

COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER

SECTION 1	ADMINISTRATION & OPERATION	
Question #	Question	Guidance/Additional Information
1.001	If the facility is operating over their licensed capacity, is there a rule waiver from the Department? 5123-3-01	<ul style="list-style-type: none"> Look at the census of the facility to ensure that the facility is not serving more individuals than their licensed capacity. If more individuals are residing in the facility, ensure that a waiver of licensed capacity is in place that covers the date of the survey.
1.002	Is the ICF/IID following all applicable local, state, and federal rules and regulations? 5123-3-01	<p>DODD Review Manager contact/approval is required.</p> <p>Citation must include the specific rule/regulation reference that is being cited</p>
1.003	Was the ICF/IID providing ONLY ICF/IID services and, if applicable, institutional respite or supported employment either in the ICF/IID or on the grounds of the ICF/IID? CMS 2296-F	<ul style="list-style-type: none"> HCBS waiver funded services may not be provided in or on the grounds of an ICF/IID unless the individual is receiving supported employment as an employee of the ICF/IID Institutional respite may be provided in an ICF/IID
1.004	When there is a swimming pool on the grounds, is the pool only used in the presence of staff with a; <ul style="list-style-type: none"> American Red Cross or equivalent lifeguarding certificate Shallow water lifeguarding certificate for pools less than 5 feet deep 5123-3-01	<ul style="list-style-type: none"> Required for ICF/IIDs that have pools unless the individuals' plans indicate otherwise Check for rule waivers
1.005	Has the ICF/IID established an internal compliance program that ensures compliance with: <ul style="list-style-type: none"> Residential Facility Requirements, Background investigations, Service delivery, service documentation and billing Management of individuals' funds? 5123-3-01	<ul style="list-style-type: none"> Licensed facilities were required to have all components in place by 6/1/23 Do the outcomes of this review indicate that the provider's internal compliance program is working?

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SECTION 2	PERSONNEL	
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2.001	Is the Administrator listed in Provider Service Management and is the Administrator directly and actively involved in the day-to-day operations and oversight of the facility? 5123-3-01	<ul style="list-style-type: none"> Ask for the Administrator's date of hire. Facility should be able to provide you with a new Administrator Approval from DODD. Applies if hired on or after 10/1/16. Report issues to DODD Review Manager. 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.
2.002	Did the Administrator annually complete: <ul style="list-style-type: none"> Two hours of department-provided training AND <ul style="list-style-type: none"> Four hours of training selected by the Administrator 	<p>Applies to annual training obtained by the Administrator starting in 2023.</p> <p>Training selected by the Administrator must be in topics relevant to services provided and individuals served by the residential facility and/or management of the residential facility</p>
2.003	Did the ICF/IID 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 Ohio Dept of Medicaid Exclusion and Suspension List 5123-2-02;	<ul style="list-style-type: none"> Prior to employment means on or before the date the employee is in paid status Mark as non-compliant if initial checks were: <ul style="list-style-type: none"> not completed at all completed late Providers using ARCS must manually complete the SAM check separate from ARCS Ohio Dept of Medicaid Exclusion & 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 <ul style="list-style-type: none"> Persons on the other 5 databases cannot be employed to provide direct services Database checks must be run ONLY using Name/Date of Birth/SSN information 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.

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		<ul style="list-style-type: none"> 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
2.004	<p>Did the ICF/IID 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 Ohio Dept of Medicaid Exclusion and Suspension List 5123-2-02; 	<ul style="list-style-type: none"> Mark as non-compliant if <u>5-year checks</u> were: not completed at all completed late If employees are 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
2.005	<p>Did the ICF/IID request that the Bureau of Criminal Identification conduct a criminal record check (BCII/FBI) prior to employing an applicant for a direct service position? 5123-2-02; ORC109.572</p>	<p>Prior to employment means on or before the date the employee is in paid status</p> <ul style="list-style-type: none"> Those with an "In lieu of" conviction prior to 7/1/19 are grandfathered 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 Mark as non-compliant if initial checks were: not completed at all completed using the incorrect reason code/title completed late Reports from BCII/FBI are valid for one year Reference BCII Reason Code document for a list of acceptable reason codes. If the applicant has not been an Ohio resident for the 5 years previous to hire, the agency shall request that the BCII additionally obtain information from the FBI as part of the criminal records check

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		<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.
2.006	<p>Did the ICF/IID 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 • require FBI check <p>5123-2-02</p>	<ul style="list-style-type: none"> • Those with an “In lieu of” conviction prior to 7/1/19 are grandfathered 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 • Mark as non-compliant if the 5-year checks were: <ul style="list-style-type: none"> ○ not completed at all ○ completed using the incorrect reason code/title ○ completed late • 5-year checks must be run 5 years after the date of initial check, not 5 calendar years. • Reference BCII Reason Code document for a list of acceptable reason codes • Rapback does NOT include the FBI check • FBI check required if employee has not been an Ohio resident for the 5 previous years
2.007	<p>Are staff in direct service positions enrolled in Rapback?</p> <p>5123-2-02</p>	<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. • Staff hired prior to October 1, 2016, should have been enrolled in Rapback at the point of their five-year BCII.

