

Trillium Health Resources Employer of Record (EOR) Review Tool Guidelines

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	HIGHEST LEVEL OF ACTION POSSIBLE: PB = Payback POC = Plan of Correction TA = Technical Assistance
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Routine-Annual Review

Review Item 1	<p>There is evidence that the individual/Legally Responsible Person (LRP) is aware of and understands their rights.</p> <p>G.S. 122C, 122C-51, 122C-57, 10A NCAC 27D .0201(a)(b)</p>	<p>Review Guidelines: Request to review a copy of the document(s) reviewed by the individual/LRP pertaining to client rights. Documents must include all of the following:</p> <ul style="list-style-type: none"> • A written summary of client rights as specified in G.S. 122C, Article 3- basic human rights per 10A NCAC 27D .0201(a). • The right to contact Disability Rights North Carolina (formerly the Governor's Advocacy Council for Persons with Disabilities) • The individual/LRP has been informed in writing the process for obtaining a copy of his or her treatment plan. • The individual/LRP has been informed of their right to consent or refuse treatment • Right to treatment including access to medical care and habilitation, regardless of age or degree of MH/IDD/SA disability. • Acknowledgment is noted through the dated signature of the individual/LRP. <p>Scoring:</p> <ol style="list-style-type: none"> 1. Rights must contain all elements listed above, be signed and dated by the individual/LRP prior to the dates of service being reviewed to be marked as "Met". 2. If the evidence is signed but not dated or does not contain all required elements, mark as "Not Met". 	<p>PB</p> <p>POC</p> <p>TA</p>
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Review Item 2	<p>There is evidence that the EOR has an arrangement with an enrolled Crisis Services Provider if self-directing Community Living & Supports.</p> <p>Clinical Coverage Policy 8-P</p>	<p>Review Guidelines: Review the ISP/Crisis Plan, Emergency Information and/or Medical Preparedness Plan to see if a crisis support provider is identified. A crisis provider can be one of the following:</p> <ul style="list-style-type: none"> • An enrolled Provider of one of the IW Crisis Services (Crisis Intervention & Stabilization Supports, Crisis Consultation, or Out of Home Crisis). These services are provided directed and would be identified on the ISP and Cost Summary. • Mobile Crisis Management provider (Trillium's Crisis Services page on our website) • EOR can contract with an enhanced professional to provide support during a crisis. This professional can be a QP with crisis response experience or a Medical professional to provide assistance and education to prevent medical emergencies, such as an RN. <p>In the event of a crisis this information should be clearly found within the member's record.</p> <p>Scoring:</p> <ol style="list-style-type: none"> 1. For this item to be marked as "Met" crisis service provider and contact number must be found within the member's record. The crisis service provider may be identified in, but not limited to, the ISP, the Crisis Plan and/or Medical Preparedness Plan. 2. If a crisis provider is not identified mark as "Not Met". 	<p>PB</p> <p>POC</p> <p>TA</p>
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Review Item 3	<p>All Level I incidents were reported and classified appropriately.</p> <p>10A NCAC 27G .0602 - .0604</p>	<p>Review Guidelines:</p> <ul style="list-style-type: none"> • Review 5 Level I incident reports. • Review the most recent Level I reports within the last year, up to 5. <ul style="list-style-type: none"> ○ If there are not 5 reports to review, review the incidents submitted. These could be presented in a variety of ways not limited to the following examples: handwritten log, notebook with forms, database, spreadsheet, etc. Incidents will be reviewed to ensure they are classified appropriately as a Level I. <p>Note:</p> <ul style="list-style-type: none"> • Level I incidents do not have a required form or elements, including follow-up or recommendations. (i.e., medication error, search and seizure, or restrictive intervention) <p>Scoring:</p> <ol style="list-style-type: none"> 1. Each incident must be classified appropriately. If the reviewer discovers a Level I incident that was documented incorrectly, the incident must be marked as “Not Met”. 2. If there are no incidents to review, mark the item as “N/A”. 	<p>PB</p> <p>POC</p> <p>TA</p>
Review Item 4	<p>For all Level II and III incidents reported, follow-up was conducted and recommendations were implemented according.</p> <p>10A NCAC 27G .0604</p>	<p>Pre-Review:</p> <ul style="list-style-type: none"> • Auditor will outreach Trilliums Incident Reporting team to request any Incident Response Improvement System (IRIS) submissions completed over the last year. • Auditor will review incident reports to ensure that follow-up and recommendations were completed for Level II and III incidents. <p>Review Guidelines:</p> <ul style="list-style-type: none"> • Review 5 Level II and 5 Level III reports. • Review the most recent Level II and III reports to ensure follow-up was conducted and that recommendations were implemented. • If there are not 5 Level II and III incidents to review, review the incidents submitted. • Evidence of implementation of follow-up and recommendations for outstanding Level IIs and IIIs may be documented in employee supervision logs/notes, training logs, training sign-in sheets, internal follow-up forms, or other written documentation that the EOR uses. • The LME/MCO will review the EOR’s incident log or listing of incidents against the IRIS listing of incidents to determine if any incidents were created but not submitted. <p>Scoring:</p> <ol style="list-style-type: none"> 1. Each incident must be reported in IRIS (Incidents should be reported within 72 hours), have follow-up conducted, and have 	<p>PB</p> <p>POC</p> <p>TA</p>

