

COMPLIANCE REVIEW TOOL: AGENCY PROVIDER

			SERVICE PLANNING	
SECTION 1	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Serv Plan	1.001*	Using person centered planning, has the plan been developed based on the results of the assessments? 5123-4-02; 5123:2-2-05;	<p>The individual service plan should identify supports that promote the individual's:</p> <ul style="list-style-type: none"> • Health and welfare, • Meaningful activities. • Community connections. • Self-advocacy. • Achievement of outcomes. • Supports to prevent or minimize identified risks, including risks identified with MUIs & UIs. • Employment services consistent with the individual's employment outcome. • Path to employment • Communication • Advocacy and Engagement • Safety and Security • Daily Life and Employment • Community Living • Healthy Living • Social and Spirituality

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CORE	Serv Plan	1.002*	Does the ISP specify the provider type, frequency, and funding source for each service and activity and which provider will deliver each service or support across all settings? 5123-4-02	The cost projection tool is a part of the plan as it relates to frequency of the service and should be utilized as such
CORE	Serv Plan	1.003*	Was the ISP revised based on changes in the individual's needs/wants? 5123-4-02	The CB must revise the plan when aware of new or unmet needs when reported by the provider or other team members. Consider life changes such as a new job, new medical conditions, changing providers, moving, or deleting unwanted services.
CORE	Serv Plan	1.004*	Was the ISP reviewed at least annually? 5123-4-02	

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CORE	Serv Plan	1.005	<p>Does the service plan identify day waiver services and supports that are consistent with the specific authorized day waiver service?</p> <p>5123-9-13; 5123-9-14; 5123-9-15; 5123-9-16; 5123-9-17</p>	<p><u>Adult Day Support</u>- development of skills that lead to greater independence, community membership, relationship building, self-direction and self-advocacy.</p> <p><u>Group Employment</u>- paid employment and work experience leading to career development and competitive integrated employment, either in dispersed enclave or mobile work crew</p> <p><u>Vocational Habilitation</u>- advancement on the path to community employment and achievement of competitive integrated employment; intended to be time limited.</p> <p><u>Individual Employment Support</u>- supports competitive integrated employment.</p> <p><u>Career Planning</u>- achievement of competitive integrated employment and/or career advancement in competitive integrated employment</p> <p><u>Competitive integrated employment</u>-</p> <ul style="list-style-type: none"> • Full time, part time, or self-employment • Compensation at minimum wage or higher • Eligible for similar benefits of employees in similar positions • Work location allowing person to interact with persons without disabilities and without HCBS waiver services.
CORE	Serv Plan	1.006	<p>If it is believed that the individual is unable to self-administer their medications, was a self-medication administration assessment completed, reviewed annually, and revised as needed?</p> <p>5123:2-6-02; 5123:2-3-04</p>	<ul style="list-style-type: none"> • An individual is presumed to be able to self-administer medications. An assessment should be completed only if the team believes the individual is unable to safely self-administer. • A medication assessment is not required for minors 17 and younger. • The assessment for individuals with G/J tube and/or insulin must be completed by a licensed nurse

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CORE	Serv Plan	1.007	If the individual's assessment indicates that they are unable to self-administer, does the ISP address their medication administration needs? 5123-4-02; 5123:2-3-04; ORC 4123:47	This includes Family Delegation
CORE	Serv Plan	1.008	If the assessment indicates the individual needs assistance with managing personal funds, does the ISP include all necessary parameters? 5123:2-2-07	<p>The ISP should include, as needed:</p> <ul style="list-style-type: none"> • The name of the responsible provider, • The name of the payee, • The name of the guardian of the estate or the person responsible for the estate, • The dollar amount to be available to the individual upon request for personal spending, • The dollar amount the individual is able to independently manage at one time, with receipts to be kept for amounts above that maximum, • The maximum dollar amount the provider may spend on behalf of the individual for any one expenditure without guardian, payee, and/or team approval, and • Specific supports such as bill-paying, shopping, budgeting, increasing the individual's independence, etc.
CORE	Serv Plan	1.009	Does the ISP address the protocol to be followed should the individual request that remote support equipment be turned off? 5123-9-35	
CORE	Serv Plan	1.010	Are restrictive strategies person-centered and interwoven into a single plan? 5123-2-06; 5123:2-3-04	There should be no separate behavior support plans. Restrictive strategies should be included in a manner similar to all other support strategies.
Core	Beh Sup	NEW Question	If the individual service plan contains behavior support strategies, do the strategies state how and when the guardian is to be notified when a chemical restraint, manual restraint, or time-out are used? 5123-2-06	

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COUNTY BOARD	Serv Plan	1.011	<p>If the individual service plan includes restrictive measures, is there evidence of an assessment within the past twelve months that clearly describes the individual's engagement in a precisely-defined pattern of behavior that is very likely to result in risk of harm, likelihood of legal sanction, or risk of harm?</p> <p>5123-2-06; 5123:2-3-04</p>	<p>For restrictive behavior support strategies, the assessment must clearly describe:</p> <ul style="list-style-type: none"> • Behavior posing risk of harm or likelihood of legal sanction; • Possible level of harm or type of legal sanction; • When behavior is likely to occur; • Individual contributing factors (medical, environmental, etc.); • Behavior posing risk of harm or likelihood of legal sanction or the individual's engagement in a precisely-defined pattern of behavior that is very likely to result in risk of harm; • Possible level of harm or type of legal sanction • When the behavior is likely to occur • Individual contributing factors (medical, environmental, traumatic experiences, etc.); • Nature and degree of risk to the individual if the restrictive measure is implemented; • Precisely-defined pattern of behavior (a documented and predictable sequence of actions that if left uninterrupted will very likely result in physical harm to self or others) <p>Only chemical restraints may be implemented for engagement in a precisely-defined pattern of behavior</p>
COUNTY BOARD	Serv Plan	1.012	<p>Is there evidence that informed consent was received from the individual or guardian prior to the restrictive strategies being submitted to the HRC for approval?</p> <p>5123-2-06; 5123:2-3-04</p>	<p>Informed consent must be written. An electronic signature is acceptable.</p> <p>This is built into the OhioISP IT Solution.</p>
COUNTY BOARD	Serv Plan	1.013	<p>Were needs identified in nursing quality assurance reviews addressed?</p> <p>5123-6-07</p>	

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COUNTY BOARD	Serv Plan	New Question	<p>If participant directed waiver services is selected, does the person, their legal guardian, or designee have budget authority for services authorized in the individual service plan?</p> <p>5123-9-06, 5123-9-40</p>	<p>"Budget authority" means an individual has the authority and responsibility to manage the individual's budget for participant-directed services</p> <p>This authority supports the individual in:</p> <ul style="list-style-type: none"> - Determining the budgeted dollar amount for each participant-directed waiver service that will be provided to the individual - Making decisions about the acquisition of participant-directed waiver services that are authorized in the individual service plan (e.g., negotiating payment rates to providers within the applicable range as specified in rules adopted by the department)
COUNTY BOARD	Home Del Meals	New Question	<p>Does the ISP specify the range of time when meals are to be delivered and the type of home-delivered meals (i.e., kosher meals, therapeutic meals, or standard meals) to be provided?</p> <p>5123-9-29</p>	<ul style="list-style-type: none"> • Kosher meal, meaning a meal certified as kosher by a recognized kosher certification or a kosher establishment under orthodox rabbinic supervision • Therapeutic meal, meaning a meal that is part of a therapeutic diet ordered by a licensed healthcare professional whose scope of practice includes ordering therapeutic diets <ul style="list-style-type: none"> ○ As part of the treatment for a disease or clinical condition, ○ To modify, eliminate, decrease, or increase certain substances in the diet, or ○ To provide mechanically altered food (i.e., the texture of food is altered by chopping, grinding, mashing, or pureeing so that it can be successfully chewed and safely swallowed) when indicated • Standard meal, meaning a meal that is not a kosher meal or a therapeutic meal.

SECTION 2			MEDICATION ADMINISTRATION	
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Med Admin	2.001	<p>If the individual is unable to self-administer their medications, is the medication:</p> <ul style="list-style-type: none"> • Stored in a secure location based on the needs of the individual and their living environment? • Is the medication in a pharmacy labeled container? 	<p>"Secure" is based on the individual's needs.</p> <p>Use of pill minders:</p> <ul style="list-style-type: none"> • Staff are not permitted to administer medications from any type of pill minder.

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			5123-6-06; 5123:2-3-04	<ul style="list-style-type: none"> Pill minders can be filled only by the individual, nurse, or pharmacy (including electronic minders). If individual can self-administer with assistance and needs only physical assistance to get pills out of the pill minder, staff is permitted to do so only if the minder was filled by the individual, nurse, or pharmacy.
CORE	Med Admin	2.002	If delegated nursing is required, is there: <ul style="list-style-type: none"> A statement of delegation, Evidence of on-going assessment, and An annual staff skills checklist? 5123:2-6-01; 5123:2-6-03; 5123:2-3-04	Delegated nursing is required for: <ul style="list-style-type: none"> Day service locations serving 17 or more individuals, Residential facilities with 6 or more beds, G/J tube medication administration, insulin injection or pump, and administration of nutrition by G/J tube.

SECTION 3			BEHAVIOR SUPPORT	
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Beh Support	3.001	If the service plan includes restrictive measures, did the Human Rights Committee review and approve the plan prior to implementation? 5123-2-06; 5123:2-3-04	Cite if the plan includes restrictive measures, but there is no HRC approval. Medications that result in a noticeable or discernible difference in the individual's ability to complete ADLs (blunt suppression of behavior) OR for the purpose of treating sexual offending behavior are chemical restraints. Medications prescribed for the treatment of a physical or psychiatric condition in accordance with the standards of treatment for that condition are presumed to not be chemical restraints

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				<p>"Chemical restraint" does not include a medication that is routinely prescribed in conjunction with a medical procedure for patients without developmental disabilities.</p> <p>Medications that are initially presumed to not be a chemical restraint, but do result in general or non-specific blunt suppression of behavior must be reviewed by the team to determine if it should be regarded as a chemical restraint</p> <p>Criminal court orders do not require HRC approval.</p>
CORE	Beh Support	3.002	<p>Is the provider implementing restrictive measures that are not in the plan and/or approved by the Human Rights Committee? 5123-2-06; 5123-2-3-04</p>	<p>Cite if the provider is implementing restrictive measures that have not been recognized as being restrictive.</p> <p>Examples of rights restrictions that cannot be used outside of the requirements for restrictive measures:</p> <ul style="list-style-type: none"> • Imposed bedtimes, • Locked cabinets, • Visitor limitations, and/or • Dietary restrictions and/or • Limitations related to technology or community <p>Medications that result in a noticeable or discernible difference in the individual's ability to complete ADLs (blunt suppression of behavior) OR for the purpose of treating sexual offending behavior are chemical restraints.</p> <p>Medications prescribed for the treatment of a physical or psychiatric condition in accordance with the standards of treatment for that condition are presumed to not be chemical restraints</p> <p>"Chemical restraint" does not include a medication that is routinely prescribed in conjunction with a medical procedure for patients without developmental disabilities.</p> <p>Medications that are initially presumed to not be a chemical restraint, but do result in general or non-specific blunt</p>

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				suppression of behavior must be reviewed by the to determine if it should be regarded as a chemical restraint
CORE	Beh Support	3.003	If the service plan includes time out or manual or mechanical restraint, are the interventions implemented only when there is risk of harm? 5123-2-06; 5123:2-3-04	There must be a direct and serious risk of physical harm to the individual or another person. They must be capable of causing physical harm to self or others and must be causing physical harm or very likely to begin causing physical harm.
CORE	Beh Support	New Question	If the service plan includes chemical restraint, are the interventions being implemented only when risk of harm is evidenced, or an individual engages in a precisely-defined pattern of behavior that is very likely to result in risk of harm 5123-2-06	<p>"Precisely-defined pattern of behavior" means a documented and predictable sequence of actions that if left uninterrupted, will very likely result in physical harm to self or others.</p> <p>Medications that result in a noticeable or discernible difference in the individual's ability to complete ADLs (blunt suppression of behavior) OR for the purpose of treating sexual offending behavior are chemical restraints.</p> <p>Medications prescribed for the treatment of a physical or psychiatric condition in accordance with the standards of treatment for that condition are presumed to not be chemical restraints</p> <p>"Chemical restraint" does not include a medication that is routinely prescribed in conjunction with a medical procedure for patients without developmental disabilities.</p> <p>Medications that are initially presumed to not be a chemical restraint, but do result in general or non-specific blunt suppression of behavior must be reviewed by the team to determine if it should be regarded as a chemical restraint</p>
CORE	Beh Support	3.004	If the service plan includes rights restrictions, are the interventions being implemented only when risk of harm OR likelihood of legal sanction are evidenced? 5123-2-06; 5123:2-3-04	<p>These conditions must be met:</p> <ul style="list-style-type: none"> • There must be a direct and serious risk of physical harm to the individual or another person. • The individual must be capable of AND must be causing physical harm or very likely to begin causing physical harm.

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CORE	Beh Support	3.005	<p>If the service plan includes a restrictive measure, are behavioral supports employed with sufficient safeguards?</p> <p>5123-2-06; 5123:2-3-04</p>	<p>This includes but is not limited to:</p> <ul style="list-style-type: none"> • Was sufficient supervision available to ensure health, welfare, and rights? • Are “time away” procedures voluntary or mandatory? • If time-out rooms are used, are all safety requirements in place? • Has staff been trained?
CORE	Beh Support	3.006	<p>Is there a provider record of the date, time, duration, and antecedent factors regarding each use of a restrictive measure other than a restrictive measure that is not based on antecedent factors (e.g., bed alarm or locked cabinet)?</p> <p>AND</p> <p>Did the provider notify the individuals guardian as outlined in the ISP regarding any uses of chemical restraints, manual restraints, or time-out?</p> <p>5123-2-06; 5123:2-3-04</p>	<p>*Duration is only applicable for a manual restraint or a mechanical restraint</p>
CORE	Beh Support	New Question	<p>Did the provider share the record of restrictive measures that were implemented with the individual or the individual's guardian, as applicable, and the individual's team whenever the individual's behavioral support strategy is being reviewed or reconsidered?</p>	
COUNTY BOARD	Beh Support	3.007	<p>If the plan includes a restrictive measure, is there evidence that the Restrictive Measure Notification was submitted prior to implementation of a restrictive measure and/or when a restrictive measure is discontinued?</p> <p>5123-2-06; 5123:2-3-04</p>	<p>Could be evidenced by copy of email submission, support staff verification, or viewing on the RMN system</p>

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COUNTY BOARD	Beh Support	3.008	<p>If the plan has behavioral strategies that include restrictive measures, is there evidence that the strategy was reviewed by the individual and the team at least every 90 days to determine the effectiveness of the strategy? Is reviewed by the individual and the individual's team:</p> <ul style="list-style-type: none"> At least every ninety calendar days OR more frequently when specified by the human rights committee To determine and document the effectiveness of the strategy AND To determine whether the strategy should be continued, discontinued, or revised? <p>AND</p> <p>If a manual restraint has been used within the past 90 days, did the review include seeking the perspective of the person and At least one DSP involved in the use of the manual restraint regarding why the manual restraint occurred and what could be done differently in the future to avoid manual restraint?</p> <p>5123-2-06; 5123:2-3-04</p>	<p>If decision was made to continue, did the up-to-date information indicate risk or harm or likelihood of legal sanction is still present?</p> <p>The review shall consider:</p> <ul style="list-style-type: none"> Numeric data on changes in the severity or frequency of behaviors that had been targeted for reduction due to a threat to safety or wellbeing; New skills that have been developed which have reduced or eliminated threats to safety or wellbeing; The individual's self-report of overall satisfaction in achieving desired outcomes and pursuing interests; and Observations by paid staff and/or natural supports as they relate to safety or wellbeing and the individual's achievement of desired outcomes and pursuit of interests
COUNTY BOARD	Beh Support	3.009	<p>Does the provider/County Board have a human rights committee that includes the following:</p> <ul style="list-style-type: none"> At least 4 people, At least 1 individual who receives or is eligible to receive specialized services, and Qualified persons with training or experience in contemporary practices of Behavior Support? <p>5123-2-06; 5123:2-3-04</p>	<p>Community representatives do not count on either side of the balance.</p> <p>Authors of restrictive measures who sit on the HRC do not vote on the measures they wrote.</p> <p>The committee must reflect a balance of:</p> <ul style="list-style-type: none"> Individuals who receive or are eligible to receive specialized services or family members or guardians of individuals who receive or are eligible to receive services, and County Board employees or providers.
COUNTY BOARD	Beh Support	3.010	<p>Did all members of the Human Rights Committee receive initial and annual training?</p> <p>5123-2-06; 5123:2-3-04</p>	<p>CB is responsible for all committees operating on their behalf. CBs and ICFs can share committees with other entities. ICFs and county boards may jointly establish HRCs</p>

