

## Statewide HCBS Waiver Provider Requirements - Standards Assessment & Documentation Review

**Provider:** \_\_\_\_\_ **Reviewer:** \_\_\_\_\_ **Date of Review:** \_\_\_\_\_

Place a "Y" in the appropriate service segment if the standard is **MET**.

Place an "N" in the appropriate service segment if the standard is **NOT MET**.

Place an "N/A" in the appropriate service segment if the standard is **NOT APPLICABLE** to the particular service.

### IIB

	Employee Names and Position:	W4	Valid State Issued Drivers License	Company Issued Employee Photo ID (except for ADC, ACLF, CLS and In-TN Abuse Registry	TN Sexual Offender Registry	National Sexual Offender Registry	TN Felony Offender Registry	TN Out of State Probation & Parole Registry	Criminal Background Check (at a minimum in the county the employee	License/Certification Verification	Employment Application (including section to list prior convictions)	Evidence Orientation/Training was conducted (CHOICES EVV System, Member Assigned GPS Device, CHOICES Web Portal, Caring for Elderly and Disabled Population, Critical Incident Reporting, Community Living Support and HCBS Settings Rule)	Confidentiality Statement	Current Job Description	OIG Fraud Prevention & Detection Search on LEIE Exclusions (monthly)	Comments:
1																Comments:
2																Comments:
3																Comments:
4																Comments:
5																Comments: