited to: (512.31)	
6A	The person and/or legal representative must signed Request to Transfer Form and the form is sent to the UMC,	
6B	The Transferring Agency Responsibilities,	
6C	The Receiving Agency Responsibilities,	
6D	Emergency Transfers (512.32), and	
6E	Ensure that a person receiving TBIW services is not discharged unless a viable discharge/transfer plan is in place that effectively transfers all services that the person needs to another provider(s) and is agreed upon by the person and/or their legal representative and the receiving provider(s).	
7	Written policies and procedures for the discontinuation of person's services which includes but is not limited to: (512.33)	
7A	Use of the BMS approved form-Request for Discontinuation Services Form,	
7B	Situations that warrant a request for discontinuation of services are outlined and match policy (512.33), and	
7C	All Requests for the Discontinuation of Services must be submitted and approved by the UMC.	
8	Written policies and procedures to avoid conflict of interest (if agency is providing both Case Management and Personal Attendant Services) must include at a minimum:	
8A	Education of Case Managers on general Conflict of Interest/Professional Ethics with verification,	
8B	Annual signed Conflict of Interest Statements for all Case Managers and the agency director,	
8C	Process for investigating reports on conflict of interest complaints,	
8D	Process for reporting to BMS, and	
8E	Process for complaints to professional licensing boards for ethics violations.	
9	Written policies and procedures for people with limited English proficiency and/or accessible format needs that are culturally and linguistically appropriate to ensure meaningful access to services.	
10	A written Agency Emergency Plan (for people receiving TBIW services and office operations). This plan must include:	
10A	Office Emergency Back-Up Plan ensuring office staffing and facilities are in place during emergencies such as floods, fires, etc.,	
10B	Temporary facilities must meet requirements set forth by Chapter 512,	
10C	UMC notify within 48 hours if temporary facilities are used, and	
10D	Providers must inform people receiving TBIW services of their Emergency Back-Up Plan.	
11	Participate in all mandatory training sessions.	

**TBI Waiver Provider Review Tool**

<b>Provider Agency Certification</b>		Score 1 = Yes 0 = No NA
<b>512.4 Incident Management/512.4.2 Incident Management Tracking and Reporting</b>		
12	Written policies and procedures for thoroughly reviewing, investigating, and tracking all incidents involving the risk or potential risk to the health and safety of the people they serve, and shall include at a minimum:	
12A	The provider's responsibility for taking appropriate action on both an individual and systemic basis in order to identify potential harms, or to prevent further harm, to the health and safety of all people served,	
12B	Classified all incidents as one of the following: Abuse, Neglect, Exploitation, Critical Incidents and/or Simple Incidents,	
12C	Review and analyze incident reports to identify health and safety trends, and	
12D	Identified that health and safety concerns and remediation strategies will be incorporated into the agency Quality Management Plan.	
<b>512.2.2 Office Criteria</b>		
13	The TBIW provider physical office must:	
13A	Be readily identifiable to the public,	
13B	Maintain a primary telephone number that is listed with the name and local address of the business. (Note: Exclusive use of a pager, answering service, a telephone line shared with another business/individual, facsimile machine, cell phone, or answering machine does not constitute a primary business telephone.),	
13C	Maintain an agency secure Health Insurance Portability and Accountability Act (HIPAA) compliant e-mail address for communication with BMS and the UMC for all staff,	
13D	At a minimum, must have access to a computer, fax, email address, scanner, and internet,	
13E	Utilize any database system, software, etc., compatible with/approved and/or mandated by BMS,	
13F	Be open to the public at least 40 hours per week,	
13G	Contain space for securely maintaining program and personnel records, and	
13H	Maintain a 24-hour contact method.	
14	Office space allows for confidentiality of the person receiving TBIW services.	
15	Is the provider using electronic and/or stamped signatures, if yes the following basic requirements are evident:	
15A	Unique to the person using it,	
15B	Capable of verification,	
15C	Under the sole control of the person using it, and	
15D	Linked to the data in such a manner that if the data is changed, the signature is invalidated.	
<b>512.2.4 Records Requirements</b>		
16	There is evidence that the provider has used all required TBIW forms. ( Program and personnel records) 4/2016	

**TBI Waiver Provider Review Tool**

<b>Provider Agency Certification</b>		Score 1 = Yes 0 = No NA
<b>512.3.4 Personal Attendant Initial /512.3.5 Annual Training Requirements</b>		
17	A competency based curriculum, including goals/objectives and evaluation system to gauge competencies, for the required training areas for Personal Attendant direct care staff exists.	
17A	Cardiopulmonary Resuscitation (CPR) Training,	
17B	First Aid Training,	
17C	OSHA/Infectious Disease Control Training,	
17D	Direct Care Skills Training, *4 hours of training/1 hour must be person specific-effective 3/2016 forward	
17E	Abuse, Neglect and Exploitation Identification Training,	
17F	HIPAA Training,	
17G	Personal Attendant Professional Ethics Training,	
17H	Health and Welfare Training, Required components Emergency plan responses, fall prevention, home safety and risk management and	
17I	People First Language Training.	
18	The Personal Attendant direct care training was provided by a qualified staff as directed in policy:	
18A	Cardiopulmonary Resuscitation (CPR) - training by an agency nurse or certified trainer by policy	
18B	First Aid - training by an agency nurse or certified trainer as outlined in policy	
18C	OSHA/Infectious Disease Control Training - materials used for training must be current,	
18D	Direct Care Skills Training - training by Registered Nurse, social worker/counselor, a documented specialist or an approved internet training provider,	
18E	Abuse, Neglect and Exploitation Training - training by a Registered Nurse, social worker/counselor, a documented specialist or an approved internet training provider,	
18F	HIPAA Training - training by a Registered Nurse, social worker/counselor, a documented specialist or an approved internet training provider,	
18G	Personal Attendant Professional Ethics Training - training by a Registered Nurse, social worker/counselor, a documented specialist or an approved internet training provider,	
18H	Health and Welfare Training - training by a Registered Nurse, social worker/counselor, a documented specialist or an approved internet training provider, and	
18I	People First Language Training.	
<b>512.3.2 Case Manager Initial and Annual Training Requirements</b>		
19	A competency based curriculum, including goals/objectives and evaluation system to gauge competencies, for the required training areas for Case Manager exist:	
19A	Conflict Free Case Management (including a signed conflict of interest statement)	
19B	Personal Options Service Delivery Model,	
19C	Recognize and Reporting Abuse, Neglect, and Exploitation,	
19D	HIPAA, and	
19E	Person-Centered Planning and Service Plan Development.	

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Qualified Personnel		Score	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
<b>512.2.1 (Criminal Background Check)</b>												
1	There is evidence that a CIB background check was initiated prior to providing services and the outcome meets the TBI Waiver program requirements.	1 = Yes 0 = No										
2	A copy of the fitness determination was in the applicant's personnel file ( Hires 1/2016 and forward)	1 = Yes 0 = No										
3	Monthly registry rechecks with potential negative findings were researched.	1 = Yes 0 = No NA										
4	There is evidence that a CIB background check was completed every three (3) years and the outcome meets the TBI Waiver program requirements. (WV Cares documentation required for re checks completed 01.2016 and forward)	1 = Yes 0 = No NA										
<b>512.2.1.7 Responsibility of the Hiring Entity (Office of the Inspector General)</b>												
5	Monthly documentation is present for the previous twelve months to indicate that staff persons are not on the list of excluded individuals maintained by the Office of the Inspector General and the outcome meets the TBI Waiver program requirements.	1 = Yes 0 = No										
The following subset is applicable only to those providing Personal Attendant Service.												
<b>512.3.4/512.3.5 Personal Attendant Service Staff Requirements</b>												
6	There is documentation which verifies the provider is 18 years of age or older.	1 = Yes 0 = No										
7	Personal Attendant Service Staff must have completed the following competency based training <u>before</u> providing services to TBI Waiver members:	1 = Yes 0 = No NA										
7A	A current and valid copy of the CPR certification card is present,	1 = Yes 0 = No NA										
7B	If internet provider used: was it an approved provider and was proof of skills documentation evident	1 = Yes 0 = No NA										
7C	A current and valid copy of the First Aid certification card is present,	1 = Yes 0 = No NA										
7D	There is evidence that training in OSHA (*Infectious Disease Control) has occurred,	1 = Yes 0 = No NA										
7E	There is evidence that Direct Care Skills Training has occurred, *4 hours of training/1 hour must be person specific-effective 4/2016 forward.	1 = Yes 0 = No NA										
7F	There is evidence that HIPAA compliance training has occurred,	1 = Yes 0 = No NA										
7G	There is evidence that training on Direct Care Ethics including promoting physical and emotional well-being, respect, integrity, responsibility, justice, fairness and equity when working with a member has occurred,	1 = Yes 0 = No NA										
7H	There is evidence that training in Health and Welfare including emergency plan response, fall prevention, home and safety risk management has occurred,	1 = Yes 0 = No NA										
7I	There is evidence that training in the recognition and reporting of Abuse, Neglect and Exploitation has occurred, and	1 = Yes 0 = No NA										
7J	There is evidence that training in People First Language has occurred.	1 = Yes 0 = No NA										
8	Personal Attendant Service Staff meet all <u>annual</u> training requirements:	1 = Yes 0 = No NA										
8A	A current and valid copy of the CPR certification card is present,	1 = Yes 0 = No NA										
8B	If internet provider used: was it an approved provider and was proof of skills documentation evident	1 = Yes 0 = No NA										
8C	A current and valid copy of the First Aid certification card is present,	1 = Yes 0 = No NA										
8D	There is evidence that training OSHA (*Infectious Disease Control) training has occurred on an annual basis,	1 = Yes 0 = No NA										
8E	There is evidence that HIPAA compliance training has occurred on an annual basis,	1 = Yes 0 = No NA										