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				<p>CB or provider can receive approval of their own trainings or utilize DODD trainings.</p> <p>Initial topics required within 3 months of appointment:</p> <ul style="list-style-type: none"> • Rights of individuals with disabilities, • Person-centered planning, • Informed consent, • Confidentiality, • The requirements of 5123:2-2-06. <p>Annual topics required once during the calendar year beginning the second year of appointment may include but are not limited to:</p> <ul style="list-style-type: none"> • Self-advocacy and self-determination, • Role of guardians and section 5126.043 of the Revised Code, • Effect of traumatic experiences on behavior, • Court-ordered community controls and the role of the court, the CB, and the human rights committee.
COUNTY BOARD	Beh Support	3.011	<p>Did each County Board complete an annual analysis of behavioral support strategies that include restrictive measures for the preceding year and present the data and analysis to their Human Rights Committee by March fifteenth of each year?</p> <p>5123-2-06</p>	<p>CB is responsible for all committees operating on their behalf.</p> <p>Annual analysis must be shared with the HRC.</p> <p>The annual analysis must include but is not limited to:</p> <ul style="list-style-type: none"> • Nature and frequency of risk of harm or legal sanction that led to restrictive measures, • Nature and number of restrictive measures reviewed, approved, rejected, and reauthorized by the HRC, • Nature, number, and duration of restrictive measures implemented, • Effectiveness of restrictive measures in terms of increasing or decreasing behaviors as intended. <p>Data compiled and analyzed is to be extracted from the department's RMN application and must include:</p> <ul style="list-style-type: none"> • Nature and frequency of risk of harm or likelihood of legal sanction that triggered development of strategies that included restrictive measures

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				<ul style="list-style-type: none"> • Number of strategies that include restrictive measures reviewed, approved, rejected, and re-authorized by type of restrictive measure (manual restraint, mechanical restraint, rights restriction, etc.) • Number of restrictive measures implemented by type of restrictive measure (manual restraint, mechanical restraint, rights restriction, etc.) • Number of strategies that include restrictive measures that have been discontinued and the reasons for discontinuing the strategies AND • An in-depth review and analysis of either: <ul style="list-style-type: none"> ○ Trends and patterns regarding strategies that include restrictive measures for the purpose of determining methods for enhancing risk reduction efforts and outcomes, reducing the frequency of restrictive measures, and identifying technical assistance and training needs; OR ○ A sample of implemented strategies that include restrictive measures for purposes of ensuring that strategies are developed, implemented, documented, and monitored in accordance with the rule
County Board	Beh Sup	New Question	<p>Does the County Board's Human Rights Committee review emergency requests for behavioral support strategies that include restrictive measures as required by rule?</p> <p>5123-2-06</p>	<p>An emergency request shall consist of:</p> <ul style="list-style-type: none"> • A description of the restrictive measures; • Documentation of risk of harm or legal sanction which demonstrates the situation is an emergency; <ul style="list-style-type: none"> ○ A description of positive measures that have been implemented and proved ineffective or infeasible; ○ Any medical contraindications; and ○ Informed consent by the individual or the individual's guardian, as applicable.

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				<p>The behavior support strategy approved via the emergency request process may be in place for a period not to exceed forty-five calendar days.</p> <p>Prior to implementing strategy submitted via the emergency request process, the strategy must be approved by:</p> <ul style="list-style-type: none"> The superintendent of the county board or the superintendent's designee
County Board	Beh Support	New Question	<p>Was the individual or guardian:</p> <ul style="list-style-type: none"> Notified 72 hours in advance of the Human Rights Committee meeting AND Provided the right to present information to the HRC AND If a restrictive measure was rejected by the HRC, provided information related to the rejection so they could seek reconsideration? <p>5123-2-06</p>	<p>A request for reconsideration of rejection by the HRC of a strategy that includes restrictive measures must be submitted in writing within fourteen calendar days of being informed the rejection</p>
County Board	Beh Support	New Question	<p>Does the ICF/IID's Human Rights Committee review emergency requests for behavioral support strategies that include restrictive measures as required by rule?</p> <p>5123-2-06</p>	<p>An emergency request shall consist of:</p> <ul style="list-style-type: none"> A description of the restrictive measures; Documentation of risk of harm or legal sanction which demonstrates the situation is an emergency; <ul style="list-style-type: none"> A description of positive measures that have been implemented and proved ineffective or infeasible; Any medical contraindications; and Informed consent by the individual or the individual's guardian, as applicable. <p>The behavior support strategy approved via the emergency request process may be in place for a period not to exceed forty-five calendar days.</p> <p>Prior to implementing strategy submitted via the emergency request process, the strategy must be approved by:</p> <p>A quorum of members of the human rights committee</p>

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SECTION 4			PERSONAL FUNDS	
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Personal Funds	4.001	<p>Does the provider ensure that individuals:</p> <ul style="list-style-type: none"> • Have access to their funds, and • Are able to purchase items, goods, and services of their preference? <p>5123:2-2-07</p>	<p>This applies to any provider listed in the plan as responsible for individual funds:</p> <ul style="list-style-type: none"> • Deposits must be made within 5 days of receipt of funds, • Monies must be made available within 3 days of request of the individual, and • Individuals can control personal funds based on their abilities, • Access is based on the individual's available resources. <p>Licensed waiver facilities are NOT required to purchase individual items unless included in the Room and Board agreement or covered by the waiver reimbursement.</p>
CORE	Personal Funds	4.002	<p>Does the provider ensure that account records include?</p> <ul style="list-style-type: none"> • A ledger with all required elements, • Evidence of reconciliation at the frequency required, completed by someone other than the staff who handle personal funds? <p>5123:2-2-07</p>	<p>Bank accounts should be reconciled using the most recent bank statement.</p> <p>Food stamp, gift card, and other cash accounts maintained by the provider should be reconciled every 30 days.</p> <p>Required elements:</p> <ul style="list-style-type: none"> • Individual's name, • Source, amount, and date of all funds received, • Purpose, amount, recipient, and date of funds withdrawn. • Signature of person depositing funds to the account, unless electronically deposited, and • Signature of person withdrawing funds from the account unless electronically withdrawn.
LIC FAC	Personal Funds	4.003	<p>If the individual lives in a licensed facility, does the provider ensure the individual receives \$100.00 monthly in personal allowance?</p> <p>5123:2-3-11</p>	

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LIC FAC	Personal Funds	4.004	If the individual lives in a licensed facility, does the provider ensure the individual is paying his/her room and board costs or receiving excess funds as required by the room and board contract? 5123:2-3-11	If the individual has earned income, the provider shall ensure they receive the first \$100 and half of any income over \$100.
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SECTION 5			SERVICE DELIVERY and DOCUMENTATION	
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Serv Del Doc	5.001	Does service delivery documentation include the following elements? <ul style="list-style-type: none"> • Date of service, • Individual's name, • Individual's Medicaid number, • Provider name, • Provider number, • Signature or initials of person delivering the service, • Place of service, and • Group size? 5123-9-06; 5123-9-40; 5123:2-9-37; 5123-9-37; 5123-9-39; 5123-9-20; 5123-9-24	See service specific rules for documentation requirements. <ul style="list-style-type: none"> • Required elements may be maintained on multiple documents, but billing forms are not acceptable. claims for payment a provider submits to the department for services delivered shall not be considered service documentation. • Place of service and group size are not required for all services. • For routine transportation place of service is the origination/destination points. • As of 2/1/2020, number of individuals transported is required for routine transportation.
CORE	Serv Del Doc	5.002*	Does the waiver service delivery documentation for all waiver codes include the type of service? 5123-9-06; 5123-9-40; 5123:2-9-37; 5123-9-37; 5123-9-39; 5123-9-20	See service specific rules for documentation requirements. <ul style="list-style-type: none"> • Required elements may be maintained on multiple documents, but billing forms are not acceptable. claims for payment a provider submits to the department for services delivered shall not be considered service documentation. • NMT requires type of NMT – per-trip or per-mile.
CORE	Serv Del Doc	5.003*	Does the waiver service delivery documentation for all waiver billing codes include the number of units (amount) provided?	See service specific rules for documentation requirements. <ul style="list-style-type: none"> • Required elements may be maintained on multiple documents, but billing forms are not acceptable. claims for

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			5123-9-06; 5123-9-40; 5123-2-9-37 ; 5123-9-37; 5123-9-39; 5123-9-20; 5123-9-18; 5123-9-24	<p>payment a provider submits to the department for services delivered shall not be considered service documentation.</p> <ul style="list-style-type: none"> Units are not required for services billed using a daily rate, except adult day services. For PER MILE NMT, units are the number of miles in each distinct commute, as indicated by beginning and ending odometer numbers or mapping by GPS. For routine transportation, units are total number of miles. Number of units OR continuous amount of uninterrupted time during which the service was provided is acceptable for Money Management, HPC (non-daily rate), PDHPC, Waiver Nursing Delegation, Waiver Nursing, Clinical/Therapeutic Intervention, Participant/Family Stability Assistance, and Support Brokerage.
CORE	Serv Del Doc	5.004*	Does the waiver service delivery documentation for all waiver billing codes include scope? 5123-9-06; 5123-9-40; 5123-9-39; 5123-2-9-37 ; 5123-9-37;	<p>NA for NMT, transportation, and money management</p> <p>Scope: the definition of each waiver service must describe in concrete terms the goods and services that will be provided to waiver participants, including any conditions that apply to the provision of the service.</p> <p>For waiver nursing delegation, documentation must include the name of the unlicensed person for whom a supervisory visit was performed.</p>
CORE	Serv Del Doc	5.005*	Does the waiver service documentation for <i>applicable</i> waiver services include the times the delivered services started and stopped? 5123-9-06; 5123-9-40; 5123-9-20; 5123-9-39; 5123-2-9-37 ; 5123-9-37;	<p>See service specific rules for documentation requirements.</p> <p>Required elements may be maintained on multiple documents, but billing forms are not acceptable. claims for payment a provider submits to the department for services delivered shall not be considered service documentation.</p>
CORE	Serv Del Doc	5.006	Are medication, treatments, health related activities, and dietary orders being followed?	Info may come from the medication administration record (MAR), doctor's orders, OT/PT, and speech plans.

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			5123-2-08; 5123-4-02, 5123:2-6-03; 5123-9-39	
CORE	Serv Del Doc	5.007	Is the service plan and/or plan of care being implemented as written? 5123-2-08; 5123-9-39; 5123-2-9-37; 5123-9-37	Implementation of services can be verified using observation, interview, and documentation review.
CORE	Serv Del Doc	5.008	Are waiver services delivered in a manner which supports each individual's full participation in the greater community, considering their individual choices, preferences, and needs? 5123:2-9-02 42 CFR 441.301 (c)(4)(i) 42 CFR 441.710 (a)(1)(i)	<ul style="list-style-type: none"> • Are opportunities to access inclusive settings in the community being offered (refusals should be documented) • Are the activities meaningful, age appropriate, and similar to those without disabilities? • Ask providers and individuals how activities are selected and scheduled.
CORE	Serv Del Doc	5.009	For providers of waiver nursing, does the individual's plan of care (485) include: <ul style="list-style-type: none"> • The current certification period, • Provider's name including all RNs and LPNs providing service, • All sections of Plan of Care completed, and • Medication list and MARs? 5123-9-39, 5123-2-9-37; 5123-9-37;	<p>This is required for all providers of waiver nursing services, including home health agencies.</p> <p>Verbal orders on the Plan of Care can be used for two weeks.</p>
CORE	Serv Del Doc	5.010	For providers of waiver nursing, does the nursing documentation include clinical notes or progress notes and documentation of the face-to-face visits? 5123-9-39	
CORE	Serv Del Doc	5.011	Is the provider/facility following all applicable local, state, and federal rules and regulations?	DODD Review Manager contact/approval is required.
DAY SERV	Serv Del Doc	5.012	Adult Day Support and Vocational Habilitation only: If the provider is billing the community integration rate modification, are the following conditions met: <ul style="list-style-type: none"> • The service is provided in-person in integrated settings in groups of four or fewer individuals? 5123-9-14; 5123-9-17	

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DAY SERV	Serv Del Doc	5.013	<p>Career Planning only: When the provider is billing the Career Planning service for any of the components listed below, does the documentation include a description and details sufficient to demonstrate achievement of the desired outcomes?</p> <ul style="list-style-type: none"> • Benefits education and analysis, • Career discovery, • Employment/self-employment plan, and • Situational observation and assessment. <p>5123-9-13</p>	<p>This question only applies to the Career Planning components listed in the question. It does NOT apply to:</p> <ul style="list-style-type: none"> • Career exploration • Job development • Self-employment launch • Worksite accessibility <p>Consult the Career Planning rule for information on each of the service components.</p>
DAY SERV	Serv Del Doc	5.014	<p>Providers of Employment Services only: For providers of employment services, (vocational habilitation, group employment supports, career planning and individual employment supports) was a written progress report submitted to the individual's team at least once every twelve months to show progress towards desired employment outcome? 5123:2-2-05</p>	<p>No formal template/form is required.</p> <p>The written progress report shall outline the following:</p> <ul style="list-style-type: none"> • Desired employment outcome, • Place on path to community employment, • Anticipated timeframe and progress towards reaching desired outcome, • Barriers identified, • Steps to address barriers or revised employment outcome.
DAY SERV	Serv Del Doc	NEW Question	<p>If the provider of adult day support and vocational habilitation provided virtual support, are the following conditions met?</p> <ul style="list-style-type: none"> • Virtual support does not isolate an individual from the community or prevent interactions with people with or without disabilities. • Virtual support has been agreed to by an individual and the individual's team and is specified in the service plan • Virtual support complies with laws governing right to privacy and protected health information <p>5123-9-14; 5123-9-17</p>	<p>Not included in virtual support:</p> <ul style="list-style-type: none"> • Personal care including supports and supervision for personal hygiene, eating, communication, mobility, toileting, and dressing to ensure an individual's ability to experience and participate in community living; or • Assisting with self-medication or health-related activities or performing medication administration or health-related activities
Core	Serv Del Doc	5.015	<p>Does the waiver service delivery documentation for Non-Medical Transportation and routine transportation include the license plate number of the vehicle used to provide service? 5123-9-18; 5123-9-24</p>	
Day Service	Day Service	NEW Question	<p>Did the Employment Provider or County Board submit outcome data through the web-based data collection system (OTS)</p>	<p>Did the County Board assign their Questionnaires to the appropriate provider(s) or to the County Board</p>

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			maintained by the Department for people who receive an Employment Service? 5123:2-2-05	Was data submitted annually for each Reporting Period?
Core	Serv Del Doc	5.016	Does the waiver service delivery documentation for Non-Medical Transportation include the names of all other passengers/riders including paid staff and volunteers who were in the vehicle during any portion of the trip and/or commute? 5123-9-18	NMT only

SECTION 6			MUI/UI	
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
County Board	MUI	6.001	Unusual Incident Section Is there evidence that the agency provider developed and implemented a written unusual incident policy and procedure that: <ul style="list-style-type: none"> Identifies what is to be reported as an unusual incident which shall include unusual incidents as defined in this rule. Requires an employee who becomes aware of an unusual incident to report it to the person designated by the agency provider who can initiate proper action. Requires the report to be made no later than twenty-four hours after the occurrence of the unusual incident; and Requires the agency provider to investigate unusual incidents, identify the cause and contributing factors when applicable, and develop preventive measures to protect the health and welfare of any at-risk individuals. 5123-17-02	<ul style="list-style-type: none"> Includes County Board
CORE	MUI	6.002	Is there evidence that the Incident Report contains the required elements? 5123-17-02	Sample Incident Report form available on the DODD website Required elements are: <ul style="list-style-type: none"> Individual's name,

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				<ul style="list-style-type: none"> • Individual's address, • Date of incident, • Location of incident, • Description of incident, • Type and location of injuries, • Immediate actions taken to ensure health and welfare of individual involved and any at-risk individuals, • Name of primary person involved and his or her relationship to the individual, • Names of witnesses, • Statements completed by persons who witnessed or have personal knowledge of the incident, • Notifications with name, title, and time and date of notice, • Further medical follow-up, and • Name and signature of person completing the incident report.
CORE	MUI	6.003	<p>Upon identification of an unusual incident, is there evidence that the provider took the following immediate actions as appropriate:</p> <ul style="list-style-type: none"> • Report was made to the designated person, and • The UI report was made within 24 hours of the incident <p>5123-17-02</p>	
CORE	MUI	6.004	<p>Is there evidence that the provider providing services when the unusual incident occurred notified other providers of services as necessary to ensure continuity of care?</p> <p>5123-17-02</p>	
CORE	MUI	6.005	<p>Is there evidence that the unusual incident was investigated by the provider?</p> <p>5123-17-02</p>	<p>UI INVESTIGATIONS should include what happened including immediate actions, identify cause and contributing factors and what was done (prevention plan).</p> <ul style="list-style-type: none"> • Examples of immediate actions are assessing for injuries, First Aid, separating individual, calling 911, notifying Law Enforcement.

