

DHHS Post-Payment Review Tool for Innovations Waiver Services/Employer of Record

REVIEW ITEMS

Plan of Care

- 1 Are the short range goals on the ISP current and valid for the date of service?
From date:
To date:

Service Documentation

- 2 ~~Is there a valid consent for treatment in the service record?~~ **Not Applicable to EOR**
- 3 Is the documentation initialed and signed within the designated timeframe by the person who delivered the service?
- 4 Does the documentation on the service note/grid match the short range goals on the ISP?
- 5 Do the units billed correspond to the duration documented on the service note?
- 6 Does the documentation reflect interventions/treatment for the duration of the service billed?
- 7 Does the service documentation include an assessment of progress toward goals?
- 8 Does the documentation indicate that the requirements of the service definition were met?
- 9 ~~When required by Clinical Coverage Policy or State-funded service definitions, and as authorized by the consumer, there is documentation that coordination of care is occurring between the providers involved with the individual.~~ **Not Applicable to EOR**
- 10 There is evidence that the provider serves as the first responder or has made arrangements through a written agreement with another entity for access to 24-hour coverage for behavioral health crisis services.

Qualifications/Supervision/Records Check

- 11 Is there documentation that the staff is (are) qualified to provide the service billed?
Staff name:
- 12 Is the staff supervision plan implemented as written?
- 13 Was the Health Care Registry check completed for the staff prior to the event's date of service and every three years thereafter?
- 14 Was the appropriate criminal record check completed prior to this date of service?

REVIEW ITEMS

Staff Qualifications

- 1 Position
- 2 Name
- 3 Date of Hire
- 4 Credentials
Date:
- 5 Education
Date:
- 6 Experience per Rule
Date:
- 7 Experience per Service Definition
Date:
- 8 Job Description
Date:
- 9 Is there a Supervision Plan, written and Implemented according to rule?
Date:
- 10 Is supervision being provided according to the service definition?
Date:
- 11 Training to meet the needs of clients as specified in the treatment plan
Date:
- 12 Training in Client Rights
Date:
- 13 Training in Confidentiality
Date:
- 14 Training in Infectious Diseases and Bloodborne Pathogens
Date:
- 15 Medication Administration Training
Date:
- 16 Training in Alternatives to Restrictive Interventions
Date:
- 17 If providing transportation, does staff have a valid NC driver's license or other valid driver's license, a safe driving record, and an acceptable level of automobile liability insurance?
Date:
- 18 Is staff member currently certified in CPR?
Date:
- 19 Is staff member trained in First Aid?
Date: