

COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER

SECTION 1	ADMINISTRATION & OPERATION	
Question #	Question	Guidance/Additional Information
1.001	Is the ICF/IID operating at its licensed capacity? 5123:2-3-01	<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? 5123:2-3-01	<ul style="list-style-type: none"> Any citations for this question must be approved by a manager prior to use.
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 5123:2-3-01	<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 (1) Licensure rules found in OAC 5123:2-3, (2) background checks, (3) service delivery and service documentation? 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 for background checks, service deliver, and documentation?

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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? 5123:2-3-01	<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.

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		<ul style="list-style-type: none"> Verify through interview and documentation the process by which the Administrator is overseeing provision of services.
2.002	<p>Did the Administrator have initial training in facility roles and responsibilities, including</p> <ul style="list-style-type: none"> Person Centered Planning Community Participation and Integration Self-determination Self-advocacy Individual Rights MUI, including review of health and welfare alerts Fiscal Administration Internal Compliance <p>5123:2-3-01</p>	<ul style="list-style-type: none"> Within 60 days of hire for Administrators hired on or after 10/1/16.
2.003	<p>Did the Administrator have annual training in facility roles and responsibilities, including</p> <ul style="list-style-type: none"> Person Centered Planning Community Participation and Integration Self-determination Self-advocacy Individual Rights MUI, including review of health and welfare alerts <p>5123:2-3-01</p>	<ul style="list-style-type: none"> For administrators hired prior to 10/1/16, first annual training must occur by 9/30/17.
2.004	<p>Did the ICF/IID 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 	<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

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	<ul style="list-style-type: none"> Ohio Dept of Medicaid Exclusion and Suspension List 5123-2-02; 5123:2-3-01 	<ul style="list-style-type: none"> 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. 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
2.005	<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; 5123:2-3-01 	<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
2.006	<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:

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		<ul style="list-style-type: none"> • 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 • 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.
2.007	<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; ORC109.572;</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.

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		<ul style="list-style-type: none"> 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
2.008	Are staff in direct service positions enrolled in Rapback? 5123-2-02	<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, must be enrolled in Rapback at the point of their next five-year BCII. 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
2.009	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
2.010	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 	<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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	<p>guilty to, or is found eligible for intervention in lieu of conviction for a disqualifying offense</p> <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</p>	
2.012	<p>Did the agency provider verify that the staff person has a high school diploma or GED, from the department?</p> <p>5123:2-3-01</p>	<p>ONLY VERIFY DIPLOMA/GED FOR DSPs CERTIFIED TO ADMINISTER MEDICATION</p> <p>Review with ICF/IID their system to verify high school diploma or GED for staff certified to administer medication.</p> <p>Staff enrolled in college are considered to meet this requirement.</p> <p>Effective 9/17/21, ICF/IIDs can employ DSPs who don't meet the education requirements without requesting a rule waiver until further notice.</p>
2.013	<p>Does ICF/IID staff have:</p> <ul style="list-style-type: none"> Current CPR certification and Current first aid certification? <p>5123:2-3-01</p>	<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 Look at proof that if training is taken online, there is verification of hands-on return demonstration. ICF/IID with 24-hour nursing may request a rule waiver of CPR requirement. 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.
2.014	<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) 	<p>Certification must be verified using MAIS.</p>

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	<ul style="list-style-type: none"> • Health related activities (Category 1) • G-tube/J-tube (Category 2) • Insulin injections (Category 3) <p>5123:2-6-03; 5123:2-3-01; 5123-2-3-04</p>	
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>5123:2-6-05</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 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 <p>5123-2-02; 5123:2-3-04</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>Did the staff person receive initial training prior to providing services that included:</p> <p>(i) Overview of serving individuals with developmental disabilities including implementation of ISP</p>	<ul style="list-style-type: none"> • Effective 10/1/16 for new hires • 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"> ○ Training to recognize and report major unusual incidents (MUIs) and unusual incidents (UIs), ○ Universal precautions and

