

R3AP – DODD INITIATION BRIEFING CHECKLIST

	Facility Name:	
Required Participants	Facility Representative, Vendor Representative	Facility Rep Name: Vendor Rep Name:
Facilitator	DODD R3AP Team Member	Name:
Objective:		
To ensure the health, safety, and well-being of individuals supported in the ICF/IID, by quickly augmenting facility staffing with a rapid response strike team.		
Deployment Details:		
Team Configuration	Identify Rapid Response Strike Team members	
Address:	Ensure strike team has address	
Assignment Start Date	Identify Assignment Start Date	
Assignment End Date	Identify Assignment End Date	
Arrival Time	Confirm strike team arrival time on day one	
Schedule In Place	Confirm that facility has supplied vendor with schedule.	
PPE	Confirm who will be providing PPE	
Meeting Location	Define facility address and physical location for team check-in	
Facility Contact	Identify Facility Point of Contact who will greet strike team	
Facility MUI Contact	Identify Facility Point of Contact to report UIs and/or MUIs during deployment	
Building Access	Discuss and confirm how strike team will access buildings or areas of building (ie; is a code needed, swipe card, etc.)	
ID	Confirm how strike team will be identified to facility residents/families/other staff (temporary badges, vendor badges, etc.)	
Documentation	Discuss system for documentation, access to system, access to books, etc.	
Onboarding Requirements for Vendor		
Written Record of Orientation Training	Ensure completion prior to assignment Provide facility with an attestation statement that each crisis worker has viewed video prior to assignment in a DODD facility.	

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<ul style="list-style-type: none"> - Overview of Serving Individuals with DD - Person-centered Planning - Community Participation - Self Determination - Self Advocacy - Universal Precautions - Rights - MUI 	https://www.oadsp.org/dsp-abbreviated-training/	
Onboarding Requirements for Facility		
Individual Specific Training	Provide facility with “Individual Health & Safety Overview” form to complete and provide to each crisis worker specific to the individuals in the facility or in a specific living unit within the facility to whom they will provide services. (DODD staff to verify completion at first day follow up)	
LPN “Under the Direction of” Statement	Ensure onsite documentation of “Nursing Direction Statement” form if an LPN will be part of the strike team. (DODD staff to verify completion at first day follow up)	
Medicaid Suspension and Exclusion List	Must be completed by facility prior to initiation of direct services	
Annual Abuser Registry Notification	Facility must provide each strike team member with a copy of the notification	