

SECTION 2 – SERVICE PLANNING

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction
2.002	<p>Using person centered planning, has the plan been developed based on the results of the assessment as it relates to:</p> <ul style="list-style-type: none"> • Ensure health and welfare, • Assist the individual to engage in meaningful activities • Support community connections • Assist in improving self-advocacy skills • Ensure achievement of outcomes • Identify risks include supports to prevent or minimize risks • Are employment services consistent with the individual’s identified employment outcome? <p>5123:2-1-11; 5123:2-2-05</p>	<p>ISP promotes:</p> <ul style="list-style-type: none"> • Rights • Self-determination/Individual Choice • Physical well-being • Emotional well-being • Material well-being • Personal development • Interpersonal relationships • Community inclusion • Provider has communicated unmet/change in wants/needs • Identified risks related to a noted trend of unusual incidents and/or major unusual incidents <p>Assessment considers:</p> <ul style="list-style-type: none"> • The individual’s skills • Important to promote satisfaction • 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 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction
		<ul style="list-style-type: none"> Place Four: Does not express a desire to work; needs support to make an informed choice 		
2.003	Was the service plan reviewed annually? 5123:2-1-11			
2.004	Was the service plan revised based on the changes in the individuals needs/wants? 5123:2-1-11	<ul style="list-style-type: none"> Consider life changes such as changing jobs, moving, changing providers, a new medical condition or deleting services the individual doesn't want Provider has communicated unmet/change in needs County Board has revised plan once aware of new needs 		
2.005	Did the individual decide who would participate in the service planning process? 5123:2-1-11; 5123:2-9-40	<ul style="list-style-type: none"> No written documentation required. SELF WAIVER –with the assistance of the Support Broker, if needed 		
2.006	Did the provider receive a copy of the individual service plan at least fifteen calendar days in advance of implementation? 5123:2-1-11	<ul style="list-style-type: none"> This is required unless extenuating circumstances make fifteen-day advance copy impractical and with agreement by the individual and his or her providers. Assessment information is part of the planning package. 		
2.007	Does the ISP specify the provider type, frequency, and funding source for each service and activity? 5123:2-1-11			
2.008	For individuals receiving employment services, (vocational habilitation, group employment supports, career planning, and individual employment supports), did the team review the written progress report submitted by the provider to determine if services provided are consistent with the individuals identified employment outcome and the individual has obtained employment or is advancing on the path to community employment? 5123:2-2-05	<ul style="list-style-type: none"> If no progress reported, was the individual service plan amended to identify the barriers toward achieving the desired outcome and the action steps to be taken to overcome the identified barriers? 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction
2.009	Does the ISP include supports to access the full community? 5123:2-1-11; 5123:2-9-02	<ul style="list-style-type: none"> • Are opportunities to access the community being offered? • Are the activities similar to those without disabilities? • On-going access to the community • Individualized vs group opportunities • Achieving desired outcomes 		
2.010	Does the ISP specify which provider will deliver each service or support across all settings? 5123:2-1-11			
2.011	Did the SSA establish and maintain contact with providers as frequently as necessary to ensure that each provider is trained on the individual service plan and has a clear understanding of the expectations and desired outcomes of the supports being provided? 5123:2-1-11	<ul style="list-style-type: none"> • Secure commitments from providers to support the individual in achievement of his or her desired outcomes. • This may be found in provider documentation, SSA case notes and through interviews. 		
2.012	Did the SSA establish and maintain contact with natural supports as frequently as necessary to ensure that natural supports are available and meeting desired outcomes as indicated in the individual service plan? 5123:2-1-11; 5123:2-9-02	<ul style="list-style-type: none"> • Secure commitments from providers to support the individual in achievement of his or her desired outcomes. • This may be found in provider documentation, SSA case notes and through interviews. 		
2.013	Does the service plan identify services and/or supports for day waiver services that are consistent with working toward the expected result of the specific day waiver service? 5123:2-9-13; 5123:2-9-14; 5123:2-9-15; 5123:2-9-16; 5123:2-9-17	<p>See the rule for the day service being reviewed.</p> <ul style="list-style-type: none"> • Adult Day Support- development of skills that lead to greater independence, community membership, relationship building, self-direction and self-advocacy • Group Employment- paid employment and work experience leading to career development and competitive integrated employment. Occurs in either dispersed enclave or mobile work crew. 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction
		<ul style="list-style-type: none"> • Vocational Habilitation- advancement on the path to community employment and achievement of competitive integrated employment. Effective June 1, 2018 - individuals need to have community employment in a service plan to receive this service. • Individual Employment Support- The expected outcome of this service is to support someone in competitive, integrated employment. See definition of competitive, integrated employment below. • Career Planning- The expected outcome is the individual’s achievement of competitive integrated employment and/or career advancement in competitive integrated employment. <p>Competitive, integrated employment is defined as the following:</p> <ul style="list-style-type: none"> • Employment is full time, part time, or self-employment. • Compensation- individual is compensated at min. wage or higher. • Benefits- individual is eligible for similar benefits of employees in similar positions • Integrated- work location allows person to interact with persons without disabilities to the same extent as employee who are not receiving home and community based waiver services. 		
2.014	<p>During the service planning process, did the team explore the least restrictive services and settings? 5123:2-1-11; 5123:2-9-02</p>	<ul style="list-style-type: none"> • Was the individual provided with a description of all services and service setting options available through the waiver in which the individual is enrolled? • Was the individual given the opportunity to choose a service or a combination of 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction
		<p>services and settings that address their assessed needs in the least restrictive manner, promote autonomy, and minimize their dependency on paid support staff?</p> <ul style="list-style-type: none"> • Were service and setting options such as technology-based supports, intermittent or drop-in staffing, shared living, or integrated employment services explored based on the individual's assessed needs, prior to congregate settings? 		

SECTION 3 – MEDICATION ADMINISTRATION

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction
3.001	If it is believed that the individual is unable to self-administer their medications, was a self-medication administration assessment completed? 5123:2-6-02; 5123:2-3-04	<ul style="list-style-type: none"> The presumption is that everyone is able to self-administer their medications. Therefore, individuals identified as self-administering may not have an assessment. 		
3.002	If the individual is unable to self-administer medications has the assessment been reviewed annually, and revised as-needed? 5123:2-6-05; 5123:2-3-04	<ul style="list-style-type: none"> A new assessment must be done at least every 3 years or if there has been a change 		
3.003	If the individual's assessment indicates that they are unable to self-medicate, does the Individual service plan address their medication administration needs? 5123:2-1-11; 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. 		
3.004	If the individual is unable to self-administer their medications, is the medication stored in a secure location based on the needs of the individual and their living environment? 5123:2-6-06; 5123:2-3-04	<ul style="list-style-type: none"> Secured doesn't have to mean locked. It means secured based on the individual's needs 		
3.005	If the individual is unable to self-administer their medications, is the medication in a pharmacy labeled container? 5123:2-6-06; 5123:2-3-04			
3.006	If delegated nursing is identified in the plan, is there a statement of delegation, evidence of on-going assessment, and annual staff skills checklist? 5123:2-6-01; 5123:2-6-03; 5123:2-3-04	<ul style="list-style-type: none"> REFERENCE DELEGATED NURSING GRID Day service locations serving 17 or more individuals must have delegated nursing. Residential facilities with 6 or more beds must have delegated nursing Delegation is required for G/J tube medication administration, insulin injection or pump and administration of nutrition by G/J tube. 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