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		<p>recommendations implemented for the incident to be marked as “Met”.</p> <ol style="list-style-type: none"> If incident(s) were not reported, reported in 72 hours or did not follow all steps above, mark as “Not Met”. Technical Assistance (TA) should be provided and EOR should be directed to complete any missing level II/III incidents through IRIS, even if they are overdue. 	
Review Item 5	<p>The EOR has developed a policy that states whether employees will be allowed to utilize restrictive techniques AND documentation of planned and/or emergency restrictive intervention incidents.</p> <p>10A NCAC 27E .0104</p> <p>10A NCAC 27E.0104 (e) (1-19)</p>	<p>Review Guidelines:</p> <p>Part 1</p> <ul style="list-style-type: none"> Review the EOR agency policy and procedures for the prevention and use of restrictive interventions. Such policies and procedures shall be consistent with 10A NCAC 27E.0104(e)(1-19). The LME/MCO reviews the EOR’s policy and procedure on use of Restrictive Interventions to ensure that all elements of the rule are included. <p>Part 2:</p> <ul style="list-style-type: none"> Review the EOR’s documentation of planned and emergency restrictive interventions, reviewing up to 5 reports. It may be in various formats such as a log, spreadsheet, notebook, standalone form, etc. Ensure compliance with rule and policy. <p>Note For Auditor:</p> <ul style="list-style-type: none"> If restrictive interventions are approved, auditor should make sure staff has both training in alternatives to restrictive interventions and restrictive interventions. Staff training will be verified and captured on the Staff Qualifications Section of the review tool. <p>Scoring Part 1:</p> <ol style="list-style-type: none"> Event 1 (column) This will either be marked as “Met” or “Not Met”. <ol style="list-style-type: none"> Review the EOR’s policy. A policy must be in place to clearly indicate whether the use of restrictive interventions is approved or not and be established prior to the dates that are being reviewed. If a policy is not in place and does not indicate when plan was developed (can be determined if member/LRP has signed), mark as “Not Met” and provide TA. <p>Scoring Part 2:</p> <ol style="list-style-type: none"> Events 2-6 (column), review the submitted restrictive intervention incidents reported. If the EOR did not have any restrictive interventions to review, mark as “N/A”. Review submitted incidents (5 max) to ensure the incidents documented are within compliance with rule 10A NCAC 27E .0104 (e)(17)(i-x). If incidents are in compliance, mark the corresponding incidents either “Met” or Not Met”. 	<p>PB</p> <p>POC</p> <p>TA</p>

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Review Item 6	<p>Member has a valid Behavior Support Plan (BSP) and verify the plan has been reviewed by Human Rights Committee (HRC).</p> <p>10A NCAC 27e .0104</p>	<p>Review Guidelines:</p> <ul style="list-style-type: none"> Review the members' BSP to confirm if the plan is valid for the dates of service being reviewed. A valid plan must include valid signatures from both the developer of the plan and the member/LRP. Review the BSP to determine if there are any restrictive interventions, seclusion, isolation, or protective devices used. If any of these interventions are used, the BSP should be reviewed by an HRC <p>Scoring:</p> <ol style="list-style-type: none"> If the member has a valid BSP as described above, mark as "Met". If the BSP is valid, contains restrictive interventions, seclusion, isolation, or protective devices and has not been reviewed by a HRC within 30 days of implementation, mark as "Not Met". 	<p>PB</p> <p>POC</p> <p>TA</p>
Review Item 7	<p>Medical preparedness plan to be utilized in a medical emergency</p> <p>10A NCAC 27G .0201</p> <p>Clinical Coverage Policy 8-P, Employer of Record Handbook</p>	<p>Review Guidelines:</p> <p>Review the members' medical preparedness plan for content that outlines actions to be taken in reasonably expected medical emergencies. It may be beneficial to include things such as:</p> <ul style="list-style-type: none"> Both routine emergencies, such as cuts and burns requiring first aid, and other emergencies specifically related to the members' disability or medical diagnoses. A list of emergency contacts and procedures If the member has life support or other medical equipment, make sure the employees know how and when to use it and what to do if the equipment fails. If the member has advanced health directives, make sure your employees know where these directives are located. Crisis support numbers <p>Scoring:</p> <ol style="list-style-type: none"> Mark the medical emergency plan as "Met" if it contains at least one of the required elements listed above. <ol style="list-style-type: none"> Recommendation if only one element captured: encourage the EOR to review and update the medical emergency plan to make it more comprehensive, ensuring it can be individualized to the specific needs of the member. 	<p>PB</p> <p>POC</p> <p>TA</p>
Review Item 8	<p>Written Fire and Disaster Emergency Plan</p> <p>10A NCAC 27G .0207</p> <p>Employer of Record Handbook</p>	<p>Review Guidelines:</p> <ul style="list-style-type: none"> Review the members' fire and disaster emergency plan for content that outlines actions to be taken in the event of a fire and other disaster emergencies. The plan should detail steps that staff will follow in the event of a fire and in the event of severe weather conditions such as tornados, hurricane, floods, snow/ice, power outage, etc. Plan could include shelter locations, evacuation routes if unable to stay in home, medications and other medical equipment that will need to be taken with, etc. 	<p>PB</p> <p>POC</p> <p>TA</p>

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		<p>Scoring:</p> <ol style="list-style-type: none"> To be marked as “Met”, a written fire and disaster emergency plan must be developed and submitted. 	
Review Item 9	<p>Fire evacuation plan is available to staff</p> <p>10A NCAC 27G .0207</p> <p>Employer of Record Handbook</p>	<p>Review Guidelines:</p> <ul style="list-style-type: none"> Review procedures to be followed in an evacuation, and how the EOR will make the plan available to all staff. Evacuation routes do not have to be posted but should be EASILY accessible to all. <p>Scoring:</p> <ol style="list-style-type: none"> To be marked as “Met”, a fire evacuation route must be submitted and include a drawing showing the exit routes. The plan must be easily accessible, EOR must provide the location of where the plan is kept and if posted within the home, picture evidence can be submitted. If a fire evacuation route drawing was not developed/submitted, mark this as “Not Met”. 	<p>PB</p> <p>POC</p> <p>TA</p>
Review Item 10	<p>First aid supplies are available and accessible for use.</p> <p>10A NCAC 27G .0207</p> <p>Employer of Record Handbook</p>	<p>Review Guidelines:</p> <ul style="list-style-type: none"> Review first aid supplies: minimum to include general supplies for minor injuries. Ensure supply of materials is sufficient to cover the amount of people (staff + people receiving supports) routinely in the home. Staff should know where the first aid kit or first aid supplies are located and should always be accessible. <p>Scoring:</p> <ol style="list-style-type: none"> This should be provided via photo or video recording for the auditor to review in order to be marked as “Met”. If evidence is not submitted, this will be marked as “Not Met”. 	<p>PB</p> <p>POC</p> <p>TA</p>
Review Item 11	<p>Emergency information and numbers are posted for staff and individuals to utilize.</p> <p>Employer of Record Handbook</p>	<p>Review Guidelines:</p> <p>Visual inspection of posting or availability of</p> <ul style="list-style-type: none"> Emergency information First aid CPR Poison control protocols/numbers. <p>Scoring:</p> <ol style="list-style-type: none"> Score as “Met” if emergency numbers are provided that include contacts and numbers of who to call in an emergency. <ol style="list-style-type: none"> This should include poison control. This should be posted in the home, and staff should be aware of the location. Score as “Not Met” if emergency numbers are not provided that include contacts and numbers of who to call in an emergency. 	<p>PB</p> <p>POC</p> <p>TA</p>

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Review Item 12	<p>Health & Safety Checklist/Agreement for Community Living and Supports or Respite provided in a staff person's home (if applicable)</p> <p>Clinical Coverage Policy 8-P</p>	<p>Review Guidelines:</p> <ul style="list-style-type: none"> Review the Health & Safety Checklist(s) for any/all staff providing services in their home(s) to ensure ALL items on the checklist are reviewed, as applicable. The Health & Safety Checklist should be completed every six months thereafter the initial, if the service continues to be provided in that location. Checklist should cover the dates that are being reviewed. If the staff member moves to a different address, a new Health and Safety Checklist should be completed. Care Manager should be informed when staff will be providing services in their own home. This is to make sure the ISP is updated to reflect location of services to include "Staffs Home". <ul style="list-style-type: none"> If this is not in the plan, ensure the care manager is informed <p>Note:</p> <ul style="list-style-type: none"> If staff are providing services in their own private homes, a criminal background check and healthcare registry check is performed for any adult who lives in the home and present during the time the Participant is receiving services. Care Manager should be informed when staff will be providing services in their own home. This is to make sure the ISP is updated to reflect location of services to include "Staffs Home". If this is not reflected in the ISP, ensure the care manager is notified. Once the ISP is updated, EOR should make sure they update the Short-Range Goals to reflect the location an all appropriate service goals. <p>Scoring:</p> <ol style="list-style-type: none"> If checklists are complete mark as "Met". If checklist is not completed for all staff that are providing services in their homes mark as "Not Met". If staff are not providing services in their own private homes mark as "N/A". 	<p>PB</p> <p>POC</p> <p>TA</p>
Review Item 13	<p>Relative/Guardian as Direct Service Employee (RDSE) form completed (if applicable)</p> <p>Clinical Coverage Policy 8-P</p>	<p>Review Guidelines:</p> <ul style="list-style-type: none"> The NCDHHS Division of Health Benefits (DHB) has defined a relative as the NC Innovations beneficiary's mother, father, stepmother, stepfather, sister, brother, aunt, uncle, grandmother, grandfather, adoptive parent, or any other relative related by blood or marriage that lives in the home of the member. RDSE verification is required initially for any relative living in the home providing services to the member and annually thereafter. RDSE's are tracked by the members ISP year for annual recertification. 	<p>PB</p> <p>POC</p> <p>TA</p>

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		<ul style="list-style-type: none"> Review the submitted form to ensure the EOR has completed for any/all staff that are working as a Relative as Provider (RAP). If the family does not have evidence of this submission, auditor can reach out internally to Trillium RDSE department to verify if forms have been completed and if valid for the review period. <p>Scoring:</p> <ol style="list-style-type: none"> If forms are current and have been completed for all RAP currently providing services mark as "Met". If forms have not been completed for all RAP's, this will be marked as "Not Met". TA should be provided and the EOR should complete as soon as possible. <ol style="list-style-type: none"> The current submission is via link on Trilliums website. Best practice would be for the EOR to complete by the 1st of the members' birth month, so that Trillium can review by the start of the members annual plan year. Example: If the members' birthday day is April 23rd, EOR should ensure the form is completed by April 1st each year. 	
Review Item 14	<p>Back-up Staffing Plans are reviewed/tested at least quarterly</p> <p>Clinical Coverage Policy 8-P</p> <p>Individual Support Plan (ISP)</p> <p>Employer of Record Handbook</p>	<p>Review Guidelines:</p> <ul style="list-style-type: none"> Review the Back-Up Staffing plan in the ISP for natural and/or paid back-up supports. Review quarterly documentation that the EOR has reviewed identified back-up supports to ensure continued availability, accurate contact information, and to make sure required training is still current for paid backup supports. If updates are made, EOR should ensure the original plan and the updated plan is submitted. <p>Note: Per CCP 8P Emergency and back-up staffing plans are included in the ISP.</p> <p>Scoring:</p> <ol style="list-style-type: none"> In order for this item to be marked "Met", evidence of the plan(s) and evidence of at least quarterly review must be documented. Quarterly review can be captured/documentated by EOR's signature and review date. If the current plan does not have a paid back-up staff identified, but does have a non-paid back up staff, mark item as "Met". If the back-up staffing plan was submitted, but evidence indicating it was reviewed quarterly was not submitted mark as "Not Met". 	<p>PB</p> <p>POC</p> <p>TA</p>