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Qualified Personnel		Score	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
8F	There is evidence that 4 hours of training focusing on enhancing direct care service delivery knowledge and skills has occurred on an annual basis, and	1 = Yes 0 = No NA										
8F	There is evidence that training in the recognition and reporting of Abuse, Neglect and Exploitation has occurred on an annual basis.	1 = Yes 0 = No NA										



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Qualified Personnel		Score	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
<b>The following subset is applicable only to those providing Case Management</b>												
<b>512.3.1/512.3.2 Case Manager Qualifications/Training Requirement</b>												
9	There is evidence that the case manager meets licensure requirements by a valid copy of license in the personnel file.	1 = Yes 0 = No										
10	There is evidence that the case manager received training on the following topics:											
10A	Conflict Free Case Management,	1 = Yes 0 = No										
10B	Personal Options Service Delivery Model,	1 = Yes 0 = No										
10C	Recognize and Reporting Abuse, Neglect and Exploitation,	1 = Yes 0 = No										
10D	HIPAA, and	1 = Yes 0 = No										
10E	Person-Centered Planning and Service Plan Development.	1 = Yes 0 = No										
11	There is evidence that the required amount/type of professional licensure training had been completed.	1 = Yes 0 = No										
<b>512.2.2.4 Record Requirement -Personnel Records</b>												
12	Original and/or legible copies of personnel documents are maintained in the personnel file.	1 = Yes 0 = No										
13	Minimum credentials for professional staff is verified upon hire and thereafter based upon their individual professional license requirements.	1 = Yes 0 = No NA										
14	There is evidence that confidentiality agreement is in the file.	1 = Yes 0 = No										
15	There is evidence that the case manager has signed the conflict of interest statement. (04/2016 and forward)	1 = Yes 0 = No										
16	All documentation for the staff member is kept in the designated office that represents the county where services were provided.	1 = Yes 0 = No										
17	Training Documentation included the training topic, date, beginning and end time of the training, location of the training and signatures of the instructor and trainee.	1 = Yes 0 = No										
18	Training Documentation for internet based training included the employee's name, the name of the internet provider/trainer and either a certificate or other documentation proving successful completion was evident.	1 = Yes 0 = No NA										
19	Personnel Files contain all documented evidence of staff qualifications including:											
19A	License,	1 = Yes 0 = No NA										
19B	Certificates, and	1 = Yes 0 = No NA										
19C	References.	1 = Yes 0 = No										
20	There is evidence that the agency has conducted an internal review process to ensure that employees meet the minimum qualifications.	1 = Yes 0 = No										
21	Prior to use of an internet provider for training, approval was received by KEPRO <b>512.3.6</b>	1 = Yes 0 = No NA										

TBI Waiver Provider Review Tool

Incident Reporting		Score	Record ID #	Record ID #	Record ID #	Record ID #	Record ID #
512.4.1 Reporting Requirements, Incident Management Documentation and Investigation Procedures							
<b>Implemented for incidents that occurred in the past 365 days:</b>							
1	Any incidents involving a person utilizing the TBIW must be entered into the West Virginia Incident Management System (WV IMS)(Effective 7/2018) within the next business day of learning of the incident.						
1A	The Agency Director, designated agency staff, or Case Manager will immediately review each incident report,	1 = Yes 0 = No NA					
1B	All Critical Incidents must be investigated,	1 = Yes 0 = No NA					
1C	All incidents involving abuse, neglect and/or exploitation must be reported to Adult Protective Services or Child Protective Services, and	1 = Yes 0 = No NA					
1D	All incidents involving abuse, neglect and/or exploitation must be entered into the WV IMS (Effective 7/2018)	1 = Yes 0 = No NA					
2	Providers are to report monthly in the WV IMS if there were no incidents.(Effective 7/2018)	1 = Yes 0 = No NA					
3	An Incident Report documenting the outcomes of the investigation must be completed and entered into the WV IMS within 14 calendar days of learning of the incident. Each Incident Report must be printed, reviewed and signed by the Director and placed in an administrative file.	1 = Yes 0 = No NA					
4	If a death occurs in addition to reporting in the WV IMS , the Case Manager must complete the Mortality Notification ( <i>West Virginia Home and Community-Based (HCB) Waiver Notification of Death</i> ) form within the next business day of learning of the death of a person utilizing the TBIW, and send the form to the UMC.	1 = Yes 0 = No NA					
5	The criteria utilized for a thorough investigation includes but is not limited to:						
5A	Fully documented report to include the date of the incident, date the agency learned of the incident, facts of the incident type of incident, initial determination of the incident and verification that an approved professional conducted the investigation,	1= Yes 0 = No NA					
5B	All parties were interviewed and incident facts were evaluated,	1= Yes 0 = No NA					
5C	Person was interviewed,	1= Yes 0 = No NA					
5D	Determination of the cause of the incident,	1= Yes 0 = No NA					
5E	Identification of preventive measures,	1= Yes 0 = No NA					
5F	Documentation of any action taken as the result of the incident (worker training, personnel action, removal of staff, changes in the Service Plan), and	1= Yes 0 = No NA					
5G	Change in needs was addressed on the Service Plan.	1= Yes 0 = No NA					

TBI Waiver Provider Review Tool

Member Record		Score	Record ID #	Record ID #	Record ID #	Record ID #	Record ID #
<b>512.12 -Person-Centered Assessment</b>							
1	Person-Centered Assessment was completed within seven (7) calendar days from receipt of Enrollment Confirmation Notice.	1 = Yes 0 = No NA					
2	Original, signed Person-Centered Assessment is in the member's record and includes the member /or his/her court appointed legal guardian signature. <b>(Initial or Annual)</b>	1 = Yes 0 = No NA					
3	A new Person-Centered assessment was considered as the Participant's needs change, when one or more of the following conditions were recorded on the Case Manager's Monthly Contact Document:						
3A	Did you get all the <b>(Personal Attendant )</b> services you were supposed to get last month? If not, then what services did you not receive? IF Q 1 WAS CHECKED NO, was there evidence that an assessment update occurred or was considered,	1 = Yes 0 = No NA					
3B	Are there times when you needed help and you didn't get it? If yes, what happened? IF Q 3 WAS CHECKED YES, was there evidence that an assessment update occurred or was considered,	1 = Yes 0 = No NA					
3C	Have your needs for assistance changed since we last talked? If so, how? IF Q 4 WAS CHECKED YES, was there evidence that an assessment update occurred or was considered,	1 = Yes 0 = No NA					
3D	Do you need any additional medical equipment, services or resources? If yes, what? IF Q 7 WAS CHECKED YES, was there evidence that an assessment update occurred or was considered, ,	1 = Yes 0 = No NA					
3E	Are you having any problems paying for or getting food, housing, utilities or medications? IF Q 8 WAS CHECKED YES, was there evidence that an assessment update occurred or was considered,	1 = Yes 0 = No NA					
3F	Have there been any changes in your life that affect your need for service (death, loss, divorce, etc.)? IF Q 9 WAS CHECKED YES, was there evidence that an assessment update occurred or was considered,	1 = Yes 0 = No NA					
3G	Have there been any changes to your prescribed medications? IF <b>Q 13 or Q 11 (Effective 8/2018)</b> WAS CHECKED YES, was there evidence that an assessment update occurred or was considered,	1 = Yes 0 = No NA					
4	A copy of all Assessments must be provided to the person or his/her court appointed legal guardian.	1 = Yes 0 = No					
5	A copy of all Assessments must be provided to the Personal Attendant Provider Agency or the F/EA if self-directing	1 = Yes 0 = No					