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		<ul style="list-style-type: none"> 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. 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
2.008	Did the ICF/IID 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	<ul style="list-style-type: none"> Employees cannot provide direct services after 60 days
2.009	Did the provider take appropriate action when notified of a Rapback hit? 5123-2-02	<ul style="list-style-type: none"> Providers have 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.
2.010	Did the ICF/IID 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? 5123-2-02;	<ul style="list-style-type: none"> Those with an "In lieu of" conviction prior to 7/1/19 are grandfathered 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 Only issue citation if a direct support staff with a disqualifying offense or on a registry is currently employed and working with individuals.
2.011	Did the ICF/IID staff, prior to employment, sign a statement: <ul style="list-style-type: none"> attesting that the staff person will notify the ICF/IID 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 AND	<ul style="list-style-type: none"> Sample attestation form is available on DODD's website under Forms Attestation statements not required to include in lieu of convictions for those hired prior to 7/1/19

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	<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 5123-2-02	
2.012	Did the ICF/IID verify that the staff person has a high school diploma or GED? 5123-3-01	ONLY VERIFY DIPLOMA/GED FOR DSPs CERTIFIED TO ADMINISTER MEDICATION Review with ICF/IID their system to verify high school diploma or GED for staff certified to administer medication. Staff enrolled in college are considered to meet this requirement. Effective 9/17/21, ICF/IIDs can employ DSPs who don't meet the education requirements without requesting a rule waiver until further notice.
2.013	Does ICF/IID staff have: <ul style="list-style-type: none"> Current CPR certification and Current first aid certification? 5123-3-01	<ul style="list-style-type: none"> Required for all staff who work in the ICF/IID, including nurses <ul style="list-style-type: none"> Licensed nurses are not required to have first aid certification. Must be obtained within 60 calendar days of hire and must work with another staff with CPR/First Aid until then Online only CPR/First Aid certification obtained between 3/13/20 – 12/31/21 is acceptable until expiration. CPR/First Aid training must include an in-person skills demonstration. Virtual skills demonstrations do not meet this requirement.
2.014	If the provider/staff person is responsible for the following, do they have the appropriate certification for: <ul style="list-style-type: none"> Oral or topical medications (Category 1) Health related activities (Category 1) G-tube/J-tube (Category 2) Insulin injections (Category 3) 5123-6-03	Certification must be verified using MAIS. <ul style="list-style-type: none"> Category 2 and Category 3 certifications require a valid Category 1 certification to be valid

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2.015	<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"> • Vagus nerve stimulator, • Epinephrine auto-injector, • Administration of topical over-the counter medication for the purpose of cleaning, protecting, or comforting the skin, hair, nails, teeth, or oral surfaces? <p>5123-6-05</p>	<p>Guidance:</p> <ul style="list-style-type: none"> • These tasks can be performed by trained staff who do not have medication administration certification. • Staff with Cat 1 certification still need training specific to these topics • Staff must complete training prior to using the device or administering the topical OTC medication and annually thereafter. • Training must be provided by a licensed nurse, or by DD personnel with health-related activities and prescribed medication administration certification. • Training must be the department-approved curriculum. • Training must include individual specific information.
2.016	<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 each employee providing transportation is covered by valid personal or corporate liability insurance; • 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; 5123-3-04</p>	<p>Guidance:</p> <ul style="list-style-type: none"> • An initial abstract is required for all staff who transport individuals. • 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.
2.017	<p>Prior to providing direct services, did the ICF/IID ensure each DSP successfully completed the following:</p> <p>1. Training <u>provided or arranged by the operator</u> in:</p> <p>(a) Mission, vision, values, and organizational structure of the agency or residential facility</p> <p>(b) Agency policies, procedures, and work rules</p> <p>(c) Overview of services provided by the facility</p> <p>(d) Service documentation that supports billing</p> <p>(e) Overview of fire safety and emergency procedures</p>	<p>These topics are required for DSPs hired after 3/1/23</p> <p>DSPs hired between 3/13/20 and 12/31/21 were only required to receive the following initial training:</p> <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. <p>For DSPs hired between 1/1/22 and 2/28/23, only verify initial training in:</p>

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	<p>2. Training <u>provided by DODD or using DODD's curriculum</u> in:</p> <p>(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</p> <p>5123-3-01</p>	<ul style="list-style-type: none"> • Rights of Individuals • Recognizing and reporting MUIs and UIs • Universal Precautions • Overview of fire safety and emergency procedures (within 30 days of hire) • 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).
2.018	<p>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?</p> <p>5123-3-01</p>	<p>Look for this requirement to be met when:</p> <ul style="list-style-type: none"> • There is a new staff person • Prior to working with new individuals • When there is a significant change in support needs
2.019	<p>Did the ICF/IID ensure that within thirty days of hire, each direct support professional completed training provided or arranged by the ICF/IID in:</p> <ul style="list-style-type: none"> • Person-centered planning and provision of services • Facilitating community participation and integration for individuals served • Provisions of rule 5123-17-02 of the Administrative Code relevant to the direct support professional's duties including a review of health and welfare alerts issued by the department • Empathy-based care • Specific to each residential facility in which the DSP works, training in fire safety, operation of fire safety equipment and warning systems, and the residential facility's fire safety and emergency response plan <p>5123-3-01</p>	<p>Required for DSPs hired after 3/1/23</p> <p>Until the DSP receives training on the last item, they can only work when there is another DSP who has completed the training present. This is a second required training on empathy-based care arranged and/or provided by the agency.</p>

