

GMS Provider Audit form for Quality Assurance

Provider Name: _____ Date: _____

Auto (all vehicles driven in with client)

- Verification of vehicle registration
- Auto insurance

Background Checks (checks on any other adult living in the home)1102

- 2 years- Copies of back ground checks including driving record, criminal record
- 2 years - Child Protective (inception by regulation 3/17)

Contract if contracted the provider will have contract with specific person

- Copy of signed SLO Provider Contract
- HIPAA contract
- SL Agreement (room and board agreement reviewed annually)
- SL Respite Contract

General Information

- Shared Living Provider Questionnaire
- State ID (Driver's License)
- Annual Receipt of SLO information (ALL IN ONE)
- Copy of Driver's license(s) anyone who might transport in the home
- NPI # (ask Finance office)

Home

- Home Inspection
- Verification of Home Insurance (declaration page)
- Verification of Water Quality Test or Water Bill
- Disaster Plan Reviewed Annually (Per Shared Living Team and Matt)
- Pet vaccine records if there are animals and license number(s)
- Housing Profile: Housing description and pictures (if the provider is not the guardian of loved one)

Training

- Copy of high school diploma or GED certificate or College Degree
- Copies of all training certificates:
- DSP/CDS
- First Aid/CPR
- Med Cert.
- DHHS Regulated Courses (every 3 years)
- Reportable Events
- Behavior Regs
- Rights on CDS and live review
- Grievance
- Adult Protective Investigation

Permission to share CDS info (if needed)