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	(ii) The role and responsibilities of direct services staff with regard to services including person-centered planning, community integration, self-determination, and self-advocacy; (iii) Universal precautions (iv) Initial rights training (v) Initial MUI training including the health and welfare alerts issued by the department. 5123:2-3-01	<ul style="list-style-type: none"> ○ 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 needed person-specific training and site-specific emergency response training (where applicable).
2.018	Prior to providing services to an individual, did the direct care staff person receive training specific to each individual he/she supports that includes: (i) on what is important to and important for the individual (ii) the individual's support needs including, as applicable, behavioral support strategy, management of the individual's funds, and medication administration/delegated nursing 5123:2-3-01	Look for this requirement to be met when: <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	Did the supervisory staff for direct services positions complete the following training within 90 days of becoming a supervisor? Service documentation; billing for services, management of individuals' funds 5123:2-3-01	<ul style="list-style-type: none"> • New supervisory staff hired after 10/1/16
2.020	Did all ICF/IID 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. • Training must specifically cover actions to take in the event of a fire or tornado.
2.021	Did all ICF/IID staff have annual training on actions to take in the event of a fire or other emergencies? 5123:2-3-01	<ul style="list-style-type: none"> • Training must specifically cover actions to take in the event of a fire or tornado. • Once during each calendar year • Not required to be within 365 days
2.022	Did the ICF/IID staff have annual training on the following: <ul style="list-style-type: none"> • MUI/UI requirements and health and welfare alerts from the previous year 	<ul style="list-style-type: none"> • Once during each calendar year • Not required to be within 365 days • Required for CEO and/or Administrators annually

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	<ul style="list-style-type: none"> • Rights of Individuals with DD • Person-centered planning, community integration, self-determination, and self-advocacy 5123-17-02; 5123:2-3-01	<ul style="list-style-type: none"> • Agency board members must have training on MUI reporting requirements
2.023	Did the ICF/IID staff have annual notification explaining conduct for which a DD employee may be included on the Abuser Registry? 5123-17-02; 5123:2-3-01	<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.
2.024	Did the ICF/IID ensure that volunteers providing <u>more than 40 hours of direct services during a calendar year</u> meet the following requirements: <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 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 5123:2-3-01	<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 another associate of a person simply interacting with that person.</p>

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 which addresses individual specific needs based on the outcome of these drills? 5123:2-3-02	<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	Did the ICF ensure that each individual shall participate in documented training of the residential facility's fire safety plan and emergency response plan within thirty calendar days of residency and at least once during every twelve-month period thereafter. 5123:2-3-02	<ul style="list-style-type: none"> • Must be received within 30 days of admission • Different than a drill, this is actually training on RACE, Fire Safety skills, where to go in case of fire, tornado, disaster, etc.
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, • 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. • 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. • All windows and doors that open should have screens, or screen doors in good repair, in order to keep out pests. • The home should have equipment necessary based on the needs of the individuals served (i.e.: grab bars, ramps, visual fire alarms, etc.).
3.004	Does the facility have bathing facilities at a ratio of 1:4? 5123:2-3-06	<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.

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3.005	<p>If a time out room is used:</p> <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 <p>5123:2-2-06</p>	<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.
3.006	<p>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?</p> <p>5123:2-3-02</p>	<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. • Ensure that individuals have keys and are able to enter and exit home and grounds independently
3.007	<p>Did the facility ensure that no bedroom was shared by individuals of the opposite sex unless consenting adults?</p> <p>5123:2-3-02</p>	<p>If you find members of the opposite sex sharing a bedroom</p> <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	<p>Did the facility ensure that no more than two individuals share a bedroom?</p> <p>5123:2-3-02</p>	<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?
3.009	<p>Did the facility ensure that individuals under the age of 18 do not share a bedroom with individuals over the age of 18?</p> <p>5123:2-3-02</p>	

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SECTION 4	PERSON-CENTERED PLANNING	
Question #	Question	Guidance/Additional Information
4.001	<p>Using person centered planning, does the plan:</p> <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)? <p>5123:2-2-05; 5123-3-03</p>	<p>The plan should identify supports that promote the individual's:</p> <ul style="list-style-type: none"> • Communication • Advocacy and Engagement • Safety and Security • Daily Life and Employment • Community Living • Healthy Living • Social and Spirituality
4.002	<p>Does the planning process consider;</p> <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 <p>5123-3-03; 5123:2-2-05</p>	<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>There are four places on the path to community employment:</p> <ul style="list-style-type: none"> • Place One: has a job; needs support to maintain or move up • Place Two: would like a job; needs support to find one • Place Three: not sure about employment; needs support to identify career options • Place Four: Does not express a desire to work; needs support to make an informed choice • As of 4/1/17 – Paths 3 and 4 are not required to have a vocational outcome, may have a community integration outcome for the individual

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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 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 • Did the ICF/IID use the state mandated forms for Options Counseling

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4.009	Does the IP include supports to access the full community? 5123-3-03	<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	<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 IP include all necessary parameters? 5123:2-2-07	<p>The IP 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.
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	

COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER

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? 5123:2-3-04; 5123:2-6-03	<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? 5123:2-3-04	<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? 5123:2-3-04	<ul style="list-style-type: none"> • Ensure that the individual has been offered activities and chooses not to participate. • 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? 5123:2-3-04	<ul style="list-style-type: none"> • 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? 5123:2-2-07	<ul style="list-style-type: none"> • Bill Paying • Banking • Shopping • Inventories • Ensure that burial funds are managed properly, and certificates are maintained.

COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER

SECTION 5	PROVISION OF SERVICES/IP IMPLEMENTATION	
Question #	Question	Guidance/Additional Information
5.006	When the individual receives assistance with personal funds does the IP include parameters for management based on the areas of focus? 5123:2-2-07	<ul style="list-style-type: none"> • As appropriate/needed based on the service need... • The dollar amount anticipated to be available to the individual up request for personal spending. • The specific type of supports to be provided • The maximum dollar amount that the individual may independently manage at one time. • The maximum dollar amount that the provider may spend on behalf of the individual for any one expenditure without guardian, payee, and/or team approval • The name of the person or entity responsible for providing payee services. • Receipts
5.007	Is staff available based on the assessed needs of the individual? 5123:2-3-01	<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.)

SECTION 6	MEDICATION ADMINISTRATION	
Question #	Question	Guidance/Additional Information
6.001	If the individual(s) being served are unable to self-medicate: <ul style="list-style-type: none"> • Is the medication stored in a secure location? • Is the medication in a pharmacy labeled container? 5123:2-6-02; 5123:2-3-04	<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.
6.002	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? 5123:2-6-02; 5123:2-3-04	<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. Therefore, individuals identified as self-administering may not have an assessment.

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SECTION 6	MEDICATION ADMINISTRATION	
Question #	Question	Guidance/Additional Information
		<ul style="list-style-type: none"> 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	If the individual's assessment indicates that they are unable to self-administer, does the IP address their medication administration needs? 5123:2-3-04	<ul style="list-style-type: none"> An individual is presumed to be able to self-medicate. Assessment should be completed only if the team believes the individual is unable to safely self-medicate.
6.004	If delegated nursing is identified in the plan, is there a statement of delegation, evidence of on-going assessment, and annual skills checklist? 5123:2-6-01, 5123:2-6-03, 5123:2-3-04	<ul style="list-style-type: none"> ICF/IIDs of 1-5 individuals may provide medication administration without delegation. ICF/IIDs of 6 or more may provide delegated nursing services. Reference Delegated Nursing Grid Delegation is required for G/J Tube medication administration, insulin injection or pump, and administration of nutrition via G/J Tube.

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	<p>Cite if the plan includes restrictive measures, but there is no HRC approval.</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>

COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER

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? 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, 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 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>

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SECTION 7	BEHAVIOR SUPPORT	
Question #	Question	Guidance/Additional Information
		<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>
7.003	<p>If the service plan includes time out or manual or mechanical restraint, are the interventions being implemented only when risk of harm is evidenced?</p> <p>5123-2-06</p>	<p>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.</p>
7.004	<p>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?</p> <p>5123-2-06</p>	<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>

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SECTION 7	BEHAVIOR SUPPORT	
Question #	Question	Guidance/Additional Information
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	These conditions must be met: <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.
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?	*Duration is only applicable for a manual restraint or a mechanical restraint

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SECTION 7	BEHAVIOR SUPPORT	
Question #	Question	Guidance/Additional Information
	5123-2-06	
7.010	<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</p>	<p>Could be evidenced by copy of email submission, support staff verification, or viewing on the RMN system</p>
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</p>	<p>For restrictive behavior support strategies, the assessment must clearly describe:</p>

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SECTION 7	BEHAVIOR SUPPORT	
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	<p>that is very likely to result in risk of harm, likelihood of legal sanction, or risk of harm. 5123-2-06</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) <p>Only chemical restraints may be implemented for engagement in a precisely-defined pattern of behavior</p>
7.013	<p>Is there evidence that the person conducting assessments and developing behavioral strategies that include restrictive measures have required credentials? 5123-2-06</p>	<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	<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? 5123-2-06</p>	<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 	<ul style="list-style-type: none"> • Community representatives do not account on either side of the balance. • Ensure that authors of restrictive measures who sit on the HRC do not "vote" on the measures they wrote.

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	<ul style="list-style-type: none"> 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>5123-2-06</p>	<ul style="list-style-type: none"> A committee can serve more than one ICF/IID
7.016	<p>Did all members of the Human Rights Committee receive initial and annual training?</p> <p>5123-2-06</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> <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.
7.017	<p>Did each ICF/IID complete an annual analysis of behavioral support strategies that include restrictive measures for the preceding year</p>	<p>Data compiled and analyzed is to be extracted from the department's RMN application and must include:</p>

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SECTION 7	BEHAVIOR SUPPORT	
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	<p>and present the data and analysis to their Human Rights Committee by March fifteenth of each year? 5123-2-06</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 developed, implemented, documented, and monitored in accordance with the rule
7.018	<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>

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SECTION 7	BEHAVIOR SUPPORT	
Question #	Question	Guidance/Additional Information
7.019	<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>Unusual Incident Section</p> <p>Is there evidence that the ICF/IID developed and implemented a written unusual incident policy and procedure that:</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 this rule; • Requires an employee who becomes aware of an unusual incident to report it to the person designated by the ICF/IID who can • Initiate proper action; 	

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Question #	Question	Guidance/Additional Information
	<ul style="list-style-type: none"> • Requires the report to be made no later than twenty-four hours after the occurrence of the unusual incident; and • Requires the ICF/IID 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	
8.002	<p>Is there evidence that the Incident Report contains the following required elements?</p> <ul style="list-style-type: none"> • Individual's name; • 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. 5123-17-02	Sample Incident Report form available on the DODD website
8.003	<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 5123-17-02	

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SECTION 8	UI/MUI	
Question #	Question	Guidance/Additional Information
8.004	Is there evidence that the unusual incident was investigated by the ICF/IID? 5123-17-02	<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 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	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? 5123-17-02	<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>	<ul style="list-style-type: none"> • Ensure that the incident meets the definition of a UI or MUI in the rule before issuing citation

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SECTION 8	UI/MUI	
Question #	Question	Guidance/Additional Information
	5123-17-02	
8.008	UI and MUI Is there evidence that the individual's team ensured that risks associated with incidents (MUIs and UIs) were addressed in the service plan for each individual affected and, for MUIs, collaborated on the development of a prevention plan to address the causes and contributing factors identified in the investigation? 5123-17-02	<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. • The prevention plan is at the end of the final MUI report. Refer to ITS for this information if necessary. Not all prevention plans require IP revisions.
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. • Does not apply to developmental centers
8.010	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 	<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.

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SECTION 8	UI/MUI	
Question #	Question	Guidance/Additional Information
	<ul style="list-style-type: none"> Other necessary measures to protect the health and welfare of at-risk individuals <p>5123-17-02</p>	<ul style="list-style-type: none"> 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	<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 Prohibited sexual relations <p>5123-17-02</p>	<ul style="list-style-type: none"> Notifications should be by means that the county board has identified Notifications should be documented with time and person notified Does not apply to developmental centers
8.012	<p>Did the facility report all allegations of mistreatment, abuse, neglect, as well as injuries of unknown sources to the administrator immediately?</p> <p>512-17-02</p>	<ul style="list-style-type: none"> Was administrator or designee notified on the same day the incident was identified?
8.013	<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. Does not apply to Developmental Centers
8.014	<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, Other providers of services as necessary to ensure continuity of care and support for the individual, 	<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.

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SECTION 8	UI/MUI	
Question #	Question	Guidance/Additional Information
	<ul style="list-style-type: none"> • 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>	<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. <p>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>
8.015	<p>Is there evidence that the ICF/IID 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 ICF/IID 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.</p> <p>5123-17-02</p>	
8.016	<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>	<ul style="list-style-type: none"> • Report must be completed by 1/31 and submitted to the county board by 2/28 of the subsequent year. • 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;

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SECTION 8	UI/MUI	
Question #	Question	Guidance/Additional Information
		<ul style="list-style-type: none"> ○ 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
8.017	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"> • DOES NOT APPLY TO DEVELOPMENTAL CENTERS • ICF/IIDs (excluding DCs) are required to provide information to County Boards • DODD MUI Staff will measure compliance of Developmental Centers with providing requested information

COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER

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, completed by someone other than the staff who handle personal funds? • 5123:2-2-07 <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.
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>5123:2-2-07</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 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.
9.003	<p>Did the ICF/IID develop and implement a written policy regarding management of individual funds and train all responsible staff on the rule and the policy?</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. 	<ul style="list-style-type: none"> • Training must occur prior to providing assistance with personal funds

COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER

SECTION 9	PERSONAL FUNDS	
Question #	Question	Guidance/Additional Information
	<ul style="list-style-type: none">• Describes how the provider will ensure access to funds and make available financial summaries upon request.• Outlines the system for reporting MUIs. 5213:2-2-07	

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