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Post-Payment Review			
Review Item 1	<p>Are the short-range goals for the ISP current and valid for the date of service?</p> <p>Clinical Coverage Policy 8-P</p> <p>Section 7.2.6 Short-Range Goals</p> <p>Task Analysis and Strategies</p>	<p>Review Guidelines:</p> <ul style="list-style-type: none"> • EOR must develop short range goals (SRG) which link back to the long-range outcomes within the ISP. • EOR is required to: <ul style="list-style-type: none"> ○ Develop and implement short-range goals. ○ Develop and implement task analysis and strategies. ○ Ensure short-range goals and task analysis or strategies are in place prior to plan implementation; and ○ Ensure short-range goals and task analysis or strategies are signed by the beneficiary or legal guardian <p>Note: Changes in short-term goals and intervention strategies do not require an ISP update/revision.</p> <p>Scoring:</p> <ol style="list-style-type: none"> 1. A valid signature from the individual/Legally Responsible Party (LRP) must be obtained for both the ISP and SRG. <ol style="list-style-type: none"> a. Signatures must be dated on or before the first date of service provision. b. If the developed SRGs include: <ol style="list-style-type: none"> i. goals with strategies ii. identify the correct service associated with the written goal iii. contain valid target dates iv. contain valid signatures 2. If item a, b, c, or d is missing entirely from the SRGs mark "Not Met" 3. Provide TA. If strategies for the SRG's are minimal, mark "Met" but provide TA and recommend goal writing assistance. 	<p>PB</p> <p>POC</p> <p>TA</p>
Review Item 2	<p>Is the documentation initialed and signed within the designated timeframe by the person who delivered the service?</p> <p>Clinical Coverage Policy 8-P</p> <p>Sections 7.1 Compliance - 7.2 General Documentation Requirements</p>	<p>Review Guidelines:</p> <p>Review service documentation (note/grid) for the services and dates requested.</p> <p>Written means composed or completed by the person who provided the service.</p> <p>Service documentation should be signed by the person who provided the service.</p> <ul style="list-style-type: none"> • Signature includes <ul style="list-style-type: none"> ○ Credentials ○ License, or degree for professionals ○ Position name. ○ Examples of position are: <ul style="list-style-type: none"> ▪ PP-Paraprofessional ▪ HABT or Hab Tech-Habilitation Technician ▪ DSP- Direct Support Professional (this will most likely align with the staffs' job description title). ▪ These may be typed, stamped or handwritten. 	<p>PB</p> <p>POC</p> <p>TA</p>

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	<p>Record Management & Documentation Manual (RMDM): Chapter 6 - Documentation and Service Notes</p>	<ul style="list-style-type: none"> ▪ Do not mark as “Not Met” if credentials are missing but provide TA and ensure EOR educates staff. • For a service grid: Each provider of the service must complete the information on the back of the grid: <ul style="list-style-type: none"> ○ Print name ○ Full signature ○ Position paraprofessionals or credentials professional and initials • The initials on the back of grid must match the initials on the front to verify that the service provider signed the note. • For a full service note: “Written” means composed. <ul style="list-style-type: none"> ○ There must be a full signature, no initials. If a signature is questionable, request the signature log to validate signature. • Documentation is completed within 24 hours that the staff person is at work (for example, if the staff person is off for next 2 days those days don't count toward the 24 hours). • When a service note or grid is documented after the seven-day period has lapsed, it is not billable and must not be submitted for reimbursement. • Documentation shall be entered as a “late entry” and must include a dated signature if not completed in 24 hours. If an electronic note is used and late entries are tracked/stamped in the system, this will meet documentation requirements. • Electronic service note authentication (e.g., electronic signature date stamp and credentials) is required by the person who provided the service and must be reflected on the date the person authenticates the document. • The use of a cursive font in a Microsoft Word document is not a valid electronic signature. <p>Scoring:</p> <ol style="list-style-type: none"> 1. If there is no service documentation for the date being reviewed, mark as “Not Met”. <ol style="list-style-type: none"> a. All audit questions related to the staff should be marked as “N/A”. 2. If service documentation submitted was not signed and/or initialed, review and mark this and other questions related to documentation as “Not Met”. <ol style="list-style-type: none"> a. All audit questions related to the staff should be marked as “N/A”. 3. Do not assume based on handwriting that you can identify the service provider. If a signature is questionable, request the provider’s signature log to validate signature. 4. If service documentation was not signed within the seven day billable period, mark as “Not Met”. 5. If the staffs credentials are the only thing missing, do not mark as “Not Met”, but provide TA. 	

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Review Item 3	<p>Does the documentation on the service note/grid match the short range goals on the ISP?</p> <p>Clinical Coverage Policy 8P, Sections 7.1 Compliance-7.2 General Documentation Requirements, and Section 7.2.6</p> <p>RMDM: Chapter 6 - Documentation and Service Notes</p>	<p>Review Guidelines:</p> <ul style="list-style-type: none"> Review the service documentation (note/grid) to see if the interventions performed tie back to at least one of the short range goals on the ISP. <p>Scoring:</p> <ol style="list-style-type: none"> If the service documentation aligns with at least one of the SRGs, may not be word for word or goals may not be numbered the same, mark as “Met”. If the service documentation does not align with at least one of the SRGs, then mark as “Not Met”. If the service being reviewed is not identified in the SRGs, mark “Not Met” 	PB POC TA
Review Item 4	<p>Does the service and units billed match the service documentation?</p> <p>RMDM: Chapter 6 - Documentation and Service Notes</p>	<p>Review Guidelines:</p> <ul style="list-style-type: none"> The service and duration of service, as submitted for billing purposes, must match what is reflected on the service documentation (note/grid). <p>Scoring:</p> <ol style="list-style-type: none"> Billing and duration must be an exact match. <ol style="list-style-type: none"> If fewer units are billed than are documented, do not call this out of compliance and mark “Met”. If units billed exceed what is documented mark as “Not Met”. If the complete wrong service was provided, such as Supported Employment was billed, but was supposed to be Respite, mark as “Not Met”. If staff is RAP and the service code billed was T2013 TF instead of the T2012 GC, do not mark as “Not Met”. Provide TA and recommend discussing with Care Manager to ensure it is in the ISP/Cost Summary and discuss with Financial Support Services (FSS) provider. 	PB POC TA
Review Item 5	<p>Does the documentation reflect interventions/treatment for the duration of the service billed?</p> <p>RMDM: Chapter 6 - Documentation and Service Notes</p>	<p>Review Guidelines:</p> <ul style="list-style-type: none"> Total amount of time spent performing the service must include active engagement of the member as it relates to the goals and strategies. It must accurately reflect treatment for all time indicated for the service (time in and time out). Determine whether or not documentation adequately represents the number of units paid: <ul style="list-style-type: none"> Does the intervention/treatment documented justify the amount of time paid? Did the intervention documented reasonably take place in the time documented? 	PB POC TA

