



TBI Waiver Provider Quality Review Tool

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

CEO/Responsible Person to Whom Reports Will Go	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 Quality Review Tool

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

CM=Case Manager
 PAs= Personal Attendant

TBI Waiver Provider Quality Review Tool

Provider Agency Certification		Score 1 = Yes 0 = No NA
Settings Rule		
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 and the Kepro ID# of the member residing in each setting:	
Conflict of Interest Exception		
2	Has the Case Management Provider been granted the Conflict of Interest exception due to the only willing and qualifying entity? If yes, tab COI-CMA Exception Tab must be completed.	
512.2 Provider Agency Certification		
3	Is the Provider enrolled to provide both Case Management and Personal Attendant Service? If yes is there evidence of:	
3A	A separate certification and NPI# provider number for each service,	
3B	Separate staffing, and	
3C	Separate files for Case Management and Personal Attendant Services.	
4	The following documentation/evidence was provided during review:	
4A	A business license issued by the State of West Virginia,	
4B	A federal tax identification number (FEIN),	
4C	Commercial liability insurance which includes coverage for individuals' losses due to theft or property damage	
4D	Written instructions a member would use to obtain payment for loss due to theft or property damage caused by the provider's employee.	
4E	A competency based curriculum for required training areas for personal attendant staff and/or case management staff (See scoring below for training topics compliance)	
4F	An organizational chart,	
4G	A list of the Board of Directors (if applicable),	
4H	A list of all agency staff, which includes their qualifications, and	
4I	A Quality Management Plan for the agency.	
512.2 Provider Agency Certification -Required Written Policies and Procedures		
5	Written policies and procedures for processing complaints and grievances, from staff or member receiving TBIW services exist, that:	
5A	Addresses the process for submitting a complaint,	
5B	Provides steps for remediation of the complaint including who will be involved in the process,	
5C	Steps include the process for notifying the member/staff of the findings and recommendations,	
5D	Provides steps for advancing the complaint if the member/staff does not feel the complaint has been resolved, and	
5E	Ensures that a member 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.	
6	Written policies and procedures for the use of personally and agency owned electronic devices which includes, but is not limited to:	
6A	Prohibits using personally identifiable information in texts and subject lines of emails,	
6B	Prohibits the use of personally identifiable information in the body of emails unless the email is sent securely through a HIPAA compliant connection,	
6C	Prohibits personally identifiable information be posted on social media sites,	
6D	Prohibits using public Wi-Fi connections, without use of a secure Virtual Private Network (VPN) connection;	
6E	Informs agency employees that during the course of an investigation, information related on their personal cell phone is discoverable, and	
6F	Requires all electronic devices be encrypted.	

TBI Waiver Provider Quality Review Tool

Provider Agency Certification		Score 1 = Yes 0 = No NA
7	Written policies and procedures for members to transfer	
8	Written policies and procedures for the discontinuation of member's services	
9	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:	
9A	Education of Case Managers on general Conflict of Interest/Professional Ethics with verification,	
9B	Annual signed Conflict of Interest Statements for all Case Managers and the agency director,	
9C	Process for investigating reports on conflict of interest complaints,	
9D	Process for reporting to BMS, and	
9E	Process for complaints to professional licensing boards for ethics violations.	
10	Written policies and procedures for members with limited English proficiency and/or accessible format needs that are culturally and linguistically appropriate to ensure meaningful access to services.	
11	A written Agency Emergency Plan (for members receiving TBIW services and office operations). This plan must include:	
11A	Office Emergency Back-Up Plan ensuring office staffing and facilities are in place during emergencies such as floods, fires, etc.,	
11B	Temporary facilities must meet requirements set forth by Chapter 512,	
11C	Providers must inform members receiving TBIW services of their Emergency Back-Up Plan.	
12	Written policy and procedures regarding Personal Attendant staff not being allowed to sub-contract their work responsibilities to another person.	
13	Written policy and procedures for reporting and documenting incidents if/when a program member presents an unsafe work environment for staff.	
14	Written policies and procedures to ensure that service provider staff that fail to report incidents and delays in incident reporting, will result in appropriate employee discipline up to and including employee suspension or termination.	
15	Written policies and procedures to ensure that individuals including the member, staff and family members are free from retaliation or adverse consequences because they reported incidents or allegations of abuse, neglect, exploitation or other staff misconduct.	
16	Written policies and procedures to ensure that guardians are informed of reported incidents as soon as possible after learning of an incident and in all cases within 72 hours of learning of an incident.	
17	Written policy and procedures outlining agency personal attendant staff actions when the member is not home/doesn't respond to calls and the personal attendant has arrived to provide schedule services.	
18	Written policy and procedures outlining case manager's actions when the member is not responding to a home visit and/or calls.	
19	Have written policy regarding member's right to request their records.	
20	Participate in all BMS mandatory training sessions for the past 365 Days.	