TBI Waiver Provider Review Tool

Member Record		Score	Record ID # Score	Record ID # Score	Record ID # Score	Record ID # Score	Record ID # Score
<b>512.13 Person-Centered Service Plan Development</b>							
1	Original, signed Service Plan is in the member's record and includes the member or his/her court appointed legal guardian's signature. <b>(Initial/6month or Annual)</b>	1= Yes 0=No					
2	Member's service plan comprehensively addresses his or her identified needs, health care and other services in accordance with his or her expressed personal preferences and goals:						
2A	Detail of all services are in the member's Service Plan including, Service Type, Provider of Service, frequency,	1= Yes 0=No					
2B	Informal Supports that provide assistance are documented in the member's Service Plan,	1= Yes 0=No					
2C	Needs identified in the Pre Admission Screening are addressed in the member's Service Plan,	1= Yes 0=No					
2D	Needs identified in the Member's Assessment are addressed in the member's Service Plan,	1= Yes 0=No					
2E	The member's goals and preferences are addressed in the Service Plan,	1= Yes 0=No					
2F	Signature Sheet (and rationale for disagreement if necessary) is present, and	1= Yes 0=No					
2G	Service Plan contains reference to any other services regardless of source of payment.	1= Yes 0=No					
3	The Service Plan meeting must be scheduled and held within seven (7) calendar days of the person's Assessment	1= Yes 0= No					
4	100 % of the member's Health and Safety Factors issues (as identified through the Member Assessment) were addressed and documented on page 4 of the member's Service Plan.	1= Yes 0= No					
5	Significant changes in the member's needs or circumstances promptly trigger consideration of modifications in his or her service plan. During the review period, if the following questions from the Case Management Monthly Contact form were "yes", look to see if consideration for a service plan modification was made. Not all members Service Plans will need revision during the review period.						
5A	Did you get all the <b>(Personal Attendant )</b> services you were supposed to get last month? If not, then what services did you not receive? IF Q 1 WAS CHECKED NO, was there evidence that a service plan update occurred or was considered,	1 = Yes 0 = No NA					
5B	Are there times when you needed help and you didn't get it? If yes, what happened? IF Q 3 WAS CHECKED YES, was there evidence that a service plan update occurred or was considered,	1 = Yes 0 = No NA					
5C	Have your needs for assistance changed since we last talked? If so, how? IF Q 4 WAS CHECKED YES, was there evidence that a service plan update occurred or was considered,	1 = Yes 0 = No NA					
5D	Do you need any additional medical equipment, services or resources? If yes, what? IF Q 7 WAS CHECKED YES, was there evidence that a service plan update occurred or was considered, ,	1 = Yes 0 = No NA					
5E	Are you having any problems paying for or getting food, housing, utilities or medications? IF Q 8 WAS CHECKED YES, was there evidence that a service plan update occurred or was considered,	1 = Yes 0 = No NA					
5F	Have there been any changes in your life that affect your need for service (death, loss, divorce, etc.)? IF Q 9 WAS CHECKED YES, was there evidence that a service plan update occurred or was considered,	1 = Yes 0 = No NA					
5G	Have there been any changes to your prescribed medications? IF <b>Q 13 or Q 11 (Effective 8/2018)</b> WAS CHECKED YES, was there evidence that a service plan update occurred or was considered.	1 = Yes 0 = No NA					