SECTION 4 – BEHAVIOR SUPPORT

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
4.001	If the service plan includes restrictive measures, did the Human Rights Committee review and approve the plan prior to implementation? 5123:2-2-06; 5123:2-3-04	COUNTY BOARD RESPONSIBILITY		
4.002	If the service plan includes time out or restraint, are the interventions being implemented only when risk of harm is evidenced? 5123:2-2-06; 5123:2-3-04	COUNTY BOARD RESPONSIBILITY <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 causing physical harm to self or others and the individual must be causing physical harm or very likely to begin causing physical harm. 		
4.003	If the service plan includes rights restrictions, are the interventions being implemented only when risk of harm or likelihood of legal sanction are evidenced? 5123:2-2-06; 5123:2-3-04	COUNTY BOARD RESPONSIBILITY <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 causing physical harm to self or others and the individual must be causing physical harm or very likely to begin causing physical harm. Legal sanction is met when the person's actions are very likely to result in eviction, arrest, or incarceration. 		
4.004	If the service plan includes a restrictive measure, are behavioral supports employed with sufficient safeguards? 5123:2-2-06; 5123:2-3-04	<ul style="list-style-type: none"> Has staff been trained? Was supervision available that ensured health, welfare, and rights of the individual? 		
4.005	If the plan includes a restrictive measure, is there evidence that the Restrictive Measure Notification was submitted prior to implementation? 5123:2-2-06; 5123:2-3-04	COUNTY BOARD RESPONSIBILITY <ul style="list-style-type: none"> Could be evidenced by copy of email submission, support staff verification, or viewing on the RMN system 		
4.006	If the plan has behavioral strategies that include restrictive measures, is there evidence that the strategy was reviewed by the individual and the	COUNTY BOARD RESPONSIBILITY		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	team at least every 90 days to determine the effectiveness of the strategy? 5123:2-2-06; 5123:2-3-04	<ul style="list-style-type: none"> If decision was made to continue did the up to date information indicate risk or harm or likelihood of legal sanction is still present. 		
4.007	If the plan includes restrictive measures, is there evidence of an assessment within the past twelve months that clearly describes risk of harm or likelihood of legal sanction? 5123:2-2-06; 5123:2-3-04	For behavior support strategies to be development, assessment must clearly describe: <ul style="list-style-type: none"> Behavior that poses risk of harm or likelihood of legal sanction Level of harm or type of legal sanction that could occur with behavior When is behavior likely to occur Individual factors (medical, environment etc.) that may be contributing 		
4.008	Were all restrictive measures addressed in the plan and approved by the Human Rights Committee? 5123:2-2-06; 5123:2-3-04	<ul style="list-style-type: none"> Examples: house rules, dietary restrictions, imposed bedtimes, locked cabinets, visitor limitations, etc. It is not permissible for these restrictions to be outside of the restrictive measure requirements. Criminal court orders are not required to be approved by the HRC. Restrictive measures include rights restrictions. 		
4.009	Is there evidence that the person conducting assessments and developing behavioral strategies that include restrictive measures have required credentials? 5123:2-2-06; 5123:2-3-04	<ul style="list-style-type: none"> Hold a professional license or certification issued by Ohio board of psychology: the state medical board of Ohio: or the Ohio counselor, social worker, and marriage and therapist OR Hold a certificate to practice as a certified Ohio behavior analyst pursuant to section 4783.04 of Revised code OR Hold minimum of bachelor's degree and 3 years paid full time experience developing and/or implementing behavior support strategies 		
4.010	Are restrictive strategies person-centered and interwoven into a single plan? 5123:2-2-06; 5123:2-3-04	COUNTY BOARD RESPONSIBILITY <ul style="list-style-type: none"> There should be no separate behavior support plans. Restrictive strategies 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
		<p>should be included in a manner similar to all other support strategies.</p>		
4.011	<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? 5123:2-2-06; 5123:2-3-04</p>	<p>COUNTY BOARD RESPONSIBILITY</p> <ul style="list-style-type: none"> Informed consent must be written. A scanned signature submitted electronically is acceptable 		
4.012	<p>Does the provider/county board have a human rights committee that includes the following?</p> <ul style="list-style-type: none"> At least 4 people At least 1 individual who receives or is eligible to receive specialized services 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>5123:2-2-06; 5123:2-3-04</p>	<ul style="list-style-type: none"> N/A if the provider does not have their own committee. A committee can serve more than one county board or provider. 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. 		
4.013	<p>Does the provider/county board have a policy which reflects requirements of the rule? 5123:2-2-06; 5123:2-3-04</p>	<ul style="list-style-type: none"> The Policy and Procedure should not contain any standards not permissible per the rule The Policy and Procedure may additionally address: HRC quorums, age appropriateness, crisis program usage, etc 		
4.014	<p>Is the behavior support strategy directed at:</p> <ol style="list-style-type: none"> Mitigating risk of harm or legal sanction Reducing and eliminating need for restrictive measures Ensuring the environment includes preferred activities so individuals are less 	<ul style="list-style-type: none"> Are the person's preferences considered? Are there achievable success criteria in the strategies? Is there a plan to reduce or eliminate the restrictive measures? 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	likely to engage in unsafe actions due to behavior 5123:2-2-06; 5123:2-3-04			
4.015	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)? 5123:2-2-06; 5123:2-3-04			
4.016	Did all members of the provider/county board Human Rights Committee receive department approved training within three months of appointment to the committee in: rights of individuals with disabilities, person-centered planning, informed consent, confidentiality, and the requirements of 5123:2-2-06? 5123:2-2-06; 5123:2-3-04	<ul style="list-style-type: none"> • N/A for agency providers unless operating on behalf of the county board • County boards are responsible for all committees operating on their behalf • County boards/ICFs can share committees with other entities • The county board or provider can have received approval of their own trainings or utilized the department trainings. • Department online trainings that meet the 5 required areas are: <ul style="list-style-type: none"> ○ Behavioral Support Strategies that Include Restrictive Measures, ○ Human Rights Committee, and ○ Rights of People with Developmental Disabilities 		
4.017	Did all members of the provider/county board Human Rights Committee receive department approved annual training in relative topics which may include but are not limited to: self-advocacy and self-determination; role of guardians and section 5126.043 of the Revised Code; effect of traumatic experiences on behavior; and court-ordered community controls and the role of the court, the county board, and the human rights committee. 5123:2-2-06	<ul style="list-style-type: none"> • N/A for agency providers unless operating on behalf of the county board • County boards are responsible for all committees operating on their behalf • County boards/ICFs can share committees with other entities • The county board or provider can have received approval of their own trainings or utilized the department trainings. 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
		<ul style="list-style-type: none"> • Annual trainings are once during the calendar year beginning the second calendar year of committee appointment. 		
4.018	<p>Did each county board complete an analysis of behavioral support strategies that include restrictive measures? 5123:2-2-06</p>	<ul style="list-style-type: none"> • N/A for agency providers unless operating on behalf of the county board • County boards are responsible for all committees operating on their behalf • Should be completed at least annually • Must be shared with their HRC • Must include but is not limited to: <ul style="list-style-type: none"> ○ Nature and frequency of risk of harm or likelihood of legal sanction that triggered development of strategies that include restrictive measures; ○ Nature and number of strategies reviewed, approved, rejected, and reauthorized by the HRC; ○ Nature and number of restrictive measures implemented; ○ Duration of strategies that include restrictive measures implemented; ○ Effectiveness of strategies that include restrictive measures in terms of increasing or decreasing behaviors as intended. 		

SECTION 5 – MONEY MANAGEMENT

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
5.001	Does the provider ensure that individuals have access to their funds? 5123:2-2-07	<ul style="list-style-type: none"> • This applies to any provider listed in the service 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. • Individuals are able to control personal funds based on their abilities 		
5.002	Did someone other than the staff who handle personal funds, complete reconciliations at the frequencies required? 5123:2-2-07	<ul style="list-style-type: none"> • Bank accounts should be reconciled using the most recent bank statement. • Cash accounts maintained by the provider should be reconciled every 30 days. 		
5.003	If the service plan includes assistance with money management, 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 		
5.004	If the provider is responsible with assisting the individual with managing their personal funds, does the service plan include parameters for management based on the areas of focus? 5123:2-2-07	<p>As appropriate/needed based on the service need:</p> <ul style="list-style-type: none"> • 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 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
5.005	Does the provider ensure that the account transaction records/ledgers include the required elements? 5123:2-2-07	Each type of account includes: <ul style="list-style-type: none"> • The individual's name • The source, amount, and date of all funds received • The signature of the person depositing funds to the account, unless electronically deposited • The signature of the person withdrawing funds to the account unless electronically deposited. 		
5.006	If the individual lives in a licensed facility does the provider, ensure the individual receives \$75.00 in personal allowance? 5123:2-3-18	LICENSED FACILITY ONLY		
5.007	If the individual lives in a licensed facility does the provider, ensure that the individual is paying his/her room and board costs or receiving excess funds as required by the room and board contract? 5123:2-3-18	LICENSED FACILITY ONLY SEE ROOM & BOARD CALCULATION SHEET <ul style="list-style-type: none"> • If the individual has earned income, the provider shall ensure they receive the first \$100 and 1/2 of any income over \$100 		
5.008	Is there evidence that the individual is able to purchase items, goods, and services of his/her preference? 5123:2-2-07	<ul style="list-style-type: none"> • Based on the individual's available resources • Licensed waiver facilities are NOT required to purchase individual items unless included in the Room & Board agreement, or covered by the waiver reimbursement 		
5.009	If the individual lives in a setting that is provider owned or controlled, does the individual have a lease or other legally enforceable agreement? 5123:2-9-02	Provider owned setting means a licensed residential facility Provider controlled setting means a residence where the landlord is: <ul style="list-style-type: none"> • An entity that is owned in whole or part by the individual's provider or an immediate family member of the provider or the owner or a management employee of the agency provider • Affiliated with the individual's agency provider 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
		<ul style="list-style-type: none"> A member of the board of the provider, or has a member of the provider agency serving on the landlord's board 		
5.010 Licensed Facility Only	Did the provider add any item with a purchase price of \$50 or more to the individual's record of personal belongings at the time of acquisition? 5123:2-3-04	LICENSED FACILITY ONLY <ul style="list-style-type: none"> Licensed facilities must maintain a record of individuals' belongings 		
5.011	Did the provider develop and implement a written policy regarding management of individual funds? 5213:2-2-07	<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. Has to outline the system for reporting MUIs. 		
5.012	Did the provider ensure that all staff responsible for managing personal funds are trained on the rule and the policy 5213:2-2-07	<ul style="list-style-type: none"> Training must occur prior to providing assistance with personal funds. 		

SECTION 6- Moved to Section 18 (page intentionally left blank)

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

SECTION 7- SERVICE DELIVERY & DOCUMENTATION

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
7.001	Does service delivery documentation include the following elements below? <ul style="list-style-type: none"> • Date of service; • Individual's name; • Individual's Medicaid #; • Provider name; • Provider # • Signature or initials of person delivering the service 5123:2-9-06; 5123:2-9-40; 5123:2-9-39; 5123:2-9-20	<ul style="list-style-type: none"> • May be maintained on multiple documents/forms • Review service specific rule for documentation requirements 		
7.002	Does the waiver service delivery documentation for all waiver billing codes include the place of service? 5123:2-9-06; 5123:2-9-40; 5123:2-9-39; 5123:2-9-20	<ul style="list-style-type: none"> • Place of service in NMT is the vehicle license plate number • For Transportation (HPC), this is origination/destination points 		
7.003	Does the waiver service delivery documentation for all waiver codes include the type of service? 5123:2-9-06; 5123:2-9-40; 5123:2-9-39; 5123:2-9-20	<ul style="list-style-type: none"> • Review service specific rule for documentation requirements • NMT: requires type of NMT service – per-trip or per-mile 		
7.004	Does the waiver service delivery documentation for all waiver billing codes include the number of units (amount) provided? 5123:2-9-06; 5123:2-9-40; 5123:2-9-39; 5123:2-9-20	<ul style="list-style-type: none"> • Not required for services billed using a daily rate except adult day services • Documentation may be maintained on multiple documents/forms • Review service specific rule for documentation requirements • For Transportation (HPC, NMT, and SELF), this is total number of miles as indicated by the odometer readings 		
7.005	Does the waiver service delivery documentation for all waiver billing codes include scope? 5123:2-9-06; 5123:2-9-40; 5123:2-9-39	<ul style="list-style-type: none"> • Scope- the definition of each waiver service must describe in concrete terms the goods and services that will be provided to waiver participants, including any 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
		<p>conditions that apply to the provision of the service</p> <ul style="list-style-type: none"> • N/A for NMT, Transportation • N/A for money management provider 		
7.006	Does the waiver service delivery documentation for all waiver billing codes include frequency? 5123:2-9-06; 5123:2-9-40	<ul style="list-style-type: none"> • How often a service will be furnished. The number of times the service is offered • N/A for NMT, Transportation • N/A for money management provider 		
7.007	Does the waiver service delivery documentation for all waiver billing codes include duration? 5123:2-9-06; 5123:2-9-40; 5123:2-9-39	<ul style="list-style-type: none"> • The length of time that a service will be provided • A limit on the duration of services means that the service will no longer be provided after a specified period of time or, after a specified period of time, the necessity for the service is subject to review and reauthorization • N/A for NMT, Transportation • N/A for money management provider 		
7.008	Does the waiver service delivery documentation include group size? 5123:2-9-06	<ul style="list-style-type: none"> • Check applicable rules to determine if group size is required. 		
7.009	Does the waiver service delivery documentation for non-medical transportation include the names of all other passengers/riders including paid staff and volunteers who were in the vehicle during any portion of the trip and/or commute? 5123:2-9-18	NMT ONLY		
7.010	Are medication, treatments, health related activities and dietary orders being followed? 5123:2-2-01; 5123:2-1-11, 5123:2-6-03; 5123:2-9-39	<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 • There are 13 health related activities • Nursing tasks not authorized by DODD Category 1 Certifications require nurse 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
		delegation (ex. Catheterization, trach suctioning, etc.)		
7.011	Is the service plan and/or plan of care being implemented as written? 5123:2-2-01; 5123:2-9-39	<ul style="list-style-type: none"> • Info may come from service documentation and review of the frequency/duration of services delivered and/or observation. Documentation should match services in the plan. • Includes access to adaptive equipment/modifications important to/for the individual 		
7.012	Is the provider/facility following all applicable local, state and federal rules and regulations?	<ul style="list-style-type: none"> • Must include rule cite 		
7.013	Does the individual’s plan of care (485) include: <ul style="list-style-type: none"> • The current certification period • Provider’s name including all RNs and LPNs providing service. • All sections of Plan of Care are completed • Medication list and MAR 5123:2-9-39	<ul style="list-style-type: none"> • Required for agency nursing services • Must be signed and dated by the treating physician every 60 days • Verbal orders on the plan of care can be worked under for two weeks • Referred to as the 485 		
7.014	Does the nursing documentation include clinical notes or progress notes and documentation of the face to face visits? 5123:2-9-39			
7.015	For providers of employment services, (vocational habilitation, group employment supports, career planning and individual employment supports) was a written progress report submitted to the individual’s team at least once every twelve months to show progress towards desired employment outcome? 5123:2-2-05	<ul style="list-style-type: none"> • The written progress report shall outline the following: <ul style="list-style-type: none"> • Desired employment outcome • Place to path on community employment • Anticipated time-frame and progress towards reaching desired outcome • If Employment outcome was not met, does it explain barriers identified and steps to address barriers or revise employment outcome? 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
7.016	Did the provider submit employment outcome data for individuals who receive employment services (vocational habilitation, group employment supports, career planning, and individual employment supports) through the web-based data collection system maintained by the Department? 5123:2-2-05; 5123:2-9-13; 5123:2-9-14; 5123:2-9-15; 5123:2-9-16	<ul style="list-style-type: none"> Was employment outcome data submitted at least once per year or more frequently as status changes occur? Provider should have the data they submitted disseminated in a confidential manner based on services provided, how individuals obtained employment, hours worked, wages earned, and occupations. This is information you could request to see. Does not apply to Adult Day Support service 		
7.017	Were records maintained in a confidential manner and available upon request? 5123:2-2-01; 5123:2-9-06 and 5123:2-3-13; 5123:2-9-39			
7.018	Does the waiver provider ensure that records related to the provision of services are maintained by the provider for a minimum of six years? 5123:2-9-06	<ul style="list-style-type: none"> These records can be stored electronically. 		
7.019	Does the waiver service documentation for <i>applicable</i> waiver services include the times the delivered service started and stopped? 5123:2-9-06; 5123:2-9-40; 5123:2-9-39; 5123:2-9-20	<ul style="list-style-type: none"> Check the rule for the service under review; this may not apply for services billed at a daily rate. 		
7.020	Are waiver services delivered in a manner which supports individual choice, preferences, and needs in a manner to supports each individual’s full participation in his/her greater community? 5123:2-9-02 42 CFR 441.301 (c) (4-6); 441.701 (a) (1-2)	<ul style="list-style-type: none"> Are opportunities to access the community being offered Engagement in meaningful activities (work and non-work activities) Age appropriate activities Are the activities similar to those without disabilities? 		
7.021	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? 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
7.022 DAY SERVICES	<p>For providers of Adult Day Support and Vocational Habilitation only: If the provider is billing the community integration rate modification, are the following conditions met?</p> <ol style="list-style-type: none"> 1. Staff providing the service have successfully completed a department approved program of instruction in community integration. 2. The service is provided in integrated settings in groups of four or fewer individuals. <p>5123:2-9-14; 5123:2-9-17</p>	<ul style="list-style-type: none"> • Community Integration rate modification only applies when the ADS/Voc Hab service is billed in 15 minute units. • Community integration training is found within the DSP 8 hour training on DODD MyLearning. It can be watched individually or as the entire 8 hour DSP training. 		
7.023 DAY SERVICES	<p>Providers of Career Planning only: When the provider is billing the Career Planning service for any of the components listed below, does the documentation include a description and details sufficient to demonstrate achievement of the desired outcomes?</p> <ul style="list-style-type: none"> • Assistive technology assessment • Benefits education and analysis • Career discovery • Employment/self-employment plan • Situational observation and assessment <p>5123:2-9-13</p>	<ul style="list-style-type: none"> • This question only applies to the Career Planning components listed in the question. This does NOT apply to: <ul style="list-style-type: none"> • Career exploration • Job development • Self-employment launch • Worksite accessibility • Please review the Career Planning rule for information on each of the service components. 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

SECTION 8 – MUI/UI

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
8.001	<p>Upon identification of a MUI, is there evidence that the provider took the following immediate actions as appropriate:</p> <ul style="list-style-type: none"> • Immediate and on-going medical attention • Removal of an employee from direct contact with any at-risk individual when the employee is alleged to have been involved in abuse or neglect 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 <p>5123:2-17-02</p>	<ul style="list-style-type: none"> • Providers are not required to remove staff from all direct contact with individuals • Providers are responsible for making sure that immediate actions are appropriate and adequately protect any “at risk” individuals. • The provider is responsible for notifying the county board or department when there are changes in protective actions (i.e. returning employee to duty, change in supervision levels, etc.) 		
8.002	<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"> • Abuse (Physical, Sexual and Verbal) • Exploitation • Misappropriation • Neglect • Suspicious/Accidental Death • Media Inquiry • Peer to peer acts <p>5123:2-17-02</p>			
8.003	<p>Is there evidence that the provider has submitted a written incident report to the county board contact or designee no later than three p.m. the next working day following initial knowledge of a potential or determined major unusual incident?</p> <p>5123:2-17-02</p>			
8.004	<p>Is there evidence that notifications were made on the same day of the incident to the following as applicable:</p>	<ul style="list-style-type: none"> • Applies to notifications for MUIs only, not UIs • Notification to the Residential Provider only applies when the incident happens at 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	<ul style="list-style-type: none"> • Guardian or other person whom the individual has identified • Residential provider (licensed or certified) • SSA • Staff or family living at the individual's residence who have responsibility for individual's care • Support broker 5123:2-17-02	a location operated by an agency provider that is not the residential provider <ul style="list-style-type: none"> • Notifications or efforts to notify those listed above were documented • 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. 		
8.005	If applicable, were appropriate notifications made to other agencies? <ul style="list-style-type: none"> • Children's Services for allegations of abuse and neglect) • Law Enforcement (for allegations of a crime) 5123:2-17-02	<ul style="list-style-type: none"> • Any allegation of abuse or neglect under 2151.03 and 2151.031 for children under 21 years • Any allegation of exploitation, failure to report, misappropriation, neglect, peer to peer acts, physical abuse, sexual abuse, verbal abuse which may constitute a crime must be immediately reported to LE • Notifications or efforts to notify those listed above were documented 		
8.006	Is there evidence the provider cooperated with the investigation of MUIs? Timely submission of requested information? 5123:2-17-02	<ul style="list-style-type: none"> • For County Boards: Timely submission also Includes replies past due (Replies past due will only be reviewed by DODD MUI STAFF) 		
8.007	Is there evidence that the individual's team including the provider, collaborated on the development of a prevention plan to address the causes and contributing factors identified in the investigation? 5123:2-17-02			
8.008	This begins UI Section Is there evidence that the unusual incident was investigated by the Provider? 5123:2-17-02	UI INVESTIGATIONS should include what happened including immediate actions, identify cause and contributing Factors and what was done (prevention plan). <ul style="list-style-type: none"> • Examples of Immediate Actions: assessing for injuries, First Aid, separating 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
		individual, calling 911, Notifying Law Enforcement. <ul style="list-style-type: none"> • 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 		
8.009	Is there evidence that the Incident Report contains the following required elements? <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 of signature of person completing the incident report. 5123:2-17-02	<ul style="list-style-type: none"> • Sample Incident Report in Health and Safety Tool Kit 		
8.010	Is there evidence that the provider 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? 5123:2-17-02			

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
8.011	Did the provider make the unusual incident report, documentation of patterns and trends and corrective actions available to the CB and Department upon request? 5123:2-17-02			
8.012	Did the provider/County Board maintain a log of unusual incidents which includes: <ul style="list-style-type: none"> • Name of Individual • Description of Incident • Identification of Injuries • Time/Date of Incident • Location of Incident • Preventative Measures 5123:2-17-02	<ul style="list-style-type: none"> • Sample UI Log Available on Health and Safety Toolkit • Best practice would include Immediate Actions, Cause and Contributing Factors 		
8.013	Upon identification of an unusual incident, is there evidence that the provider took the following immediate actions as appropriate: <ul style="list-style-type: none"> • Report was made to the designated person • The UI report was made within 24 hours of the incident • 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. 5123:2-17-02	<ul style="list-style-type: none"> • If the provider is non-compliant with this question, ask to see their procedures. 		
8.014	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? 5123:2-17-02	<ul style="list-style-type: none"> • Ensure that the incident meets the definition of a UI or MUI in the rule before issuing citation 		
8.015	Did the CB immediately upon notification or receipt of a report an allegation. <ul style="list-style-type: none"> • Ensured that all reasonable measures necessary to protect the health and welfare of at-risk individuals have been taken; • Determined if additional measures are needed; 	THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	<ul style="list-style-type: none"> Notified the department if the circumstances in paragraph (I) (1) of this rule that require a department-directed administrative investigation are present. Such notification shall take place on the first working day the county board becomes aware of the incident. 5123:2-17-02 			
8.016	Is there evidence that the county board entered preliminary information regarding the incident in ITS and in the manner prescribed by the department by three p.m. on the working day following notification by the provider or of becoming aware of the major unusual incident. 5123:2-17-02	THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF		
8.017	<p>Is there evidence that the agency provider 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 agency provider who can Initiate proper action; Requires the report to be made no later than twenty-four hours after the occurrence of the unusual incident; and Requires the agency provider to investigate unusual incidents, identify the cause and contributing factors when applicable, and develop preventive measures to protect the health and welfare of any at-risk individuals. 5123:2-17-02 	THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF		
8.018	Is there evidence that investigative agent completed a report of the administrative investigation and submitted it for closure in the incident tracking system within thirty working	THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	<p>days unless the county board requested and the department granted an extension for good cause. 5123:2-17-02</p>			
8.019	<p>Does the investigation report follow the format prescribed by the Department and include:</p> <ul style="list-style-type: none"> • Initial Allegation • A list of persons interviewed and documents reviewed • A summary of each interview and documents reviewed • A Findings and Conclusion section which includes the causes and contributing factors to the incident that support the findings and conclusions <p>5123:2-17-02</p>	<p>THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</p>		
8.020	<p>Is there evidence that no later than five working days following the county boards, developmental centers, or department's recommendation via the incident tracking system that the report be closed, the county board, developmental center, or department shall provide a written summary of the administrative investigation of each category A or category B major unusual incident, including the allegations, the facts and findings, including as applicable, whether the case was substantiated or unsubstantiated, and preventive measures implemented in response to the major unusual incident to the following unless the information in the written summary has already been communicated:</p> <ul style="list-style-type: none"> • The individual, individual's guardian, or other person whom the individual has identified, as applicable; in the case of a peer-to-peer act, both individuals, individuals' guardians, or other persons whom the individuals have 	<p>THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</p> <ul style="list-style-type: none"> • In the case of an individual's death, the written summary shall be provided to the individual's family only upon request by the individual's family. • The county board shall provide a copy of its full report of the administrative investigation to the intermediate care facility. The department shall resolve any conflicts that arise. 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	identified, as applicable, shall receive the written summary; <ul style="list-style-type: none"> • The licensed or certified provider and provider at the time of the major unusual incident; and • The individual's SSA and Support Broker 5123:2-17-02			
8.021	Was there evidence that the County Board made a reasonable attempt to notify the primary person involved as to whether the major unusual incident has been substantiated, unsubstantiated/insufficient evidence, or unsubstantiated/unfounded no later than five working days following the closure of a case. 5123:2-17-02	THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF <ul style="list-style-type: none"> • The written summary shall not be provided to the primary person involved, the spouse of the primary person involved, or the significant other of the primary person involved. 		
8.022	Is there evidence that the County Board: <ul style="list-style-type: none"> • Conducted the analysis and implemented follow up actions for all programs operated by county board such as workshops, and transportation. • Sent their analysis and follow up to the Department by 8/31 (semi-annual) and 2/28 (annual) 5123:2-17-02	THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF		
8.023	Is there evidence that the county board reviewed provider analysis and ensured that all issues have been reasonably addressed to prevent recurrence? 5123:2-17-02	THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF <ul style="list-style-type: none"> • Does the County Board have a system for collecting independent and agency providers' analyses? 		
8.024	Is there evidence that the agency provider and the county board ensured that trends and patterns of unusual incidents are included and addressed in the individual service plan of each individual affected?	THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF		
8.025	Is there evidence that each county board or as applicable, each council of governments to which county boards belong, has a committee that reviews trends and patterns	THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	<p>of major unusual incidents. The committee is made up of a reasonable representation of the county board(s), providers, individuals who receive services and their families, and other stakeholders deemed appropriate by the committee. 5123:2-17-02</p>			
8.026	<p>Is there evidence that:</p> <ul style="list-style-type: none"> • The role of the committee shall be to review and share the county or council of government’s aggregate data prepared by the county board or council of governments to identify trends, patterns, or areas for improving the quality of life for individuals served in the county or counties. • The committee met each September to review and analyze data for the first six months of the calendar year and each March to review and analyze data for the preceding calendar year. • The county board or council of governments shall send the aggregate data prepared for the meeting to all participants at least ten calendar days in advance of the meeting. • The county board or council of governments maintained minutes of each meeting, distribute the minutes to members of the committee, and make the minutes available to any person upon request. • The CB implemented follow-up actions identified by the committee <p>5123:2-17-02</p>	<p>THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</p>		
8.027	<p>Is there evidence the County Board developed a policy and procedure relative to unusual incidents? 5123:2-17-02</p>	<p>THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</p>		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
8.028	<p>Is there evidence that the county board reviewed, on at least a quarterly basis, a representative sample of provider logs, including logs where the county board is a provider, to ensure that:</p> <ul style="list-style-type: none"> • major unusual incidents have been reported, • preventive measures have been implemented, and • trends and patterns have been identified and addressed in accordance with this rule. The sample shall be made available to the department for review upon request. <p>5123:2-17-02</p>	<p>THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</p>		
8.029	<p>INVESTIGATION INTAKE:</p> <ol style="list-style-type: none"> 1. Is there evidence that the MUI was incorrectly coded? 2. Does the MUI contain adequate information for appropriately categorizing it under Appendix A, B, or C? 3. Is there evidence that a separate investigation should have occurred? 4. Is there evidence of law enforcement notification and follow up? 5. Is there documentation of a scene assessment? 6. Is there evidence of timely initiation of investigation? <p>5123:2-17-02</p>	<p>THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</p>		
8.030	<p>INTERVIEWS:</p> <ol style="list-style-type: none"> 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? 	<p>THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</p>		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	5. Was there any other documentation of interviews? 6. Were follow-up interviews conducted? 5123:2-17-02			
8.031	DOCUMENTATION: 1. Is there evidence that the incident report and all other documentation from the reporter of the incident was gathered? 2. Is there evidence that information regarding the individual (e.g. ISP, bank statements, inventory, medical conditions) was gathered and reviewed? 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? 5123:2-17-02	THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF		
8.032	DOCUMENTATION REVIEW AND INCIDENT SPECIFIC QUESTIONS: 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. 5123:2-17-02	THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF		
8.033	RELEVANT HISTORY / RELATIVE CREDIBILITY: 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,	THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	PPI, witnesses, and all other relevant parties was evaluated? 5123:2-17-02			
8.034	ANALYSIS AND CAUSE AND CONTRIBUTING FACTORS: 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)? 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? 5123:2-17-02	THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF		
8.035	Is there evidence that the provider or CB employing a primary person involved notified the department when they are aware that the primary person involved worked for another provider? 5123:2-17-02	THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF		
8.036	Is there evidence that when an agency provider (excluding an intermediate care facility) that conducted an internal review of an incident for which a major unusual incident has been filed, has submitted the results of its internal review of the incident, including statements and documents, to the county board within fourteen calendar days of the agency provider becoming aware of the incident. 5123:2-17-02	THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF		
8.037	Is there evidence that the Provider: <ul style="list-style-type: none"> • Conducted a semi-annual and annual analysis and implemented follow up actions • Sent the analysis and follow up to the County Board for all programs operated in the County by 8/31 (semi-annual) and by 2/28 (annual) 5123:2-17-02	THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF <ul style="list-style-type: none"> • Pattern and Trends Analyses are due: August thirty-first of each year for the semi-annual review and by February twenty-eighth of each year for the annual review 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
		<ul style="list-style-type: none"> All reviews and analysis shall be completed within 30 calendar days following the end of the review period. 		
8.038	<p>Is there evidence that the Pattern and Trends Analysis report contains the following required elements:</p> <ul style="list-style-type: none"> Date of review; Name of person completing review; Time period of review; Comparison of data for previous three years; Explanation of data; Data for review by major unusual incident category type; Specific individuals involved in established trends and patterns (i.e., five major unusual incidents of any kind within six months, ten major unusual incidents of any kind within a year, or other pattern identified by the individual's team); Specific trends by residence, region, or program; Previously identified trends and patterns; and Action plans and preventive measures to address noted trends and patterns <p>5123:2-17-02</p>	<p>THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</p> <ul style="list-style-type: none"> Sample Analysis Tips are available on the Health and Safety Tool kit 5 MUI of any kind within 6 months, 10 MUI 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; action plans and preventive measures to address noted trends and patterns The CB shall ensure that trends & patterns of MUIs are included and addressed in the ISP of each individual affected 		

SECTION 9 – PERSONNEL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
9.001	Is the CEO listed in PCW and approved by DODD Certification? 5123:2-2-01	<ul style="list-style-type: none"> • Have the name of the CEO listed in PCW before going onsite • Refer the provider to the 1-800 call center • Notify DODD Review Manager 		
9.002	Did the provider complete the following <u>initial</u> database checks for employees? <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 5123:2-2-02; 5123:2-3-01	<ul style="list-style-type: none"> • Mark as non-compliant if checks were not completed at all • Applies to employees hired after 1/1/13 • Persons on the data base may not be employed to provide services to individuals 		
9.003	Did the provider complete the following database checks every five years for employees? <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 5123:2-2-02; 5123:2-3-01	<ul style="list-style-type: none"> • Mark as non-compliant if checks were not completed at all • If employees are verified as enrolled in ARCS, the 5 year recheck is not required. 		
9.004	Did the provider complete the initial and 5-year database checks in a timely manner?	<ul style="list-style-type: none"> • Mark as non-compliant if either the initial or 5 year checks were completed late 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	<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 5123:2-2-02; 5123:2-3-01	<ul style="list-style-type: none"> • DO NOT mark non-compliant to this question if the checks were not done at all. 		
9.005	Did the provider complete a valid initial BCII/FBI check for direct service employees? 5123:2-2-02; 5160-45-07; 5123:2-3-01; ORC109.572	<ul style="list-style-type: none"> • Mark as non-compliant if the initial checks were not completed at all or were completed using the incorrect reason code/reason title • FBI check required if employee hasn't been an Ohio resident for 5 yrs. previous to hire 		
9.006	Did the provider complete a valid BCII/FBI check every 5 years for direct service employees? 5123:2-2-02; 5160-45-07; 5123:2-3-01; ORC109.572	<ul style="list-style-type: none"> • Mark as non-compliant if the 5 year checks were not completed at all or the incorrect reason code was used • BCII recheck not required if employee is enrolled in Rapback; Rapback does NOT include the FBI recheck FBI check required if employee hasn't been an Ohio resident for 5 yrs. 		
9.007	Did the provider complete the initial and 5 year BCII/FBI checks in a timely manner? 5123:2-2-02; 5160-45-07; 5123:2-3-01; ORC109.572	<ul style="list-style-type: none"> • Mark as non-compliant if either the initial or 5 year checks were completed late • DO NOT mark non-compliant to this question if the checks were not done at all. 		
9.008	Did the provider ensure that direct services are only provided by employees who do not have a disqualifying offense and who are not included on any of the databases identified in rule? 5123:2-2-02; 5160-45-07; 5123:2-3-01	<ul style="list-style-type: none"> • Refer to Section G of the background check rule for employees with Tier 4 offenses who were hired prior to 1/1/13 		
9.009	Did the provider staff, while under final consideration for employment, sign a statement attesting that the staff			

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	person would notify the provider within 14 days if they are ever charged with, plead guilty to, or are convicted of a disqualifying offense? 5123:2-2-02; 5160-45-07; 5123:2-3-01			
9.010	Did the provider staff, while under final consideration for employment, sign a statement attesting that the staff person has never plead guilty to or been convicted of a disqualifying offense? 5123:2-2-02; 5160-45-07; 5123:2-3-01	<ul style="list-style-type: none"> • 		
9.011	Did the provider staff have annual notification explaining conduct for which a DD employee may be included on the Abuser Registry? 5123:2-2-01	<ul style="list-style-type: none"> • A staff signature is not required. • Agency must have a process to implement. 		
9.012	Did the agency provider verify that the staff person has a high school diploma, GED or a rule waiver from the department? 5123:2-2-01; 5123:2-3-01	<ul style="list-style-type: none"> • Review with provider their system to verify a high school diploma or GED. • Staff enrolled in college are considered to meet this requirement. 		
9.013	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) 5123:2-6-03; 5123:2-3-01	<ul style="list-style-type: none"> • Agency staff are <u>only</u> permitted to administer medications through family delegation when they are the paid provider, they are related to the individual and they live with the individual. • Category 1 certification <ul style="list-style-type: none"> • Authorizes Oxygen administration without delegation (in settings that do not require delegation of Cat 1 activities) • Authorizes use of OTC topical products for musculoskeletal comfort without a prescription • Authorizes 5 new health related activities: <ol style="list-style-type: none"> 1. Pulse Oximetry (for O2 saturation reading) 2. Bi/CPAP 3. Application of Prescription Compression Hose 4. Application of a Percussion Vest 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
		5. Use of Cough Assist Insufflator		
9.014	Does the professional staff have required licenses/certifications? 5123:2-6-04; 5123:2-6-06; 5123:2-9-25; 5123:2-9-28; 5123:2-9-29; 5123:2-9-36; 5123:2-9-38; 5123:2-9-41; 5123:2-9-43; 5123:2-9-46; 5123:2-9-39; 5123:2-3-01; 5123:2-9-13	<ul style="list-style-type: none"> Includes nursing licenses, social work licenses, OT/PT licenses, etc. <ul style="list-style-type: none"> Nursing: an expired nursing license will be an immediate citation, the CB and Nursing Board should be advised Career Planning: Licensing/certification requirements only for Assistive Technology Assessment, Benefits Education and Analysis, and Worksite Accessibility. See Career Planning rule for specifics. 		
9.015	Did the provider staff have current CPR certification? 5123:2-2-01; 5123:2-3-01; 5123:2-9-20	<ul style="list-style-type: none"> N/A for money management provider For licensed facilities: Must be obtained within 60 days N/A SELF Support Brokers or SELF community inclusion-transportation N/A Remote Monitoring or Emergency Response providers who don't provide backup (direct support) services 		
9.016	Did the provider staff have current first aid certification? 5123:2-2-01; 5123:2-3-01; 5123:2-9-20	<ul style="list-style-type: none"> N/A for money management provider For licensed facilities: Must be obtained within 60 days N/A SELF Support brokers or SELF community inclusion-transportation N/A Remote Monitoring providers who don't provide backup services 		
9.017	Did the staff person receive initial training prior to providing services that included: (i) Overview of serving individuals with developmental disabilities including implementation of ISP (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	<ul style="list-style-type: none"> Effective 10/1/15 for new hires 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	(v) Initial MUI training including the health and welfare alerts issued by the department. 5123:2-2-01; 5123:2-3-01; 5123:2-9-20			
9.018	Did the staff person receive training prior to providing services that included person specific training? (i) on what is important to and important for the individual (ii) as it applies to behavioral supports (iii) as it applies to money management (iv) as it applies to medication administration/delegated nursing 5123:2-2-01; 5123:2-3-01	<ul style="list-style-type: none"> • The requirement for person specific training begins with the new certification rule on 10/1/2015. Look for this requirement to be met when there is a new staff person and for staff persons that are serving different individuals. • Refers to the ISP training prior to implementation 		
9.019	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 5123:2-2-01; 5123:2-3-01	<ul style="list-style-type: none"> • New supervisory staff hired after 10/1/16 		
9.020	Did all direct service staff have initial training on actions to take in the event of a fire or other emergencies? 5123:2-3-01	<p>LICENSED FACILITY ONLY</p> <ul style="list-style-type: none"> • Must be completed within 30 days 		
9.021	Did the provider staff have annual training on the MUI/UI requirements and health and welfare alerts from the previous year? 5123:2-17-02; 5123:2-3-01; 5123:2-9-20	<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 		
9.022	Did the provider staff have annual training on the Rights of Individuals with DD? ORC 5123.63; 5123:2-2-01; 5123:2-3-01; 5123:2-9-20	<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 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
9.023	Beginning in the second year of employment and annually did direct services staff receive training related to person-centered planning, community integration, self-determination, and self-advocacy? 5123:2-2-01; 5123:2-3-01	<ul style="list-style-type: none"> Once during each calendar year Not required to be within 365 days 		
9.024	Did the provider/staff person providing HPC waiver services receive annual training in their role in providing behavior supports? 5123:2-9-30;	<ul style="list-style-type: none"> Once during each calendar year Not required to be within 365 days Could be included as a component of principles of positive intervention culture Required regardless of whether there is a behavior support plan 		
9.025	Did the Support Broker successfully complete the Support Broker training established by DODD? 5123:2-9-47	SELF SUPPORT BROKER ONLY		
9.026	For day waiver services, did the provider ensure that within the first 90 days of employment , direct services staff completed an orientation program that addresses: <ul style="list-style-type: none"> Agency organizational background Components of quality care for individuals served Health and safety Positive behavior support Services that comprise the specific waiver service 5123:2-9-13; 5123:2-9-14; 5123:2-9-15; 5123:2-9-16; 5123:2-9-17	Career Planning Service: <ul style="list-style-type: none"> Excludes Career Planning components of assistive technology assessment, benefits education and analysis, and worksite accessibility 		
9.027	For day waiver services, did the provider ensure that during the first year of employment direct service staff were provided with: <ul style="list-style-type: none"> A mentor 	<ul style="list-style-type: none"> Excludes staff who at the time of hire, had one year of experience providing the specific waiver service. 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	<ul style="list-style-type: none"> • Training specific to the day waiver service 5123:2-9-13; 5123:2-9-14; 5123:2-9-15; 5123:2-9-16; 5123:2-9-17 			
9.028	<p>For day waiver services, did the provider ensure that all direct service staff, starting in the second year of employment, annually completed training that includes:</p> <ul style="list-style-type: none"> • Roles and responsibilities regarding services, including person centered planning, community integration, self-determination, and self-advocacy • Rights • MUI/UI • Role in providing behavioral supports to individuals served • Best practices related to the provision of the specific waiver service <p>5123:2-9-13; 5123:2-9-14; 5123:2-9-15; 5123:2-9-16; 5123:2-9-17</p>			

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
9.029	<p>Has the provider of waiver funded money management services either:</p> <p>(a) Achieved a score of at least eighty per cent on the department-administered money management competency test; OR</p> <p>(b) Holds a degree from an accredited college or university in accounting, business administration, finance, or public administration;</p> <p>OR</p> <p>(c) Be authorized by Chapter 4701. of the Revised Code to use the designation of certified public accountant.</p> <p>5123:2-9-20</p>	<p>MONEY MANAGEMENT WAIVER SERVICE ONLY</p>		
9.030	<p>For provider staff members who are responsible for transporting individuals, did the provider ensure that a driver’s abstract was completed prior to transporting individuals?</p> <p>5123:2-2-02;</p>	<ul style="list-style-type: none"> • Unofficial abstract from BMV is acceptable • Driver is ineligible to drive if they have six points or more on their abstract • Abstract should come from the state where the employee lives 		
9.031	<p>For provider staff members who are responsible for transporting individuals, does the staff person have a valid driver's license?</p> <p>5123:2-9-18; 5123:2-9-24; 5123:2-9-42</p>			
9.032	<p>Did the provider ensure that only staff with fewer than 6 points on their driver's abstract provided transportation services?</p> <p>5123:2-2-02</p>			
9.033	<p>Did staff providing transportation obtain a new driver's abstract every 3 years?</p>			