TBI Waiver Provider Quality Review Tool

Provider Agency Certification		Score 1 = Yes 0 = No NA
512.6 Incident Classification and Management		
21	Written policies and procedures for thoroughly reviewing, investigating, and monitoring trend analysis, and implementing recommendations for any corrective actions for needed for incidents involving the risk or potential risk to the health and safety of the members they serve.	
512.3.5 Office Criteria		
22	Is the office in or part of a private residence?	
23	The TBIW provider physical office must:	
23A	Be readily identifiable to the public, through signage that includes hours of operation,	
23B	Maintains an unobstructed pedestrian passage in the hallways, offices, lobbies, bathrooms, entrance and exits	
23C	The entrance and exit has accessible handicapped curbs, sidewalks and/or ramps	
23D	The restrooms have grab bars for convenience	
23E	A telephone is accessible	
23F	Drinking fountains and/or water made available as needed	
24	At a minimum, must have access to a computer, fax, email address, scanner, and internet,	
25	Contain space for securely maintaining program and personnel records	
26	Provider uses electronic and stamped signatures. If yes are the basic requirements met.	
512.3.6.7 Record Requirements		
27	There is evidence that the provider has used all required TBIW forms.(2021 new/revised program forms being used)	
512.5.4 Personal Attendant Initial /512.5.5 Annual Training Requirements		
28	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.	
28A	Cardiopulmonary Resuscitation (CPR) Training,	
28B	First Aid Training,	
28C	Universal Precautions Training	
28D	Personal Attendant Skills	
28D-1	When applicable, one-hour training specific to children/adolescents with TBI.	
28E	Abuse, Neglect and Exploitation Identification Training,	
28F	HIPAA Training,	
28G	Personal Attendant Professional Ethics Training,	
28H	Health and Welfare Training	
28I	Member Rights and Responsibilities Training	
28J	Delivering Person-Centered Care Training	
28K	Personal attendant safety training	
29	The Personal Attendant direct care training was provided by a qualified staff as directed in policy.	
512.5.2 Case Manager Initial and Annual Training Requirements		
30	A competency based curriculum, including goals/objectives and evaluation system to gauge competencies, for the required training areas for Case Manager exist:	
30A	Training on the Personal Options Service Delivery Model	
30B	Recognize and reporting abuse, neglect, and exploitation training	
30C	HIPAA training	
30D	Person-centered planning and Service Plan development	
30E	Traumatic Brain Injury training (Introduction to Brain Injury)	
30F	Must maintain professional licensure training requirements	

TBI Waiver Provider Quality Review Tool

Qualified Personnel		Score	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
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	There is evidence that provisional employee guidelines were used and the individual meets the qualifications for provisional employment.	1 = Yes 0 = No NA										
3	A copy of the fitness determination was in the applicant's personnel file	1 = Yes 0 = No NA										
4	A copy of the fitness determination of "not eligible "was in the applicant's personnel file and the variance has been requested or granted.	1 = Yes 0 = No NA										
5	Monthly registry rechecks maintain with no negative findings are maintained	1 = Yes 0 = No										
6	Monthly registry rechecks with potential negative findings were researched.	1 = Yes 0 = No NA										
7	There is evidence that a CIB background check was completed every three (3) years and the outcome meets the TBI Waiver program requirements.	1 = Yes 0 = No NA										
The following subset is applicable only to those providing Personal Attendant Service.												
512.5.4 Personal Attendant Initial Training Requirements												
8	There is documentation which verifies the provider is 18 years of age or older.	1 = Yes 0 = No										
9	Personal Attendant Service Staff must have completed the following competency based training and received a score of 70% or higher before providing services to TBI Waiver members:	1 = Yes 0 = No										
9A	A current and valid copy of the CPR certification card is present,	1 = Yes 0 = No NA										
9B	There is evidence that First Aid training compliance has occurred,	1 = Yes 0 = No NA										
9C	There is evidence that Universal Precautions compliance training has occurred	1 = Yes 0 = No NA										
9D	There is evidence that Personal Attendant Skills compliance training has occurred	1 = Yes 0 = No NA										
9E	There is evidence that HIPAA compliance training has occurred,	1 = Yes 0 = No NA										
9F	There is evidence that training on Personal Attendant Professional Ethics training on ethics such as; i. promoting physical and emotional well- being, ii. respect, iii. integrity, iv. responsibility, v. justice, vi. fairness and equity. vii. developing and maintaining working relationship and boundaries with the member	1 = Yes 0 = No NA										
9G	There is evidence that training in Health and Welfare including: i. emergency plan response, ii. fall prevention, home, iii. seizure response (if applicable) and iv. risk management has occurred,	1 = Yes 0 = No NA										
9H	There is evidence that training in the recognition and reporting of Abuse, Neglect and Exploitation has occurred,	1 = Yes 0 = No NA										
9I	There is evidence that training in Member Rights and Responsibilities has occurred.	1 = Yes 0 = No NA										
9J	There is evidence that training in Delivering Person-Centered Care has occurred.	1 = Yes 0 = No NA										
9K	There is evidence that Personal attendant safety training has occurred.	1 = Yes 0 = No NA										
10	There is evidence, when applicable, one-hour training specific to children/adolescents with TBI has occurred.	1 = Yes 0 = No NA										
512.5.5 Personal Attendant Annual Training Requirements												
11	Personal Attendant Service Staff meet all annual training requirements:	1 = Yes 0 = No NA										
11A	A current and valid copy of the CPR certification card is present,	1 = Yes 0 = No NA										
11B	First Aid training has occurred on an annual bases or as defined by the terms of the approved certifying agency	1 = Yes 0 = No NA										
11C	There is evidence that Universal Precautions training has occurred on an annual basis,	1 = Yes 0 = No NA										
11D	There is evidence that HIPAA compliance training has occurred on an annual basis,	1 = Yes 0 = No NA										
11E	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										
11F	There is evidence that two (2) hours of training focusing on enhancing direct care service delivery knowledge and skills has occurred on an annual basis.	1 = Yes 0 = No NA										

TBI Waiver Provider Quality Review Tool

Qualified Personnel		Score	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
The following subset is applicable only to those providing Case Management												
512.5.2 Case Manager Initial and Annual Training Requirements												
12	There is evidence that the case manager meets licensure requirements by a valid copy of license in the personnel file.	1 = Yes 0 = No NA										
13	There is evidence that the non license case manager, with an approved four year degree (BMS approved list), has completed the Conflict-free case management training for case managers	1 = Yes 0 = No NA										
14	There is evidence that the case manager received INITIAL training on the following											
14A	Personal Options Service Delivery Model,	1 = Yes 0 = No										
14B	Recognize and Reporting Abuse, Neglect and Exploitation,	1 = Yes 0 = No										
14C	HIPAA,	1 = Yes 0 = No										
14D	Person-Centered Planning and Service Plan Development.	1 = Yes 0 = No										
14E	Traumatic Brain Injury training (Introduction to Brain Injury)	1 = Yes 0 = No										
15	There is evidence that the case manager received ANNUAL training on the following topics:											
15A	Recognize and Reporting Abuse, Neglect and Exploitation,	1 = Yes 0 = No										
15B	HIPAA,	1 = Yes 0 = No										
15C	Person-Centered Planning, and	1 = Yes 0 = No										
15D	Traumatic Brain Injury training.	1 = Yes 0 = No										
15E	There is evidence that the required amount/type of professional licensure training had been completed.	1 = Yes 0 = No NA										
512.3.6.7 Record Requirement -Personnel Records												
16	Legible original copies of personnel documentation included:											
16A	Training records (TBIW Training Log Form required after 4/2021)	1 = Yes 0 = No										
16B	Licensure	1 = Yes 0 = No										
16C	Confidentiality agreements	1 = Yes 0 = No										
17	Minimum credentials for professional staff(case manager) is verified upon hire and thereafter based upon their individual professional license requirements.	1 = Yes 0 = No NA										
18	All documentation for the staff member is kept in the designated office that represents the county where services were provided.	1 = Yes 0 = No										
512.5.6 Training Documentation (TBIW Training Log Form required after 4/2021)												
19	Training Documentation included the: i. training topic, ii. date, iii. beginning and end time of the training, iv. location of the training and, v. signatures of the instructor and trainee.	1 = Yes 0 = No										
20	Training Documentation for internet based training include: i. the employee's name, ii. the name of the internet provider/trainer and iii. either a certificate or other documentation proving successful completion was evident.	1 = Yes 0 = No NA										