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2.020	<p>Did the ICF/IID develop a written training plan for its Administrator, supervisors of DSPs, and DSPs, support staff, and when applicable, volunteers that:</p> <ul style="list-style-type: none"> Is consistent with the needs of individuals, best practice, and requirements of 5123-3-01 Appendices A-D 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>5123-3-01</p>	<p>Required for ICF/IIDs starting 1/1/23.</p> <p>Required for volunteers who provide more than forty hours of service working directly with residents of the licensed facility during a calendar year</p> <p>Support staff means employees who are based in or routinely are in the residential facility who are not direct support professionals, such as those in human resources positions, secretaries, clerks, housekeepers, maintenance workers, and laundry workers.</p>
2.021	<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>5123-3-01</p>	<p>Required for Supervisors of DSPs hired after 3/1/23</p> <p>It is up to the ICF/IID to determine relevant duties and responsibilities</p>
	<p>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>Applies to annual training obtained in licensed settings starting in 2023.</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 For licensed facilities only and specific to each residential facility in which the DSP works, training in fire safety, operation of fire safety equipment and warning systems, and the residential facility's fire safety and emergency response plan <p>Agency board members must have training on MUI reporting</p> <ul style="list-style-type: none"> requirements

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2.023	Did the ICF/IID staff have annual notification explaining conduct for which a DD employee may be included on the Abuser Registry? 5123-3-01	<ul style="list-style-type: none"> • Annual Abuser Registry Notice can be found on DODD's website under Health & Welfare/Tool Kit/Abuser Registry • A staff signature is not required. • ICF/IID must have a process to implement. • Required once annually during calendar year, not every 365 days.

SECTION 3	PHYSICAL ENVIRONMENT	
Question #	Question	Guidance/Additional Information
3.001	Has the ICF/IID completed emergency drills (tornado and fire) and completed a written record of each drill 5123-3-02	<ul style="list-style-type: none"> • Fire Drills: <ul style="list-style-type: none"> ○ 3 per 12 mos. (at least 1 in a.m., 1 in p.m. and 1 during sleep hours). • Tornado Drills: <ul style="list-style-type: none"> ○ 1 per 12 mos. • Plan of improvement identified in drill analysis/IP should address refusals to participate in drills and special assistance needs when applicable
3.002	Does the facility have: <ul style="list-style-type: none"> • An emergency response and fire safety plan, and • Documentation that the individual(s) participated in training on the emergency response and fire safety plan within thirty calendar days of residency and at least once during every twelve-month period thereafter. 5123-3-02	<ul style="list-style-type: none"> • The plan should, at a minimum, address the actions to be taken in the event of a fire, tornado, or other natural disaster and must be approved by the state/local authority •
3.003	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? 5123-3-02	<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. • Good repair and sanitary, means the building is free from danger or hazard to the health of the person [s] occupying it as well as, free from strong odors, pests, and mold. • Opened doors and windows must be screened • The home should have equipment necessary based on the needs of the individuals served (i.e.: grab bars, ramps, visual fire alarms, etc.).

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Question #	Question	Guidance/Additional Information
3.004	Does the facility have bathing facilities at a ratio of 1:4? 5123-3-02	<ul style="list-style-type: none"> For every four beds the facility is licensed for, there must be one toilet and one tub or shower. Ex. 12-bed facility must have 3 toilets and 3 tubs or showers per facility.
3.005	If a time out room is used: <ul style="list-style-type: none"> The door does not have a key lock, but may be held shut by a staff person or mechanism that requires constant physical pressure to keep the mechanism engaged The room has adequate lighting and ventilation The room is safe from hazardous conditions including, but not limited to, the presence of sharp corners or objects, uncovered light fixtures or uncovered electrical outlets The individual is under constant visual supervision 5123-2-06	<ul style="list-style-type: none"> Ensure that lighting and ventilation are properly working View inside the time out room/area View the room from the individual's perspective. Time-out shall cease immediately once risk of harm has passed or if the individual engages in self-abuse, becomes incontinent, or shows other signs of illness "Time-out" does not include periods when an individual, for a limited and specified time, is separated from others in an unlocked room or area for the purpose of self-regulation of behavior and is not physically restrained or prevented from leaving the room or area by physical barriers.
3.006	Was the individual able to independently get around his/her home and have unrestricted access to all areas of the home and grounds unless otherwise indicated in the IP? 5123-3-02	<ul style="list-style-type: none"> Look to see that doors are wide enough for wheelchairs and ramps when needed. Only staff quarters, bedrooms of other individuals and boiler/mechanical areas may be off-limits to individuals. Ensure that thermostats are not locked unless included in the IP as a restrictive measure. Ensure that individuals are able to enter and exit home and grounds independently
3.007	Did the facility ensure that no bedroom was shared by individuals of the opposite sex unless consenting adults? 5123-3-02	If you find members of the opposite sex sharing a bedroom <ul style="list-style-type: none"> Look for if the individual is their own guardian; confirm via interview Look for if the individual has a guardian; look for evidence of guardian consent
3.008	Did the facility ensure that no more than two individuals share a bedroom? 5123-3-02	<ul style="list-style-type: none"> If facility has more than 2 to a bedroom, they must have a plan to come into compliance by 7/1/2025 If the facility has more than 2 to a bedroom and has an approved plan to come into compliance by 7/1/2025, did they submit annual status report to DODD each January?