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	5123:2-9-18; 5123:2-9-24; 5123:2-9-42			
9.034	Are all vehicles used to transport individuals covered by a current insurance policy that meets the requirements of the service provided? 5123:2-9-18; 5123:2-9-24; 5123:2-9-42			
9.035	If the provider is responsible for providing Per Trip Non-Medical Transportation, does the staff person have a signed form establishing the driver's physical qualification to provide non-medical transportation? 5123:2-9-18	<ul style="list-style-type: none"> This form must be completed and signed by a person who is licensed, certified, and/or registered in accordance with Ohio law to perform physical examinations. 		
9.036	If the provider is responsible for providing Non-Medical Transportation, did the staff person receive testing for controlled substances and was the staff person found to be drug free prior to providing transportation services? 5123:2-9-18	<ul style="list-style-type: none"> Per trip and per mile Non-Medical Transportation Drug testing must be from a lab, cannot be self-administered. Reviewer must see the results of the testing, not just receipts 		
9.037	Has the agency obtained and maintained general liability insurance for at least \$500,000? 5123:2-2-01	<ul style="list-style-type: none"> Effective 1/1/16 		
9.038	Are all staff in a direct services position enrolled in Rapback? <ul style="list-style-type: none"> Staff hired prior to October 1, 2016 must be enrolled in Rapback at the point of their next five year BCII. Staff hired on or after October 1, 2016 must be enrolled into 	<ul style="list-style-type: none"> If an employee is not able to get a BCII via fingerprints they cannot be enrolled in Rapback. The provider agency must continue to complete the 5 year BCII/FBI. 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	Rapback at the point of their initial BCII. 5123:2-2-01, 5123:2-3-01			
9.039	Has the provider agency established an internal compliance program that ensures compliance with (1) provider certification, (2) background checks, (3) service delivery, service documentation and billing? 5123:2-2-01; 5123:2-3-01	Does the provider have an assigned internal compliance manager or committee? Does the provider have policies as required in rule and for certification requirements, background checks and service delivery, documentation and billing? Do the outcomes of this review indicate that the provider's internal compliance program is working?		
9.040 Licensed Facility Only	Was there evidence the Administrator completed the new Administrator Orientation? 5123:2-3-01	LICENSED FACILITY ONLY <ul style="list-style-type: none"> For administrators hired after 10/1/16 Training found on DODD website 		
9.041 Licensed Facility Only	Did the Administrator have annual training in facility roles and responsibilities, including <ul style="list-style-type: none"> Person Centered Planning Community Participation and Integration Self-determination Self-advocacy Individual Rights MUI, including review of health and welfare alerts 5123:2-3-01	LICENSED FACILITY ONLY		
9.042 Licensed Facility Only	Does the facility have an Administrator directly involved in the day to day operations and the oversight of service provision? 5123:2-3-01	LICENSED FACILITY ONLY <ul style="list-style-type: none"> Verify through interview the frequency of administrator presence in the facility. Verify through interview and documentation the process by which the administrator is overseeing provision of services. 		
9.043	Did the Money Management provider complete 8 hours of training annually on topics that enhance his or her skills and competencies relevant to providing money management.	<ul style="list-style-type: none"> MUI/UI and Rights is included in the 8 hours. 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	5123:2-9-20			
9.044	<p>Did the Service and Support Administrator successfully complete DODD provided web-based training in:</p> <ul style="list-style-type: none"> • Developing person-centered individual service plans • Coordinating services • Enhancing team effectiveness • Understanding Medicaid • Targeted case management • Employment navigation <p>5123:2-5-02</p>	<ul style="list-style-type: none"> • New SSAs must have within one year of hire date. Existing SSAs must complete prior to recertification process. 		
9.045	<p>Does the provider/direct care staff <u>without med admin certification</u> have training to perform the following 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>	<ul style="list-style-type: none"> • The tasks can be performed by trained staff that do not have medication administration certification. • Staff must complete training prior to using the device or administering the topical OTC medication • Training must be provided by the licensed nurse or DD personnel with health-related activities and prescribed medication administration certification • Training must be the department approved curriculum • Training must include individual specific information 		
9.046	<p>Did the provider of adult day support or vocational habilitation notify the department within fourteen calendar days when there was a change in the physical address (i.e., adding a new location or closing an existing location) of any facility where adult day or vocational habilitation support takes place.</p> <p>5123:2-9-14; 5123:2-9-17</p>	<ul style="list-style-type: none"> • Check PSM for a listing of all locations 		

SECTION 10 – TRANSPORTATION

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
10.001	If the provider is responsible for providing any type of transportation do all vehicles used to transport individuals appear safe? 5123:2-2-01			
10.002	If the provider is responsible for providing Non-Medical Transportation, does the vehicle have a fire extinguisher? 5123:2-9-18			
10.003	If the provider is responsible for providing Non-Medical Transportation, does the vehicle have a first aid kit? 5123:2-9-18			
10.004	If the provider is responsible for providing non-medical transportation, do all vehicles used to transport individuals have all required inspections? <ul style="list-style-type: none"> Daily vehicle inspections Annual vehicle inspection by the state highway patrol or certified mechanic. 5123:2-9-18	<ul style="list-style-type: none"> Wheelchair ramp/ties; windshield wipers/washer; mirrors; horns; brakes; emergency equipment; and tires 		
10.005	If the provider is responsible for providing non-medical transportation, are they using the correct type of vehicle for the service they are billing? 5123:2-9-18	<ul style="list-style-type: none"> Per-Trip Billing: Type of Vehicle 1) A non-medical vehicle with a capacity of 9 passengers or more, excluding the driver OR 2) A modified vehicle designed to transport individuals using wheelchairs (with safety restraints for wheelchairs, stable ramp or lift and daily inspection of lift, ramp and restraints 		
10.006 Licensed Facility Only	Does the facility have policies and procedures regarding vehicle accessibility, vehicle maintenance, and requirements for vehicle drivers? 5123:2-3-04	LICENSED FACILITY ONLY <ul style="list-style-type: none"> No set format for policies and procedures 		

SECTION 11 – PHYSICAL ENVIRONMENT

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
11.001	Has the provider completed emergency drills (tornado and fire), and completed a written record of each drill which address individual specific needs based on the outcome of these drills? 5123:2-3-02	<ul style="list-style-type: none"> • Fire drills: <ul style="list-style-type: none"> • Licensed Facility=3w/in 12 mos.(@ least 1 in a.m., 1 in p.m., 1 sleep drill) • CB=12 per year (1 each mo) • Tornado: <ul style="list-style-type: none"> • Licensed Facility=1 w/I 12 mo CB=4 per year (during April-July) • PC=fire and emergency response based on needs in IP 		
11.002	Does the provider have an emergency response/fire plan? 5123:2-3-02	LICENSED FACILITY ONLY		
11.003 Licensed Facility Only	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	LICENSED FACILITY ONLY <ul style="list-style-type: none"> • Check for rule waivers 		
11.004 Licensed Facility Only	Are the interior, exterior and grounds of the building maintained in good repair and in a clean and sanitary manner? 5123:2-3-02	LICENSED FACILITY ONLY		
11.005 Licensed Facility Only	Are there appropriate and comfortable equipment, furniture and appliances in good condition except for normal wear and tear adequate to meet the needs and preferences of the individual? 5123:2-3-02	LICENSED FACILITY ONLY <ul style="list-style-type: none"> • Furniture and equipment should be safe. • Equipment also includes working smoke detectors and fire extinguishers on each floor and at least one carbon monoxide detector for homes with gas heat, dryers or stoves. • The home should have equipment necessary based on the needs of the individuals served (i.e.: grab bars, ramps, visual fire alarms, etc.) 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
11.006 Licensed/ CB only	Are the entrances, hallways, corridors and ramps clear and unobstructed? 5123:2-3-02	LICENSED FACILITY AND CB ONLY		
11.007 Licensed/ CB only	Does the program/facility have suitable first aid facilities, equipment and supplies and is there access to emergency services? 5123:2-3-02	LICENSED FACILITY AND CB ONLY		
11.008 County board only	Where power equipment is used, does the equipment have appropriate safeguards? <ul style="list-style-type: none"> • Safety Guards • Kill Button 5123:2-1-02	COUNTY BOARD ONLY <ul style="list-style-type: none"> • Required where power equipment is in use 		
11.009	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 5123:2-2-06			
11.010	Are waiver services being provided in a setting that is NOT in a publicly-operated or privately operated facility that also provides inpatient institutional OR in a building on the grounds of or adjacent to publicly operated facility that provides inpatient institutional treatment. 5123:2-9-02;			
11.011	Are day waiver services provided in a non-residential setting?			