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		<ul style="list-style-type: none"> ○ Does the intervention reflect “treatment” related to goals, symptoms, and diagnoses, for the time indicated? ○ Did staff utilize the notes/comments section to document additional details to support the time billed? <p>Scoring:</p> <ol style="list-style-type: none"> 1. Do not mark “Not Met” unless there is no question about the intervention/treatment documented versus the amount of time billed. 	
Review Item 6	<p>Does the service documentation include an assessment of progress toward goals?</p> <p>Clinical Coverage Policy 8-P</p> <p>RMDM: Chapter 6 - Documentation and Service Notes.</p>	<p>Review Guidelines:</p> <ul style="list-style-type: none"> • Review service documentation to see if staff documented intervention/assessment of the members progress toward goals. • How did the goal turn out for the individual? • How did the individual respond to the intervention? • A number or letter as specified in the appropriate key that reflects the intervention, activities, and/or tasks performed. <ul style="list-style-type: none"> ○ A number/letter/symbol as specified in the appropriate key that reflects the assessment of the member’s progress toward goals; and • Comments section on a grid: Each entry shall be dated. This section is to be used for entering additional or clarifying information, e.g., to further explain the interventions/activities provided, or to further describe the individual’s response to the interventions provided and progress toward goals. <p>If the intervention/assessment “Key” is not included on the service documentation, request that the EOR provide their training materials. These materials should explain how staff are expected to complete the documentation and include the corresponding numbers or letters used in the “Key.”</p> <p>Note:</p> <ul style="list-style-type: none"> • If member is complete total care and all tasks are completed for them, an example of an appropriate “Key” for intervention/assessment could be <ul style="list-style-type: none"> ○ Y-Yes ○ N-No ○ X-Not Ran Daily ○ N/A-Not-Applicable ○ R-Refused. ○ Comment section would be encouraged to be completed daily. <p>Scoring:</p> <ol style="list-style-type: none"> 1. If documentation has intervention/assessment documented for the goals mark as “Met”. 2. If the interventions/assessments are documented, but do not align with the established “key”, mark as “Met” and provide TA. 3. If not documented, mark as “Not Met”. 	<p>PB</p> <p>POC</p> <p>TA</p>

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ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES	HIGHEST LEVEL OF ACTION POSSIBLE: PB = Payback POC = Plan of Correction TA = Technical Assistance
Review Item 7	<p>Is there documentation that the staff is (are) qualified to provide the service billed?</p> <p>Clinical Coverage Policy 8P Sections 6.1 Provider Qualifications, 6.2 Provider Certifications.</p>	<p>Review Guidelines:</p> <ul style="list-style-type: none"> Review personnel record of staff who provided the service. If unable to identify service provider, rate all staff specific questions "N/A." Do not assume, based on handwriting, that you can identify the provider. If provider's name is typed, but not signed, do review for qualifications, but the note would be called out of compliance for not being signed. Verify both education and experience. Review all training requirements on the Staff Qualifications Worksheet. <p>Scoring:</p> <ol style="list-style-type: none"> If education, experience and training are valid for service dates being reviewed, mark "Met". <ol style="list-style-type: none"> Do Not factor in administrative requirements (e.g. job description and supervision) into this question. ONLY education, level of experience and training, as required by Rule and/or Service Definition, apply to this question. 	<p>PB</p> <p>POC</p> <p>TA</p>
Review Item 8	<p>Is the staff supervision plan being implemented as written?</p> <p>10A NCAC 27G .0104, .0203, .0204.</p> <p>Clinical Coverage Policy 8-P,</p> <p>Employer of Record Handbook</p>	<p>Review Guidelines:</p> <ul style="list-style-type: none"> Staff supervision plan and documentation of supervision occurring will be reviewed. Review each supervision plan to determine frequency/duration of required supervision. The staff supervision plan should be developed upon hire and should be updated at least annually thereafter. Supervision plan should be current and cover the dates being reviewed. Supervision plan should have at least 1 goal that is individualized for each staff member. Review documentation of supervision against the supervision plan requirements. <p>NOTE:</p> <ul style="list-style-type: none"> If services are provided in the home of a direct service employee, the EOR will make and document at least one monthly site visit during the hours-of-service provision. This will ensure that the services provided are consistent with the ISP and that the environment continues to be healthy and safe for the member. This should be indicated in the Supervision Plan and then supervision should clearly indicate when supervision is occurring in the staff's home. If staff are completing medical tasks such as Unlicensed Personnel such as g-tube (feeding or administering medication), catheterization, suctioning/trach care, etc., 	<p>PB</p> <p>POC</p> <p>TA</p>

