

Compliance review checklist

Self-administered service

Version: 6/2024

Date: _____

PID#: _____

Consumer: _____

Employee files:

No new files

1. Employee: _____

- 2-9EA Employee Agreement
- 2-9C Application for Certification
- I-9 Employment Eligibility Verification
- Annual background check
- Signed DHHS code of conduct

2. Employee: _____

- 2-9EA Employee Agreement
- 2-9C Application for Certification
- I-9 Employment Eligibility Verification
- Annual background check
- Signed DHHS code of conduct

3. Employee: _____

- 2-9EA Employee Agreement
- 2-9C Application for Certification
- I-9 Employment Eligibility Verification
- Annual background check
- Signed DHHS code of conduct

4. Employee: _____

- 2-9EA Employee Agreement
- 2-9C Application for Certification
- I-9 Employment Eligibility Verification
- Annual background check
- Signed DHHS code of conduct

Time sheet sample for all employees in the sample time period.

Two months sampled: _____ and _____.
Name of employees sampled:

1. _____
2. _____
3. _____
4. _____

- Free of overlapping Services
- I-9 Employment Eligibility Verification
- Annual background check
- Signed DHHS code of conduct

Issues or concerns:

Confirm all employees are legitimate, properly trained, and provide legitimate services.

Employee interviewed: _____

- 2-9C Employee and documentation match
- Discussed services and supports being used
- Employee trained to meet identified needs, understands support strategies and service specific training. Ask:
 - Do you remember how many hours you worked last pay period?
 - Have you ever made a mistake on your time card-such as forgetting to report time you worked or reporting time you didn't work? If yes, how was it resolved?
 - Have you ever been asked to donate or pay part of your check to your employer?
 - Do you have questions or other issues providing services.

Training:

Current Service Specific Training
Current Support Strategies match goals

Employer file:

2-9SA Current Year Service Agreement

Available in file:

Emergency contact information
Timesheets
Support strategies
Incident reports
Relevant information determined by
employer

Issues or concerns:

Name of reviewer: _____

Date: _____