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3.009	Did the facility ensure that individuals under the age of 18 do not share a bedroom with individuals over the age of 18? 5123-3-02	

SECTION 4	PERSON-CENTERED PLANNING	
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4.001	Using person centered planning, does the plan: <ul style="list-style-type: none"> • Identify a continuous active treatment program; • Identify opportunities for independence, choice, and self-management; • Identify needed developmental, behavioral, and health interventions and supports; • Identify and promote opportunities for community participation; and • Identify and support preservation and development of interpersonal relationships (e.g., social contacts, relationships, and emotional supports)? 5123-3-03	<p>The plan should identify supports that promote the individual's:</p> <ul style="list-style-type: none"> • Communication (expressing oneself and understanding others); • Advocacy and engagement (valued roles and making choices, responsibility, and leadership); • Safety and security (safety and emergency skills; behavioral wellbeing; emotional well-being; supervision considerations); • Social and spirituality (personal networks, activities, and faith; friends and relationships); • Daily life and employment (school and education; employment; finance); • Community living (life at home; getting around); and • Health living (medical and dental care; nutrition; wellness)
4.002	Does the assessment consider; <ul style="list-style-type: none"> • What is important to the individual to satisfaction and achievement of desired outcomes • What is important for the individual to maintain health and welfare • Known and likely risks • Place on the path to employment • The individual's skills and abilities • Desired community employment outcome 	<ul style="list-style-type: none"> • Assessment considers the individual's skills • The team may prioritize the assessed needs of the individual based on what is important to/important for the individual. • Important to promote satisfaction • Including provider/staff selection • Important for promotes health and welfare • Trends of unusual incidents • Major unusual incident review • Serious chronic medical conditions <p>ISP Requirements for Employment First (Path to Employment)</p>

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	5123-3-03; 5123-2-05	<ul style="list-style-type: none"> For individuals on place I or place II of the path to competitive integrated employment, include the integrated employment outcome and related action steps. For individuals on place III of the path to competitive integrated employment, the ISP will describe the activities that will occur to advance the individual on the path For individuals on place IV, document the information and support offered within the most recent twelve month period about career options, employment opportunities, impact of the individual's decision, and outcomes centered around the individual's capabilities and successes of engaging in meaningful activities within the community If the individual receives employment services and the written progress report demonstrates no progress on the path to competitive integrated employment, the ISP should be amended to identify barriers and action steps to overcome the barriers
4.003	Was the IP developed within 30 days of admission? 5123-3-03	
4.004	Did the individual or guardian give consent to the IP prior to implementation? 5123-3-03	<ul style="list-style-type: none"> Consent must be written, not just verbal. When an attendance sheet is used, it must specifically identify that the signature is documenting both attendance and consent or have a separate space for consent. If consent could not be obtained, did the QIDP offer alternative services or activities to the individual
4.005	Was the plan reviewed annually? 5123-3-03	<ul style="list-style-type: none"> The review should be done to correspond with the 365-day IP span unless the span is being adjusted.
4.006	Was the IP revised based on the changes in the individuals needs/wants? 5123-3-03	<ul style="list-style-type: none"> Consider significant life changes such as moving, changing providers or roommates, a change in behavior, or the addition of a rights restriction. Was there an update to the

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		comprehensive functional assessment during the plan year and if so, was the IP updated accordingly?
4.007	Does the IP include a discharge plan that identifies; <ul style="list-style-type: none"> The supports and services necessary for the individual's transition to an integrated community setting Strategies for overcoming barriers to community integration 5123-3-03	<ul style="list-style-type: none"> This doesn't mean there is a planned date of discharge, just that the team is discussing, and the plan reflects what is needed and skills to be developed for future transition
4.008	Did the ICF/IID complete Annual Options Counseling providing the individual with information about opportunities for community inclusion and participation? 5123-3-03	<ul style="list-style-type: none"> Individuals should be aware of the availability of multiple day activities in the community, both paid and unpaid, including volunteer opportunities, paid work opportunities, leisure/rec opportunities, alternative day service providers, etc. Individuals should be aware of the availability of HCBS Waiver services
4.009	Does the IP include supports to access the full community? 5123-3-03; 5123-3-04	<ul style="list-style-type: none"> Are the activities similar to those available to people without disabilities? On-going access to the community Individualized vs group opportunities Achieving desired outcomes in the area of community integration Do activities involve people with and without disabilities? Are activities meaningful to the individual (of their choice/based on their interests)
4.010	Are services being delivered in a manner which supports individual choice, preferences, and needs? 5123-3-03; 5123-3-04	<ul style="list-style-type: none"> Individuals actively participate in the planning process to the extent of their capabilities and preferences. Individuals participate in decisions related to selecting activities, meals, etc. to the extent of their capabilities and preferences. Individuals are afforded their privacy during personal care and medication administration.
4.011	If the assessment indicates the individual needs assistance with managing personal funds, does the ISP include all necessary parameters? 5123-2-07	<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, when applicable The name of the person responsible for the estate of the individual in the event of the person's death and when applicable, the name of the person or entity assigned as guardian of the estate,

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SECTION 4	PERSON-CENTERED PLANNING	
Question #	Question	Guidance/Additional Information
		<ul style="list-style-type: none"> • The dollar amount to be available to the individual upon request for personal spending, • The maximum dollar amount the individual is able to independently manage at one time • The maximum dollar amount the provider may spend on behalf of the individual for any one expenditure without team approval, and • Specific supports to be provided such as when/if receipts need to be kept, bill-paying, shopping, budgeting, increasing the individual's independence, etc. <p>An individual's team will determine, through development of the individual service plan, when a provider is required to maintain receipts for expenditures of the individual's personal funds.</p>
4.012	If the IP contains behavior support strategies, does the behavior support strategy state how and when the guardian is to be notified when a chemical restraint, manual restraint, or time-out are used? 5123-2-06	
New Question	Do all individuals residing in the ICF have an OhioISP in the DODD online system? 5123-3-03	All facilities are required to be in compliance by 1/1/25

SECTION 5	PROVISION OF SERVICES/IP IMPLEMENTATION	
Question #	Question	Guidance/Additional Information
5.001	Are medications, treatments, health related activities and dietary orders being followed as indicated in the IP? 5123-3-04; 5123-6-03	<ul style="list-style-type: none"> • Info may come from the medication administration record (MAR), doctor's orders, OT/PT and speech plans and unusual incidents
5.002	Is the IP being implemented as written? 5123-3-04	<ul style="list-style-type: none"> • Implementation of services can be verified using observation, interview, and documentation review.
5.003	Was the individual actively participating in activities throughout the review?	<ul style="list-style-type: none"> • Ensure that the individual has been offered activities and chooses not to participate.

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SECTION 5	PROVISION OF SERVICES/IP IMPLEMENTATION	
Question #	Question	Guidance/Additional Information
	5123-3-04	<ul style="list-style-type: none"> If individual is choosing not to participate, follow up on what other options have been explored/offered.
5.004	Does the individual participate in day programming that fosters community participation and provides for a variety of activities and is at least 200 feet from the ICF/IID? 5123-3-04	<ul style="list-style-type: none"> An individual may choose to participate in activities and programs through virtual support if it does not have the effect of isolating the individual from the community or preventing the individual from interacting with people with or without disabilities; the use of virtual support is agreed to by the individual and their team and specified in the ISP, and the use of virtual support complies with applicable laws regarding the person's right to privacy and PHI This should be marked compliant if the person typically attends day program but was home on the day of the review. If an individual does not go to a community-based day program, check IP, MAR, or other documentation to ensure that there is evidence that off-site day activity is contraindicated. The individual should have opportunities throughout the day to participate in varied activities both at the day services site as well as in the community. All individuals should be attending an off-site day activity setting unless otherwise indicated in the IP as contraindicated for the individual. An ICF/IID who was providing on-site day activity services prior to 7/1/05 may continue to do so.
5.005	If the IP includes assistance with personal funds, are the individual's monies being managed as indicated in the plan? 5123-2-07	<ul style="list-style-type: none"> Bill Paying Banking Shopping Inventories Ensure that burial funds are managed properly, and certificates are maintained.
5.006	Is staff available based on the assessed needs of the individual? 5123-3-01	<ul style="list-style-type: none"> Are supervision levels being met? Are there adequate staff on each shift to meet the supervision levels of each individual (i.e., for evacuation; to implement behavior support interventions; to ensure safety, etc.)

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SECTION 6		
Question #	Question	Guidance/Additional Information
6.001	<p>If the individual(s) being served are unable to self-medicate:</p> <ul style="list-style-type: none"> Is the medication stored in a secure location? Is the medication in a pharmacy labeled container? <p>5123-6-02; 5123-6-06; 5123-3-04</p>	<ul style="list-style-type: none"> All medications must be secured in an ICF/IID. Individuals assessed as being able to self-administer medications may maintain their own medication in a secured lockbox or other secured manner in their bedroom or personal space. This may include a pharmacy pill bottle or pharmacy blister pack. <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. 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. Pill minders can be filled only by the individual, nurse, or pharmacy (including electronic dispensers).
6.002	<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>5123-6-02</p>	<ul style="list-style-type: none"> An ICF/IID may utilize the DODD med admin assessment or utilize their own assessment which includes the same elements as the DODD form. The presumption is that everyone is able to self-administer their medications. Assessment should be completed only if the team believes the individual is unable to safely self-administer. Therefore, individuals identified as self-administering may not have an assessment. Anyone familiar with the individual can complete the assessment, except the assessment for individuals with G/J tube and/or insulin must be completed by a licensed nurse A new assessment must be done at least every 3 years or if there has been a change A medication assessment is not required for minors 17 and younger.
6.003	<p>If the individual's assessment indicates that they are unable to self-administer, does the IP address their medication administration needs?</p> <p>5123-6-02</p>	<ul style="list-style-type: none"> This includes Delegated Nursing when based on person's need <ul style="list-style-type: none"> Not needed when due to requirements of the setting
6.004	<p>If delegated nursing is required, is there:</p> <ul style="list-style-type: none"> A statement of delegation, 	<ul style="list-style-type: none"> Medication administration and 13 health related activities in Day service locations serving 17 or more individuals,

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SECTION 6	MEDICATION ADMINISTRATION	
Question #	Question	Guidance/Additional Information
	<ul style="list-style-type: none"> Evidence the nurse provided individual-specific training to staff prior to the performance of delegated tasks. Evidence of ongoing reassessment but at least annually Step-by-step-written instructions of the task Nurse observed and documented a satisfactory return demonstration of the nursing task 5123-6-01; 5123-6-03	<ul style="list-style-type: none"> Residential facilities with 6 or more beds, G/J tube medication administration, Administration of Glucagon Administration of insulin by injection/pump/inhalant and injectable treatments for metabolic glycemic disorders Administration of nutrition by G/J tube. Any nursing task as defined in OAC 4723-13-01 Reassessment must include determination that: <ul style="list-style-type: none"> Nursing delegation continues to be necessary; The individual and circumstances continue to adhere to standards and conditions for nursing delegation; and The developmental disabilities personnel continue to demonstrate the skill to accurately perform the nursing tasks, health-related activities, and prescribed medication administration being delegated.
6.005	If delegated nursing is required, is the delegating nurse available to supervise the performance of delegated tasks? 5123-6-03; OAC 4723-13-07	<ul style="list-style-type: none"> Ask the agency how delegated staff can contact the nurse if there are questions or concerns During the site visit, ask delegated staff if they know how to contact the nurse and has the nurse been available when needed
6.006	Are orders for 'as needed' (PRN) medications written in a manner that precludes independent judgment by DD personnel? 5123-6-06	

SECTION 7	BEHAVIOR SUPPORT	
Question #	Question	Guidance/Additional Information
7.001	If the service plan includes restrictive measures, did the Human Rights Committee review and approve the plan prior to implementation? 5123-2-06	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.

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SECTION 7	BEHAVIOR SUPPORT	
Question #	Question	Guidance/Additional Information
		<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 to determine if it should be regarded as a chemical restraint</p>
7.002	<p>Is the ICF/IID implementing restrictive measures that are not in the plan and/or approved by Human Rights Committee?</p> <p>5123-2-06</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, • 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 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 is presumed to not be a chemical restraint</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>

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SECTION 7	BEHAVIOR SUPPORT	
Question #	Question	Guidance/Additional Information
		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
7.003	If the service plan includes time out or manual or mechanical restraint, are the interventions being implemented only when risk of harm is evidenced? 5123-2-06	There must be a direct and serious risk of physical harm to the individual or another person. The individual must be capable of causing physical harm to self or others and the individual must be causing physical harm or very likely to begin causing physical harm.
7.004	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>
7.005	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	<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. • Likelihood of legal sanction means the person's actions are very likely to result in eviction, arrest, or incarceration.

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SECTION 7	BEHAVIOR SUPPORT	
Question #	Question	Guidance/Additional Information
7.006	If the service plan includes a restrictive measure, are behavioral supports employed with sufficient safeguards? 5123-2-06	This includes but is not limited to: <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?
7.007	Are restrictive strategies person-centered and interwoven into a single plan? 5123-2-06	<ul style="list-style-type: none"> • There should be no separate behavior support plans. Restrictive strategies should be included in a manner similar to all other support strategies.
7.008	Did the ICF/IID 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?	
7.009	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)? AND Did the provider notify the individuals guardian as outlined in the ISP regarding any uses of chemical restraints, manual restraints, or time-out? 5123-2-06	*Duration is only applicable for a manual restraint or a mechanical restraint
7.010	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? 5123-2-06	Could be evidenced by copy of email submission, support staff verification, or viewing on the RMN system

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SECTION 7	BEHAVIOR SUPPORT	
Question #	Question	Guidance/Additional Information
7.011	<p>If the plan has behavioral strategies that include restrictive measures, is there evidence that 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</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
7.012	<p>If the 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</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 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)

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SECTION 7		
BEHAVIOR SUPPORT		
Question #	Question	Guidance/Additional Information
		Only chemical restraints may be implemented for engagement in a precisely-defined pattern of behavior
7.013	Is there evidence that the person conducting assessments and developing behavioral strategies that include restrictive measures have required credentials? 5123-2-06	<ul style="list-style-type: none"> • 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
7.014	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? 5123-2-06	<ul style="list-style-type: none"> • Informed consent must be written. A scanned signature submitted electronically is acceptable • This is built into the OhioISP IT Solution.
7.015	<p>Does the ICF/IID 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 • Qualified persons with training or experience in contemporary practices of Behavior Support <p>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 • County boards or providers <p>AND</p> <p>Did all members of the Human Rights Committee receive initial and annual training?</p>	<ul style="list-style-type: none"> • Ensure that authors of restrictive measures who sit on the HRC do not “vote” on the measures they wrote. • A committee can serve more than one ICF/IID <p>A specially constituted review committee must include 483.440 (f)(3):</p> <p>The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in contemporary practices to change inappropriate client behavior, and persons with no ownership or controlling interest in the facility. This committee should align with HRC requirements to fulfill all regulations as this committee also serves as the Human Rights Committee under the DODD rule.</p> <p>ICFs and county boards may jointly establish HRCs</p> <p>ICF/IIDs can receive approval of their own trainings or utilize DODD trainings.</p> <p>Initial topics required within 3 months of appointment:</p>

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SECTION 7	BEHAVIOR SUPPORT	
Question #	Question	Guidance/Additional Information
	5123-2-06	<ul style="list-style-type: none"> • Rights of individuals with disabilities, • Person-centered planning, • Informed consent, • Confidentiality, • The requirements of 5123-2-06. <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.
7.016	Did each ICF/IID 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? 5123-2-06	<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 • 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

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SECTION 7		
BEHAVIOR SUPPORT		
Question #	Question	Guidance/Additional Information
		developed, implemented, documented, and monitored in accordance with the rule
7.017	<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 of the rejection</p>
7.018	<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> <ul style="list-style-type: none"> A quorum of members of the human rights committee

SECTION 8		
UI/MUI		
Question #	Question	Guidance/Additional Information
8.001	<p>Is there evidence that the Incident Report contains the following required elements?</p> <ul style="list-style-type: none"> Individual's name; 	<p>Sample Incident Report form available on the DODD website</p>

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SECTION 8	UI/MUI	
Question #	Question	Guidance/Additional Information
	<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. <p>5123-17-02</p>	
8.002	<p>Upon identification of an unusual incident, is there evidence that the ICF/IID took the following immediate actions as appropriate:</p> <ul style="list-style-type: none"> • Report was made to the designated person • The UI report was made within 24 hours of the incident <p>5123-17-02</p>	<p>Immediate actions may include:</p> <ul style="list-style-type: none"> • Checking for injuries • Providing first aid • Securing medications • Contacting the pharmacist, physician
8.003	<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>	<p>Did provider notify other providers/day program/ County Board?</p>
8.004	<p>Is there evidence that the unusual incident was investigated by the ICF/IID?</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: assessing for injuries, First Aid, separating individual, calling 911, Notifying Law Enforcement. • The cause and contributing factors should try to identify why or what caused the incident

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SECTION 8	UI/MUI	
Question #	Question	Guidance/Additional Information
		Prevention Plan addresses the cause of the incident and be specific
8.005	<p>Did the ICF/IID maintain a log that contains the unusual incidents defined in rule and must include the following:</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 • Preventative Measures <p>5123-17-02</p>	<p>Sample UI Log available on DODD website.</p> <p>The log should only 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
8.006	<p>Is there evidence that the ICF/IID 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>	<ul style="list-style-type: none"> • Review of UIs at least monthly is required, even when no incidents occur. • Evidence can be through signature on UI Log, administrative meeting, etc.
8.007	<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>	<ul style="list-style-type: none"> • Ensure that the incident meets the definition of a UI or MUI in the rule before issuing citation
8.008	<p>UI and MUI</p> <p>Is there evidence that the ICF/IID ensured that risks associated with UIs/MUIs were addressed in the service plan for each individual affected? 5123-17-02</p>	<p>Members of an individual's team shall ensure that risks associated with UIs and MUIs are addressed in the individual plan or individual service plan of each individual affected.</p> <p>Members of an individual's team shall collaborate on the development of preventive measures to address the causes and contributing factors to the major unusual incident. The team members shall jointly determine what constitutes reasonable steps necessary to prevent the</p>

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SECTION 8	UI/MUI	
Question #	Question	Guidance/Additional Information
		<p>recurrence of major unusual incidents. If there is no SSA, team, QIDP, or agency provider involved with the individual, a county board designee shall ensure that reasonably possible preventive measures are fully implemented.</p> <ul style="list-style-type: none"> • Are choking and falls risks addressed in service plan? • Available training and resources for choking and falls prevention located on DODD's website. • Look for patterns of choking incidents, med refusals, falls, etc. to ensure that risks are addressed in plan
8.009	UI and MUI Is there evidence that all DD employees cooperated with the investigation of MUIs, including timely submission of requested information? Did the provider make the unusual incident report, documentation of patterns and trends, and corrective actions available to the CB and Department upon request? 5123-17-02	<ul style="list-style-type: none"> • What action was taken by the ICF/IID if their (DD) employee did not cooperate with the MUI investigation? • When the ICF/IID conducts an internal review, they must submit results (statements and documents) within 14 calendar days • Check MUI ITS, fax cover sheet or provider documents. • Developmental Centers are required to make documents available upon request to the DODD MUI Office
8.010	MUI Upon identification of a MUI, is there evidence that the ICF/IID took the following immediate actions as appropriate: <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 • Other necessary measures to protect the health and welfare of at-risk individuals 5123-17-02	<ul style="list-style-type: none"> • Providers are responsible for making sure that immediate actions are appropriate and adequately protect any "at risk" individuals. • The ICF/IID must ensure that when a staff person is not removed from the direct contact that the staff person has no unsupervised contact with the alleged victim or any other individual who may be considered at risk. • The provider is responsible for notifying the county board when there are changes in protective actions (i.e., returning employee to duty, change in supervision levels, etc.)
8.011	Is there evidence that the ICF/IID notified the County Board about the below listed incidents within 4 hours of discovery?	<ul style="list-style-type: none"> • Notifications should be by means that the county board has identified

COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER

SECTION 8	UI/MUI	
Question #	Question	Guidance/Additional Information
	<ul style="list-style-type: none"> • Accidental/Suspicious Death • Abuse (Physical, Sexual and Verbal) • Exploitation • Misappropriation • Neglect • Media Inquiry • Peer to peer acts • Prohibited sexual relations <p>5123-17-02</p>	<ul style="list-style-type: none"> • Notifications should be documented with time and person notified • Does not apply to developmental centers
8.012	<p>Is there evidence that the ICF/IID 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>	<ul style="list-style-type: none"> • Evidence may be in the form of a fax receipt, email message or receipt, or notation on the incident report. • DCs are required to submit the written incident report by 3 p.m. to DODD MUI Office via OITMS
8.013	<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 another person whom the individual has identified, • SSA, if applicable, • 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>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-to-peer act unless such notifications could jeopardize the health and welfare of an involved individual. • 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. <ul style="list-style-type: none"> ○ 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. <p>Did provider notify other providers/day program/County Board?</p>

COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER

SECTION 8	UI/MUI	
Question #	Question	Guidance/Additional Information
8.014	Is there evidence that the team, including the ICF/IID, collaborated on the development of a prevention plan to address the causes and contributing factors identified in the MUI investigation? 5123-17-02	The prevention plan is at the end of the final MUI report. Refer to OITMS for this information if necessary. Not all prevention plans require IP revisions.
8.015	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 the deadline? 5123-17-02	<p>Sample Annual Analysis and Analysis Tips are available on the DODD website.</p> <ul style="list-style-type: none"> • DODD has granted an extension to providers and county boards for completion and submission of their 2022 annual MUI analysis. Check DODD communication for current extension dates. • Sample Annual Analysis and Analysis Tips are available on the DODD website • Report must include: <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 • N/A for DEVELOPMENTAL CENTERS
8.016	Is there evidence that the ICF/IID employing a primary person involved notified the department when they are aware that the primary person involved worked for another provider? 5123-17-02	<ul style="list-style-type: none"> • ICF/IIDs (excluding DCs) are required to provide information to County Boards

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SECTION 8	UI/MUI	
Question #	The following questions <u>will not</u> be asked during ICF/IID Licensure Reviews, but will only be reviewed during DODD MUI Quality Assurance reviews at Developmental Centers	Guidance/Additional Information
8.017*	Is there evidence that the Developmental Center entered preliminary information regarding the incident in Ohio Incident Tracking and Monitoring System (OITMS) 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? 5123-17-02	Mark as non-compliant if CB's conformance rate is below 95%.
8.018	Is there evidence that investigative agent completed a report of the administrative investigation and submitted it for closure in the OITMS within thirty working days unless the Developmental Center 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.
8.019	Have questions posted in OITMS been responded to timely? 5123-17-02	Mark as non-compliant if CB's conformance rate is below 95%
8.020	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 evidence of timely initiation of investigation? 5123-17-02	
8.021	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?	