Trillium Health Resources Employer of Record (EOR) Review Tool Guidelines

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		<p>frequency and duration of nursing supervision should be captured as required by the NC Nursing Practice Act.</p> <ul style="list-style-type: none"> • Entries should briefly summarize the activities completed during the documented time. For example, if 2 hours of supervision are recorded, the note should include a few sentences describing what occurred. Single-word entries, such as “Grids,” do not adequately support the documented time. <p>Scoring:</p> <ol style="list-style-type: none"> 1. If all staff have the same goals, plan is not individualized, therefore, will be marked as “Not Met”. 2. Supervision Plans and documentation of supervision must meet the following requirements for this to be marked “Met”. <p>Supervision Plan</p> <ul style="list-style-type: none"> • Must be updated annually • Must contain frequency and duration as required per CCP 8-P and EOR Handbook. • EOR Handbook requires all staff to have 2 hours of supervision which can include: direct observation, review of documentation, training staff with new equipment, etc. • Relative as Providers must have direct observation 1 out of the 2 hours required • If the EOR’s documentation shows that supervision meets the required frequency and duration but lacks sufficient detail, mark as “Met” and provide TA. • Must have at least one individualized goal <p>Supervision</p> <ul style="list-style-type: none"> • Supervision must occur as written and per the EOR Handbook and CCP 8-P. • Supervision documentation should clearly reflect the length of the supervisory visit and include detailed information about the activities and observations during that time. 	
Review Item 9	<p>Was the NC Health Care Personnel Registry check completed for the staff prior to the date of service being reviewed?</p> <p>Clinical Coverage Policy 8-P</p> <p>10A NCAC 27G .0202 (b)(4)</p>	<p>Review Guidelines:</p> <ul style="list-style-type: none"> • There may be no substantiated finding of abuse or neglect listed on the NC Health Care Personnel Registry for unlicensed providers. • Verify the HCPR belongs to the individual who provided the service by confirming identifying information (e.g., name or last four digits of the Social Security number (SSN) using documents such as the job application or criminal background check. • The FSS provider typically completes the HCPR check. It is the EOR’s responsibility to ensure employee records are accurate before placing them in the file. The EOR is responsible for maintaining the employee file documents. 	<p>PB</p> <p>POC</p> <p>TA</p>

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		<p>Scoring:</p> <ul style="list-style-type: none"> The HCPR check must be completed prior to the date of service reviewed to If the check cannot be validated, was not completed, or the last four digits of the SSN do not match, mark as "Not Met". 	
Review Item 10	<p>Did the EOR require disclosure of any criminal conviction by the staff person(s) who provided this service?</p> <p>10A NCAC 27G .0202 (c)s</p>	<p>Review Guidelines:</p> <ul style="list-style-type: none"> Review documentation showing that the EOR required the staff who provided the service to disclose ANY criminal conviction. The most frequent place to find the disclosure statement is on the employment application or on a separate form/statement filled out during the application process. <p>Scoring:</p> <ol style="list-style-type: none"> For purposes of the audit, the criminal conviction disclosure must have occurred prior to the date of service reviewed to be marked as "Met". If there are exclusions in the disclosure statement, this will be marked as "Not Met". 	<p>PB</p> <p>POC</p> <p>TA</p>
Review Item 11	<p>Was the appropriate criminal record check completed prior to the date of service?</p> <p>Clinical Coverage Policy 8-P</p> <p>G.S. § 122C-80.</p>	<p>Review Guidelines:</p> <ul style="list-style-type: none"> Determine date of hire. EOR is responsible for obtaining completed background checks for their employee files. For an applicant who had been a resident of NC for less than five (5) years, he or she must have consented to a State and National record check before conditional employment. For an applicant who had been a resident of NC for five (5) years or more, he/she must have consented to a State record check before conditional employment. <p>Notes:</p> <ul style="list-style-type: none"> The provider, within five (5) business days of making a conditional offer for employment, must submit a request to the Dept. of Justice to conduct a criminal record check. An NC county or company with access to the Division of Criminal Information (DCI) data bank may conduct the record check on behalf of the provider. <p>EORs are not allowed to hire staff who have any criminal convictions on the convictions barring employment list:</p> <p>Convictions Baring Employment</p> <p>A Lifetime hiring ban is place on any individual who has any of the following findings on his or her background check:</p> <ol style="list-style-type: none"> Felonies related to manufacture. distribution. prescription or dispensing of a controlled substance. Felony health care fraud. More than 1 felony conviction. 	<p>PB</p> <p>POC</p> <p>TA</p>

Trillium Health Resources Employer of Record (EOR) Review Tool Guidelines

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		<ul style="list-style-type: none"> d. Felony for abuse, neglect, assault, battery, criminal sexual conduct (1st, 2nd or 3rd degree), fraud or theft against a minor or vulnerable adult. e. Felony or misdemeanor patient abuse. f. Felony or misdemeanor for abuse, neglect or exploitation of a minor or disabled adult. g. Substantiated allegation of abuse, neglect or exploitation listed with the NC Health Care Registry, and h. Any substantiated allegation listed with the NC Health Care Registry that would prohibit an individual from working in the health care field in the state of NC. <ul style="list-style-type: none"> • If the employee has a conviction listed in § 108C-4 but not on the Convictions Baring Employment list above, the EOR may elect to hire the employee if the EOR feels the employee can perform the duties of their job while also maintaining the beneficiary's health and safety. • Review the criminal background check for any of the following criminal offenses as set forth in any of the following Articles of Chapter 14 of the General Statutes: <ul style="list-style-type: none"> ○ Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive, Legislative, and Court Officers; Article 6, Homicide; Article 7B, Rape NC General Statutes - Chapter 108C 5 and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. The crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (2011-399, s. 1; 2015-181, s. 47; 2015-181, s. 47.)" • If the EOR chooses to hire employee with criminal convictions that are not listed on the convictions baring list, 	

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		<p>the FSS background check acknowledgement form must be completed.</p> <ul style="list-style-type: none"> ○ A copy of the FSS background check acknowledgement form must be kept in the staff's personnel file. ○ The EOR must notify the LME/MCO that they have hired a staff that required completion of the background check acknowledgement form. <p>Scoring:</p> <ol style="list-style-type: none"> 1. Review the full results from the completed criminal record check. If the state background check was completed (national check only required if the staff has not lived in NC for more than 5 years) and completed prior to the dates of service being reviewed mark as "Met". 2. Mark as "Not Met" if any of the following: <ol style="list-style-type: none"> a. If staff has any criminal convictions listed on the Convictions Barring List b. If the background check was not completed prior to the dates of service being reviewed c. If the staff has not lived in NC for more than 5 years and a national check was not completed. d. If the EOR elected to hire the staff and they have convictions listed in 108C-4, and the background check acknowledgment form was not completed. 	