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	5123:2-9-13; 5123:2-9-14; 5123:2-9-15; 5123:2-9-16; 5123:2-9-17; 5123:2-9-19			
11.012	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	LICENSED FACILITY ONLY		
11.013 Licensed Facility Only	Did the facility ensure that no bedroom was shared by individuals of the opposite sex unless consenting adults? 5123:2-3-02	LICENSED FACILITY ONLY If you find members of the opposite sex sharing a bedroom		
11.014 Licensed Facility Only	Did the facility ensure that no more than two individuals share a bedroom? 5123:2-3-02	LICENSED FACILITY ONLY		
11.015 Licensed Facility Only	Did the facility ensure that individuals under the age of 18 do not share a bedroom with individuals over the age of 18? 5123:2-3-02	LICENSED FACILITY ONLY		
11.016 Licensed Facility Only	Does the facility have bathing facilities at a ratio of 1:4? 5123:2-3-02	LICENSED FACILITY ONLY <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. 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

SECTION 12 – TITLE XX

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
12.001	Does the ISP identify individual services, supports, goals, and/or objectives related to Title XX services? Title XX Contract	<ul style="list-style-type: none"> • Some individuals may be children with an IFSP 		
12.002	Does the unit of service log (1017) contain the following items? <ul style="list-style-type: none"> • Client name • Service code/service type • Duration (amount of time service provided) • Date and time of service • Initials of staff providing service Title XX Contract	Providers are not required to use the 1017 form however content must be the same. <ul style="list-style-type: none"> • 3.1 <u>Units of Service</u>. Grantee agrees to prepare and maintain documentation that supports the units of service billed to Title XX. The Grantee may develop a different form or report but documentation must include all of the following required elements: <ul style="list-style-type: none"> • Individual Identifying Information: <ol style="list-style-type: none"> (1) Individual name; + (2) Individual Social Security Number (or Unique Identification Number so long as Grantee maintains a cross walk matching the Unique Identifier to the Social Security Number); * (3) Individual date of birth; * <ul style="list-style-type: none"> Service Information: (4) Provider Name and Location; + (5) Service date; + (6) Service start and end times (excluding Transportation); + <ul style="list-style-type: none"> Billing Preparation* (7) Calculated service duration (per individual, per service, per day); * (8) Number of units invoiced; * (9) 5-digit Title XX Service Billing Code; * 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
		*For units billed to Special Services for Persons with Developmental Disabilities: Early Intervention, a unique ID is required, but it does not have to be a Social Security Number.		
12.003	<p>Does the 1014-2 form (Certification of Proper Billing Form) contain the following elements?</p> <ul style="list-style-type: none"> • Contact Information • Date of CB eligibility determination • Title XX service name • Title XX billing code • Title XX national goals that correspond to the services billed • Response to the following questions: <ol style="list-style-type: none"> 1. Are services provided without regard to income? 2. Are the services provided included in the Grant Agreement? • Assurance that services billed are not available via a DODD waiver, funded by another federal funding source or included in the list of limitations on the use of grants • Signature of appropriate representative 	<ul style="list-style-type: none"> • Identifying information/contact information must match ISP (does not have to be the Social Security Number, but there must be a crosswalk matching the unique identifying number to the Social Security Number) • The board determines the appropriate representative or group of representatives to sign the 1014-2 • The 1014-2 does not need to be updated if there are no changes to an ISP/IFSP redetermination 		

SECTION 13 – EARLY INTERVENTION

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
13.001	Does the CB provide evidence based EI services to EI system? 5123:2-1-02	<ul style="list-style-type: none"> • EI services may include service coordination, special instruction, physical, and speech and occupational therapy services. • Reference federal regulations (303.302) or HMG Rule 3701-8-01 (U) to see a list of other EI services. 		
13.002	Does the CB participate in the Evaluation/Assessment for children referred to the local EI system? 5123:2-1-04	<ul style="list-style-type: none"> • If so, must be completed within the 45-day timeline from the date of program referral (DOR) to the HMG system to the signing of the initial IFSP. • This includes a functional child assessment and the *family directed assessment. • *Families may decline to participate in the Family Directed Assessment. 		
13.003	Does the CB use more than one method to conduct functional assessments? 5123:2-1-02	<ul style="list-style-type: none"> • Assessed in all 5 developmental domains (Required) • Multiple methods (i.e. could include: parent interview/report, observation, record review, criterion reference tools and working through multiple strategies. • Multidisciplinary • Refer to attachment A, Child Assessment section to verify assessment methods/disciplines. 		
13.004	Does the CB use one of the DODD approved tools to evaluate children? 5123:2-1-02	<ul style="list-style-type: none"> • Approved tools for evaluation: Bayley or Battelle 		
13.005	Does the CB funded evaluator/assessor make recommendations that focus on the child’s active participation within family preferred routines and activities? 5123:2-1-02	<ul style="list-style-type: none"> • Look at IFSP, Section V to see recommendations that focus on the child’s active participation (i.e. eating meals with the family, going to church) rather than focusing on a developmental skill or deficit. 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
		<ul style="list-style-type: none"> Look at Section VI to see if outcomes are functional and follow the six step criteria. 		
13.006	<p>Does the CB complete the initial evaluation and/or assessment within the 45-day timeline? 5123:2-1-02</p>	<ul style="list-style-type: none"> Initial evaluations are done for children referred with a suspected delay (not children referred due to diagnosed condition). Initial assessments are done for all eligible children with a diagnosed medical or physical condition If the timeline has not been met: Look at team meeting notes, case notes or other forms of documentation that may identify family reasons as to why timelines were not met. Family reasons are acceptable non-compliance reasons. 		
13.007	<p>Does the county board staff/contractors participating in evaluations/assessments have the appropriate license/ certification per ODH policy? 5123:2-1-02</p>	<ul style="list-style-type: none"> Bottom of Attachment A Name and Discipline This includes redetermination of eligibility DS, PT, OT, ST, RN, Teaching, SW, Counseling, Psychologist (and others) On the new IFSP form section IV and attachment A is eligibility and section V and attachment A is where assessment is recorded. This includes determination of need for services 		
13.008	<p>Do the county board staff /contractors participating in assessments have the appropriate license/certification per ODH policy? 5123:2-1-02</p>	<ul style="list-style-type: none"> This includes determination of need for services EIS/DS, PT, OT, ST, RN, Teaching, SW, Counseling, Psychologist (and others) 		
13.009	<p>Does the county board ensure that there are 2 different disciplines for the evaluation and assessment? 5123:2-1-02</p>	<ul style="list-style-type: none"> This includes redetermination of eligibility and need for services Evaluation and assessment information has been included in the IFSP starting 1.15.15, required use at annual meeting. 		
13.010	<p>Did the CB staff/contractors participate in the development of the IFSP? 5123:2-1-02</p>	<ul style="list-style-type: none"> IFSP reflects a team process; including participation of the E and A team and 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
		service providers, facilitated and coordinated by the SC.		
13.011	Did the County Board assure that the provision of CB specialized services (e.g. Special Instruction, therapies, nursing, transportation) were provided as documented on the IFSP? 5123:2-1-02	<ul style="list-style-type: none"> Check documentation that services are delivered according to frequency, intensity and duration as stated on Section VI of IFSP. 		
13.012	Did the county board service providers ensure that "Prior Written Notice" is given to parents when services specified in the IFSP are changed? 5123:2-1-02	<ul style="list-style-type: none"> If changes were made to any EI service on an existing IFSP the provider proposing the change is required to provide the family and SC with PWN. (HEA 8022). 		
13.013	Did the County Board ensure that the parent(s) provided consent on the IFSP before any services started that are listed on the IFSP? 5123:2-1-02	<ul style="list-style-type: none"> Was the signature obtained before the delivery of services started? Consent is parent signature on the IFSP. 		
13.014	Did the specialized services begin within 30 days of the date the IFSP was signed by the parents? 5123:2-1-02	<ul style="list-style-type: none"> First case note verifying that the family had access to the EI service is used for verification, and if requested by the SC, the note is provided to the SC. Case note must verify the actual EI service provided (i.e. if Special Instruction is listed on the IFSP for 30 minutes, the case note must reflect that Special Instruction was provided for 30 minutes). IFSP meetings and enrollment paperwork are not examples of Special Instruction. 		
13.015	Is the following information compiled and kept on file in the child's record? - Documents used to determine eligibility -Other records related to services provided such as: Copy of current IFSP, consent forms and case notes - Documentation verifying the date of request for or program referral to services in HMG-EI system			

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	-Documentation confirming the interventions provided to the family - Any ongoing assessments and summaries of the child and family			
13.016	Does the County Board assist families with understanding and accessing their rights in EI? 5123:2-1-02	<ul style="list-style-type: none"> Documentation that parents are informed of their rights and know how to access their rights in the early intervention system. 		
13.017	Do the CB interventionists implement the IFSP as written? 5123:2-1-02	<ul style="list-style-type: none"> Check documentation to see if notes correspond to frequency, duration and intensity on Section VI of the IFSP. If not are there valid reasons for why not? 		
13.018	If the CB provides EI services to support IFSP outcomes are they offered in natural learning environments? 5123:2-1-02	<ul style="list-style-type: none"> If not, is a justification listed on the IFSP and the steps that are being taken to move the service? 		
13.019	Does the CB ensure that interventionists and families have access to a core team that meets regularly to discuss families and provide professional to professional consultation/support? (SC, OT, PT, ST, DS) 5123:2-1-02	<ul style="list-style-type: none"> Look for this documentation in Section VIII Do families have access to a multidisciplinary team versus individual therapies? 		
13.020	Does the CB ensure that all families have access to a primary service provider that the IFSP team determines is the best interventionist to support the IFPS outcomes with the support of the IFSP team? 5123:2-1-02	<ul style="list-style-type: none"> Do CB E/A team members attend team and/or IFSP meetings where needed services and supports are decided? If not, is written input provided? Do IFSPs reviewed reflect a variety of services and supports, with varied frequencies, and intensities? Does the evidence show that environmental/parent/child/family factors, expertise needed to address outcomes, and lastly availability was considered when determining needed services and supports? 		
13.021	Does the CB ensure that all interventions provided by their staff are based on best available research, support how children learn, and use a communication style that	<ul style="list-style-type: none"> Can the CB explain their rationale for their service delivery and how they interact with families; including the purpose of EI services? 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	supports adult learning and address the three global outcomes? 5123:2-1-02	<ul style="list-style-type: none"> Outcomes are now embedded into the IFSP process – the team should be participating. 		
13.022	Does the CB ensure that all staff provide family centered practices; includes relational and participatory practices. 5123:2-1-02	<ul style="list-style-type: none"> Look at case notes to verify joint planning and opportunities for parent practice. During parent interview ask parents if they are joint decision makers. This means that the parent is an active member of the IFSP team. 		
13.023	Are early intervention services and supports available to families on a year-round basis? 5123:2-1-02	<ul style="list-style-type: none"> All supports must be available at a minimum of 240 days. Look for year round programming. 		
13.024	Does the CB ensure that the IFSP outcomes are functional, meaningful, and relevant to the family? 5123:2-1-02	<p>When reviewing, outcomes check to see if the outcome addresses the parent’s concerns and priorities (reference sections III and V of the IFSP)-then apply the six-step criteria:</p> <p>Two types of outcomes: family focused or child focused outcomes.</p> <ul style="list-style-type: none"> Is the outcome necessary to meet this family’s priorities, concerns, needs? Does the outcome reflect real-life settings-for example, meal-time, bathing, riding in the car, going out to eat are all examples of real-life contextualized settings. Outcomes are discipline free-the outcome should not be written as if the OT/DS/ST/PT (interventionist) is doing something but rather the outcome should have the child and family as the “active” learner. Outcomes are jargon free. Words such as range of motion, oral motor, pincer grasp are examples of professional jargon. Anyone (including a parent) or a stranger should be able to read the outcome and know what success looks like. 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
		<ul style="list-style-type: none"> • Outcomes emphasize the positive or what the child or parent will accomplish. The outcome should tell us what the child/parent will do (i.e. Sarah will join her child care provider when mom drops her off at childcare in the morning) rather than what they won't do (i.e. Sarah will not throw a tantrum when mom drops her off at daycare). • Outcomes should avoid passive words. (Passive words are typically descriptors of activities done to a child rather than encouraging a child's active participation and engagement. Some passive words include: increase, decrease, tolerate, improve, and maintain. 		
13.025	Does the CB have a Written Policy which explains specifically what they contribute to the EI system? 5123:2-1-02	Does the EI Policy match practice?		
13.026	Does the CB interventionist provide support to the family to ensure that the family/child is prepared to transition to new learning environments? 5123:2-1-02	<ul style="list-style-type: none"> • IFSP transition outcome includes intervention provided to support transition outcome when applicable. • Look for case notes that document supporting the family with strategies/problem solving to ensure a smooth transition. 		

