



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: _____
 Office Mailing Address _____

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, PA)	Hire Date	End Date
P1					
P2					
P3					
P4					
P5					
P6					
P7					
P8					
P9					
P10					

CM=Case Manager
 PA= Personal Attendant

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		Score 1 = Yes 0 = No NA
Provider Agency Certification		
512.1 HCBS Settings Requirements		
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 Member 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.	
512.2/512.3 Provider Agency Certification		
3	The following documentation/evidence was provided during review:	
3A	A competency based curriculum for required training areas for personal attendant staff and/or case management staff (See scoring below for training topics compliance)	
3B	A Quality Management Plan for the agency.	
512.2/512.3 Provider Agency Certification -Required Written Policies and Procedures		
4	Written policies and procedures for processing complaints and grievances, from staff or member 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 member/staff of the findings and recommendations,	
4D	Provides steps for advancing the complaint if the member/staff does not feel the complaint has been resolved, and	
4E	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.	
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, without use of a secure Virtual Private Network (VPN) connection;	
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.	

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Provider Agency Certification		Score 1 = Yes 0 = No NA
6	Written policies and procedures for members to transfer	
7	Written policies and procedures for the discontinuation of member's services	
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 members 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 members 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	Providers must inform members receiving TBIW services of their Emergency Back-Up Plan.	
11	Written policy and procedures regarding Personal Attendant staff not being allowed to sub-contract their work responsibilities to another person.	
12	Written policy and procedures for reporting and documenting incidents if/when a program member presents an unsafe work environment for staff.	
13	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.	
14	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.	
15	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.	
16	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.	
17	Written policy and procedures outlining case manager's actions when the member is not responding to a home visit and/or calls.	
18	Written policy regarding member's right to request their records.	
19	Written policy and procedure for reporting Medicaid Fraud to the BMS (Office of Program Integrity and program manager); (8/2023) Request Copy	
20	Written policy and procedure for documentation training for case managers and personal attendants that at the minimum must include current program forms and proper documentation correction procedures. (8/2023) Request Copy	
21	Participate in all BMS mandatory Quarterly Provider Meetings for the past 365 Days.(CY 2023)	

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Provider Agency Certification		Score 1 = Yes 0 = No NA
512.6 Incident Classification and Management		
22	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.	
512.3.5/512.6 Office Criteria		
23	Is the office in or part of a private residence?	
24	Provider uses electronic and stamped signatures. If yes are the basic requirements met.	
512.3.6.7 Record Requirements		
25	There is evidence that the provider has used all required TBIW forms.	
512.5.4 Personal Attendant Initial /512.5.5 Annual Training Requirements		
26	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.	
26A	Cardiopulmonary Resuscitation (CPR) Training,	
26B	First Aid Training,	
26C	Universal Precautions Training	
26D	Personal Attendant Skills (Initial Only)	
26E	When applicable, one-hour training specific to children/adolescents with TBI (Initial Only)	
26F	Abuse, Neglect and Exploitation Identification Training,	
26G	HIPAA Training,	
26H	Personal Attendant Professional Ethics Training (Initial Only), Medicaid Fraud*(New Topic) (8/2023)	
26I	Health and Welfare Training (Initial Only)	
26J	Member Rights and Responsibilities Training (Initial Only)	
26K	Delivering Person-Centered Care Training (Initial Only)	
26L	Personal Attendant Safety Training (Initial Only)	
26 M	Statewide Transition Plan Rule (4/2021)	
26N	Proper Documentation (New Topic After 8/2023)	
512.5.2 Case Manager Initial and Annual Training Requirements		
27	A competency based curriculum, including goals/objectives and evaluation system to gauge competencies, for the required training areas for Case Manager exist:	
27A	Training on the Personal Options Service Delivery Model (Initial only)	
27B	Recognize and reporting abuse, neglect, and exploitation training	
27C	HIPAA training	
27D	Person-centered planning and Service Plan development	
27E	Medicaid Fraud (New topic 8/2023)	
27F	Proper Documentation (New topic 8/2023)	
27G	Statewide Transition Plan Rule (once)	
27H	Traumatic Brain Injury training	

Qualified Personnel		Score	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
512.5												
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 NA										
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. (New Hires CY 2023)	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 (WV CARES) maintain with no negative findings are maintained.	1 = Yes 0 = No NA										
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 five (5) 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 NA										
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 NA										
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 viii. Medicaid Fraud, Waste and Abuse (8/2023)-New	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										
11	There is evidence of STP Rules and Member/Provider controlled assessment training. Evidence either BMS LMS certificate or the personal attendant agency can develop competency-based training and test. (80% competency required).	1 = Yes 0 = No NA										
12	Training regarding proper documentation correction requirements and forms. (8/2023)-New	1 = Yes 0 = No NA										
512.5.5/512.16.5 Personal Attendant Annual Training Requirements												
13	Personal Attendant Service Staff meet all annual training requirements:	1 = Yes 0 = No NA										
13A	A current and valid copy of the CPR certification card is present,	1 = Yes 0 = No NA										
13B	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										
13C	There is evidence that Universal Precautions training has occurred on an annual basis,	1 = Yes 0 = No NA										
13D	There is evidence that HIPAA compliance training has occurred on an annual basis,	1 = Yes 0 = No NA										
13E	There is evidence that Medicaid Fraud, Waste, Abuse and how to report training has occurred on an annual basis	1 = Yes 0 = No NA										
13F	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										
13G	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										

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Qualified Personnel		Score	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
The following subset is applicable only to those providing Case Management												
512.5.2/512.16.2 Case Manager Initial and Annual Training Requirements												
14	There is evidence that the case manager meets licensure requirements by a valid copy of license.	1 = Yes 0 = No NA										
15	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										
16	There is evidence that the case manager received INITIAL training on the following											
16A	Personal Options Service Delivery Model,	1 = Yes 0 = No										
16B	Recognize and Reporting Abuse, Neglect and Exploitation,	1 = Yes 0 = No										
16C	HIPAA,	1 = Yes 0 = No										
16D	Person-Centered Planning and Service Plan Development.	1 = Yes 0 = No										
16E	Traumatic Brain Injury training (Introduction to Brain Injury)	1 = Yes 0 = No										
17	Recognizing Medicaid Fraud and how to report (8/2023)-New	1 = Yes 0 = No										
18	Statewide Transition Plan Rules and Member Controlled Assessment training found on the BMS Learning Management System.(Certificate from BMS-LSM required)	1 = Yes 0 = No										
19	Training regarding proper documentation correction requirements and forms (8/2023)-New	1 = Yes 0 = No										
20	There is evidence that the case manager received ANNUAL training on the following topics:											
20A	Recognize and Reporting Abuse, Neglect and Exploitation,	1 = Yes 0 = No										
20B	HIPAA,	1 = Yes 0 = No										
20C	Person-Centered Planning, and	1 = Yes 0 = No										
20D	Traumatic Brain Injury training.	1 = Yes 0 = No										
20E	Recognizing Medicaid fraud and how to report (8/2023)-New	1 = Yes 0 = No										
512.5.6 / 512.16.6 Training Documentation												
21	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										
22	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										

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Incident Reporting		Score	Record ID #	Record ID #	Record ID #	Record ID #	Record ID #
512.6.1/ 512.17.1 Reporting Requirements, Incident Management Documentation and Investigation Procedures							
Implemented for incidents that occurred in the past 365 days (CY 2023)							
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	All Critical Incidents must be investigated. 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.	1 = Yes 0 = No NA					
3	All incidents involving abuse, neglect and/or exploitation must be reported to Adult Protective Services or Child Protective Services.	1 = Yes 0 = No NA					
4	All incidents involving abuse, neglect and/or exploitation must be entered into the WV IMS.	1 = Yes 0 = No NA					
5	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					
6	The criteria utilized for a thorough investigation includes but is not limited to:						
6A	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					
6B	All parties were interviewed and incident facts were evaluated,	1= Yes 0 = No					
6C	Member or Court Appointed Legal Guardian was interviewed,	1= Yes 0 = No					
6D	Determination of the cause of the incident,	1= Yes 0 = No					
6E	Identification of preventive measures,	1= Yes 0 = No					
6F	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					
6G	Change in needs was addressed on the Person Centered Service Plan.	1= Yes 0 = No NA					

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Member Record		Score	Record ID #	Record ID #	Record ID #	Record ID #	Record ID #
512.13/512.26 -Person-Centered Assessment							
1	Person-Centered Assessment was completed within seven (7) business days from receipt of Enrollment Confirmation Notice.	1 = Yes 0 = No NA					
2	A new Person-Centered assessment was completed as the member's needs change, when one or more of the following conditions were recorded in case manager's Monthly Contact Form:						
2A	Member indicated that his/her needs for assistance have changed	1 = Yes 0 = No NA					
2B	Member did not use their Personal Attendant Services during the reported month	1 = Yes 0 = No NA					
2C	Member indicated that he/she had problems paying for or getting food, housing, utilities, or medications	1 = Yes 0 = No NA					
2D	Member had a hospitalization with a change in medical condition resulting in a functional change	1 = Yes 0 = No NA					
2E	Member loss his/her informal supports that assisted with ADLs	1 = Yes 0 = No NA					
2F	Member experienced a decrease in functional ability to complete ADLs	1 = Yes 0 = No NA					
3	Person-Centered Assessment was provided to the member or legal representative.	1 = Yes 0 = No					
512.1 Home and Community Based Setting Requirements							
4	Member-controlled setting assessment was conducted annually.	1 = Yes 0 = No					
4A	Are there reasons why modifications are needed and are these modifications supported by an assessed need and documented on the person-centered plan	1 = Yes 0 = No NA					