TBI Waiver Provider Quality Review Tool

Conflict of Interest Exception		Score	Record ID # Score	Record ID # Score	Record ID # Score	Record ID # Score	Record ID # Score
512.2 PROVIDER AGENCY CERTIFICATION							
Conflict of Interest (COI) Protections							
1	Exception determination has been granted by BMS, and the Case Management Agency has the following documents and/or policies and procedures in place:						
1A	Basic description of the duties of the Personal Attendant supervisor(s) and the Case Management supervisor(s).	1 = Yes 0 = No					
1B	Evidence of administrative separation on organizational chart that includes position titles and names of staff.	1 = Yes 0 = No					
1C	Explain how members are given choice of case manager	1 = Yes 0 = No					
1D	Explain how members are given choice of Personal Attendant Services and other natural supports or services offered in the community.	1 = Yes 0 = No					
1E	Explain how the agency ensures that the case manager is free from influence of Personal Attendant provider regarding member Service Plan	1 = Yes 0 = No					
2	Evidence that the provider separates Personal Attendant and Case Management services into distinct functions, with separate oversight.	1 = Yes 0 = No					
3	The Case Manager has signed the Conflict of Interest Assurance form	1 = Yes 0 = No					
4	The completed and signed Conflict of Interest Assurance form is located in the member file at the case management agency.	1 = Yes 0 = No					

TBI Waiver Provider Quality Review Tool

Incident Reporting		Score	Record ID #	Record ID #	Record ID #	Record ID #	Record ID #
512.6.1 Reporting Requirements, Incident Management Documentation and Investigation Procedures							
Implemented for incidents that occurred in the past 365 days:							
1	Incidents must be entered into the West Virginia Incident Management System (WV IMS) within the next business day of learning of the incident.	1 = Yes 0 = No NA					
2	The Agency Director, designated agency staff, or Case Manager will immediately review each incident report.	1 = Yes 0 = No NA					
3	All Critical Incidents must be investigated.	1 = Yes 0 = No NA					
4	All incidents involving abuse, neglect and/or exploitation must be reported to Adult Protective Services or Child Protective Services.	1 = Yes 0 = No NA					
5	All incidents involving abuse, neglect and/or exploitation must be entered into the WV IMS.	1 = Yes 0 = No NA					
6	Providers are to report monthly in the WV IMS if there were no incidents.	1 = Yes 0 = No NA					
7	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					
8	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					
9	The criteria utilized for a thorough investigation includes but is not limited to:						
9A	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					
9B	All parties were interviewed and incident facts were evaluated,	1= Yes 0 = No					
9C	Person was interviewed,	1= Yes 0 = No					
9D	Determination of the cause of the incident,	1= Yes 0 = No					
9E	Identification of preventive measures,	1= Yes 0 = No					
9F	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					
9G	Change in needs was addressed on the Person Centered Service Plan.	1= Yes 0 = No NA					

TBI Waiver Provider Quality Review Tool

Member Record		Score	Record ID # Score	Record ID # Score	Record ID # Score	Record ID # Score	Record ID # Score
512.13 -Person-Centered Assessment							
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. (Initial or Annual)	1 = Yes 0 = No NA					
3	A new Person-Centered assessment was completed as the member's needs change, when one or more of the following conditions were recorded in the Member's record						
3A	Member indicated that his/her needs for assistance have changed	1 = Yes 0 = No NA					
3B	Member did not use their Personal Attendant Services during that month	1 = Yes 0 = No NA					
3C	Member indicated that he/she had problems paying for or getting food, housing, utilities, or medications	1 = Yes 0 = No NA					
3D	Member had a hospitalization with a change in medical condition resulting in a functional change	1 = Yes 0 = No NA					
3E	Member loss his/her in formal supports that assisted with ADLs	1 = Yes 0 = No NA					
3F	Member experienced a decrease in functional ability to complete ADLs	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					