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Staff Qualifications Worksheet

Review Item 1	Staff Name	Review Guidelines: <ul style="list-style-type: none"> List the first and last name of person who provided the service according to the claim being reviewed. 	
Review Item 2	Position	Review Guidelines: <ul style="list-style-type: none"> List the position title exactly as it appears on the Job Description in the staff file. If there is no Job Description, write "None" here and mark "Not Met" for Job Description. 	
Review Item 3	Date of Hire	Review Guidelines: <ul style="list-style-type: none"> Review personnel files or the completed staff checklist from the EOR to obtain the employee's hire date 	
Review Item 4	Credentials 10A NCAC 27G .0104: Staff Definitions	Review Guidelines: <ul style="list-style-type: none"> Record credentials to include, but not limited to: <ul style="list-style-type: none"> PP - Paraprofessional AP - Associate Professional QP - Qualified Professional (specify Bachelors or Masters level by including level of degree, e.g., BS - Bachelor of Science) RN: Registered Nurse LPN: Licensed Practical Nurse Note: <ul style="list-style-type: none"> Credentials recorded should align with the position for which the employee was hired. 	
Review Item 5	Education 10A NCAC 27G .0104: Staff Definitions 10A NCAC 27G .0202 Personnel Requirements	Review Guidelines: <ul style="list-style-type: none"> Review 10A NCAC 27G .0104: Staff Definitions to determine the level of education required for position. Review personnel record of staff who provided the service. Verify education to make sure it meets the minimum requirements per rule. A high school diploma or GED is adequate and meets intent. If diploma is not able to be obtained a request/review of official transcript should be provided. If there is a valid concern/question regarding the validity of the information, the person reviewing it is within purview to re-confirm the education credentials. 	PB POC TA

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		<ul style="list-style-type: none"> For high school confirmation, only if warranted, an available resource is the North Carolina Public School website. For GEDs, the name of the community college may be needed. For non-public schools, an available resource is the North Carolina Division of Non- Public Education (Division of NC Department of Administration). To verify colleges both on campus and online, go to US Department of Education website and follow the prompts to the correct state and school. Also, this website provides information about diploma mills and a list of accrediting bodies that are accepted by the US Department of Education. <p>Scoring:</p> <ol style="list-style-type: none"> If able to confirm staff's education mark as "Met." If the staff's education cannot be confirmed score this item as "Not Met." 	
Review Item 6	<p>Job Description</p> <p>10A NCAC 27G .0202 Personnel Requirements</p>	<p>Review Guidelines:</p> <ul style="list-style-type: none"> Review the staff file to verify that a signed and dated job description is present on or before the date of service. The job description must include all required elements: <ul style="list-style-type: none"> Specifies the minimum level of education, competency, work experience and other qualifications for the position. Specifies the duties and responsibilities of the position. Signed by the staff member and the supervisor; and Retained in the staff member's file. <p>Scoring:</p> <ol style="list-style-type: none"> Job Description must contain all the required elements listed above and be signed prior to the service dates being reviewed to be marked as "Met". If missing any of the elements above, mark as "Not Met." 	PB POC TA
Review Item 7	<p>Training to meet the needs of clients as specified in the treatment plan</p> <p>10A NCAC 27G .0202 (g) (3)</p>	<p>Review Guidelines:</p> <ul style="list-style-type: none"> Refer to the service definition for additional specifications regarding staff training requirements. Review personnel record of staff who provided the service and the members' plan of care. Is there evidence that staff have reviewed the members' treatment needs per the ISP and SRG? <ul style="list-style-type: none"> This may be found in supervision notes or in a separate acknowledgment or form. Does the members plan of care identify any specific needs such as medical, behavioral, or communication needs? <ul style="list-style-type: none"> If so, is there documentation that staff received training relevant to those identified needs? If the member requires specific medical tasks, such as g-tube (feeding or administering meds), catheterization, 	PB POC TA

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		<p>suctioning/trach care, etc., verify that training was completed and documented by a licensed professional appropriately qualified in the task or equipment.</p> <ul style="list-style-type: none"> Staff should also receive nursing supervision when carrying out medical tasks as required by the NC Nursing Practice Act. Medical task training is required for all staff performing the task, including parents or guardians providing these services. If the member has a Behavioral Support Plan (BSP) in place, verify documentation that staff received training on the initial plan and if any revisions during the review period. <p>Scoring:</p> <ol style="list-style-type: none"> Training must be completed prior to the date of service in order for the requirement to be marked as “Met”. There is no specific format required for the documentation, however, the training must clearly identify the plan(s) being reviewed, who the member is and the staff completing the training. 	
Review Item 8	<p>Training in Client Rights</p> <p>10A NCAC 27G .0202 (g) (2)</p>	<p>Review Guidelines:</p> <ul style="list-style-type: none"> Review staff file for documentation that staff member has received training in client’s rights. Relevant client rights citations may be found in APSM 95-2 on the division website. Client Rights training is not required to be updated annually. <p>Scoring:</p> <ol style="list-style-type: none"> Training must be completed prior to date of service to be marked as “Met”. If training evidence is not presented or does not cover the service dates being reviewed mark as “Not Met.” <ol style="list-style-type: none"> Auditor may request the training materials used if deemed necessary for verification. 	<p>PB</p> <p>POC</p> <p>TA</p>
Review Item 9	<p>Training in Confidentiality</p> <p>10A NCAC 27G .0202 (g) (2)</p>	<p>Review Guidelines:</p> <ul style="list-style-type: none"> Review staff file for documentation that staff member has received training in client confidentiality. Relevant client confidentiality information may be found in 122C, Article A. Confidentiality training is not required to be updated annually. <p>Scoring:</p> <ol style="list-style-type: none"> Training must be completed prior to date of service to be marked as “Met”. If training evidence is not presented or does not cover the service dates being reviewed mark as “Not Met.” <ol style="list-style-type: none"> Auditor may request the training materials used if deemed necessary for verification. 	<p>PB</p> <p>POC</p> <p>TA</p>

