

KEPRO
TBI Waiver Provider Review Tool

Provider Agency Name:				
To meet Site Certification standards your agency must:	Provider Manual Ref#	Evidence of Compliance	Met? Yes/No/NA	Onsite Review _/_/_
PROVIDER AGENCY CERTIFICATION 512.2				
1. Have a business license issued by the State of West Virginia.	512.2.A	The agency has a business license issued by the State of West Virginia. Submit copy if this is a new application.		
2. Have a Federal Tax Identification Number (FEIN).	512.2.B	The agency has an FEIN.(write it here)		
3. A competency based curriculum for required training areas for personal attendant staff	512.2.C	The UMC approval of the Provider 's Training curriculum was evident.		
4. Have an organizational chart.	512.2.D	The agency has an organizational chart. Submit copy if this is a new application or there was a change since last application.		
5. Have a list of the Board of Directors (if applicable).	512.2.E	The agency has a list of the Board of Directors, if applicable. Submit copy if this is a new application or there was a change since last application.		
6. A list of all agency staff, which includes their qualifications	512.2.F	Provider agency maintains an agency staff list.		
7. A Quality Management Plan	512.2.G	Provider agency has a quality management plan,		
8. Written policies and procedures for processing complaints and grievances, from staff or people receiving TBIW services	512.2.H	a. Addresses the process for submitting a complaint b. Provides steps for remediation of the complaint including who will be involved in the process c. Steps include the process for notifying the person of the findings and recommendations d. Provides steps for advancing the complaint if the person/staff does not feel the complaint has been resolved e. 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.		
9. Written policies and procedures for the use of personally and agency owned electronic devices	512.2.I	a. Prohibits using personally identifiable information in texts and subject lines of emails; b. Prohibits the use of personally identifiable information in the body of emails unless the email is sent securely through a HIPAA compliant connection; c. Prohibits personally identifiable information be posted on social media sites; d. Prohibits using public Wi-Fi connections; e. Informs agency employees that during the course of an investigation, information related on their personal cell phone is discoverable; f. Requires all electronic devices be encrypted.		
10. Written policies and procedures for people to transfer	512.2.J	Provider agency has written policies that address the requirements in 512.3.1 and 512.3.2.		

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11.	Written policies and procedures for the discontinuation of person's services	512.2.K	Provider has written policies and procedures that include the approved reasons for discontinuation: a. No services have been provided for 180 continuous days b. Unsafe environment c. Persistently non-compliant with the Service Plan d. Person no longer desires services e. Person no longer requires services		
12.	Written policies and procedures to avoid conflict of interest (if providing both CM and PA services)	512.2.L	a. Education of Case Managers on general Conflict of Interest/Professional Ethics with verification; b. Annual signed Conflict of Interest Statements for all Case Managers and the agency director; c. Process for investigating reports on conflict of interest complaints; d. Process for reporting to BMS; e. Process for complaints to professional licensing boards for ethics violations.		
13.	Office space that allows for confidentiality of the person receiving TBIW services	512.2.M			
14.	An Agency Emergency Plan (for people receiving TBIW services and office operations).	512.2.N	This plan must include: a. Office Emergency Back-Up Plan ensuring office staffing and facilities are in place during emergencies such as floods, fires, etc. b. Providers must inform people receiving TBIW services of their Emergency Back-Up Plan.		
15.	All providers are required to have and implement 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.	512.2.P	Written policies and procedures are in place and there is evidence in the program participant files that policies and procedures are implemented.		
16.	Computer(s) for staff with HIPAA secure email accounts, UMC web portal software, internet access, and current (within last 5 years) software for spreadsheets.	512.2.Q	All staff who have access to program participant records have internet access and have their own unique secure email account.		
17.	Hires and retains qualified workforce	512.2.R	Provider agency has the staff required to provide TBIW services.		
18.	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)	512.2.S	Provider agency has policies and procedures to address this. Documentation in program participant record includes evidence of a discharge/transfer plan		
19.	Ensures that services are delivered and documentation meets regulatory and professional standards before the claim is submitted.	512.2.T	Provider agency maintains accurate and complete documentation that supports submitted claims.		

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OFFICE CRITERIA		512.2.2			
TBIW Case Management and Personal Attendant Service provider agencies must designate and staff at least one physical office within West Virginia. A post office box or commercial mailbox will not suffice. Each designated office must meet the following criteria:					
20.	Changes can only be made annually unless it is a request for a provider to expand their service area by BMS.	512.2.2.C	Any changes in counties, location, administrator have documentation supporting that the UMC was notified and approved		
21.	Be readily identifiable to the public	512.2.2.D	A sign is located in view of the public and identifies the office site.		
22.	Meet Americans With Disabilities Act (ADA) requirements for physical accessibility. (Refer to 28 CFR 36, as amended).	512.2.2.E	These include but are not limited to: a. Maintains an unobstructed pedestrian passage in the hallways, offices, lobbies, bathrooms, entrance and exits b. The entrance and exit has accessible handicapped curbs, sidewalks and/or ramps c. The restrooms have call lights and grab bars for convenience d. A telephone is accessible e. Drinking fountains and/or water made available as needed		
23.	Contain space for securely maintaining program and personnel records	512.2.2.K	Written policies and procedures are in place for maintaining records in a safe secure space to ensure confidentiality		
24.	Maintain a 24-hour contact method (PA agencies only)	512.2.2.L	Written policies and procedures are in place for staff and participants to contact the office after hours.		
25.	Any authentication method for electronic and stamped signatures must meet basic requirements	512.2.2.N	a. Unique to the person using it b. Capable of verification c. Under the sole control of the person using it, and d. Linked to the data in such a manner that if the data is changed, the signature is invalidated.		
UMC reserves the right to request additional documentation to verify provider compliance.					