TBI Waiver Provider Quality Review Tool

Member Record		Score	Record ID #	Record ID #	Record ID #	Record ID #	Record ID #
512.14 Person-Centered Service Plan Development							
1	Original, signed Service Plan is in the member's record and includes the member or his/her court appointed legal guardian's signature. (Initial/6month or Annual)	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	Identified needs are addressed in the member's Service Plan,	1= Yes 0=No					
2D	The member's goals and preferences are addressed in the Service Plan,	1= Yes 0=No					
2E	Service Plan contains reference to any other services regardless of source of payment.	1= Yes 0=No					
2F	Crisis/backup plan for the following events: Disruption in Personal Attendant Services, natural disasters and weather conditions was completed.	1= Yes 0=No					
3	The Service Plan meeting must be scheduled and held within seven (7) calendar days of the person's Assessment, not to exceed 14 calendar days from date of confirmation of enrollment.	1 = Yes 0 = No NA					
4	100 % of the member's Health and Safety Factors issues (as identified through the Member Assessment, Risk Mitigation and 24 Hour Emergency Back up) were addressed and documented in the member's Person-Centered Service Plan.	1= Yes 0= No					
5	A new Person-Centered Service Plan -Addendum was completed as the member's needs change, when one or more of the following conditions were recorded in the Member's record						
5A	Member indicated that his/her needs for assistance have changed	1 = Yes 0 = No NA					
5B	Member did not use their Personal Attendant Services during that month	1 = Yes 0 = No NA					
5C	Member indicated that he/she had problems paying for or getting food, housing, utilities, or medications	1 = Yes 0 = No NA					
5D	Member had a hospitalization with a change in medical condition resulting in a functional change	1 = Yes 0 = No NA					
5E	Member loss his/her informal supports that assisted with ADLs	1 = Yes 0 = No NA					
5F	Member experienced a decrease in functional ability to complete ADLs	1 = Yes 0 = No NA					

TBI Waiver Provider Quality Review Tool

Member Record		Score	Record ID # Score	Record ID # Score	Record ID # Score	Record ID # Score	Record ID # Score
512.14.1 6-month, On-going, and Service Plan Addendum							
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					
512.14. Interim Service Plan							
15	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					
16	Direct Care Services (Personal Attendant) were initiated with 3 business days.	1 = Yes 0 = No NA					
17	Initial Service Plan is completed prior to the initiation of ANY services being billed.	1 = Yes 0 = No NA					
18	Documentation exist that shows that the member received the services specified in the Service Plan.	1 = Yes 0 = No NA					
512.34 Transfers							
19	Did the Member request a transfer to another CMA or PASA during the review period. If yes, was the Provider the:	1 = Yes 0 = No NA					
Transferring Agency - Case Management:							
20	Provide service until the transfer was complete,	1 = Yes 0 = No NA					
21	Maintain all original documents for monitoring purposes.	1 = Yes 0 = No NA					
Transferring Agency - Personal Attendant Services:							
22	Provide service until transfer was complete.	1 = Yes 0 = No					
Receiving Agency - Case Management conducted the:							
23	Service Assessment within seven (7) business days of the transfer effective date, and	1 = Yes 0 = No NA					
24	Service Plan within seven (7) business days of transfer effective date.	1 = Yes 0 = No NA					
Receiving Agency - Personal Attendant Services conducted:							
25	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					
512.26 Dual Provision of TBIW and PC Service							
26	Is the member receiving dual services (TBI and PC) according to the Service Plan? If yes, does the TBIW SP include;						
26A	the Personal care Plan of Care and;	1 = Yes 0 = No NA					
26B	the combined TBIW/PC schedule	1 = Yes 0 = No NA					
26C	The TBIW Case Manager signature is on both forms.	1 = Yes 0 = No NA					
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							
27	Total number of claims (within the review period) in compliance	#					
28	Total number of claims paid for the review period	#					

TBI Waiver Provider Quality Review Tool

Health & Welfare		Score	Record ID #	Record ID #	Record ID #	Record ID #	Record ID #
512.11 Enrollment							
1	There is evidence of the following required items located in the member record for Personal Attendant Services providers:						
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					
512.17.2 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					
2B	Monthly No Incident Report. (Completed in WV IMS)	1 = Yes 0 = No NA					
512.17.1 Case Management Responsibilities							
3	Initial contact by the Case Manager to the member was conducted within 7 calendar days after the start of direct care services from the Personal Attendant. Document the start date for each reviewed member.	1 = Yes 0 = No NA	Start Date: Date of Contact:	Start Date: Date of Contact:	Start Date: Date of Contact:	Start Date: Date of Contact:	Start Date: Date of Contact:
4	Case Manager or agency designee informs members/court appointed legal guardian of their rights, including:						
4A	Information about grievance procedures, and	1 = Yes 0 = No					
4B	Fair Hearing processes.	1 = Yes 0 = No					
4C	The member's Initial Service Planning Meeting was scheduled within seven (7) calendar days of the Person-Centered Assessment.	1 = Yes 0 = No NA					
4D	Person-Centered Service Plan (s) was/were completed within 14 days from the completion of the Person-Centered Assessment.	1 = Yes 0 = No					
512.3.6.7 Record Requirements-Program Records/512.6.3 Record Retention							
5	Participant's file contains all original documentation for services provided to them by the Case Management Agency to include a:						
5A	Completed, signed Informed Consent Form,	1 = Yes 0 = No NA					
5B	Completed, signed Agency/Provider Selection Form, and	1 = Yes 0 = No NA					
5C	Completed, signed Service Delivery Model Selection Form.	1 = Yes 0 = No NA					