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Review Item 10	<p>Training in Infectious Diseases & Blood Borne Pathogens (BBP)</p> <p>10A NCAC 27G .0202 (g) (2)</p>	<p>Review Guidelines:</p> <ul style="list-style-type: none"> Review staff file for documentation that staff member has received training in infectious diseases and bloodborne pathogens. There is no specific format required for this documentation. <p>Scoring:</p> <ol style="list-style-type: none"> Training must be completed prior to date of service to be marked as “Met”. If training evidence is not presented or does not cover the service dates being reviewed mark as “Not Met”. <ol style="list-style-type: none"> Auditor may request the training materials used if deemed necessary for verification. 	<p>PB</p> <p>POC</p> <p>TA</p>
Review Item 11	<p>Medication Administration Training</p> <p>10A NCAC 27G .0209</p>	<p>Review Guidelines:</p> <ul style="list-style-type: none"> If the staff is not a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications, then review members ISP, or staff competencies to determine whether the staff member is required to administer medication to the member during billable hours. If the staff member administers medications, review the staff file to verify documentation that the staff member has received medication administration training from a registered nurse, pharmacist or other legally qualified person who is authorized to prepare and administer medications. <p>Scoring:</p> <ol style="list-style-type: none"> Training must be completed prior to date of service to be marked as “Met”. There is no specific format required for this documentation; however, it must include date of training, valid signature and the qualifications of person who delivered the training (i.e. license number, credentials). If training evidence is not provided and staff does administer medications, mark as “Not Met”. If staff does not administer medications mark as “N/A”. 	<p>PB</p> <p>POC</p> <p>TA</p>
Review Item 12	<p>Training in Alternatives to Restrictive Interventions</p> <p>10A NCAC 27E .0107</p>	<p>Review Guidelines:</p> <ul style="list-style-type: none"> Training in Alternatives to Restrictive Interventions is required for all staff. This training should be completed annually. Review staff file for documentation that staff member has received training in Alternatives to Restrictive Interventions. Access the Division of MH/DD/SAS website to verify that the training curriculum utilized is on the list of approved curricula. IF EOR policy indicates Restrictive Interventions can be implemented, staff should also complete training in Restrictive Interventions. 	<p>PB</p> <p>POC</p> <p>TA</p>

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		<ul style="list-style-type: none"> • If the member has a Behavioral Support Plan that includes Restrictive Interventions, then Restrictive Interventions training should also be completed. • Staff must have training in Alternatives to Restrictive Interventions before completing Restrictive Intervention Training. • Training in an approved curriculum by the Division of MH/DD/SAS is required for the use of physically restraining interventions. • Staff training must be consistent with EOR’s policy regarding the use of restrictive interventions. Documentation should include: <ul style="list-style-type: none"> ○ who participated in the training and the outcomes (pass/fail) ○ when and where they attended; and ○ instructor’s name. <p>Scoring:</p> <ol style="list-style-type: none"> 1. Training in Alternatives to Restrictive Interventions must have occurred prior to the date of service reviewed and be an approved curriculum to be marked as “Met”. Training is required to be completed annually. If Restrictive Interventions are allowed per the EOR’s policy, verify staff has training in both Alternatives and Restrictive Interventions. If both trainings are valid (cover dates being reviewed and valid curriculum) mark as “Met”. 2. If the training has expired or does not cover the service dates being reviewed, mark as “Not Met”. 3. If the trainings have expired or do not cover the service dates being reviewed, mark as “Not Met”. 	
Review Item 13	<p>Training in CPR</p> <p>10A NCAC 27G</p> <p>.0202., Clinical Coverage Policy 8P</p>	<p>Review Guidelines:</p> <ul style="list-style-type: none"> • Review the staff file to verify that a valid CPR certification is on record. • The certification must be current as of the date of service, appropriate for the population (Adult/Child) the staff member serves and updated at least every two years. <p>Scoring:</p> <ol style="list-style-type: none"> 1. Staff training must be current and be provided by American Red Cross, the American Heart Association, or their equivalent to be marked as “Met”. 2. If training is not valid or has lapsed, mark as “Not Met”. 	<p>PB</p> <p>POC</p> <p>TA</p>

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Review Item 14	<p>Training in First Aid</p> <p>10A NCAC 27G .0202., Clinical Coverage Policy 8P</p>	<p>Review Guidelines:</p> <ul style="list-style-type: none"> Review the staff file to verify that a valid First Aid certificate is on record. The certification must be current as of the date of service and updated at least every two years. <p>Scoring:</p> <ol style="list-style-type: none"> Staff training must be current and be provided by American Red Cross, the American Heart Association, or their equivalent to be marked as “Met”. If training is not valid or has lapsed, mark as “Not Met”. 	<p>PB</p> <p>POC</p> <p>TA</p>
Review Item 15	<p>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?</p> <p>Clinical Coverage Policy 8P</p>	<p>Review Guidelines:</p> <ul style="list-style-type: none"> Review staff file for documentation that the staff member providing transportation has the following: <ul style="list-style-type: none"> Valid NC driver's license or other valid driver's license, a safe driving record (Motor Vehicle Record Check), an acceptable level of automobile liability insurance. <p>Note:</p> <ul style="list-style-type: none"> If the staff member uses an EOR vehicle to transport members, they must still provide proof of insurance, as this is required to maintain a valid driver's license. Staff will also be marked “Not Met” on the Post-Payment section of the tool for the question: “Is staff qualified to bill the service provided”. <p>Scoring:</p> <ol style="list-style-type: none"> Mark “N/A” if the staff member does not provide transportation. If the staff has a valid driver's license, safe driving record (MVR) and automobile liability insurance (staff's name must be on the policy) mark as “Met”. If staff does not have all three of these items and is transporting mark as “Not Met”. 	<p>PB</p> <p>POC</p> <p>TA</p>
Implantation date		8/2/2018	
Revision dates		10/19/2018; 11/19/18; 3/20/2019; 11/5/2020; 3/31/2026	