SECTION 14 – REMOTE MONITORING AGENCY

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
14.001	Do the needs of the individual appear to be met by remote monitoring? 5123:2-9-35	<ul style="list-style-type: none"> • Team assures that remote monitoring will meet individual's health and welfare • Information could be obtained through MUIs, complaints, etc. 		
14.002	Is remote monitoring done in real time by awake staff at a remote monitoring base? 5123:2-9-35	<ul style="list-style-type: none"> • Must be done in real time and monitored remotely by awake staff • The monitoring base cannot be located at the residence of an individual receiving the remote monitoring service 		
14.003	Is remote monitoring provided by staff with no other duties during the time they are providing the remote monitoring service? 5123:2-9-35	<ul style="list-style-type: none"> • Staff cannot perform any other duties during the time they are responsible for remote monitoring. 		
14.004	If audio and/or video equipment is used, did everyone in the home give written informed consent? 5123:2-9-35	<ul style="list-style-type: none"> • Applies to monitoring that involves viewing or listening to activities or conversations in the home • SSA has to keep a copy of the consent with the ISP 		
14.005	Is there a notice prominently displayed in the home informing people that audio/video equipment is in use? 5123:2-9-35	<ul style="list-style-type: none"> • A notice that says audio and/or video equipment is in use that allows others to view activities and/or listen to conversations must be prominently displayed in the home 		
14.006	Did the provider train its staff on the use of the remote monitoring system? 5123:2-9-35	<ul style="list-style-type: none"> • Provider is required to provide initial and ongoing training to its staff on the use of the remote monitoring system 		
14.007	Does the provider have a back-up system in place? 5123:2-9-35	<ul style="list-style-type: none"> • Provider is required to have a back-up power system (battery or generator) • The provider also has to have other back-up systems and additional safeguards in place that include contacting the backup support person in the event the remote monitoring system stops working 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
14.008	Does the remote monitoring provider have an effective system for notifying emergency personnel? 5123:2-9-35	<ul style="list-style-type: none"> This includes police, fire, emergency medical services and psychiatric crisis response entities 		
14.009	Does the ISP address the following: training to be provided to the individual on the remote monitoring system, acceptable timeframe for back up support person to arrive at individual's home? 5123:2-9-35	<ul style="list-style-type: none"> This is not a citation for the provider, please follow up with the SSA 		

SECTION 15 – REMOTE MONITORING EQUIPMENT

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
15.001	Does Remote Monitoring equipment have an indicator that enables the individual to know the equipment is in use? 5123:2-9-35	<ul style="list-style-type: none"> The type of indicator must be based on the needs and understanding of the individual. 		
15.002	Is the Remote Monitoring equipment designed so that only the person identified in the ISP can turn it off? 5123:2-9-35			
15.003	Has the Remote Monitoring equipment been tested monthly and repaired or replaced as needed? 5123:2-9-35	<ul style="list-style-type: none"> The Remote Monitoring equipment provider is responsible for delivery, installation, maintenance, monthly testing and replacement of equipment 		

SECTION 18- WAIVER ADMINISTRATION ACTIVITIES

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
18.001 County board only	Was the ODDP revised when significant changes occurred? 5123:2-9-06	COUNTY BOARD ONLY <ul style="list-style-type: none"> • Examples: changes in living situation, natural supports, behavior, medical or mobility needs, etc. • Not all changes require ODDP revision 		
18.002 County board only	Were needs identified in nursing quality assurance reviews addressed? 5123:2-1-11	COUNTY BOARD ONLY		
18.003 County board only	Was the individual's PLOC/LOC reviewed at least annually and/or based on changes in the individual's needs? 5123:2-1-11	COUNTY BOARD ONLY <ul style="list-style-type: none"> • Determine through documents, interview and observation • Issue citations only to the county board • If major changes occur, the LOC should be revised 		
18.004 County board only	Was the "Freedom of Choice" form for this individual reviewed on an annual basis? 5123:2-1-11	COUNTY BOARD ONLY <ul style="list-style-type: none"> • Determine through document, interview and observation. Issue citations only to the county board • Signed by the individual and the guardian annually 		
18.005 County board only	Were due process rights provided? 5123:2-1-11	COUNTY BOARD ONLY <ul style="list-style-type: none"> • Determine through documents, interview and observation. Issue citations only to the county board • CB is required to provide the individual and the guardian their due process rights each time a waiver service is approved, denied, reduced or terminated 		
18.006 County board only	Did the county board implement a continuous review process (monitoring) tailored to the individual? 5123:2-1-11	COUNTY BOARD ONLY <ul style="list-style-type: none"> • Determine through documents, interview and observation. Issue citations only to the county board • No specific frequency is required 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
		<ul style="list-style-type: none"> • The level of monitoring should be based on the individual's needs and circumstances • Look closely here if significant negative outcomes for the individual are found during the review 		
18.007 County board only	Did the county board comply with Free Choice of Provider requirements? 5123:2-1-11; 5123:2-9-11	<p>COUNTY BOARD ONLY</p> <ul style="list-style-type: none"> • Determine through documents, interview and observation. Issue citations only to the county board. • SSA should objectively facilitate assisting the individual in choosing providers. • Applies to all waiver types, including exit, conversion, and diversion 		
18.008 County board only	Did the county board comply with the outcome/results of the Medicaid due process hearing? 5123:2-1-17	<p>COUNTY BOARD ONLY</p> <ul style="list-style-type: none"> • Look for evidence that specific recommendations from the hearing report were implemented 		
18.009 County board only	Were all waiting list requirements met? 5123:2-1-08	<p>COUNTY BOARD ONLY</p> <ul style="list-style-type: none"> • Annual notification • Date and time of request • Alternative services • Annual reassessment of needs 		
18.010 County board only	Were all administrative resolution of complaint requirements met? 5123:2-1-17	<p>COUNTY BOARD ONLY</p> <ul style="list-style-type: none"> • Cite here only after consulting with a manager 		
18.011 County board only	Does the county board maintain an on-call system that is available 24 hours a day and 7 days a week? 5123:2-1-11; 5123:2-17-02	<p>COUNTY BOARD ONLY</p> <ul style="list-style-type: none"> • Determine through documents, interview and observation • Issue citations only to the county board • Training requirements for on-call person • Skills to identify problems <ul style="list-style-type: none"> ○ Assure health and welfare ○ Determine what immediate response is needed ○ Identify contact persons to take immediate action 		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
18.012 County board only	Does the CB have a local Employment First policy which clearly identifies community employment as the desired outcome? 5123:2-2-05	COUNTY BOARD ONLY		
18.013 County board only	Does the CB's strategic plan outline strategies/benchmarks to increase individuals of working age in community employment services? 5123:2-2-05	COUNTY BOARD ONLY <ul style="list-style-type: none"> • Did you see evidence of CB's collaboration with workforce development agencies, vocational rehabilitation, mental health and schools to improve employment outcomes? • Does the CB share information with families and community partners about work incentives programs? (ex: Medicaid Buy-In) • Did the CB submit employment outcome data for individuals who receive non-Medicaid employment services or who are employed with no paid employment supports through the web-based data collection system maintained by the Department? 		
18.014 County board only	Did all board members have the required trainings? 5123:2-1-13	COUNTY BOARD ONLY <ul style="list-style-type: none"> • Within 3 months of initial appointment: orientation addressing: Duties of CB, roles and requirements of board members, confidentiality and ethics laws of Ohio. Each calendar year of a board member's term: minimum of 4 hours of in-service training. If appointed after annual organizational meeting: On or before March 31: 4 hours. After March 31 but prior to July 1: 3 hours. After June 30 but prior to October 1: 2 hours. After September 30 but prior to succeeding January 1: 1 hour. 		
18.015 Licensed facility only	Is the facility operating over its licensed capacity without a rule waiver? 5123:2-3-01	LICENSED FACILITY ONLY		

OPSR PROVIDER COMPLIANCE AGENCY REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
18.016 County board only	Did the county board have a process for monitoring contracts? 5123:2-1-02 ORC 5126.05	COUNTY BOARD ONLY <ul style="list-style-type: none"> The county board must demonstrate a process for ensuring that contracted entities are in compliance with rules and statute. 		