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				<ul style="list-style-type: none"> • The cause and contributing factors should identify what caused the incident or why it happened. • The prevention plan should address the cause of the incident and should be specific.
CORE	MUI	6.006	<p>Did the provider maintain a log that contains the unusual incidents defined in rule with the following elements:</p> <ul style="list-style-type: none"> • Name of individual, • Description of incident, • Identification of injuries, • Time/date of incident, • Location of incident, • Cause and contributing factors, and • Preventative measures. <p>5123-17-02</p>	<p>Sample UI log is available on DODD website.</p> <p>The log should contain:</p> <ul style="list-style-type: none"> • Dental injuries, • Falls, • An injury that is not a significant injury, • Med errors without a likely risk to health and welfare, • Overnight relocation due to a fire, natural disaster, or mechanical failure, • An incident of peer-to-peer ac that is not a major unusual incident, • Rights code violations or unapproved behavioral supports without a likely risk to health and welfare • Emergency room or urgent care treatment center visits, program implementation incidents.
CORE	MUI	6.007	<p>Is there evidence that the provider/County Board reviewed all unusual incidents as necessary but no less than monthly to ensure appropriate preventative measure have been implemented and trends and patterns identified and addressed?</p> <p>5123-17-02</p>	<p>Review of UIs is required at least monthly, even when no incidents occur.</p> <p>Evidence can be through signature on UI Log, administrative meeting, etc.</p>
CORE	MUI	6.008	<p>UI and MUI</p> <p>During the review, was there evidence of any unreported incidents that should have been reported as either an Unusual Incident or a Major Unusual Incident?</p> <p>5123-17-02</p>	<p>Ensure that the incident meets the definition of a UI or MUI in the rule before issuing citation.</p>

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CORE	MUI	6.009	<p>Upon identification of a MUI, is there evidence that the provider took the following immediate actions as appropriate:</p> <ul style="list-style-type: none"> • Immediate and on-going medical attention as appropriate, • Removal of an employee from direct contact with any individual when the employee is alleged to have been involved in physical or sexual abuse until such time as the provider has reasonably determined that such removal is no longer necessary, and • Other necessary measures to protect the health and welfare of at-risk individuals? <p>5123-17-02</p>	<p>Providers are responsible for making sure that immediate actions are appropriate and for adequately protecting any “at risk” individuals.</p> <ul style="list-style-type: none"> • Providers may choose to remove an employee from direct contact for allegations other than those listed in rule. • The provider is responsible for notifying the CB when there are changes in protective actions (i.e., returning employee to duty, change in supervision levels, etc.) <p>For County Boards (asked by MUI team):</p> <ul style="list-style-type: none"> • Have questions posted in ITS been responded to timely? Mark as non-compliant if CB’s conformance rate is below 95%
	MUI	6.010	<p>Is there evidence that the provider notified the County Board about the below listed incidents within 4 hours of discovery?</p> <ul style="list-style-type: none"> • Accidental/Suspicious Death, • Abuse (Physical, Sexual and Verbal), • Exploitation, • Misappropriation, • Neglect, • Media Inquiry, • Peer to peer acts, and • Prohibited sexual relations. <p>5123-17-02</p>	<p>Notifications should be by means that the CB has identified. Notifications should be documented with time and person notified.</p>
CORE	MUI	6.011	<p>Is there evidence that the provider has submitted a written incident report to the County Board contact or designee by three p.m. on the first working day following the day the provider becomes aware of a potential or determined major unusual incident?</p> <p>5123-17-02</p>	<p>Evidence may be in the form of a fax receipt, email message or receipt, or notation on the incident report.</p>
CORE	MUI	6.012	<p>Is there evidence that notifications, including other agencies, were made on the same day of the incident when the major unusual incident or discovery of the major unusual incident occurs to the following as applicable:</p> <ul style="list-style-type: none"> • Guardian or other person whom the individual has identified, 	<p>All notifications or efforts to notify those listed above must be documented.</p> <ul style="list-style-type: none"> • Notifications were made to the individuals’ guardians and other person whom the individuals have identified in a peer-

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			<ul style="list-style-type: none"> • SSA, • Other providers of services as necessary to ensure continuity of care and support for the individual, • Staff or family living at the individual's residence who have responsibility for individual's care, • Children's Services for allegations of abuse and neglect), and • Law Enforcement (for allegations of a crime)? <p>5123-17-02</p>	<p>to-peer act unless such notifications could jeopardize the health and welfare of an involved individual.</p> <ul style="list-style-type: none"> • No notification should be made to the PPI, spouse or significant other of PPI's or when such notification could jeopardize the health and welfare of an Individual involved. • Any allegation of abuse or neglect under 2151.03 and 2151.031 for children under 21 years should be reported to CSB and documented. • Any allegation of a criminal act must be immediately reported to Law Enforcement. • The provider shall document the time, date, and name of person notified of the alleged criminal act. The CB shall ensure that the notification has been made.
CORE	MUI	6.013	<p>Is there evidence that the provider conducted an in-depth review and analysis of MUI trends and patterns during the preceding calendar year, compiled an annual report containing required elements, and submitted it to the County Board for all programs in the county by 2/28?</p> <p>5123-17-02</p>	<p>Sample Annual Analysis and Analysis Tips are available on the DODD website.</p> <p>Report for each year must be completed by 1/31 and submitted to the CB by 2/28 of the subsequent year.</p> <p>Report must include:</p> <ul style="list-style-type: none"> • Date of review, • Name of person completing review, • Time period of review, • Comparison of data for previous three years, • Explanation of data, • Data for review by major unusual incident category type, • Specific individuals involved in established trends and patterns (i.e., five major unusual incidents of any kind within six months, ten major unusual incidents of any kind within a year, or other pattern identified by the individual's team), • Specific trends by residence, region, or program, • Previously identified trends and patterns, and • Action plans and preventive measures to address noted trends and patterns.

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COUNTY BOARD	MUI	6.014	Is there evidence that the agency provider has a written procedure for the internal review of all major unusual incidents and shall be responsible for taking all reasonable steps necessary to prevent the recurrence of major unusual incidents. The written procedure shall require senior management of the agency provider to be informed within two working days following the day staff become aware of a potential or determined major unusual incident involving misappropriation, neglect, physical abuse, or sexual abuse. 5123-17-02	
COUNTY BOARD	MUI	6.015	Is there evidence that the provider or County Board employing a primary person involved notified the department when they are aware that the primary person involved worked for another provider? 5123-17-02	
COUNTY BOARD	MUI	6.016	Is there evidence that the County Board reviewed provider analysis and ensured that all issues have been reasonably addressed to prevent recurrence? 5123-17-02	Does the CB have a system for collecting independent and agency providers' analyses?
COUNTY BOARD	MUI	6.017	Is there evidence that the County Boards that provide specialized services sent the department an annual report for all programs operated by the County Board by 2/28? 5123-17-02	
COUNTY BOARD	MUI	6.018	Is there evidence that each County Board or as applicable, each council of governments to which County Boards belong, has a committee that reviews trends and patterns of major unusual incidents? 5123-17-02	The committee is made up of a reasonable representation of the County Board(s), providers, individuals who receive services and their families, and other stakeholders deemed appropriate by the committee.
COUNTY BOARD	MUI	6.019	Is there evidence that: <ul style="list-style-type: none"> The role of the committee shall be to review and share the county or council of government's aggregate data prepared 	

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			<p>by the County Board or council of governments to identify trends, patterns, or areas for improving the quality of life for individuals served in the county or counties,</p> <ul style="list-style-type: none"> • The committee met each March to review and analyze data for the preceding calendar year. • The County Board or council of governments shall send the aggregate data prepared for the meeting to all participants at least ten calendar days in advance of the meeting, • The County Board or council of governments-maintained minutes of each meeting, distribute the minutes to members of the committee, and make the minutes available to any person upon request and • The County Board implemented follow-up actions identified by the committee? <p>5123-17-02</p>	
COUNTY BOARD	MUI	6.020	<p>Did the County Board immediately upon notification or receipt of a report an allegation?</p> <ul style="list-style-type: none"> • Ensured that all reasonable measures necessary to protect the health and welfare of at-risk individuals have been taken, • Determined if additional measures are needed, • Notified the department if the circumstances in paragraph (l) (1) of this rule that require a department-directed administrative investigation are present? Such notification shall take place on the first working day the County Board becomes aware of the incident. <p>5123-17-02</p>	
COUNTY BOARD	MUI	6.021	<p>Is there evidence that the County Board entered preliminary information regarding the incident in ITS and in the manner prescribed by the department by five p.m. on the working day following notification by the provider or of becoming aware of the major unusual incident?</p> <p>5123-17-02</p>	Mark as non-compliant if CB's conformance rate is below 95%.

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COUNTY BOARD	MUI	6.022	Is there evidence that investigative agent completed a report of the administrative investigation and submitted it for closure in the Incident Tracking System within thirty working days unless the County Board requested, and the department granted an extension for good cause? 5123-17-02	Mark as non-compliant if CB's conformance rate is below 95% or there is a documented pattern of late cases that are overdue by 30 days.
COUNTY BOARD	MUI	6.023	Does the investigation report follow the format prescribed by the department and include: <ul style="list-style-type: none"> • Initial Allegation, • A list of persons interviewed, and documents reviewed, • A summary of each interview and documents reviewed, and • A Findings and Conclusion section which includes the causes and contributing factors to the incident that support the findings and conclusions? 5123-17-02	
COUNTY BOARD	MUI	6.024	Is there evidence that no later than five working days following the County Board, developmental center, or Department's recommendation for closure via the Incident Tracking System the County Board, developmental center, or department shall provide a written summary of the administrative investigation of each category A or category B major unusual incident, including the allegations, the facts and findings, including as applicable, whether the case was substantiated or unsubstantiated, and preventive measures implemented in response to the major unusual incident to the following: <ul style="list-style-type: none"> • The individual, individual's guardian, or other person whom the individual has identified, as applicable; in the case of a peer-to-peer act, both individuals, individuals' guardians, or other persons whom the individuals have identified, as applicable, shall receive the written summary, • The licensed or certified provider and provider at the time of the major unusual incident, and • The individual's SSA and Support Broker? 5123-17-02	Notification to family of death is not required if already aware of the death.

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COUNTY BOARD	MUI	6.025	Is there evidence that the County Board made a reasonable attempt to provide written notice to the Primary Person involved when a DD employee or a guardian, no later than five working days following the recommended closure of a case? 5123-17-02	
COUNTY BOARD	MUI	6.026	INVESTIGATION INTAKE: 1. Is there evidence that the MUI was incorrectly coded? 2. Does the MUI contain adequate information for appropriately categorizing it under Appendix A, B, or C? 3. Is there evidence that a separate investigation should have occurred? 4. Is there evidence of law enforcement notification and follow up? 5. Is there documentation of a scene assessment? 6. Is there evidence of timely initiation of investigation? 5123-17-02	
COUNTY BOARD	MUI	6.027	INTERVIEWS: 1. Is there evidence of the individual being interviewed no later than 3 working days for Appendix A MUIs? 2. Is there evidence of the PPI being interviewed? 3. Did the IA identify and interview the reporter, witnesses, and all relevant others based upon information collected from incident reports, documentation, and investigation interviews? 4. Is there evidence of written statements? 5. Was there any other documentation of interviews? 6. Were follow-up interviews conducted? 5123-17-02	
COUNTY BOARD	MUI	6.028	DOCUMENTATION: 1. Is there evidence that the incident report and all other documentation from the reporter of the incident was gathered? 2. Is there evidence that information regarding the individual (e.g., ISP, bank statements, inventory, medical conditions) was gathered and reviewed?	

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			<p>3. Is there evidence that documentation was gathered and reviewed of injuries, medical attention, and the possible cause of injury from a medical professional?</p> <p>4. Were relevant photos taken, audio and/or video recordings gathered, and documented?</p> <p>5. Is there evidence that all relevant documentation (e.g., training records, nursing notes, schedules) was gathered and reviewed?</p> <p>5123-17-02</p>	
COUNTY BOARD	MUI	6.029	<p>DOCUMENTATION REVIEW AND INCIDENT SPECIFIC QUESTIONS:</p> <p>1. Does the investigation report provide all documentary evidence in a clear, complete, and non-ambiguous manner?</p> <p>2. Does the investigation report address the incident specific questions of all MUIs? Appendix A, B, or C.</p> <p>5123-17-02</p>	
COUNTY BOARD	MUI	6.030	<p>RELEVANT HISTORY / RELATIVE CREDIBILITY:</p> <p>1. Was the relevant history of the individual, PPI, reporter, witnesses, and others evaluated?</p> <p>2. Did the investigation report provide evidence that the relative credibility of the individual, PPI, witnesses, and all other relevant parties was evaluated?</p> <p>5123-17-02</p>	
COUNTY BOARD	MUI	6.031	<p>ANALYSIS AND CAUSE AND CONTRIBUTING FACTORS:</p> <p>1. Does the investigation report include a succinct and well-reasoned analysis of the evidence that clearly indicates the rationale for substantiation or un-substantiation of the allegation(s)?</p> <p>2. Does the investigation report include evidence that the IA collected sufficient information to include a well-reasoned determination of the cause and contributing factors of the incident?</p> <p>5123-17-02</p>	

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COUNTY BOARD	MUI	6.032	PRELIMINARY FINDINGS: 1. Is there evidence the IA endeavored to reach a preliminary finding regarding allegations of physical abuse and sexual abuse (except when law enforcement or children's services agency is conducting an investigation) and notify the individual or individual's guardian and the provider of the preliminary finding with 14 working days? 2. When not possible to reach a preliminary finding within 14 working days, is there evidence the IA notified the individual or individual's guardian and provider of the status of the investigation? 5123-17-02	
COUNTY BOARD	MUI	6.033	COUNTY BOARD ONLY: Is there evidence that the county board reviewed, on at least a quarterly basis, a representative sample of provider logs, including logs where the county board is a provider, to ensure that: <ul style="list-style-type: none"> major unusual incidents have been reported, preventive measures have been implemented, and trends and patterns have been identified and addressed in accordance with this rule. The sample shall be made available to the department for review upon request. 5123-17-02	Asked by MUI Team Prompts: <ul style="list-style-type: none"> Does the county board have a system for selecting logs? How does the county board document requests and submissions? What is the board's system for addressing any noted concerns including unreported MUIs, noted trends, logs lacking required elements, failure to submit logs?

SECTION 7				
PERSONNEL AND POLICY				
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Personnel	7.001	Is the Director of Operations (DOO) listed in Provider Service Management and approved by DODD Certification, and is the DOO directly and actively involved in the day-to-day operations of the agency?	For all agency DOOs: <ul style="list-style-type: none"> Obtain the names of the DOO and designee listed in PSM before going onsite. Change of DOO must be submitted and approved via PSM.

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			5123-2-08	<ul style="list-style-type: none"> • DOO must report in writing to DODD within 14 days when they designate another person to be responsible for administration of the agency. • Report issues to DODD Review Manager
CORE	Personnel	7.002	Is the provider's current physical address, telephone number, and electronic mail address identified in PSM? 5123-2-08	
CORE	Personnel	7.003	Has the provider agency established an internal compliance program that ensures compliance with: <ul style="list-style-type: none"> • Provider certification, • Background investigations, • Service delivery, service documentation and billing • Management of individuals' funds? 5123-2-08; 5123-2-3-01	<ul style="list-style-type: none"> • Does the provider have an assigned internal compliance manager or committee? • Does the provider have policies as required in rule and for certification requirements, background investigations and service delivery? • Do the outcomes of this review indicate that the provider's internal compliance program is working? • Management of individual funds not applicable to licensed facilities
CORE	Personnel	7.004	Did the provider complete the following <u>initial</u> database checks for applicants for direct service positions prior to employment: <ul style="list-style-type: none"> • Inspector General's Exclusion List, • Sex Offender and Child Victim Offenders Database, • U.S. General Services Administration System for Award Management Database, • Database of Incarcerated and Supervised Offenders, • Abuser Registry, • Nurse Aide Registry, and • The Ohio Dept of Medicaid Exclusion and Suspension List? 5123-2-02; 5123:2-3-01; 5123-2-08	<p>Prior to employment means on or before the date the employee is in paid status.</p> <ul style="list-style-type: none"> • Applies to employees hired after 1/1/13. • Ohio Dept of Medicaid Exclusion and Suspension List required for those hired after 7/1/19. • The Nurse Aide Registry and Database of Incarcerated/Supervised Offenders may not be automatically disqualifying. • Persons on the other 5 databases cannot be employed to provide direct services. • Providers using ARCS must manually complete the SAM check separate from ARCS • Database checks must be run ONLY using Name/Date of Birth/SSN information. • Applies to county board SSA, EI, IA

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				<p>Mark as non-compliant if initial checks were:</p> <ul style="list-style-type: none"> not completed at all, or completed late. Employees hired between 3/13/20-9/1/20 did not need database checks if the new employer had a statement from a current primary employer that background requirements were met. If employment with the new employer continued after 9/1/20, then the new employer was responsible for running all database checks by 9/10/20
CORE	Personnel	7.005	<p>Did the provider complete the following database checks every five years for employees:</p> <ul style="list-style-type: none"> Inspector General's Exclusion List, Sex Offender and Child Victim Offenders Database, U.S. General Services Administration System for Award Management Database, Database of Incarcerated and Supervised Offenders, Abuser Registry, Nurse Aide Registry, and The Ohio Dept of Medicaid Exclusion and Suspension List? <p>5123-2-02; 5123:2-3-01</p>	<ul style="list-style-type: none"> If employees are verified as enrolled verified as having been maintained as permanent employees in ARCS, the 5-year recheck is not required except for SAM, which must be run manually by the provider Database checks must be run ONLY using Name/Date of Birth/SSN information. 5-year checks must be run within 5 years from the date of the previous check, not 5 calendar years. Applies to county board SSA, EI, IA <p>Mark as non-compliant if initial checks were:</p> <ul style="list-style-type: none"> not completed at all, or completed late.
CORE	Personnel	7.006	<p>Did the provider request that the Bureau of Criminal Identification conduct a criminal record check (BCII/FBI) prior to employing an applicant for a direct service position?</p> <p>5123-2-02; 5160-45-07; 5123:2-3-01; ORC109.572; 5123-2-08</p>	<ul style="list-style-type: none"> Those with an "In lieu of" conviction prior to 7/1/19 are exempted and able to work. Those with an active "in lieu of" conviction for a disqualifying offense hired after 7/1/19 cannot provide direct services. If the applicant has not been an Ohio resident for the 5 years before hire, the agency shall request that the BCII additionally obtain information from the FBI as part of the criminal records check. Reports from BCII/FBI are valid for one year.

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				<ul style="list-style-type: none"> Refer to BCII Reason Code document for list of acceptable reason codes. Applies to county board SSA, EI, IA <p>Mark as non-compliant if initial checks were:</p> <ul style="list-style-type: none"> not completed at all, completed using the incorrect reason code/title, or completed late. <ul style="list-style-type: none"> Employees hired between 3/13/20-9/1/20 did not need a BCII check if the new employer had a statement from a current primary employer that background requirements were met. If employment with the new employer continued after 9/1/20, then the new employer was responsible for completing the BCII/FBI check by 9/10/20 Independent providers hired as DSP from 3/13/20-7/31/20 did not need BCII checks. Agency must have evidence DSP was active IP at the time of hire and then completed BCII after 7/31/20 if still employed by the agency. For DSPs hired between 9/1/20 – 9/1/21, agencies had 10 days after hire to initiate a BCII check.
CORE	Personnel	7.007	<p>Did the provider request the BCII/FBI check every 5 years for direct service employees who:</p> <ul style="list-style-type: none"> Are not enrolled in Rapback, or Require FBI check? <p>5123-2-02; 5160-45-07; 5123:2-3-01; ORC109.572; 5123-2-08</p>	<ul style="list-style-type: none"> Those with an “In lieu of” conviction prior to 7/1/19 are exempted and able to work. Those with an active “in lieu of” conviction for a disqualifying offense hired after 7/1/19 cannot provide direct services. FBI check required if employee has not been an Ohio resident for the 5 previous years. 5-year checks must be run 5 years after the date of initial check, not 5 calendar years. Rapback does NOT include the FBI check. Refer to BCII Reason Code document for a list of acceptable reason codes.

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				<ul style="list-style-type: none"> Applies to county board SSA, EI, IA <p>Mark as non-compliant if the 5-year checks were:</p> <ul style="list-style-type: none"> not completed at all completed using the incorrect reason code/title completed late
CORE	Personnel	7.008	Are those in a direct service position enrolled in Rapback? 5123-2-02; 5123-2-08 5123-4-01	<ul style="list-style-type: none"> If an employee is not able to get a BCII check via fingerprints they cannot be enrolled in Rapback and the provider agency must continue to complete the 5-year BCII/FBI separately. Employees are to be enrolled within 14 calendar days of receiving the criminal records check or within 14 calendar days of hire, whichever is later. Staff hired prior to October 1, 2016 must be enrolled in Rapback at the point of their next five-year BCII. <ul style="list-style-type: none"> Applies to county board SSA, EI, IA DSPs hired between 3/13/20-6/1/20 were not required to be entered in Rapback unless they maintained employment after 6/1/20
CORE	Personnel	7.009	Did the provider take appropriate action when notified of Rapback hit? 5123-2-02;5123-2-08	<ul style="list-style-type: none"> Providers access to 'Entitled Rap Sheets' and should have evidence that all entitled rap sheets either did not involve a disqualifying offense or appropriate action was taken in response to the entitled rap sheets. N/A if provider had zero hits. Applies to county board SSA, EI, IA Rapback is now called iRAP
CORE	Personnel	7.010	Did the provider ensure that staff did not provide direct services for more than 60 days after employment without the results of the BCII/FBI records checks?	Employees cannot provide direct services after 60 days without results.

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			5123-2-02; 5160-45-07; 5123:2-3-01; 5123-2-08	<ul style="list-style-type: none"> Applies to county board SSA, EI, IA
CORE	Personnel	7.011	<p>Did the provider ensure that direct services are only provided by employees who do not have a disqualifying offense and who are not included on any of the databases identified in rule?</p> <p>5123-2-02; 5160-45-07; 5123:2-3-01; 5123-2-08</p>	<ul style="list-style-type: none"> Those with an “In lieu of” conviction prior to 7/1/19 are exempted and able to work. Those with an active “in lieu of” conviction for a disqualifying offense hired after 7/1/19 cannot provide direct services. Exclusionary periods do not start until employee is fully discharged from imprisonment, probation, and parole. Multiple disqualifying convictions have longer exclusionary periods. Refer to 5123-2-02 E (2) for info. Issue a citation only if a direct support staff with a disqualifying offense, or on a registry, is currently employed and working with individuals. <p>Applies to county board SSA, EI, IA</p>
CORE	Personnel	7.012	<p>Did the provider staff, prior to employment, sign a statement:</p> <ul style="list-style-type: none"> Attesting that the staff person will notify the provider within 14 days if charged with, is convicted of, pleads guilty to, or is found eligible for intervention in lieu of conviction for a disqualifying offense, <p>AND</p> <ul style="list-style-type: none"> Attesting that the staff person has not been convicted of, pleaded guilty to, or been found eligible for intervention in lieu of conviction for a disqualifying offense? <p>5123-2-02; 5160-45-07; 5123-2-08, 5123:2-3-01</p>	<p>Sample attestation form is available on DODD’s website under Forms.</p> <p>Attestation statements are not required to include “in lieu of” convictions for those hired prior to 7/1/19.</p> <p>Applies to county board SSA, EI, IA</p>
CORE	Personnel	7.013	<p>Did the agency provider verify that the staff person has a high school diploma or GED?</p> <p>5123-2-08 5123:2-3-01</p>	<p>ONLY VERIFY DIPLOMA/GED FOR DSPs CERTIFIED TO ADMINISTER MEDICATION</p> <p>Review with provider their system to verify high school diploma or GED for staff certified to administer medication.</p>

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CORE	Personnel	7.014	<p>Does the professional staff have required licenses/certifications?</p> <p>5123:2-6-04; 5123-6-06; 5123-9-25; 5123:2-9-28; 5123-9-28; 5123-9-29; 5123:2-9-36; 5123-9-36; 5123:2-9-38; 5123-9-38; 5123-9-41; 5123-9-43; 5123-9-46; 5123-9-39; 5123:2-3-01; 5123-9-13; 5123:2-9-37; 5123-9-20; 5123-9-12, 5123-9-37</p>	<p>See service rules for specific requirements regarding:</p> <ul style="list-style-type: none"> • Nursing, • OT/PT, • Social work, • Career Planning, and • Assistive Technology <p>Applies to county board SSA, EI, IA</p> <p>An expired nursing license will be an immediate citation.</p> <ul style="list-style-type: none"> • Reviewer should contact DODD Review Manager. • CB and Nursing Board should be advised <p>For behavioral strategies with restrictive measures, assessor and author must:</p> <ul style="list-style-type: none"> • Hold license or certification from board of psychology, state medical board, or social work board OR • Be a certified behavior analyst per ORC 4783.04 OR • Have at least a bachelor's degree and three years paid full time experience developing and/or implementing behavior support strategies • Hold a bachelor's or graduate-level degree from an accredited college or university and have at least three years of paid, full-time (or equivalent part-time) experience in developing and/or implementing behavioral support and/or risk reduction strategies or plans;

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CORE	Personnel	7.015	<p>Does provider staff have:</p> <ul style="list-style-type: none"> • Current CPR certification and • Current first aid certification? <p>5123-2-08 5123:2-3-01</p>	<ul style="list-style-type: none"> • Non-licensed waiver staff: required prior to working with individuals. • For licensed facilities: required within 60 days of hire. Staff without certification cannot work alone. • Certification requires in-person skills assessment (online training must be supplemented with skills assessment). • N/A for Money Management providers, SELF Support Brokers, and Remote Monitoring providers who don't provide direct support backup. • Check service rules for participant directed services. • Current nursing license is acceptable for first aid requirement (not CPR). • Current EMT certification is acceptable for first aid and CPR. • Online only CPR/First Aid certification obtained between 3/13/20 – 12/31/21 is acceptable until expiration. Any CPR/First Aid training obtained after 1/1/2022 must include an in-person skills demonstration.
CORE	Personnel	7.016	<p>If the provider/staff person is responsible for the following, do they have the appropriate certification for:</p> <ul style="list-style-type: none"> • Oral or topical medications (Category 1), • Health related activities (Category 1), • G-tube/J-tube (Category 2), and • Insulin injections (Category 3)? <p>5123:2-6-03; 5123:2-3-01</p>	<ul style="list-style-type: none"> • Certification must be verified using MAIS. • Medication administration certification is not required when Family Delegation is identified in the ISP. • Family Delegation cannot be used with agency staff except when the agency employee is a family member and lives with the individual.
CORE	Personnel	7.017	<p>Does the provider/direct care staff have training, including individual specific training, to perform the tasks/use the following devices:</p>	<ul style="list-style-type: none"> • These tasks can be performed by trained staff who do not have medication administration certification.

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Core	Personnel	7.018	<p>For provider staff members who are responsible for transporting individuals, did the provider:</p> <ul style="list-style-type: none"> • Ensure the staff person has a valid driver's license, • Ensure that a driver's abstract was completed prior to transporting individuals, • Ensure that only staff with 5 or fewer points on their driver's abstract transport individuals, and • Obtain a new driver's abstract every 3 years to ensure the staff person continues to have 5 or fewer points on their license? <p>5123-2-02; 5123-9-18; 5123-9-24</p>	<ul style="list-style-type: none"> • An initial abstract is required for all staff who transport individuals, even if a transportation service is not billed. • An unofficial abstract from the BMV is acceptable. • A driver is ineligible to transport individuals if they have six points or more on their abstract. • The abstract must be obtained no earlier than 14 calendar days prior to the date of initial employment as a driver. • The abstract should come from the state where the employee's license was issued. • Providers billing for transportation are required to obtain an abstract within 3 years of the completion date of the previous abstract, not 3 calendar years.
Licensed Facility ONLY	Personnel	7.019	<p>Did the staff person receive initial training prior to providing services that included:</p> <ul style="list-style-type: none"> • Overview of serving individuals with developmental disabilities including implementation of ISP, • The role and responsibilities of direct services staff with regard to services including person-centered planning, community integration, self-determination, and self-advocacy, • Universal precautions, • Initial rights training, and 	<p>Effective 10/1/16 for new hires</p> <ul style="list-style-type: none"> • DSPs hired between 3/13/20 and 12/31/21 were only required to receive the following initial training: <ul style="list-style-type: none"> a. Training to recognize and report major unusual incidents (MUIs) and unusual incidents (UIs), b. Universal precautions and c. Individual specific training. • Employees hired between 3/13/20-9/1/20 could skip initial training if the new employer had a statement from the primary employer that training requirements were met. DSP still

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CORE	PERSONNEL	NEW Question	<p>Did the agency provider ensure that volunteers providing more than 40 hours of direct services during a calendar year meet the following requirements:</p> <ul style="list-style-type: none"> Background investigations <ul style="list-style-type: none"> Statement attesting the volunteer hasn't been convicted of, pleaded guilty to, or been found eligible for intervention in lieu of conviction to any disqualifying offense Signed agreement for the volunteer to notify the agency within 14 calendar days if charged with, pleads guilty to, or found eligible for intervention in lieu of conviction for any disqualifying offense Database checks BCII check and FBI check if applicable Training <ul style="list-style-type: none"> The role of the volunteer in supporting individuals, including the national alliance for direct support professionals code of ethics and the rights of individuals Recognizing and reporting MUIs and UIs Overview of emergency procedures <p>5123-2-08</p>	<ul style="list-style-type: none"> BCII/FBI and database checks must be repeated every five years Providers cannot bill for services provided by volunteers Volunteers must be under supervision of paid supervisory staff of the agency provider at all times Volunteers cannot do intimate personal care, administer medication, or perform health-related activities <p>Volunteer is a person who donates time, effort, and/or talent to meet a need or advance a mission of the provider and who is not paid or otherwise compensated by the provider. It does not include a family member, guardian, friend, or other associate of a person simply interacting with that person.</p>
CORE	Lic Fac Only	New Question	<p>Did the licensed facility ensure that volunteers providing more than 40 hours of direct services during a calendar year meet the following requirements:</p> <ul style="list-style-type: none"> Background investigations <ul style="list-style-type: none"> Statement attesting the volunteer hasn't been convicted of, pleaded guilty to, or been found eligible for intervention in lieu of conviction to any disqualifying offense Signed agreement for the volunteer to notify the agency within 14 calendar days if charged with, 	<ul style="list-style-type: none"> BCII/FBI and database checks must be repeated every five years Providers cannot bill for services provided by volunteers Volunteers must be under supervision of paid supervisory staff of the agency provider at all times Volunteers cannot do intimate personal care, administer medication, or perform health-related activities