Case Management Services		Score	Record ID #	Record ID #	Record ID #	Record ID #	Record ID #
512.17 Case Management Services		Score	Score	Score	Score	Score	Score
# of Case Management Monthly Contact Reviewed:		#					
# of Case Management Monthly Contact that Meet Requirements:		#					
# of Case Management Monthly Contact Reviewed Found to be Deficient (if an item is found to be deficient, specific information will be documented below).		#					
1	The Monthly Contact with member and/or Legal Guardian was completed for each month during the review period.	1 = Yes 0 = No	<p align="center">ALL NOTES REVIEWED WERE COMPLIANT WITH POLICY STANDARDS.</p> <p align="center">___ OR ___</p> <p align="center">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.</p>				
2	The Monthly Contact form was located in the member record.	1 = Yes 0 = No					
3	Case Manager Observation Section completed	1 = Yes 0 = No					
4	Health and Incident Interview Section completed.	1 = Yes 0 = No					
5	Case Management Follow Up/Action Section completed.	1 = Yes 0 = No					
6	Name of TBI Waiver Member was on the Case Management Monthly Contact	1 = Yes 0 = No					
7	Date of Service was on the Case Management Monthly Contact	1 = Yes 0 = No					
8	Start time/Stop time was on the Case Management Monthly Contact	1 = Yes 0 = No					
9	Signature of Case Manager was on the Case Management Monthly Contact	1 = Yes 0 = No					
10	Activity documented on the Case Management Log reflected a valid Case Management service and is provided within the guidelines identified in the TBI Waiver Manual.	1 = Yes 0 = No					
Provider Educator Notes - Case Management Documentation		Record ID #	Item #	Date/Time			

TBI Waiver Provider Quality Review Tool

Personal Attendant Worksheet		Score	Record ID #	Record ID #	Record ID #	Record ID #	Record ID #
512.18.1-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.	1 = Yes 0 = No	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.				
2	Prior authorization for each service was obtained before 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 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 Initials,	1 = Yes 0 = No					
4J	Personal Attendant's initials.	1 = Yes 0 = No					
512.19-Non-Medical Transportation Services			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.				
5	Service is indicated on the member's Service Plan	1 = Yes 0 = No					
6	Prior authorization for each service was obtained before 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					
Provider Educator Notes - PA Worksheet			Record ID #	Item #	Date/Time		

TBI Waiver Provider Quality Review Tool

Personal Emergency Response System (PERS) 512.20		Score	Record ID # Score	Record ID # Score	Record ID # Score	Record ID # Score
PERS Vendor Name: _____						
Number of PERS units Billed:		#				
Number of PERS units Billed that Meet Requirements:		#				
Number of PERS units Billed Found to be Deficient:		#				
1	Service is indicated on the member's Service Plan.	1 = Yes 0 = No	<p align="center">PERS UNITS BILLED WERE COMPLIANT WITH POLICY STANDARDS.</p> <p align="center">___OR___</p> <p align="center">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.</p>			
2	Prior Authorization for each service was obtained before services were delivered.	1 = Yes 0 = No				
3	Review of the PERS/TBIW Provider Contract/Agreement meets policy:	1 = Yes 0 = No				
3A	Emergency response centered with trained operators	1 = Yes 0 = No				
3B	24 hours per day	1 = Yes 0 = No				
3C	365/366 days per year	1 = Yes 0 = No				
3D	protocol to determine if an emergency exists	1 = Yes 0 = No				
3E	notification process if member needs emergency help	1 = Yes 0 = No				
4	Member accessed emergency services with PERS during review period.	1 = Yes 0 = No				
Provider Educator Notes		Record ID #	Item #	Date/Time		

TBI Waiver Provider Quality Review Tool

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