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Member Record		Score	Record ID # Score	Record ID # Score	Record ID # Score	Record ID # Score	Record ID # Score
<b>512.13.1 6-month, On-going, and Service Plan Addendum</b>							
6	Member attended (in person) and signed his/her six month service plan.	1 = Yes 0 = No NA					
7	Court appointed legal Guardian (if applicable) attended (in person) and signed the six (6) month Service Plan.	1 = Yes 0 = No NA					
8	Case Manager attended (in person) and signed the six (6) month Service Plan.	1 = Yes 0 = No NA					
9	The Personal Attendant Service provider agency representative attended (in person) and signed the six (6) month Service Plan.	1 = Yes 0 = No NA					
10	A Service Plan Addendum is completed to document a change in the person's needs.	1 = Yes 0 = No NA					
11	The member attended (in person) and signed his/her Annual Service Plan.	1 = Yes 0 = No NA					
12	Court appointed legal Guardian (if applicable) attended (in person) and signed the Annual Service Plan.	1 = Yes 0 = No NA					
13	Case Manager attended (in person) and signed the Annual Service Plan.	1 = Yes 0 = No NA					
14	The Personal Attendant Service provider agency representative attended (in person) and signed the Annual Service Plan.	1 = Yes 0 = No NA					
15	An Interim Service Plan was developed to address any health and safety concerns:						
15A	The Interim Service Plan was in effect for up to 21 calendars days from the date of the Enrollment Confirmation Notice, and	1 = Yes 0 = No NA					
15B	Direct Care Services (Personal Attendant) were initiated with 3 business days.	1 = Yes 0 = No NA					
16	Initial Service Plan is completed prior to the initiation of ANY services being billed.	1 = Yes 0 = No					
17	Documentation exist that shows that the member received the services specified in the Service Plan.	1 = Yes 0 = No					

TBI Waiver Provider Review Tool

Member Record		Score	Record ID # Score	Record ID # Score	Record ID # Score	Record ID # Score	Record ID # Score
<b>512.31 Transfers</b>							
18	Did the Member requested a transfer to another CMA or PASA during the review period. If yes, was the Provider the:	1 = Yes 0 = No NA					
<b>19 Transferring Agency - Case Management:</b>							
19A	Provide service until the transfer was complete,	1 = Yes 0 = No NA					
19B	Document that on the day of the transfer, a copy of the current PAS, the applicable Rancho Los Amigos Scale, the Service Plan, a copy of the Enrollment Confirmation Notice and any other pertinent documentation was provided to the receiving agency, and	1 = Yes 0 = No NA					
19C	Maintain all original documents for monitoring purposes.	1 = Yes 0 = No NA					
<b>20 Transferring Agency - Personal Attendant Services:</b>							
20A	Provide service until transfer was complete, and	1 = Yes 0 = No NA					
20B	Document that the member's current PAS, the applicable Rancho Los Amigos Scale, and the Service Plan was provided to the receiving agency.	1 = Yes 0 = No NA					
<b>21 Receiving Agency - Case Management conducted the:</b>							
21A	Service Assessment within seven (7) business days of the transfer effective date, and	1 = Yes 0 = No NA					
21B	Service Plan within seven (7) business days of transfer effective date.	1 = Yes 0 = No NA					
<b>22 Receiving Agency - Personal Attendant Services conducted:</b>							
22A	A face to face meeting with the member or court appointed legal guardian occurred within 7 business to review the Service Plan.	1 = Yes 0 = No NA					
<b>512.23 Dual Provision of TBIW and PC Service</b>							
23	Is the member receiving dual services (TBI and PC) according to the Service Plan? If yes, the following documents must be present:						
23A	Traumatic Brain Injury Waiver and Personal Care Dual Service Provision Request,	1 = Yes 0 = No NA					
23B	RN Personal Care Plan of Care, and	1 = Yes 0 = No NA					
23C	Prior Authorization Notice - Approval.	1 = Yes 0 = No NA					
<b>Evidence existed to substantiate that services billed were provided on the dates listed and were for the actual amount of time and number of units claimed</b>							
24	Total number of claims (within the review period) paid with appropriate supporting documentation	#					
25	Total number of claims paid for the review period	#					

TBI Waiver Provider Review Tool

Health & Welfare		Score	Record ID #	Record ID #	Record ID #	Record ID #	Record ID #
512.10 Enrollment							
1	There is evidence of the following required items located in the member record for <b>Personal Attendant Services providers:</b>						
1A	Enrollment Confirmation Notice,	1 = Yes 0 = No NA					
1B	A copy of the completed initial/annual PAS, and	1 = Yes 0 = No NA					
1C	A copy of the completed initial/annual Rancho LOC Assessment.	1 = Yes 0 = No NA					
512.16.2 Case Management Reporting							
2	The Case Management Agency has submitted the required monthly report to KEPRO during the review period. Monthly reports were submitted by the sixth (6th) business day of every month included:						
2A	Case Management Agency, and	1 = Yes 0 = No NA					
2B	Monthly No Incident Report. <b>7/2018 entered into WV IMS.</b>	1 = Yes 0 = No NA					
512.16.1 Case Management Responsibilities							
4	Initial contact by the Case Manager to the Participant was conducted within 7 calendar days after the start of direct care services from the Personal Attendant. <b>Document the start date for each reviewed member.</b>	1 = Yes 0 = No NA	Start Date:	Start Date:	Start Date:	Start Date:	Start Date:
5	Case Manager or agency designee informs members/court appointed legal guardian of their rights, including:						
5A	Information about grievance procedures, and	1 = Yes 0 = No					
5B	Fair Hearing processes.	1 = Yes 0 = No					
8	The member's <b>Initial</b> Service Planning Meeting was scheduled within seven (7) calendar days of the Person-Centered Assessment.	1 = Yes 0 = No NA					
9	Person-Centered Service Plan (s) was/were completed within 14 days from the completion of the Person-Centered Assessment.	1 = Yes 0 = No					
10	Documentation exists that the CM disseminated copies of the Service Plan to the Service Planning members and Participant-Directed Service Option providers (if applicable) within 14 calendar days from the date that the Service Plan (SP) meeting was held.	1 = Yes 0 = No					
11	Monthly contact was made by the CM to the member each month <b>during the review period.</b>	1 = Yes 0 = No NA					
12	The Case Management Monthly Contact Form was completed and located in the member file for each month <b>during the review period.</b>	1 = Yes 0 = No NA					

TBI Waiver Provider Review Tool

Health & Welfare		Score	Record ID #	Record ID #	Record ID #	Record ID #	Record ID #
512.2.4 Record Requirements-Program Records/512.5 Record Retention							
13	Participant's file contains all original documentation for services provided to them by the Case Management Agency to include a:						
13A	Completed, signed and current PAS,	1= Yes 0 = No NA					
13B	Completed, signed Informed Consent Form,	1= Yes 0 = No NA					
13C	Completed, signed Agency/Provider Selection Form, and	1= Yes 0 = No NA					
13D	Completed, signed Service Delivery Model Selection Form.	1= Yes 0 = No NA					
14	All TBIW Service Plans have a section on the plan to document the crisis/backup plan for the following events: Disruption in Personal Attendant Services, natural disasters and weather conditions, compliance is determined if the section is completed with all items addressed from Page 8 of Service Plan.	1= Yes 0 = No NA					



TBI Waiver Provider Review Tool

Case Management Notes		Score	Record ID # Score	Record ID # Score	Record ID # Score	Record ID # Score	Record ID # Score
<b>512.16 Case Management Services</b>							
# of Notes Reviewed:		#					
# of Notes Reviewed that Meet Requirements:		#					
# of Notes Reviewed Found to be Deficient (if an item is found to be deficient, specific information will be documented below).		#					
1	Service is indicated on the member's Service Plan.	1 = Yes 0 = No	<p align="center"><b>ALL NOTES REVIEWED WERE COMPLIANT WITH POLICY STANDARDS.</b></p> <p align="center">___OR___</p> <p align="center"><b>THERE ARE RECOMMENDATIONS FOR DISALLOWANCE AND/OR TECHNICAL ASSISTANCE FOR THIS SECTION. FOR ADDITIONAL INFORMATION ON RECORD ID#s: (ENTER ALL APPLICABLE RECORD ID#s HERE) SEE BELOW.</b></p>				
2	Prior Authorization for each service was obtained <b>before</b> services were delivered.	1 = Yes 0 = No					
3	Name of TBI Waiver Member.	1 = Yes 0 = No					
4	Date of Service.	1 = Yes 0 = No					
5	Start time/Stop time.	1 = Yes 0 = No					
6	Signature of Case Manager.	1 = Yes 0 = No					
7	Activity documented reflects a valid Case Management service and is provided within the guidelines identified in the TBI Waiver Manual.	1 = Yes 0 = No					
8	Type of contact (face-to-face, phone, written).	1 = Yes 0 = No					

TBI Waiver Provider Review Tool

Provider Educator Notes - Case Management Documentation	Record ID #	Item #	Date/Time