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			<p>pleads guilty to, or found eligible for intervention in lieu of conviction for any disqualifying offense</p> <ul style="list-style-type: none"> ○ Database checks ○ BCII check and FBI check if applicable • Training <ul style="list-style-type: none"> ○ The role and responsibilities of the residential facility with regard to services including person-centered planning, community participation and integration, self-determination, and self advocacy; ○ Rights of individuals ○ MUI/UI Requirements and review of health and welfare alerts <p>5123:2-3-01</p>	<p>Volunteer is a person who donates time, effort, and/or talent to meet a need or advance a mission of the provider and who is not paid or otherwise compensated by the provider. It does not include a family member, guardian, friend, or other associate of a person simply interacting with that person.</p>
CORE	Personnel	7.020	<p>Did the agency provider develop and implement a written training plan for its DOO, supervisors of DSPs, and DSPs, and when applicable, volunteers that:</p> <ul style="list-style-type: none"> • Is consistent with the needs of individuals, best practice, and requirements of 5123-02-8 Appendix A and Appendix C • Describes the method to be used to establish competency of DSP supervisors and DSPs in areas of training • Is updated every 12 months and identifies who is responsible for arranging or providing the training and projected timelines for completion of training <p>5123-2-08</p>	<p>This is a new requirement with an implementation date of 1/1/2022.</p> <p>Required for volunteers who provider more than forty hours of service working directly with individuals served by the agency provider during a calendar year</p> <p>Does not apply to licensed facilities</p>
CORE	Personnel	7.021	<p>Prior to providing direct services, did the agency ensure each DSP successfully completed the following:</p> <ol style="list-style-type: none"> 1. Training <u>provided or arranged by the agency</u> in: <ol style="list-style-type: none"> (a) Agency mission, vision, values, and organizational structure (b) Agency policies, procedures, and work rules (c) Overview of services provided by the agency (d) Service documentation that supports billing 2. Training <u>provided by DODD or using DODD's curriculum</u> in: 	<p>See 5123-2-08 Appendix B for services excluded from initial training requirements.</p> <p>N/A for Licensed Facilities, <u>county board SSA, EI, IA</u></p> <ul style="list-style-type: none"> • DSPs hired between 3/13/20 and 12/31/21 were only required to receive the following initial training: <ol style="list-style-type: none"> a. Training to recognize and report major unusual incidents (MUIs) and unusual incidents (UIs), b. Universal precautions and c. Individual specific training.

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			(a) Empathy-based care (b) Role of a DSP including "National Alliance for Direct Support Professionals" code of ethics (c) Rights of individuals (d) Implementation of ISPs and service outcomes (e) Recognizing and reporting MUIs and UIs (f) Universal precautions 5123-2-08	<ul style="list-style-type: none"> Employees hired between 3/13/20-9/1/20 could skip initial training if the new employer had a statement from the primary employer that training requirements were met. DSP still needed person-specific training and site-specific emergency response training (where applicable).
CORE	Personnel	7.022	Prior to providing direct services, did the DSP receive individual specific training for each individual the DSP will support regarding what is important to the individual and important for the individual? 5123-2-08; 5123:2-3-01	Look for this training: <ul style="list-style-type: none"> When there is a new staff person, When someone works with new individuals, and When there is a significant change in support needs.
DAY SERV	Personnel	New Question	For day waiver services, did the provider ensure that within thirty calendar days after hire , all direct support professionals received training in: <ul style="list-style-type: none"> Supports that comprise the service (i.e., adult day support, vocational habilitation, group employment support etc.), including the intent of the service Signs and symptoms of illness or injury and procedure for response Site/building specific emergency response plans Program specific transportation safety AND During the first year of employment direct service staff with less than a year experience were provided with: <ul style="list-style-type: none"> A mentor, and Eight hours of training specific to the day waiver service. 5123-9-13; 5123-9-14; 5123-9-15; 5123-9-16; 5123-9-17	Adult Day Waiver mentor and first year trainings are: <ul style="list-style-type: none"> In addition to the required trainings for all providers of waiver services and Are separate from trainings required by the certification rule. Please see rule reference for specific waiver service requirements. The mentor and first year training (specific to day waiver service) are not required for staff who at the time of hire, had one year of experience providing the specific day waiver service. <u>Adult Day Support</u> - development of skills that lead to greater independence, community membership, relationship building, self-direction and self-advocacy. <u>Group Employment</u> - paid employment and work experience leading to career development and competitive integrated employment, either in dispersed enclave or mobile work crew <u>Vocational Habilitation</u> - advancement on the path to community employment and achievement of competitive integrated employment; intended to be time limited.

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				<p>Individual Employment Support- supports competitive integrated employment.</p> <p>Career Planning- achievement of competitive integrated employment and/or career advancement in competitive integrated employment</p> <p>Competitive integrated employment-</p> <ul style="list-style-type: none"> • Full time, part time, or self-employment • Compensation at minimum wage or higher • Eligible for similar benefits of employees in similar positions • Work location allowing person to interact with persons without disabilities and without HCBS waiver services.
Licensed Facility ONLY	Personnel	7.023	<p>Did the supervisory staff for direct services positions complete the following training within 90 days of becoming a supervisor:</p> <ul style="list-style-type: none"> • Service documentation, • Billing for services, and • Management of individuals' funds? <p>5123:2-3-01</p>	Applies to new supervisory staff hired after 10/1/16.
CORE	Personnel	7.024	<p>Did the supervisory staff for DSPs complete training on all relevant duties and responsibilities of being a supervisor within 90 days of becoming a supervisor?</p> <p>5123-2-08</p>	<ul style="list-style-type: none"> • Required for supervisors hired on 9/1/2021 or after • It is up to the agency to determine relevant duties and responsibilities • N/A for Licensed Facilities
<p>CORE</p> <p>This will change to Lic Fac only 1/1/23</p>	Personnel	7.025	<p>Did those in a direct services position have annual training on the following:</p> <ul style="list-style-type: none"> • MUI/UI requirements and health and welfare alerts from the previous year, • Rights of Individuals with DD, and <p>5123-17-02; 5123-2-08; 5123:2-3-01; 5123:2-5-02</p>	<ul style="list-style-type: none"> • This question will be answered until January 1, 2023. After January 2023, this question will be answered for Licensed Facilities reviews only • The tool question reflects training requirements in effect during 2021. Annual training completed during 2022 must meet the requirements of 5123-02-08 but will not be reviewed until 2023. • Required once during each calendar year, not every 365 days. • Required annually

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				<ul style="list-style-type: none"> Annual rights training and MUI training applies to CB-EI Personnel Required for Administrators annually MUI/UI and Health and welfare alerts training required for DOOs Agency board members must have training on MUI reporting requirements
<p>CORE</p> <p>This question will be activated 1/1/23</p>	Personnel	Add numbering now	<p>Beginning in 2022, did each direct support professional annually complete:</p> <ul style="list-style-type: none"> Two hours of training provided by the Department or by an entity using department-provided curriculum Six hours of training provided or arranged by the agency provider 	<p>This question will not be answered until January 1, 2023 and will apply to annual training obtained in 2022 in non-licensed settings</p> <p>Provider needs to be able to demonstrate that DODD-provided curriculum was used if training is not directly from DODD</p> <p>Six Hour training must include:</p> <ul style="list-style-type: none"> MUI and UI requirements Review of health and welfare alerts issued by the department since previous year's training Additional training selected by the provider on topics that are relevant to services provided and people served by the agency provider in the areas of components of quality care, positive behavior support, or health and safety
<p>CORE</p> <p>This question will be activated 1/1/23</p>	Personnel	Add numbering now	<p>Beginning in 2022, did the Director of Operations annually complete:</p> <ul style="list-style-type: none"> Two hours of department-provided training <p>AND</p> <ul style="list-style-type: none"> Four hours of training selected by the DOO 	<p>This question will not be answered until January 1, 2023 and will apply to annual training obtained in 2022 by Directors of Operation</p> <p>Training selected by the DOO must be in topics relevant to services provided and individuals served by the agency and/or management of the agency provider</p>
CORE	Personnel	7.026	<p>Did those in a direct service position have annual notification explaining conduct for which a DD employee may be included on the Abuser Registry?</p> <p>5123-2-08; 5123-4-01</p>	<p>The Annual Abuser Registry Notice can be found on DODD's website under Health and Welfare/Tool Kit/Abuser Registry.</p> <ul style="list-style-type: none"> Staff signature not required.

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				<ul style="list-style-type: none"> Required once during each calendar year, not every 365 days. The agency must have a process in place. <p>Applies to county board SSA, EI, IA</p>
CORE	Personnel	7.027	<p>Did the Money Management provider complete 8 hours of training annually on topics that enhance his or her skills and competencies relevant to providing money management? 5123-9-20</p>	<p>This training is for the Money Management waiver service, not for H/PC providers who assist with personal funds.</p> <p>MUI/UI and Rights are included in the 8 hours.</p>
CORE	Personnel	7.028	<p>If the provider is billing the competency rate modification, did the provider maintain documentation that verifies the direct support professional met the following criteria:</p> <ul style="list-style-type: none"> At least two years full-time or equivalent part time paid work providing direct services to individuals, <p>AND</p> <ul style="list-style-type: none"> Holds a "Professional Advancement Through Training and Education in Human Services" or "DSPaths" certificate of initial or advanced proficiency, <p>OR</p> <ul style="list-style-type: none"> Within the past 5 years has successfully completed at least 60 hours of competency-based training? <p>5123-9-30</p>	<p>Competency based training means:</p> <ul style="list-style-type: none"> Accredited by the "National Alliance for Direct Support Professionals" or is approved by the Department for purposes of the staff competency rate modification Training routinely required by DODD, such as rights, MUI/UI, etc., DO NOT count toward the 60-hr. training requirement. Once the 60-hour training requirement has been met, it does not have to be repeated. Agencies can verify the training through either a certificate or transcripts of the approved courses that include the name of the learner, the course title, the completion date, and the number of hours of training completed.
DAY SERV	Personnel	7.029	<p>Did the provider of Adult Day Support or Vocational Habilitation notify the department within 14 calendar days when there was a change in the physical address (i.e., adding a new location or closing an existing location) of any facility where Adult Day or Vocational Habilitation services take place? 5123-9-14; 5123-9-17</p>	<p>Check PSM for a listing of all locations.</p> <p>Addresses where virtual services are provided do not need entered in PSM</p>
TRANSP	Personnel	7.030	<p>Are all vehicles used to transport individuals covered by a current insurance policy? 5123-9-18; 5123-9-24</p>	<p>Ohio law requires liability insurance on all vehicles.</p>

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LIC FAC	Personnel	7.031	Did all direct service staff have initial training on actions to take in the event of a fire or other emergencies? 5123:2-3-01	<ul style="list-style-type: none"> • Must be completed within 30 days • Staff who have not completed this training cannot work alone.
LIC FAC	Personnel	7.032	Does the facility have an Administrator directly involved in the day-to-day operations and the oversight of service provision? 5123:2-3-01	<ul style="list-style-type: none"> • Verify through interview the frequency of administrator presence in the facility. • Verify through interview and documentation the process by which the administrator is overseeing provision of services.
LIC FAC	Personnel	7.033	Did the Administrator have annual training in facility roles and responsibilities, including: <ul style="list-style-type: none"> • Person Centered Planning, • Community Participation and Integration, • Self-determination, • Self-advocacy, • Individual Rights, and • MUI, including review of health and welfare alerts? 5123:2-3-01	
CORE	Personnel	7.034	If the provider is responsible for assisting the individual with managing their personal funds, did the provider: <ul style="list-style-type: none"> • develop and implement a written policy regarding management of individual funds, and • train all responsible staff on the rule and the policy? 5213:2-2-07	<p>Training must occur prior to providing assistance with personal funds.</p> <p>Policy must:</p> <ul style="list-style-type: none"> • Include system to account for and safeguard funds, • Prohibit co-mingling of funds, • Prohibit using one person's money to supplement another person's money, • Describe how the provider will ensure access to funds and make available financial summaries upon request, and • Outline system for reporting MUIs.
CORE	Personnel	7.035	Is there evidence that the agency provider developed and implemented a written unusual incident policy and procedure? 5123-17-02	<p>UI policy/procedure requirements:</p> <ul style="list-style-type: none"> • Identifies what is to be reported as an unusual incident which shall include unusual incidents as defined in rule,

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CORE	Personnel	7.036	<p>Is there evidence that the agency provider has a written procedure for the internal review of all major unusual incidents and shall be responsible for taking all reasonable steps necessary to prevent the recurrence of major unusual incidents? 5123-17-02</p>	<ul style="list-style-type: none"> • The written procedure shall require senior management of the agency provider to be informed within two working days following the day staff become aware of a potential or determined major unusual incident involving misappropriation, neglect, physical abuse, or sexual abuse. • Mark as NA for accreditation review.
COUNTY BOARD	Personnel	New Question	<p>Did the County Board complete the following <u>initial</u> database checks for applicants for direct service positions prior to employment:</p> <ul style="list-style-type: none"> • Inspector General's Exclusion List, • Sex Offender and Child Victim Offenders Database, • U.S. General Services Administration System for Award Management Database, • Database of Incarcerated and Supervised Offenders, • Abuser Registry, • Nurse Aide Registry, and • The Ohio Dept of Medicaid Exclusion and Suspension List? <p>5123-2-02; 5123-2-3-01; 5123-2-08</p>	<p>Prior to employment means on or before the date the employee is in paid status.</p> <ul style="list-style-type: none"> • Applies to employees hired after 1/1/13. • Ohio Dept of Medicaid Exclusion and Suspension List required for those hired after 7/1/19. • The Nurse Aide Registry and Database of Incarcerated/Supervised Offenders may not be automatically disqualifying. • Persons on the other 5 databases cannot be employed to provide direct services. • Providers using ARCS must manually complete the SAM check separate from ARCS • Database checks must be run ONLY using Name/Date of Birth/SSN information. • Applies to county board SSA, EI, IA <p>Mark as non-compliant if initial checks were:</p> <ul style="list-style-type: none"> • not completed at all, or

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				<ul style="list-style-type: none"> completed late. Employees hired between 3/13/20-9/1/20 did not need database checks if the new employer had a statement from a current primary employer that background requirements were met. If employment with the new employer continued after 9/1/20, then the new employer was responsible for running all database checks by 9/10/20
COUNTY BOARD	Personnel		<p>Did the County Board complete the following database checks every five years for employees:</p> <ul style="list-style-type: none"> Inspector General's Exclusion List, Sex Offender and Child Victim Offenders Database, U.S. General Services Administration System for Award Management Database, Database of Incarcerated and Supervised Offenders, Abuser Registry, Nurse Aide Registry, and The Ohio Dept of Medicaid Exclusion and Suspension List? 5123-2-02; 	<ul style="list-style-type: none"> If employees are verified as enrolled in ARCS, the 5-year recheck is not required. Database checks must be run ONLY using Name/Date of Birth/SSN information. 5-year checks must be run within 5 years from the date of the previous check, not 5 calendar years. Applies to county board SSA, EI, IA <p>Mark as non-compliant if initial checks were:</p> <ul style="list-style-type: none"> not completed at all, or completed late.

