

Self-Review of Innovations Member Record Job Aide

- Providers can find the Innovations Waiver Self-Review Tool form on the Vaya website in the Provider Learning Lab, or you may follow this link to go straight to the form: <https://providers.vayahealth.com/innovations-waiver-self-review-tool-030319/>.
- **NOTE:** The form has been updated since it was first issued. Please make sure to use the most recent version from the website.
- PLEASE READ THE INSTRUCTIONS ON THE FORM.
- You will need to fill out a separate form for EACH member you provide services for at the end of every quarter. It is a monitoring requirement of NC Medicaid Clinical Coverage Policy No. 8P for Innovations Waiver services.
- A signature/date page (the last page of the form) is required for each member. Please do not send in multiple forms, for different members, with only one signature page.
- If a member was receiving services from you for any part of the quarter, you will need to fill out the self-review form.
- Please ensure that all information is filled out and completed in each section.
- Please make sure you fill out the provider name and information on the last page.
- Again, please **MAKE SURE YOU SIGN AND DATE THE LAST PAGE!**
- Forms can be turned in at any point during a quarter but ***are due (at the latest) by:***
 - 1st quarter (January – March) = **April 10**
 - 2nd quarter (April – June) = **July 10**
 - 3rd quarter (June – August) = **Sept. 10**
 - 4th quarter (September – December) = **Jan. 10**
- **Please email completed forms to:** CCAdministration@vayahealth.com prior to due date. **NOTE:** Please send each completed form as a separate PDF (and not multiple members' forms in one big PDF). Remember to send forms through secure email. Do NOT password-protect the form.
- Contact the member's assigned care manager if you have any questions or concerns.