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Member Record		Score	Record ID #	Record ID #	Record ID #	Record ID #	Record ID #
512.14/512.27 Person-Centered Service Plan Development		Score	Score	Score	Score	Score	Score
1	Member's service plan comprehensively addresses his or her identified risks and needs, as identified through the Person Centered Assessment, Risk Analysis & Mitigation and Twenty-Four Hour Emergency Back-up . The Service Plan was developed with the member to reflect their health care services and supports in accordance with the member's personal preferences and goals.						
1A	Detail of all services are in the member's Service Plan including, Service Type, Provider of Service, and frequency,	1= Yes 0=No					
1B	Informal Supports that provide assistance are documented in the member's Service Plan,	1= Yes 0=No					
1C	Social needs are addressed in the member's Service Plan,	1= Yes 0=No					
1D	Emotional needs are addressed in the member's Service Plan,	1= Yes 0=No					
1E	Educational needs are addressed in the member's Service Plan,	1= Yes 0=No NA					
1F	Medical needs are addressed in the member's Service Plan,	1= Yes 0=No					
1G	Service Plan contains reference to any other services regardless of source of payment.	1= Yes 0=No					
1H	Crisis/backup plan for the following events Disruption in Personal Attendant Service, natural disasters and weather conditions was developed in the Service Plan	1= Yes 0=No					
2	The Service Plan meeting must be scheduled and held within seven (7) calendar days of the person's Assessment, not to exceed 14 business days from date of confirmation of enrollment.	1= Yes 0= No NA					
3	Service Plan Addendum completed based on Change in Need (Assessment Tab).	1= Yes 0= No NA					

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Member Record		Score	Record ID #	Record ID #	Record ID #	Record ID #	Record ID #
512.14.1 6 512.27.1 - 6 month, On-going, and Service Plan Addendum							
4	Member attended (in person) and signed his/her six month service plan.	1 = Yes 0 = No					
5	Court appointed Legal Guardian (if applicable) attended (in person) and signed the six (6) month Service Plan.	1 = Yes 0 = No					
6	Case Manager attended (in person) and signed the six (6) month Service Plan.	1 = Yes 0 = No					
7	The Personal Attendant Service provider agency representative attended (in person) and signed the six (6) month Service Plan.	1 = Yes 0 = No NA					
8	Person-Centered Service Plan was provided to the member or legal representative.	1 = Yes 0=No					
9	The member attended (in person) and signed his/her Annual Service Plan.	1 = Yes 0 = No					
10	Court appointed legal Guardian (if applicable) attended (in person)and signed the Annual Service Plan.	1 = Yes 0 = No					
11	Case Manager attended (in person) and signed the Annual Service Plan.	1 = Yes 0 = No					
12	The Personal Attendant Service provider agency representative attended (in person) and signed the Annual Service Plan.	1 = Yes 0 = No NA					
512.34 /512.50 Transfers							
13	Did the Member request a transfer to another CMA or PASA during the CY . If yes, was the Provider the:	1 = Yes 0 = No NA					
Transferring Agency - Case Management:							
14	Provide service until the transfer was complete,	1 = Yes 0 = No NA					
Transferring Agency - Personal Attendant Services:							
15	Provide service until transfer was complete.	1 = Yes 0 = No NA					
Receiving Agency - Case Management Agency:							
16	Reviewed/revised the Service Plan (4/2021) /Service Plan Addendum (8/2023) within seven (7) business days of the transfer effective date	1 = Yes 0 = No NA					
17	Provided copies of the reviewed/revised Service Plan /Service Plan Addendum to the member and/or legal representative within seven business days.	1 = Yes 0 = No NA					
Receiving Agency - Personal Attendant Services conducted:							
18	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					
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							
19	Total number of claims (within the review period) in compliance	#					
20	Total number of claims paid for the review period	#					

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Health & Welfare		Score	Record ID #	Record ID #	Record ID #	Record ID #	Record ID #
512.11/512.24 Enrollment							
1	If a personal attendant agency is unable to staff a member within 90 days from enrollment did the Personal Attendant Agency:						
1A	Inform the UMC and,	1 = Yes 0 = No NA					
1B	Informed the Member's Case Manager.	1 = Yes 0 = No NA					
512.17.1 / 512.31 .1 Case Management Responsibilities							
2	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 newly enrolled member (CY 2023)	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:
3	During the Review Period was the member unreachable for a monthly contact , if yes did the Case Manager:	1 = Yes 0 = No NA					
3A	Use the Member's 24 hour emergency backup plan within one business day of not being able to reach the member.	1 = Yes 0 = No NA					
3B	Contact the personal attendant provider agency (if the Traditional Model is used) to see if there has been any disruption of services	1 = Yes 0 = No NA					
3C	Within 48 hours from the initial attempt to contact the member; did the Case Manager conduct a face to face home visit, if the member or the contact person contact the Case Management Agency.	1 = Yes 0 = No NA					
3D	Was a well person/welfare/wellness check requested of the local police by the Case Manager, if there was no answer during the home visits attempt?	1 = Yes 0 = No NA					
3E	Was a critical incident entered into the WV IMS If the member is not found in the home by the police during the well person/welfare/wellness check.	1 = Yes 0 = No NA					

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Case Management Services		Score	Record ID #	Record ID #	Record ID #	Record ID #	Record ID #
512.17 /512.31 Case Management Services		Score	Score	Score	Score	Score	Score
# of Case Management Monthly Contact Reviewed:		#					
# of Case Management Monthly Contact that Meet Documentation 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 Case Manager completed the required type of monthly contact during the review period with the member as outlined in current policy.	1 = Yes 0 = No	<p>ALL NOTES 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 RECORD ID#S: (ENTER ALL APPLICABLE RECORD ID#s HERE) SEE BELOW.</p>				
2	Case Manager Observation Section completed	1 = Yes 0 = No					
3	Health and Incident Interview Section completed.	1 = Yes 0 = No					
4	Case Management Follow Up/Action Section completed.	1 = Yes 0 = No					
5	Name of TBI Waiver Member was on the Case Management Monthly Contact	1 = Yes 0 = No					
6	Date of Service was on the Case Management Monthly Contact	1 = Yes 0 = No					
7	Start time/Stop time was on the Case Management Monthly Contact	1 = Yes 0 = No					
8	Signature and Credentials of Case Manager was on the Case Management Monthly Contact	1 = Yes 0 = No					
Provider Educator Notes - Case Management Documentation		Record ID #	Item #	Date/Time			

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Personal Attendant Worksheet		Record ID #	Record ID #	Record ID #	Record ID #	Record ID #
512.18.1/512.32.1 -Personal Attendant Services		Score	Score	Score	Score	Score
# of Worksheets Reviewed:	#					
# of Worksheets Reviewed that Meet Documentation Requirements:	#					
# of Worksheets Reviewed Found to be Deficient (if an item is found to be deficient, specific information will be documented below).	#					
1	Personal Attendant Worksheet for each month during the review period had the required signatures: 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				
2	The completed and signed Personal Attendant Worksheet contains all of the following require elements:					
2A	Member Name,	1 = Yes 0 = No				
2B	Personal Attendant Name,	1 = Yes 0 = No				
2C	Begin Date,	1 = Yes 0 = No				
2D	End Date,	1 = Yes 0 = No				
2E	Personal Attendant Services on the worksheet are identified on the member's service plan,	1 = Yes 0 = No				
2F	Personal Attendant's time of arrival,	1 = Yes 0 = No				
2G	Personal Attendant's time of departure,	1 = Yes 0 = No				
2H	Total # of hours worked that day,	1 = Yes 0 = No				
2I	Member Initials,	1 = Yes 0 = No				
2J	Personal Attendant's initials.	1 = Yes 0 = No				
512.19/512.33 -Non-Medical Transportation Services						
3	Transportation services provided must be documented in the member record and include the following:	1 = Yes 0 = No NA				
3A	Date of Service,	1 = Yes 0 = No NA				
3B	Total Miles driven,	1 = Yes 0 = No NA				
3C	Travel Time,	1 = Yes 0 = No NA				
3D	Destination,	1 = Yes 0 = No NA				
3E	Purpose of Travel, and	1 = Yes 0 = No NA				
3F	Type of travel indicated (EE or CA)	1 = Yes 0 = No NA				
3G	Activity documented reflects a valid Transportation service and is provided within the guidelines identified in the TBI Waiver Manual.	1 = Yes 0 = No NA				
4	Member must be present if transportation was used for community activities.	1 = Yes 0 = No NA				
<p>ALL WORKSHEETS REVIEWED WERE COMPLIANT WITH POLICY STANDARDS. <u> </u> OR <u> </u> 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>						
Provider Educator Notes - PA Worksheet		Record ID #	Item #	Date/Time		