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COUNTY BOARD	Personnel		<p>Did the County Board request that the Bureau of Criminal Identification conduct a criminal record check (BCII/FBI) prior to employing an applicant for a direct service position?</p> <p>5123-2-02; 5160-45-07; ORC109.572</p>	<ul style="list-style-type: none"> Those with an “In lieu of” conviction prior to 7/1/19 are exempted and able to work. Those with an active “in lieu of” conviction for a disqualifying offense hired after 7/1/19 cannot provide direct services. If the applicant has not been an Ohio resident for the 5 years before hire, the agency shall request that the BCII additionally obtain information from the FBI as part of the criminal records check. Reports from BCII/FBI are valid for one year. Refer to BCII Reason Code document for list of acceptable reason codes. Applies to county board SSA, EI, IA, and other direct service staff. <p>Mark as non-compliant if initial checks were:</p> <ul style="list-style-type: none"> not completed at all, completed using the incorrect reason code/title, or completed late. <ul style="list-style-type: none"> Employees hired between 3/13/20-9/1/20 did not need a BCII check if the new employer had a statement from a current primary employer that background requirements were met. If employment with the new employer continued after 9/1/20, then the new employer was responsible for completing the BCII/FBI check by 9/10/20
COUNTY BOARD	Personnel		<p>Did the County Board request the BCII/FBI check every 5 years for direct service employees who:</p> <ul style="list-style-type: none"> Are not enrolled in Rapback, or Require FBI check? <p>5123-2-02; 5160-45-07; ORC109.572</p>	<ul style="list-style-type: none"> Those with an “In lieu of” conviction prior to 7/1/19 are exempted and able to work. Those with an active “in lieu of” conviction for a disqualifying offense hired after 7/1/19 cannot provide direct services. FBI check required if employee has not been an Ohio resident for the 5 previous years.

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				<ul style="list-style-type: none"> • 5-year checks must be run 5 years after the date of initial check, not 5 calendar years. • Rapback does NOT include the FBI check. • Refer to BCII Reason Code document for a list of acceptable reason codes. • Applies to county board SSA, EI, IA <p>Mark as non-compliant if the 5-year checks were:</p> <ul style="list-style-type: none"> • not completed at all • completed using the incorrect reason code/title • completed late •
COUNTY BOARD	Personnel		Are those in a direct service position enrolled in Rapback? 5123-2-02; 5123-4-01	<ul style="list-style-type: none"> • If an employee is not able to get a BCII check via fingerprints they cannot be enrolled in Rapback and the provider agency must continue to complete the 5-year BCII/FBI separately. • Employees are to be enrolled within 14 calendar days of receiving the criminal records check or within 14 calendar days of hire, whichever is later. • Staff hired prior to October 1, 2016 must be enrolled in Rapback at the point of their next five-year BCII. • Applies to county board SSA, EI, IA and other direct service staff

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COUNTY BOARD	Personnel		Did the County Board take appropriate action when notified of Rapback hit? 5123-2-02	<ul style="list-style-type: none"> County Board access to 'Entitled Rap Sheets' and should have evidence that all entitled rap sheets either did not involve a disqualifying offense or appropriate action was taken in response to the entitled rap sheets. N/A if provider had zero hits. Applies to county board SSA, EI, IA, and other direct service staff Rapback is now called iRAP
COUNTY BOARD	Personnel		Did the County Board ensure that staff did not provide direct services for more than 60 days after employment without the results of the BCII/FBI records checks? 5123-2-02; 5160-45-07	<p>Employees cannot provide direct services after 60 days without results.</p> <ul style="list-style-type: none"> Applies to county board SSA, EI, IA, and other direct service staff

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COUNTY BOARD	Personnel		<p>Did the County Board ensure that direct services are only provided by employees who do not have a disqualifying offense and who are not included on any of the databases identified in rule?</p> <p>5123-2-02; 5160-45-07;</p>	<ul style="list-style-type: none"> Those with an "In lieu of" conviction prior to 7/1/19 are exempted and able to work. Those with an active "in lieu of" conviction for a disqualifying offense hired after 7/1/19 cannot provide direct services. Exclusionary periods do not start until employee is fully discharged from imprisonment, probation, and parole. Multiple disqualifying convictions have longer exclusionary periods. Refer to 5123-2-02 E (2) for info. Issue a citation only if a direct support staff with a disqualifying offense, or on a registry, is currently employed and working with individuals. Applies to county board SSA, EI, IA, and other direct service staff
COUNTY BOARD	Personnel		<p>Did those in a direct service position have annual notification explaining conduct for which a DD employee may be included on the Abuser Registry?</p> <p>5123-2-08; 5123-4-01</p>	<p>The Annual Abuser Registry Notice can be found on DODD's website under Health and Welfare/Tool Kit/Abuser Registry.</p> <ul style="list-style-type: none"> Staff signature not required. Required once during each calendar year, not every 365 days. The agency must have a process in place. Applies to county board SSA, EI, IA, and other direct service staff
COUNTY BOARD	Personnel		<p>Does the professional staff have required licenses/certifications?</p> <p>5123:2-6-04; 5123-6-06; 5123-9-25; 5123:2-9-28; 5123-9-28; 5123-9-29; 5123:2-9-36; 5123-9-36; 5123:2-9-38; 5123-9-38; 5123-9-41; 5123-9-43; 5123-9-46; 5123-9-39; 5123:2-3-01; 5123-9-13; 5123:2-9-37; 5123-9-20; 5123-9-12, 5123-9-37</p>	<p>See service rules for specific requirements regarding:</p> <ul style="list-style-type: none"> Nursing, OT/PT, Social work, Career Planning, and Assistive Technology <p>An expired nursing license will be an immediate citation.</p> <ul style="list-style-type: none"> Reviewer should contact DODD Review Manager. CB and Nursing Board should be advised

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				<p>For behavioral strategies with restrictive measures, assessor and author must:</p> <ul style="list-style-type: none"> • Hold license or certification from board of psychology, state medical board, or social work board OR • Be a certified behavior analyst per ORC 4783.04 OR • Have at least a bachelor's degree and three years paid full time experience developing and/or implementing behavior support strategies • Hold a bachelor's or graduate-level degree from an accredited college or university and have at least three years of paid, full-time (or equivalent part-time) experience in developing and/or implementing behavioral support and/or risk reduction strategies or plans; • Hold a valid license issued by the Ohio board of psychology; • Hold a valid license issued by the Ohio counselor, social worker and marriage and family therapist board; • Hold a valid physician license issued by the state medical board of Ohio
COUNTY BOARD	Personnel	7.037	Does the County Board have a local Employment First policy which clearly identifies community employment as the desired outcome? 5123:2-2-05	
COUNTY BOARD	Personnel	7.038	<p>Did Service and Support Administrators complete an orientation program within the first 90 days of employment that addresses:</p> <ul style="list-style-type: none"> • Agency organizational background, • Components of quality care for individuals served, • Health and safety, • Positive behavior support, and • Services that comprise the specific service and support administration? <p>5123:2-5-02</p>	

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COUNTY BOARD	Personnel	7.039	Did Service and Support Administrators complete, no later than one year after hire , training that includes: <ul style="list-style-type: none"> • Eligibility determination, • Establishing individual budget, • Effective service coordination, • Management of individual funds, and • Self-determination? 5123:2-5-02	SSAs who have at least one year of experience as a service and support administrator, at the point of hire, are excluded from this training requirement.
COUNTY BOARD	Personnel	7.040	Did the Service and Support Administrator successfully complete DODD web-based training in: <ul style="list-style-type: none"> • Developing person-centered individual service plans, • Coordinating services, • Enhancing team effectiveness, • Understanding Medicaid, • Targeted case management, and • Employment navigation? 5123:2-5-02	New SSAs must have completed trainings within one year of hire date. Existing SSAs must complete prior to the recertification process.
COUNTY BOARD	Personnel	7.041	Has the County Board employed or contracted with a Business Manager who is responsible for budgeting, financial reporting, preparing cost reports, and advancing informed and strategic decision-making by the County Board? 5123-5-08	<ul style="list-style-type: none"> • Do not review personnel or training requirements for this position.

SECTION 8			TRANSPORTATION	
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Transp	8.001	If the provider is responsible for providing any type of transportation, do vehicles used to transport individuals appear safe? 5123-2-08	Specific examples include but are not limited to cracks in windshield that impairs line of sight, bald tires, etc.

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CORE	Transp	8.002	<p>If the provider is responsible for providing Non-Medical Transportation in a modified vehicle or a vehicle equipped to transport five or more passengers, were the required vehicle inspections completed:</p> <ul style="list-style-type: none"> • Daily inspection prior to transporting each day, and • Annual vehicle inspection by Ohio State Highway Patrol safety inspection unit or by a certified mechanic to determine vehicle is in good working condition? <p>5123-9-18</p>	<ul style="list-style-type: none"> • Daily inspections of modified and 5 passenger vehicles include: windshield wipers/washer, mirrors, horns, brakes, emergency equipment, and tires • Daily inspections of modified vehicles include permanent fasteners, safety harnesses/belts, and access to ramp/hydraulic lift. • Inspections by the State Highway Patrol or a certified mechanic are required every 12 months (not every calendar year). • Certified mechanic means a mechanic certified by an automotive dealership or the national institute for automotive service excellence.
CORE	Transp	8.003	<p>If the provider is responsible for providing routine transportation in a modified vehicle, were daily inspections completed?</p> <p>5123-9-24</p>	<p>Daily inspection requirements apply to routine transportation when a modified vehicle is used as of 2/1/2020:</p> <ul style="list-style-type: none"> • Permanent fasteners, • Safety harnesses or belts, and • Access ramp or hydraulic lift.

SECTION 9			PHYSICAL ENVIRONMENT	
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Phys Env	9.001*	<p>If the individual lives in a setting that is provider owned or controlled, does the individual have a lease or residency agreement?</p> <p>5123:2-9-02</p>	<p>Provider owned setting means:</p> <ul style="list-style-type: none"> • A licensed residential facility, • A property owned by provider of Shared Living services, or • With the exception of Shared Living and licensed facilities, the entity acting as the provider cannot also provide the residence. <p>Provider controlled setting means:</p> <ul style="list-style-type: none"> • An entity that is owned in whole or in part by the individual's independent provider; • An immediate family member of the individual's independent provider; • An immediate family member of an owner or a management employee of the individual's agency provider; • Affiliated with the individual's agency provider, meaning the landlord:

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				<ul style="list-style-type: none"> • Employs a person who is also an owner or a management employee of the agency provider; or • Has, serving as a member of its board, a person who is also serving as a member of the board of the agency provider. • An entity that is owned in whole or in part by an owner or a management employee of the individual's agency provider; or • An owner or a management employee of the individual's agency provider <p>The lease/residency agreement cannot:</p> <ul style="list-style-type: none"> • Make receiving services from a provider a condition of residency, unless the setting is a licensed facility or Shared Living, or • Impose rights restrictions on roommate selection, privacy, security, decorating, visitors, control of schedule and activities, and access to food unless indicated in the ISP.
CORE	Phys Env	9.002	<p>Are waiver services being provided in a setting that is NOT in a publicly operated or privately-operated facility that also provides inpatient institutional treatment OR in a building on the grounds of or adjacent to publicly operated facility that provides inpatient institutional treatment?</p> <p>5123:2-9-02</p>	Contact and discuss with a DODD Review Manager.
DAY	Phys Env	9.003	<p>Are in-person day waiver services provided in a non-residential setting?</p> <p>5123-9-13; 5123-9-14; 5123-9-15; 5123-9-16; 5123-9-17; 5123-9-19</p>	<p>Contact and discuss with a DODD Review Manager.</p> <ul style="list-style-type: none"> • Issue a citation if day waiver services are provided in a residential setting, unless authorized through STEP Model as virtual services or were delivered in a residential setting as permitted during the COVID-19 timeframe. • Excludes Individual Employment Support for maintaining Self-Employment. <p>Day waiver services provided through virtual support may be provided in the person's home</p>
CORE	Phys Env	9.004	<p>In all residential waiver settings, does the individual have the freedom to:</p> <ul style="list-style-type: none"> • Select roommates, 	<p>All should be available to the individual, unless otherwise specified in the ISP.</p> <p>Homes where waiver services are delivered:</p>

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			<ul style="list-style-type: none"> • Privacy and security including locks and keys to living unit, • Decorate their living unit, • Have visitors of their choosing at any time, • Control their schedule and activities, and • Access food at any time? <p>5123:2-9-02; 42 CFR 441.301(4)(iv)-(vi)(A-B)</p>	<p>Choice</p> <ul style="list-style-type: none"> • The person can make choices without unnecessary influence from others. The person can change their mind about services in and outside the house, who visits and when, and who they want to live with. <p>Control</p> <ul style="list-style-type: none"> • The person has control (when possible) over useful things/valuable supplies (time, money, food, belongings). <p>Independence and Access</p> <ul style="list-style-type: none"> • The person receives services in their neighborhood, or a different neighborhood almost the same as people not receiving HCBS services. <p>Provider-owned or controlled residential setting:</p> <ul style="list-style-type: none"> • Privacy in bedroom and living area • Entrance doors lockable by individual • Choice about roommate(s) • Free to get own furniture and decorate their bedroom and/or living area • Decide who will visit and when • Individual control and choice about schedule • Can get food when they want • Physically accessible home
CORE	Phys Env	9.005*	<p>Are the providers' buildings, vehicles, or other public items free from signs showing that services are given to people with developmental disabilities.</p> <p>5123:2-9-02; 42 CFR 441.301 (c) (5)(v)</p>	
LIC FAC	Phys Env	9.006	<p>Does the facility have:</p> <ul style="list-style-type: none"> • An emergency response and fire safety plan, and • Documentation that the individual participated in training on the 	

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			emergency response and fire safety plan within thirty calendar days of residency and at least once during every twelve-month period thereafter. 7-3-02; 5123-4-01	
LIC FAC	Phys Env	9.007	Has the provider completed emergency drills (tornado and fire), and completed a written record of each drill which address individual specific needs based on the outcome of these drills? 5123:2-3-02	Fire drills: <ul style="list-style-type: none"> Licensed Facility- 3 within 12 months (at least 1 in am, 1 in pm and 1 sleep drill) CB- 12 per year (1 in each month) Tornado drills: <ul style="list-style-type: none"> Licensed Facility- 1 within 12 months CB- 4 per year April through July
LIC FAC	Phys Env	9.008	Does the facility have: <ul style="list-style-type: none"> Appropriate and comfortable equipment, furniture and appliances that are in good condition to meet the needs and preferences of the individual, Entrances, hallways, corridors, and ramps that are clear and unobstructed, and Interior, exterior and grounds of the building that are maintained in good repair and in a clean and sanitary manner? 5123:2-3-02	<ul style="list-style-type: none"> Furniture and equipment should be safe. Equipment also includes working smoke detectors and fire extinguishers on each floor, and at least one carbon monoxide detector for homes with gas heat, dryers, or stoves. The home should have equipment necessary based on the needs of the individuals served (i.e.: grab bars, ramps, visual fire alarms, etc.).
LIC FAC	Phys Env	9.009	Did the facility ensure that: <ul style="list-style-type: none"> No more than two individuals share a bedroom, No bedroom is shared by individuals of the opposite sex unless consenting adults, and Individuals under the age of 18 are not sharing a bedroom with individuals over the age of 18? 	<p>If more than two individuals are sharing a bedroom, look for a rule waiver.</p> <p>If two adults of the opposite sex are sharing a bedroom:</p> <ul style="list-style-type: none"> Consider if the individuals are consenting adults. If the individual has a guardian, ensure evidence of guardian consent.