TBI Waiver Provider Review Tool

Personal Attendant Worksheet		Score	Record ID #	Record ID #	Record ID #	Record ID #	Record ID #
512.17-Personal Attendant Services		Score	Score	Score	Score	Score	Score
# of Worksheets Reviewed:	#						
# of Worksheets Reviewed that Meet Requirements:	#						
# of Worksheets Reviewed Found to be Deficient (if an item is found to be deficient, specific information will be documented below).	#						
1	Service is indicated on the member's Service Plan (For F/EA services provided must be reflected on the spending plan).	1 = Yes 0 = No	<p>ALL WORKSHEETS REVIEWED WERE COMPLIANT WITH POLICY STANDARDS.</p> <p>___OR___</p> <p>THERE ARE RECOMMENDATIONS FOR DISALLOWANCE AND/OR TECHNICAL ASSISTANCE FOR THIS SECTION. FOR ADDITIONAL INFORMATION ON UMC ID#s: (ENTER ALL APPLICABLE RECORD ID#s HERE) SEE BELOW.</p>				
2	Prior authorization for each service was obtained <b>before</b> services were delivered (For F/EA, items billed must be reflected on the Service Plan).	1 = Yes 0 = No					
3	The member's record includes a completed and signed Personal Attendant Worksheet for each month during the review period. Worksheets are 2 weeks in duration. Worksheet includes Supervisor signature, personal attendant signature, and member or legal representative signature. All three (3) signatures must be present on the worksheet for a score of 1.	1 = Yes 0 = No					
4	The completed and signed Personal Attendant Worksheet contains all of the following require elements:						
4A	Name of the TBI Waiver member,	1 = Yes 0 = No					
4B	Personal Attendant Name,	1 = Yes 0 = No					
4C	Begin Date,	1 = Yes 0 = No					
4D	End Date,	1 = Yes 0 = No					
4E	Personal Attendant Services on the worksheet are identified on the member's service plan,	1 = Yes 0 = No					
4F	Personal Attendant's time of arrival,	1 = Yes 0 = No					
4G	Personal Attendant's time of departure,	1 = Yes 0 = No					
4H	Total # of hours worked that day,	1 = Yes 0 = No					
4I	Member or Legal Representative Initials, and	1 = Yes 0 = No					
4J	Personal Attendant's initials.	1 = Yes 0 = No					

TBI Waiver Provider Review Tool

Personal Attendant Worksheet		Score	Record ID #	Record ID #	Record ID #	Record ID #	Record ID #
512.18-Non-Medical Transportation Services		Score	Score	Score	Score	Score	Score
5	Service is indicated on the member's Service Plan (For F/EA services provided must be reflected on the spending plan.)	1 = Yes 0 = No					
6	Prior authorization for each service was obtained <b>before</b> services were delivered. (For F/EA items billed must be reflected on the Service Plan.)	1 = Yes 0 = No					
7	Transportation services provided must be documented in the member record and include the following:	1 = Yes 0 = No NA					
7A	Date of Service,	1 = Yes 0 = No NA					
7B	Total Miles driven,	1 = Yes 0 = No NA					
7C	Travel Time,	1 = Yes 0 = No NA					
7D	Destination,	1 = Yes 0 = No NA					
7E	Purpose of Travel, and	1 = Yes 0 = No NA					
7F	Type of travel indicated.	1 = Yes 0 = No NA					
7G	Activity documented reflects a valid Transportation service and is provided within the guidelines identified in the TBI Waiver Manual.	1 = Yes 0 = No NA					
8	Member must be present if transportation was used for community activities.	1 = Yes 0 = No NA					

ALL WORKSHEETS REVIEWED WERE COMPLIANT WITH POLICY STANDARDS.  
 \_\_\_OR\_\_\_  
 THERE ARE RECOMMENDATIONS FOR DISALLOWANCE AND/OR TECHNICAL ASSISTANCE FOR THIS SECTION. FOR ADDITIONAL INFORMATION ON UMC ID#s: (ENTER ALL APPLICABLE RECORD ID#s HERE) SEE BELOW.

TBI Waiver Provider Review Tool

Personal Attendant Worksheet	Score	Record ID # Score	Record ID # Score	Record ID # Score	Record ID # Score	Record ID # Score
Provider Educator Notes - PA Worksheet	Record ID #	Item #	Date/Time			

### TBI Waiver Provider Review Tool

Record or Staff ID	Section of Review Tool	Date/Time	Item #	Provider Educator Notes