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SECTION 8	UI/MUI	
Question #	The following questions <u>will not</u> be asked during ICF/IID Licensure Reviews, but will only be reviewed during DODD MUI Quality Assurance reviews at Developmental Centers	Guidance/Additional Information
	6. Were follow-up interviews conducted? 5123-17-02	
8.022	RELEVANT HISTORY / RELATIVE CREDIBILITY: <ol style="list-style-type: none"> 1. Was the relevant history of the individual, PPI, reporter, witnesses, and others evaluated? 2. Did the investigation report provide evidence that the relative credibility of the individual, PPI, witnesses, and all other relevant parties was evaluated? 5123-17-02	
8.023	DOCUMENTATION/EVIDENCE COLLECTION AND REVIEW: <ol style="list-style-type: none"> 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? 3. Is there evidence that documentation was gathered and reviewed of injuries, medical attention, and the possible cause of injury from a medical professional? 4. Were relevant photos taken, audio and/or video recordings gathered, and documented? 5. Is there evidence that all relevant documentation (e.g., training records, nursing notes, schedules) was gathered and reviewed? 6. Is there documentation of a scene assessment? 5123-17-02	
8.024	MUI APPENDICIES AND INCIDENT SPECIFIC REQUIREMENTS <ol style="list-style-type: none"> 1. Does the investigation report provide all documentary evidence in a clear, complete, and non-ambiguous manner? 2. Does the investigation report address the incident specific questions of all MUIs? Appendix A, B, or C. 5123-17-02	
8.025	FINDINGS AND CONCLUSIONS/CAUSE AND CONTRIBUTING FACTORS: <ol style="list-style-type: none"> 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)? 	

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SECTION 8	UI/MUI	
Question #	The following questions <u>will not</u> be asked during ICF/IID Licensure Reviews, but will only be reviewed during DODD MUI Quality Assurance reviews at Developmental Centers	Guidance/Additional Information
	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? 5123-17-02	
8.026	MUI RULE REPORT FORMAT REQUIREMENTS 1. Does the investigative report include sections for: A. Initial allegation B. List of persons interviewed/documents reviewed C. Summary of each interview Findings and Conclusion section with CCF and supporting facts	
8.027	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	

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SECTION 9	PERSONAL FUNDS	
Question #	Question	Guidance/Additional Information
9.001	<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, signed and dated by the person conducting the reconciliation, and completed by someone other than the staff who handle personal funds, and • Receipts as required in the plan? <p>5123-2-07</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. Food stamp ledgers should be reconciled to the EBT statement.</p> <p>Required elements:</p> <ul style="list-style-type: none"> • Individual's name, • Source, amount, and date of all funds received, • 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 <p>An individual's team will determine, through development of the individual service plan, when a provider is required to maintain receipts for expenditures of the individual's personal funds.</p> <p>Receipts, when required, are to identify the date, the item or items purchased, and the amount of the expenditure; other documentation or a written explanation is acceptable if a receipt is unavailable.</p>
9.002	<p>Is there evidence that the individual:</p> <ul style="list-style-type: none"> • Has access to their funds, and • Is able to purchase items, goods, and services of their preference? <p>5123-2-07</p>	<ul style="list-style-type: none"> • This applies to any provider listed in the plan as responsible for individual funds: • Deposits must be made within five days of receipt of funds, • Monies must be made available within three 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.
9.003	<p>If responsible for assisting with personal funds, did the provider manage the person's funds as required by rule?</p> <p>5123-2-07</p>	<p>Providers who assist with personal funds must:</p> <ul style="list-style-type: none"> • Retain, safeguard, and securely account for the funds • Notify the team when personal funds exceed or are projected to exceed the maximum amount allowed to maintain eligibility for benefits or when an individual receives

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SECTION 9	PERSONAL FUNDS	
Question #	Question	Guidance/Additional Information
		<p>a lump sum payment (e.g., benefits back payment) or inheritance.</p> <ul style="list-style-type: none"> • Not co-mingle the individual's personal funds with the provider's funds; • Not supplement or replace funds of the provider or another individual with an individual's funds except in situations where a practical arrangement (e.g., individuals take turns purchasing household supplies) is agreed upon and documented in writing
9.004	<p>Did the ICF/IID develop and implement a written policy regarding management of individual funds and train all responsible staff on the rule?</p> <p>Required elements:</p> <ul style="list-style-type: none"> • Includes a system to account for and safeguard funds • Prohibits co-mingling of funds • Prohibits the provider from using one person's money to supplement another person's money. • Describes how the provider will ensure access to funds and make available financial summaries upon request. • Outlines the system for reporting MUIs. <p>5123-2-07</p>	<ul style="list-style-type: none"> • Training must occur prior to providing assistance with personal funds

SECTION 10	Approval	
Question #	Question	Guidance/Additional Information
10.001	Manager Approval	For Internal ODH use Only