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			5123:2-3-02	
LIC FAC	Phys Env	9.010	Does the facility have bathing facilities at a ratio of 1:4? 5123:2-3-02	For every 4 beds, there must be one toilet and one tub or shower. Example, a 12-bed facility must have 3 toilets and 3 tubs or showers.
LIC FAC	Phys Env	9.011	Is the facility operating over its licensed capacity with a rule waiver? 5123:2-3-01	

SECTION 10			TITLE XX	
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
COUNTY BOARD	Title XX	10.001	Does the ISP identify individual services, supports, goals, and/or objectives related to Title XX services? Title XX Contract	Some individuals may be children with an IFSP.
COUNTY BOARD	Title XX	10.002	Does the unit of service log (1017) contain the following items: <ul style="list-style-type: none"> • Client name, • Service code/service type, • Duration (amount of time service provided), • Date and time of service, and • Initials of staff providing service? Title XX Contract	<p>Providers are not required to use the 1017 form; however, the content must be the same.</p> <ul style="list-style-type: none"> • 3.1 Units of Service. Grantee agrees to prepare and maintain documentation that supports the units of service billed to Title XX. The Grantee may develop a different form or report, but documentation must include all of the following required elements: <ul style="list-style-type: none"> • Individual Identifying Information: <ul style="list-style-type: none"> ○ Individual name, ○ Individual Social Security Number (or Unique Identification Number so long as Grantee maintains a cross walk matching the Unique Identifier to the Social Security Number), ○ Individual date of birth, • Service Information: <ul style="list-style-type: none"> ○ Provider Name and Location, ○ Service date,

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				<ul style="list-style-type: none"> ○ Service start and end times (excluding Transportation), ○ Billing Preparation, ○ Calculated service duration (per individual, per service, per day), ○ Number of units invoiced, and ○ 5-digit Title XX Service Billing Code. <p>For units billed to Special Services for Persons with Developmental Disabilities: Early Intervention, a unique ID is required, but it does not have to be a Social Security Number.</p>
COUNTY BOARD	Title XX	10.003	<p>Does the 1014-2 form (Certification of Proper Billing Form) contain the following elements:</p> <ul style="list-style-type: none"> • Contact Information, • Date of CB eligibility determination, • Title XX service name, • Title XX billing code, • Title XX national goals that correspond to the services billed, • Response to the following questions: <ul style="list-style-type: none"> • Are services provided without regard to income? • Are the services provided included in the Grant Agreement? • Assurance that services billed are not available via a DODD waiver, funded by another federal funding source or included in the list of limitations on the use of grants, and • Signature of appropriate representative? 	<ul style="list-style-type: none"> • Identifying information/contact information must match ISP (does not have to be the Social Security Number, but there must be a crosswalk matching the unique identifying number to the Social Security Number) • The board determines the appropriate representative or group of representatives to sign the 1014-2 • The 1014-2 does not need to be updated if there are no changes to an ISP/IFSP redetermination

SECTION 11			EARLY INTERVENTION	
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
COUNTY BOARD	EI	11.001	<p>Does the County Board have a written policy which describes:</p> <ul style="list-style-type: none"> • The County Board's role in the county's Early Intervention system, and how the County Board will provide EI services on a year-round basis, • The source of funds available for EI services, and 	<p>May include:</p> <ul style="list-style-type: none"> • Public awareness/child find, • Evaluation to determine eligibility, • Child and family assessment, • Service coordination,

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			<ul style="list-style-type: none"> The specific role the County Board has agreed to fulfill in the Early Intervention system. 5123-4-01 	<ul style="list-style-type: none"> EI services through an IFSP, and/or Assurances for procedural safeguards. Review written policy and compare to practice
COUNTY BOARD	EI	11.002	<p>Do all Early Intervention personnel under County Board oversight meet personnel requirements? 5123-10-02; 5123-10-04</p>	<p>EI Service Coordination:</p> <ul style="list-style-type: none"> EISCs must hold an Early Intervention Service Coordinator credential. EISC supervisors must hold an Early Intervention Service Coordination Supervisor credential. EI evaluators, assessors, and service providers must meet requirements as described in Appendix B of 5123-10-02
COUNTY BOARD	EI	11.003	<p>Parent Consent Is there evidence that informed consent was received from the parent prior to the following activities:</p> <ul style="list-style-type: none"> EI-01 Developmental screening (optional), EI-02 Evaluation and child assessment, EI-03 Family Directed Assessment (FDA) (optional), EI-04 (section 5) Provision of any Early Intervention service, EI-05 Use of private or public insurance, EI-06 Sharing Personally Identifiable Information (PII), and EI-07 Sharing contact information with the Local Educational Agency (LEA)? <p>5123-10-01</p>	<p>N/A if CB does not provide service coordination</p> <ul style="list-style-type: none"> The EISC is responsible for explaining each activity and securing informed consent. Evidence of this discussion will be found in EISC case note. Each time an activity is explained, and consent is signed, the EISC needs to document it in case notes. The appropriate form must be signed by the parent prior to the applicable activity, indicating whether the parent consents, and must be signed and dated by the parent. Activity must <u>not</u> occur prior to consent. Activity must <u>not</u> occur prior to the 11th day after consent signed, unless the waiver at the bottom of the consent was initialed and dated by the parent.
COUNTY BOARD	EI	11.004	<p>Prior Written Notice (PWN) Did providers give Prior Written Notice to families before proposing or refusing to initiate or change the identification, evaluation, or placement or provision of services? 5123-10-01</p>	<ul style="list-style-type: none"> PWN must be provided 10 days in advance; parents have the option of waiving the 10-day period by initialing and dating the waiver statement. PWN shall inform the parent about the action that is being proposed or refused, reasons for taking the action, be written in language understandable to the public, be provided in native language of the parent or other mode of communication used by the parent, and follow procedural safeguards in (I), (J), (K), and (L) of 5123-10-01 Forms include:

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				<ul style="list-style-type: none"> • EI-01 – Developmental Screening, • EI-02 – Evaluation and Assessment, • EI-03 Family Directed Assessment • EI-09 – Determination of Ineligibility, • EI-10 – Exiting, • EI-11 – Proposed Change to Services. • Forms 01, 02, 03, and 10 applies to the EISC. • Form EI-09 applies to EISC and Evaluator and Assessor • Form EI-11 applies to EISC and all providers.
COUNTY BOARD	EI	11.005	Parent Rights Is there evidence that parents have received a copy of the EI Parent Rights brochure, and their rights have been explained to them? 5123-10-01; 5123-10-02	<p>The EISC is responsible for explaining parent rights and providing the parent with the EI parent rights brochure minimally within the first 45 days of referral and during the annual IFSP meeting.</p> <p>Each time the EISC explains parent's rights and provides the parent with a copy of the parent's rights brochure this must be documented in the EISC case notes.</p> <p>Parent brochure must be provided and documented in case notes when forms EI-09, EI-10, and EI-11 are provided to the parent.</p> <p>ALL providers must use EI-11 and provide a copy of parent's rights when proposing changes to EI services.</p> <p>The CB must have a mechanism for addressing parent concerns and ensure parents are aware of how to file a complaint with the DODD if the dispute cannot be resolved locally. 5123-10-01 (I).</p>
COUNTY BOARD	EI	11.006	Developmental screening Does the County Board provide developmental screenings to children referred to EI in accordance with the following requirements: <ul style="list-style-type: none"> • Use of a department-approved instruments. 	<p>N/A if CB does not offer/conduct a developmental screening</p> <ul style="list-style-type: none"> • Ages and Stages Questionnaire (ASQ) and ASQ-Social Emotional are required screening instruments. • Consent and PWN (EI-01) is required.

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			<ul style="list-style-type: none"> For any child suspected of having a delay, an evaluation and assessment are conducted, and For any child not suspected of having a delay, was an evaluation offered to the family? <p>5123-10-02</p>	<ul style="list-style-type: none"> Completion of the instrument should be documented in case notes. Any screenings must be conducted within 45 days of referral, except due to documented exceptional family reasons. <ul style="list-style-type: none"> Parents always have the right to an evaluation, regardless of the results of the screening instrument. Was PWN of Exiting (EI-10) and copy of parent's rights provided to family when screening didn't show a delay and family chose not to move forward with evaluation?
COUNTY BOARD	EI	11.007	<p>Eligibility via diagnosis</p> <p>If a child has been found eligible due to a diagnosis, is appropriate documentation on file:</p> <ul style="list-style-type: none"> Signed documentation of the diagnosis from a health professional authorized to diagnosis and treat, Documentation of date received by the EISC, and Completion of EI-04 (IFSP) Section 3A? <p>5123-10-02</p>	<p>N/A if CB does not provide service coordination</p> <ul style="list-style-type: none"> If the child has a diagnosis listed in Appendix C of Rule 5123-10-02, there needs to be documentation on file from a health professional that includes the child's name and the diagnosis (example discharge summary). If the child has a diagnosis which is <u>not</u> listed in Appendix C, Form EI-12 must be completed by a health professional. In either situation, the EISC must document in case notes the date that the documentation was received from the health professional; this is the date of eligibility. Section 3A of the IFSP needs to accurately reflect the diagnosis and date received.
COUNTY BOARD	EI	11.008	<p>Eligibility via evaluation</p> <p>If a child has been found eligible through evaluation, were all criteria met:</p> <ul style="list-style-type: none"> Qualified personnel, Approved tool, At least one evaluator trained on tool, Multidisciplinary, Five domains, and Informed Clinical Opinion (ICO) used, as appropriate? <p>5123-10-02</p>	<p>N/A if CB does not participate in evaluations</p> <ul style="list-style-type: none"> Evaluators meet criteria of Appendix B of Rule 5123-10-02. Evaluation tool must be either the Bayley or Battelle. At least one of the evaluators must have current training on the tool used. The evaluator(s) must represent two or more separate disciplines (refer to contact info in Section 3E of IFSP). Evaluation must include the child's level of functioning in adaptive, cognitive, communication, physical (including fine and gross motor, vision, and hearing), and social and emotional development domains. (IFSP section 3B)

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				<ul style="list-style-type: none"> • Evaluators must use Informed Clinical Opinion (ICO) when determining a child is eligible, when the tool does not indicate a delay. • Sections 3A and 3B of the IFSP must be completed to reflect the evaluation process. • Evaluators must document evaluation process
COUNTY BOARD	EI	11.009	Eligibility timeline Is the eligibility process completed within 45 days of referral to Early Intervention? 5123-10-02(2)(D)	N/A if CB does not participate in eligibility process <ul style="list-style-type: none"> • Documentation of a qualifying diagnosis must be received within 45 days, as documented in case notes, on Section 3A of the IFSP and on EI-12 (as applicable), or • Completion of an evaluation must be documented on Sections 3A and 3B of the IFSP. • If the date is after the 45-Day timeline, there must be documentation of an exceptional family reason in case notes.
County Board	EI	11.010	Eligibility Was an IFSP developed for a child automatically eligible via diagnosis on the list/or diagnosis not on the list? 5123-10-02	N/A if CB does not participate in eligibility process <ul style="list-style-type: none"> • IFSP (EI-04): Section 3A should list the diagnosed physical or mental condition with a high likelihood of resulting in a developmental delay; and the date that EISC confirmed the diagnosis. • IFSP (EI-04): Section 3B should not be completed since evaluation is not required for eligible children. • For children with a diagnosis on the list (Appendix C); EISC file should contain documentation verifying diagnosis. • For children with diagnosis not on the list; EISC file should contain an EI-12 completed and signed by a physician. • EISC case notes document how eligibility was explained to the family. • EISC case notes indicate reason for eligibility and parent concerns and priorities. • If an IFSP wasn't developed the EISC and Evaluator/Assessor case notes should contain all conversations and activities related to eligibility process; including conversations and reason why an IFSP was not developed.

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COUNTY BOARD	EI	11.011	Child assessment Is a functional child assessment completed within 45 days of referral: <ul style="list-style-type: none"> • Qualified personnel, • Multidisciplinary, • 5 domains, • Includes personal observation of child, and • Multiple methods? 5123-10-02 (I)	N/A if CB does not participate in child assessment process <ul style="list-style-type: none"> • Assessors must meet criteria of Appendix B of Rule 5123-10-02. • The assessor(s) must represent two or more separate disciplines (refer to contact info in Section 3E of IFSP). • Assessment must include the identification of the child's unique strengths and needs related to the child's level of functioning in adaptive, cognitive, communication, physical (including fine and gross motor, vision, and hearing), and social and emotional development domains. • Assessment must use multiple methods, including personal observation of the child. • Completion of the child assessment must be documented on Section 3E of the IFSP. • The completion date should be documented next to contact information in Section 3E of the IFSP and be within 45 days of referral, unless exceptional family reasons are documented in case notes. • See team meeting notes for how info was shared with the team.
COUNTY BOARD	EI	11.012	Family Directed Assessment Does the County Board offer the family a voluntary, Family-Directed Assessment to identify families' resources, priorities, and concerns? 5123-10-02 (I)(1)(2)	N/A if CB does not participate in FDA process <ul style="list-style-type: none"> • The FDA is voluntary, but the EISC must offer the FDA to the family and document the date it was offered on EI-03. • If the family consents, the FDA must be completed within 45 days of referral (unless documented exceptional family reason). • The FDA must be conducted by qualified personnel (per Appendix B of Rule 5123-10-02) or by the EISC.

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				<ul style="list-style-type: none"> • A DODD approved tool is required (https://ohioearlyintervention.org/Family-DirectedAssessment/ApprovedFDATools). • Completion of the FDA must be documented on Section 3C of the IFSP and in case notes.
COUNTY BOARD	EI	11.013	IFSP team Is the family's IFSP developed and supported by a team that includes all required participants? 5123-10-02 (J)	<ul style="list-style-type: none"> • The name of the assigned EISC must be listed in Section 2 of the IFSP. • The EISC is responsible for providing written notice of the IFSP meeting (EI-13) to the parent and participants early enough to ensure they are able to attend. • Initial and annual IFSP meetings must include: <ul style="list-style-type: none"> • Parent (physically present), • Other family members, as requested by the parent, • EISC (physically present), • A member of the E&A team, and • Persons who may be providing EI services. • Participants other than the parent and EISC may participate via technology or by providing written information, but their method of participation must be documented on the IFSP (Section 5). • The parent, EISC, and any interventionist who has agreed to provide services must sign and date the IFSP (Section 5). • <i>Best practice – Primary Service Provider (PSP) is systematically identified by the IFSP team to support outcomes.</i> • <i>Best practice – core team is available to interventionists and families (EISC, OT, PT, ST, DS).</i>
COUNTY BOARD	EI	11.014	IFSP outcomes Do outcomes meet the 6- step criteria? 5123-10-02	<p>The first part of Section 4 of the IFSP must include a measurable, functional outcome.</p> <p>Outcomes meet 6-step criteria:</p> <ol style="list-style-type: none"> 1. Is the outcome necessary to meet this family's priorities, concerns, needs? 2. Does the outcome reflect real-life settings-for example, mealtime, bathing, riding in the car, going out to eat are all examples of real-life contextualized settings?

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				<ol style="list-style-type: none"> 3. Outcome are discipline free-the outcome should not be written as if the OT/DS/ST/PT (interventionist) is doing something but rather the outcome should have the child and family as the “active” learner? 4. Outcomes are jargon free? Words such as range of motion, oral motor, pincer grasp are examples of professional jargon. Anyone (including a parent) or a stranger should be able to read the outcome and know what success looks like. 5. Outcomes emphasize the positive of what the child or parent will accomplish? The outcome should tell us what the child/parent will do (i.e., Sarah will join her childcare provider when mom drops her off at childcare in the morning) rather than what they won’t do (i.e., Sarah will not throw a tantrum when mom drops her off at daycare). 6. Outcomes should avoid passive words. (Passive words are typically descriptors of activities done to a child rather than encouraging a child’s active participation and engagement. Some passive words include increase, decrease, tolerate, improve, and maintain.
COUNTY BOARD	EI	11.015	Services on the IFSP Is an IFSP developed within 45 days of referral which identifies specific EI services the team has determined are necessary to meet the unique needs of the child and family to achieve the related outcome? 5123-10-02 (J)	<ul style="list-style-type: none"> • Services on the grid in Section 4 of the IFSP must specify the EI service, length, duration, frequency, intensity, method of delivery, location, funding source, and projected start date and the outcome(s) the service will support. • If the location is not a natural environment, the IFSP must include steps that will be taken to move the service into a natural environment. • IFSP services should be individualized for each child and family (reviewer should see a variety of outcomes, services, intensities when reviewing IFSPs). • Services, identified by the team as needed but not yet coordinated must be listed in the “not yet coordinated” section of Section 4, along with steps the EISC will take to coordinate the needed services. (Example, EISC needs to identify a provider and/or funding source). • Section 5 of the IFSP must be signed and dated by the parent prior to services starting.

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				<ul style="list-style-type: none"> The IFSP development must be completed within 45 days of referral to the EI program, as evidenced by date of parent signature on Section 5, unless there are documented exceptional family reasons.
COUNTY BOARD	EI	11.016	Funding of EI services Is there evidence that the EISC explains payment options for EI services to parents and coordinates funding in a timely manner? 5123-10-03 (C)(2)	N/A if CB does not provide service coordination <ul style="list-style-type: none"> The EISC must explain Ohio's EI System of Payments to the parent and determine the parent's ability to pay prior to completing the IFSP, regardless of how many units of service are anticipated to be needed. EI-15 must indicate whether the parent has been determined able or unable to pay and be signed and dated by the parent and EISC. Form EI-15 must be completed within 45 days of referral and within 45 days of each scheduled annual review of the IFSP unless case note documents an exceptional family reason. When DODD will be the funding source, the EISC must complete EI-16, have the parent complete EI-05, and submit both forms to DODD within 30 days of parent signature on the IFSP.
COUNTY BOARD	EI	11.017	EI service delivery Is there evidence that service providers are delivering EI services as written on the IFSP and that the EISC is coordinating, facilitating, and monitoring service delivery? 5123-10-02 (J)(K)	<ul style="list-style-type: none"> The EISC is responsible for coordinating, facilitating, and monitoring the delivery of EI services. (See EISC case notes/team meeting notes). EI service providers must document the specific EI service(s) provided, including the date, method, location, how often, session length of all activities related to IFSP outcomes (see provider case notes); in particular, service frequency and length should match the IFSP. Timely receipt of services is a federal requirement. This means that EI services must start no later than 30 days from the parent's signed consent on the IFSP, except when the service provider has documented exceptional family reasons (reference IFSP section 5, provider case notes). EI providers must respond to the EISC request for case notes or other records within 10 business days of a request.

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COUNTY BOARD	EI	11.018	IFSP transition planning Has the IFSP team developed at least one transition outcome on the IFSP to support a smooth transition of the child from EI at age three? Specifically: <ul style="list-style-type: none"> • The transition outcome must include strategies (aka steps and services), and • The outcome must be developed not fewer than 90 days, and not more than 9 months, prior to the child's third birthday. 5123-10-02(L)(2)	The EISC is responsible for coordinating and facilitating transition. Consider the following: Outcome must meet 6-step criteria. <ul style="list-style-type: none"> • The outcome must specify steps, services, and activities on Section 4 of the IFSP that the team has determined are necessary to support the transition of the child. • The box "outcome addresses transition" should be checked on section 4 of the IFSP. • The date the outcome and steps were developed not fewer than 90 days and not more than 9 months prior to the child's third birthday unless exceptional family reasons are documented in case notes.
COUNTY BOARD	EI	11.019	Transition Planning Conference (TPC) Was a Transition Planning Conference held not fewer than 90 days, and not more than 9 months, prior to the child's third birthday with the appropriate participants for any child whose parent signed consent? 5123-10-02 (L)(2)	<ul style="list-style-type: none"> • For a child who may be eligible for Part B preschool services, the EISC needs to coordinate a TPC that includes the local educational agency (LEA) (with parent consent). • For a child who is not potentially eligible for Part B preschool services, or if the parent has chosen not to invite the LEA, the EISC needs to coordinate a TPC (with parent consent) with participants identified by the team, such as Head start or other educational or community resources. • See bottom of EI-07 for consent for a TPC. • The TPC must occur during an IFSP meeting and be documented on the IFSP form, as well as in case notes. (Per guidance, EISC should write "TPC" next to IFSP meeting in which the TPC was held on section 1). • If the parent consents to a TPC, it must occur not fewer than 90 days, and not more than 9 months, prior to the child's third birthday (unless there is a documented exceptional family reason).
COUNTY BOARD	EI	11.020	Service Coordination Did the EISC coordinate the provision of EI and other services based on the needs of the child and family? Examples:	N/A if CB does not provide service coordination EISC Case notes should reflect these types of activities: <ul style="list-style-type: none"> • The EISC coordinated and monitored the provision of EI services identified on each family's IFSP.

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			Resource based conversations with the team and family. With parent consent making referrals for needed EI services and other services, (Home Visiting and other needed programs). 5123-10-02 (N)	<ul style="list-style-type: none"> Coordinated other services (such as educational, social, financial, and medical services) that the child or family needs. (Coordinating: EI Services, evaluation, and assessment, monitoring ongoing services, follow up activities including consents, obtaining medical information, funding for EI services, information gathering and sharing with the EI team for IFSP/Child Outcome Summary (COS), Facilitating and developing IFSP, Transition, Informing families of their rights and procedural safeguards.)
COUNTY BOARD	EI	11.021	Documentation and Child Record Did providers maintain complete and accurate records for children served through EI? 5123-10-02(O)	<p>The EISC must maintain the following:</p> <ul style="list-style-type: none"> Copies of required forms, All EI program correspondence, Case notes for all EISC activities, Documentation of eligibility (IFSP section 3 A and B, case notes, medical records -diagnosis on the list, EI-12- diagnosis not on the list, evaluation results) and Signed IFSPs (IFSP section 5). <p>Service providers other than EISCs must maintain the following:</p> <ul style="list-style-type: none"> Documentation of eligibility, Child's current IFSP (EI-04), Copies of relevant forms, All EI program correspondence, and Documentation of EI services provided, including the date, length, duration, frequency, intensity, method of delivery, location, and all activities related to IFSP outcomes (provider case notes).
COUNTY BOARD	EI	11.022	Service Coordination Does the EISC coordinate the provision of EI and other services based on the needs of the child and family? Examples: Resource based conversations with the team and family. With parent consent making referrals for needed EI services and other services, (Home Visiting and other needed programs). 5123-10-02	<p>N/A if CB does not provide service coordination</p> <p>EISC Case notes should reflect these types of activities:</p> <ul style="list-style-type: none"> The EISC coordinated and monitored the provision of EI services identified on each family's IFSP. Coordinated other services (such as educational, social, financial, and medical services) that the child or family needs.

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SECTION 12			REMOTE SUPPORT	
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
REMOTE SUPPORT	Remote Support	12.001	Did remote monitoring occur: <ul style="list-style-type: none"> In real time by awake staff at a monitoring base, and By staff with no other duties during the time they were providing the remote monitoring service? 5123-9-35	The monitoring base cannot be located at the residence of an individual receiving the remote monitoring service.
REMOTE SUPPORT	Remote Support	12.002	Did the remote support vendor provide the following initial and ongoing training: <ul style="list-style-type: none"> Training to its staff on the use of the remote monitoring base system, and Training to the individual on the use of the remote support system as specified in the service plan? 5123-9-35	<ul style="list-style-type: none"> Remote support <u>vendor</u> means the agency supplying the monitoring base, the remote support staff who monitor from the monitoring base, and the equipment used in the delivery of remote support. Remote support vendor is required to provide initial and ongoing training to its staff on the use of the remote monitoring system. Remote support <u>provider</u> means the agency identified in the ISP as the provider of remote support. This can be either a remote support vendor with unpaid backup support or a HPC provider who acts as a remote support vendor or contracts with a vendor to provide paid backup support.
REMOTE SUPPORT	Remote Support	12.003	Does the remote support vendor have a back-up power system in place? 5123-9-35	<p>Provider is required to have a back-up power system (battery or generator) at the monitoring base.</p> <p>Provider also has to must have other back-up systems and additional safeguards in place that include contacting the backup support person in the event the remote monitoring base system stops working.</p>
REMOTE SUPPORT	Remote Support	12.004	Does the remote support vendor have an effective system for notifying emergency personnel? 5123-9-35	This includes police, fire, emergency medical services and psychiatric crisis response entities.

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REMOTE SUPPORT	Remote Support	12.005	Do remote support staff have detailed and current written protocols for responding to an individual's needs as specified in the service plan? 5123-9-35	Includes contact info for the backup support person
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SECTION 13			ASSISTIVE TECHNOLOGY	
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
ASSISTIVE TECH	Assistive Tech	13.001	Did the assistive technology equipment provider: <ul style="list-style-type: none"> • Deliver the equipment to the individual, • Assemble and set up the equipment, and • Coordinate as needed with a provider of assistive technology support to ensure the individual, and others identified by the individual, receive instruction in the use of the equipment? 5123-9-12	
ASSISTIVE TECH	Assistive Tech	13.002	Is assistive technology equipment used for remote support designed so that it may be turned off by the remote support vendor when requested by the person designated in the service plan? 5123-9-12	
ASSISTIVE TECH	Assistive Tech	13.003	Did the assistive technology provider provide maintenance, necessary repairs, and replacement of equipment prior to expiration of its useful life for any reason other than misuse or damage by the individual? 5123-9-12	

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SECTION 14			WAIVER ADMINISTRATION ACTIVITIES	
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
COUNTY BOARD	WAA	14.001	Was the ODDP revised when significant changes occurred? 5123-9-06	Examples of significant change include: <ul style="list-style-type: none"> • New living situations, • A change in natural supports, and/or • A change of behavioral, medical, mobility, (etc.) needs. Please note, not all changes require ODDP revision.
COUNTY BOARD	WAA	14.002	Was the individual's LOC reviewed at least annually and/or based on changes in the individual's needs? 5123-4-02; 5123-8-01	Determine through documents, interview, and observation if the LOC was revised based on major changes. <ul style="list-style-type: none"> • Was the LOC submitted within 12 months of the previous LOC effective date? • Were notifications of individual change of status (NICS) submitted any time a person moves from waiver services to an ICF, hospital, NF, jail/prison, or other institutional setting?
COUNTY BOARD	WAA	14.003*	Was the Freedom of Choice form for this individual reviewed on an annual basis? 5123-4-02	Determine through documents, interview, and observation if the form was signed by the individual and the guardian annually.
CORE	WAA	14.004	Did the County Board implement a continuous review process (monitoring) tailored to the individual? 5123-4-02	Determine through documents, interview, and observation the following: <ul style="list-style-type: none"> • No specific frequency is required, • The level of monitoring should be based on the individual's needs and circumstances, and • Look closely here if significant negative outcomes for the individual are found during the review.
COUNTY BOARD	WAA	14.005*	Did the County Board comply with Free Choice of Provider requirements? 5123-4-02; 5123-9-11	Determine through documents, interview, and observation the following:

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				<ul style="list-style-type: none"> • CBs who continue as service providers because other providers are not available cannot accept any new individuals. • SSA should objectively facilitate assisting the individual in choosing providers. • Applies to all waiver types, including exit, conversion, and diversion. • Are people offered the choice of residences other than those with existing vacancies? • County Board should have a system for identifying and addressing situations where a provider is conditioning willingness to provide an HCBS services to an individual on being selected by that individual to provide another service
COUNTY BOARD	WAA	14.006	Did the County Board provide due process rights to individuals when required? 5123:2-17-01; 5123-4-02	<p>Determine the following through documentation, interview, and observation:</p> <ul style="list-style-type: none"> • Were due process rights provided to the individual and the guardian each time a waiver service was approved, denied, reduced, or terminated? • Were appeal summaries provided to individual and the Bureau of State Hearings at least 3 days in advance of the hearing (5101:6-5)? • Did the CB assist the individual with preparing for the hearing, if requested?
COUNTY BOARD	WAA	14.007	Did the County Board comply with the outcome/results of the Medicaid due process hearing? 5123-4-04	Determine through documentation, interview, and observation that specific recommendations from the hearing report were implemented.
COUNTY BOARD	WAA	14.008	Were all waiting list requirements met? 5123-9-04	<p>Waiting list assessment (Ohio Assessment for Immediate Needs and Current Needs) initiated within 30 days of request:</p> <ul style="list-style-type: none"> • If immediate need identified: Individual shall receive services 5123-9-04 (D)(3)(b). • If current need identified: Needs met through community based alternative services or, the individual's name added to waiting list for HCBS.

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				If residential needs are identified in the annual review of needs and alternative services, ICF pamphlet and map were provided.
COUNTY BOARD	WAA	14.009	Did the county board take action to ensure the individuals immediate need is met by enrollment in a Home and Community based services waiver, or by assisting the individual in identifying and accessing alternative services to meet their needs? 5123 9-04	<ul style="list-style-type: none"> • How was referral and linkage made to the community resource? • What services are being utilized to meet the person's needs?
COUNTY BOARD	WAA	14.010	Were all administrative resolution of complaint requirements met? 5123-4-04	
COUNTY BOARD	WAA	14.011	Does the County Board maintain an on-call system that is available 24 hours a day and 7 days a week? 5123-4-02; 5123:17-02	<p>Determine through documents, interview, and observation the following:</p> <p>Verify system for communicating to individuals or their guardians as applicable, providers in their county, and to the department.</p> <p>Training requirements for on-call person</p> <ul style="list-style-type: none"> • Skills to identify problems • Assure health and welfare • Determine what immediate response is needed • Identify contact persons to take immediate action
COUNTY BOARD	WAA	14.012	Does the County Board's strategic plan outline strategies and benchmarks to: <ul style="list-style-type: none"> • Recruit sufficient providers, and • Increase individuals of working age in community employment services? 5123:2-2-05; 5123-4-01	<ul style="list-style-type: none"> • Evidence of CB's collaboration with workforce development agencies, vocational rehabilitation, mental health, and schools to improve employment outcomes • The CB shares information with families and community partners about work incentives program (ex: Medicaid Buy-In) • The CB submits employment outcome data for individuals who receive non-Medicaid employment services or who are employed with no paid employment supports through the web-based data collection system maintained by the department

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COUNTY BOARD	WAA	14.013	Did all board members have the required trainings? 5123-4-03	<p>Within 3 months of initial appointment, orientation must address duties of CB, roles and requirements of board members, confidentiality, ethics laws of Ohio. Incident reporting is required as of 4/1/19.</p> <p>Each calendar year a board member must receive a minimum of 4 hours of training, including annual topics identified by the Director. Annual training in incident reporting is required as of April 1, 2019.</p> <p>The following is required if appointed after the board's annual organizational meeting:</p> <ul style="list-style-type: none"> • On or before March 31: 4 hours, • After March 31 but prior to July 1: 3 hours, • After June 30 but prior to October 1: 2 hours, or • After September 30 but prior to following January 1: 1 hour.
COUNTY BOARD	WAA	14.014	Did the County Board have a process for monitoring contracts? 5123:2-1-02; ORC 5126.05	The CB must demonstrate a process for ensuring that contracted entities follow rules and statute.
CORE	WAA	14.015	Did the provider receive a copy of the individual service plan at least fifteen calendar days in advance of implementation? 5123-4-02	<p>Receipt is required unless extenuating circumstances make fifteen-day advance copy impractical and with agreement by the individual and his or her providers.</p> <p>Assessment information is part of the planning package.</p>
COUNTY BOARD	WAA	14.016	Did the SSA establish and maintain contact with providers as frequently as necessary to ensure that each provider is trained on the individual service plan and has a clear understanding of the expectations and desired outcomes of the supports being provided? 5123-4-02	<p>Did the SSA secure commitments from providers to support the individual in achievement of his or her desired outcomes?</p> <p>This may be found in provider documentation, SSA case notes and through interviews.</p>
COUNTY BOARD	WAA	14.017	During the service planning process, did the team explore the least restrictive services and settings? 5123-4-02; 5123:2-9-02	<ul style="list-style-type: none"> • Was the individual provided with a description of all services and service setting options available through the waiver in which the individual is enrolled?

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				<ul style="list-style-type: none"> Was the individual given the opportunity to choose a service or a combination of services and settings that address their assessed needs in the least restrictive manner, promote autonomy, and minimize their dependency on paid support staff? Were service and setting options such as technology-based supports, intermittent or drop-in staffing, shared living, or integrated employment services explored based on the individual's assessed needs, prior to congregate settings?
County Board	WAA	14.018	Are PAWS being authorized timely? 5123-9-01	PAWS report will be provided by DODD Review Manager.
COUNTY BOARD	WAA	NEW Question	Does the county board post ICF search/brochure links to their websites?	<ul style="list-style-type: none"> The Website must include: Residential Options Counseling Doc and ICF Online Search Tool