

OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

SECTION 1 – ADMINISTRATION & OPERATION

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
1.1	Is the ICF operating at its licensed capacity? 5123:2-3-01	<ul style="list-style-type: none"> • Look at the census of the facility to ensure that the facility is not serving more individuals than their licensed capacity. • If more individuals are residing in the facility ensure that a waiver of licensed capacity is in place that covers the date of the survey. 		
1.2	Is the ICF following all applicable local, state, and federal rules and regulations? 5123:2-3-01	<ul style="list-style-type: none"> • Any citations for this question must be approved by a manager prior to use. 		
1.3	Was the ICF providing ONLY ICF services and, if applicable, institutional respite or supported employment either in the ICF-IID or on the grounds of the ICF-IID? CMS 2296-F	<ul style="list-style-type: none"> • HCBS waiver funded services may not be provided in or on the grounds of an ICF-IID unless the individual is receiving supported employment as an employee of the ICF-IID • Institutional respite may be provided in an ICF 		
1.4	When there is a swimming pool on the grounds, is the pool only used in the presence of staff with a; <ul style="list-style-type: none"> • American Red Cross or equivalent lifeguarding certificate • Shallow water lifeguarding certificate for pools less than 5 feet deep 5123:2-3-01	<ul style="list-style-type: none"> • Required for ICFs that have pools unless the individuals' plans indicate otherwise • Check for rule waivers 		

SECTION 2 - PERSONNEL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
2.1	Did the ICF/IID complete a valid initial BCII/FBI check for direct service employees? 5123:2-2-02; 5160-45-07; 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 <ul style="list-style-type: none"> FBI check required if employee hasn't been an Ohio resident for 5 yrs. previous to hire 		
2.2	Did the ICF/IID complete a valid BCII/FBI check every 5 years for direct service employees? 5123:2-2-02; 5160-45-07; 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. 		
2.3	Are all ICF staff enrolled in RAPBACK within 30 days of his or her initial criminal records check by the bureau of criminal investigation 5123:2-2-01	<ul style="list-style-type: none"> Effective October 1, 2016 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 		
2.4	Did the ICF/IID complete the initial and 5 year BCII/FBI 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 ICF-IID REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
	5123:2-2-02; 5160-45-07; ORC109.572	<ul style="list-style-type: none"> DO NOT mark non-compliant to this question if the checks were not done at all. 		
2.5	<p>Did the ICF/IID complete the following <u>initial</u> database checks for employees?</p> <ul style="list-style-type: none"> Inspector General’s Exclusion List Sex Offender and Child Victim Offenders Database U.S. General Services Administration System for Award Management Database Database of Incarcerated and Supervised Offenders Abuser Registry Nurse Aide Registry <p>5123:2-2-02</p>	<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 For ICF-IIDs, this is not required for staff hired prior to January 1, 2013 until December 31, 2014. 		
2.6	<p>Did the ICF/IID complete the following database checks every five years for employees?</p> <ul style="list-style-type: none"> Inspector General’s Exclusion List Sex Offender and Child Victim Offenders Database U.S. General Services Administration System for Award Management Database 	<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. Beginning 1/1/13. 		

OPSR PROVIDER COMPLIANCE ICF-IID 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"> • Database of Incarcerated and Supervised Offenders • Abuser Registry • Nurse Aide Registry 5123:2-2-02			
2.7	Did the ICF/IID complete the initial and 5 year database checks in a timely manner? <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	<ul style="list-style-type: none"> • Mark as non-compliant if either the initial or 5 year checks were completed late • Staff hired before 1/1/13 - the first recheck is due 5 years from the date of the last check; as long as the previous check included the BCII, Abuser Registry, Nurse Aide, and FBI as applicable 		
2.8	Did the ICF/IID ensure that direct services are only provided by employees who do not have a disqualifying offense and who are not included on any of the databases identified in rule? 5123:2-2-02; 5123:2-3-01	<ul style="list-style-type: none"> • Please refer to Section G of the background check rule for employees with Tier 4 offenses who were hired prior to 1/1/13. 		
2.9	Did the ICF-IID staff, prior to direct contact with individuals, sign a statement attesting that the staff person would notify the ICF-IID within 14			

OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
	days if they are ever charged with, plead guilty to, or are convicted of a disqualifying offense? 5123:2-2-02; 5123:2-3-01			
2.10	Did the ICF-IID staff, prior to direct contact with individuals, sign a statement attesting that the staff person has never plead guilty to or been convicted of a disqualifying offense? 5123:2-2-02; 5123:2-3-01			
2.11	For ICF-IID staff members who are responsible for transporting individuals, did the ICF-IID ensure that a Driver’s Abstract was completed prior to transporting individuals? 5123:2-2-02; 5123:2-3-01	<ul style="list-style-type: none"> An unofficial abstract document is acceptable. The abstract should come from the state where the employee lives. 		
2.12	For ICF-IID staff members who are responsible for transporting individuals, does the staff person have a valid driver's license? 5123:2-2-02; 5123:2-3-01	<ul style="list-style-type: none"> Ask provider how they ensure a valid driver's license. 		
2.13	If the staff person was hired after 2/1/2000 and is administering medications, does the staff person have a high school diploma or GED? 5123:2-3-04; 5123:2-3-04	<ul style="list-style-type: none"> Review with the provider their system to verify a high school diploma or GED only when it has been determined that the staff person in the sample is administering medications via Medication Administration or Delegation 		
2.14	If the staff person administers medication does the person have the appropriate certification for: <ul style="list-style-type: none"> Oral/topical medication (Category 1) 	<ul style="list-style-type: none"> Certification can be verified online. This only applies when it has been determined that the staff person in the sample is administering 		

OPSR PROVIDER COMPLIANCE ICF-IID 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"> • G-tube/J-tube (Category 2) • Insulin injections (Category 3) 5123:2-3-04; 5123:2-3-04	medications via Medication Administration.		
2.15	Does professional staff have required licenses/certifications? 5123:2-3-01; 5123:2-3-04	<ul style="list-style-type: none"> • Includes nursing license, social work licenses, OT/PT licenses, etc. 		
2.16	Did the ICF-IID staff have current CPR certification? 5123:2-3-01	<ul style="list-style-type: none"> • Required for all staff who work alone in the ICF-IID including nurses. • Must be obtained within 60 calendar days of hire and must work with another staff with CPR until then • Look at proof that if CPR training is taken online, there is verification of hands-on return demonstration. • ICF with 24 hour nursing may request a rule waiver. 		
2.17	Did the ICF-IID staff have current first aid certification? 5123:2-3-01	<ul style="list-style-type: none"> • Required for all staff who work alone in the ICF-IID • Must be obtained within 60 calendar days of hire and must work with another staff with FA until then • Licensed nurses are not required to have first aid certification. • Look at proof that if FA training is taken online, there is verification of hands-on return demonstration. 		

OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
2.18	<p>Did the direct service staff person receive initial training prior to providing services that included:</p> <p>(i) Overview of serving individuals with developmental disabilities including implementation of ISP</p> <p>(ii) The role and responsibilities of direct services staff with regard to services including person-centered planning, community integration, self-determination, and self-advocacy;</p> <p>(iii) Universal precautions</p> <p>(iv) Initial rights training including the health and welfare alerts issued by the department.</p> <p>(v) Initial MUI training</p> <p>5123:2-3-01</p>	<ul style="list-style-type: none"> • Look for initial training only for staff hired after 10/1/16 • Training must occur prior to providing direct services 		
2.19	<p>For direct service staff, did the staff person receive annual training prior to providing services with individuals that included:</p> <p>(i) The role and responsibilities of direct services staff with regard to services including person-centered planning, community integration, self-determination, and self-advocacy;</p> <p>(ii) Initial rights training including the health and welfare alerts issued by the department.</p> <p>(iii) MUI training</p> <p>5123:2-3-01</p>	<ul style="list-style-type: none"> • Training is in compliance if it is received during each calendar year (not required to be within 365 days). 		

OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
2.20	For all direct service staff, did the staff person, prior to implementation, receive training on the individual's IP/BSP? 5123:2-3-01	<ul style="list-style-type: none"> Verify by reviewing documents and interviews with direct care staff. Staff training on BSPs is required for all aversive Behavioral Support Plans. What system does the provider have to assure all staff understands each individual plan (IP)?		
2.21	For all direct service staff, did the staff person, have initial training on the actions to take in the event of a fire or other emergency? 5123:2-3-01	<ul style="list-style-type: none"> Training must occur prior to providing direct services and be specific to each setting in which the employee works alone. Training must specifically cover actions to take in the event of a fire and tornado. 		
2.22	Did the ICF-IID staff have annual training in fire and emergency response? 5123:2-3-01	<ul style="list-style-type: none"> Training must be received during each calendar year (not required to be within 365 days) and be specific to each setting in which the employee works alone. Training must specifically cover actions to take in the event of a fire or tornado. 		
2.23	Did the ICF-IID staff have annual notification explaining conduct for which a DD employee may be included on the Abuser Registry? 5123:2-17-02	<ul style="list-style-type: none"> This may be included in the annual MUI training. Review with the provider their system to verify how they provide annual notification to staff. 		
2.24	Is staff available based on the assessed needs of the individuals?	<ul style="list-style-type: none"> Are supervision levels being met? 		

OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
	5123:2-3-01	<ul style="list-style-type: none"> Are there adequate staff on each shift to meet the supervision levels of each individual (i.e.; for evacuation, to implement behavior support interventions, to ensure safety, etc.)? 		
2.25	Does the ICF staff, who provide direct services, have a high school diploma or GED? 5123:2-3-01	<ul style="list-style-type: none"> Direct care staff hired prior to 10/1/16 are exempt from the requirement Direct care staff hired after 10/1/16 must have at time of hire 		

SECTION 3 – PHYSICAL ENVIRONMENT

3.1	Has the ICF-IID completed emergency drills (tornado and fire) and completed a written record of each drill which addresses individual specific needs based on the outcome of these drills? 5123:2-3-02	Fire Drills: <ul style="list-style-type: none"> 3 per 12 mos. (at least 1 in a.m., 1 in p.m. and 1 during sleep hours). Tornado Drills: <ul style="list-style-type: none"> 1 per 12 mos. 		
-----	---	--	--	--

OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

		Plan of improvement identified in drill analysis/IP should address refusals to participate in drills and special assistance needs when applicable		
3.2	Did the ICF ensure that each individual participated in initial fire safety and emergency response training? 5123:2-3-02	<ul style="list-style-type: none"> • Must be received within 30 days of admission • Different than a drill, this is actually training on RACE, Fire Safety skills, where to go in case of fire, tornado, disaster, etc. 		
3.3	Did the ICF ensure that each individual participated in annual fire safety and emergency response training? 5123:2-3-02	<ul style="list-style-type: none"> • Training is in compliance if it is received during each calendar year (not required to be within 365 days). • Different than a drill, this is actually training on RACE, Fire Safety skills, where to go in case of fire, tornado, disaster, etc. 		
3.4	Are the interior, exterior and grounds of the building maintained in good repair and in a clean and sanitary manner? 5123:2-3-02	<ul style="list-style-type: none"> • Good repair and sanitary means the building is free from danger or hazard to the health of the person(s) occupying it as well as, free from strong odors, pests and mold. • All windows and doors that open should have screens or screen doors in good repair in order to keep out pests. 		
3.5	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	<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. 		

OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

		<ul style="list-style-type: none"> The home should have equipment necessary based on the needs of the individuals served (i.e.: grab bars, ramps, visual fire alarms, etc.) 		
3.6	<p>Are the entrances, hallways, corridors and ramps clear and unobstructed? 5123:2-3-02</p>	<ul style="list-style-type: none"> If issues found have the ICF-IID correct immediately. Including accumulation of ice and snow 		
3.7	<p>If a time out room is used:</p> <ul style="list-style-type: none"> The door does not have a key lock, but may be held shut by a staff person or mechanism that requires constant physical pressure to keep the mechanism engaged The room has adequate lighting and ventilation The room is safe from hazardous conditions including, but not limited to, the presence of sharp corners or objects, uncovered light fixtures or uncovered electrical outlets The individual is under constant visual supervision <p>5123:2-2-06</p>	<ul style="list-style-type: none"> Ensure that lighting and ventilation are properly working <ul style="list-style-type: none"> View inside the time out room/area View the room from the individual's perspective. 		
3.8	<p>Was the individual able to independently get around his/her home and have unrestricted access to all areas of the home and grounds unless otherwise indicated in the IP? 5123:2-3-02</p>	<ul style="list-style-type: none"> Look to see that doors are wide enough for wheelchairs, and ramps when needed. Only staff quarters, bedrooms of other individuals and boiler/mechanical areas may be off-limits to individuals. Ensure that thermostats are not locked unless included in the IP or BSP. <ul style="list-style-type: none"> Ensure that individuals have keys and are able to enter and exit 		

OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

		home and grounds independently		
--	--	--------------------------------	--	--

SECTION 4 – PERSON-CENTERED PLANNING

4.1	<p>Did the ICF complete a Comprehensive Functional Assessment (CFA) that included;</p> <ul style="list-style-type: none"> • A General Health Evaluation • A General Dental Health Evaluation • An Adaptive Behavior Evaluation • A Social History • Other Evaluations as needed <p>5123:2-3-03</p>	<ul style="list-style-type: none"> • The CFA may address other areas as well 		
4.2	<p>Using person centered planning, has the plan been developed based on the results of the Comprehensive Functional Assessment (CFA) 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 • Ensure employment services that are consistent with the individual’s identified employment outcome <p>5123:2-1-11; 5123:2-2-05</p>	<ul style="list-style-type: none"> • ISP promotes: • Rights • Self-determination/Individual Choice • Physical well-being • Emotional well-being • Material well-being • Personal development • Interpersonal relationships • Social inclusion • Provider has communicated unmet/change in wants/needs 		
4.3	<p>Does the assessment/planning process consider;</p>	<ul style="list-style-type: none"> • Assessment considers the individual’s skills 		

OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

	<ul style="list-style-type: none"> • What is important to the individual • What is important for the individual • Known and likely risk • Place on the path to employment • Desired community employment outcome • What is working and not working <p>5123:2-3-03</p>	<ul style="list-style-type: none"> • The team may prioritize the assessed needs of the individual based on what is important to/important for the individual. • Important to promotes satisfaction <ul style="list-style-type: none"> • Including provider/staff selection • Important for promotes health and welfare <p>There are four places on the path to community employment:</p> <ul style="list-style-type: none"> • Place One: has a job; needs support to maintain or move up • Place Two: would like a job; needs support to find one • Place Three: not sure about employment; needs support to identify career options • Place Four: Does not express a desire to work; needs support to make an informed choice 		
4.4	<p>Was the IP developed within 30 days of admission?</p> <p>5123:2-3-03</p>			
4.5	<p>Was there evidence that the QPID provided the individual with information about the services and supports available in the ICF and the services and supports available to individual enrolled on an HCBS Waiver?</p> <p>5123:2-3-03</p>	<ul style="list-style-type: none"> • Look for a policy/procedure, signed document • Interview the individual or if possible, a guardian to confirm 		
4.6	<p>Did the individual or guardian give consent to the IP prior to implementation?</p> <p>5123:2-3-03</p>	<ul style="list-style-type: none"> • Consent must be written, not just verbal. When an attendance sheet is used, it must specifically identify that the signature is documenting both 		

OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

		<p>attendance and consent or have a separate space for consent.</p> <ul style="list-style-type: none"> • Of consent could not be obtained, did the QPID offer alternative services or activities to the individual 		
4.7	<p>Was the plan reviewed annually? 5123:2-3-03</p>	<ul style="list-style-type: none"> • The review should be done to correspond with the 365-day IP span unless the span is being adjusted. 		
4.8	<p>Was the IP revised based on the changes in the individuals needs/wants? 5123:2-3-03</p>	<ul style="list-style-type: none"> • Consider significant life changes such as moving, changing providers or roommates, a change in the BSP, or the addition of a rights restriction. Was there an update to the comprehensive functional assessment during the plan year and if so, was the IP updated accordingly? 		
4.9	<p>Does the IP include a discharge plan that identifies;</p> <ul style="list-style-type: none"> • The supports and services necessary for the individual’s transition to an integrated community setting • Strategies for overcoming barriers to community integration <p>5123:2-3-03</p>	<ul style="list-style-type: none"> • This doesn’t mean there is a planned date of discharge, just that the team is discussing and the plan reflects what is needed and skills to be developed for future transition 		
4.10	<p>Did the ICF provide a copy of the IP to the individual and/or guardian? 5123:2-3-03</p>	<ul style="list-style-type: none"> • Look for a policy/procedure • Interview the individual or if possible, a guardian to confirm 		

SECTION 5 – PROVISION OF SERVICES/IP IMPLMENTATION

5.1	<p>Are medication, treatments and dietary orders being followed as indicated in the IP? 5123:2-3-04</p>	<ul style="list-style-type: none"> • This information may come from the review of the Medication Administration Record (MAR), 		
-----	---	--	--	--

OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

		doctor's order, OT/PT and Speech Plans, consultation forms, nurse's notes, unusual incidents, observation and interview.		
5.2	Is the IP being implemented as written? 5123:2-3-04	<ul style="list-style-type: none"> This information may come from review of the documentation, review of the frequency/duration of services delivered, interview, and observation. Also, verify that services addressed in the plan match the service documentation. 		
5.3	Is there evidence that the provider took action on an individual's need/want, when they were aware of it? 5123:2-3-03	<ul style="list-style-type: none"> A citation is issued only when there is evidence that the provider was aware of the need/want, but did not take any action. If a new need/want is identified during the course of the review, a citation will not be issued 		
5.4	Was the individual actively participating in activities throughout the review? 5123:2-3-04	<ul style="list-style-type: none"> Ensure that the individual has been offered activities and chooses not to participate. If individual is choosing not to participate, follow up on what other options have been explored/offered. 		
5.5	Does the individual participate in day programming that fosters community participation? 5123:2-3-04	<ul style="list-style-type: none"> This should be marked compliant if the person typically attends day program but was home on the day of the review. If an individual does not go to a community based day program, check IP, MAR, or other documentation to ensure that there is evidence that off-site day activity is contraindicated. 		
5.6	Were individuals attending day programming at a building at least 200 feet from the ICF-IID? 5123:2-3-04	<ul style="list-style-type: none"> All individuals should be attending an off-site day activity setting unless otherwise indicated in the IP as contraindicated for the individual. 		

OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

		<ul style="list-style-type: none"> • Off-site is defined as any building that is located at least 200 feet from the ICF-IID. • A provider who was providing on-site day activity services prior to 7/1/05 may continue to do so. 		
5.7	Does the ICF-IID ensure that individuals have access to their funds as stipulated in the IP? 5123:2-2-07	<ul style="list-style-type: none"> • Individual funds must be deposited within 5 days of receipt and made available to the individual within 3 days of request. • This includes all monies such as personal allowance, employment, gifts, income tax refunds and food stamps. • The IP will specify the level of independence the individual has to handle money and any types of assistance to be provided. 		
5.8	If the IP 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 • Ensure that burial funds are managed properly and certificates are maintained. 		
5.9	When the individual receives assistance with money management does the IP include parameters for management based on the areas of focus? 5123:2-2-07	<ul style="list-style-type: none"> • As appropriate/needed based on the service need... • The dollar amount anticipated to be available to the individual up request for personal spending. • The specific type of supports to be provided • The maximum dollar amount that the individual may independently manage at one time. 		

OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

		<ul style="list-style-type: none"> • The maximum dollar amount that the provider may spend on behalf of the individual for any one expenditure without guardian, payee, and/or team approval • The name of the person or entity responsible for providing payee services. • Receipts 		
5.10	Were records maintained in a confidential manner and available upon request? 5123:2-3-04	<ul style="list-style-type: none"> • This includes signs/notes visible to visitors. 		
5.11	Does the ICF ensure that records related to the provision of services are maintained by the provider for a minimum of six years? 5123:2-3-04	<ul style="list-style-type: none"> • These records can be stored electronically. 		

SECTION 6 – MEDICATION ADMINISTRATION

6.1	If the individual(s) being served are unable to self-medicate, is the medication stored in a secure location? 5123:2-6-02; 5123:2-3-04	<ul style="list-style-type: none"> • All medications must be secured in an ICF-IID. Individuals assessed as being able to self-administer medications may maintain their own medication in a secured lockbox or other secured manner in their bedroom or personal space. 		
6.2	If the individual(s) being served are unable to self-medicate, is the medication in a pharmacy labeled container? 5123:2-6-02; 5123:2-3-04	<ul style="list-style-type: none"> • This may include a pharmacy pill bottle or pharmacy blister pack. 		
6.3	If the individual(s) being served are unable to self-medicate, was a self-medication	<ul style="list-style-type: none"> • An ICF-IID may utilize the DODD med admin assessment, or utilize their own 		

OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

	assessment completed? 5123:2-6-02; 5123:2-3-04	assessment which includes the same elements as the DODD form. A new self-medication assessment must be completed every 3 years or if there has been a change in the needs of the individual. The person completing the form must know the individual.		
6.4	If the individual’s assessment indicates that they are unable to self-medicate, does the IP 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. 		
6.5	If the individual is not self-medicating has the assessment been reviewed annually, and revised as-needed? 5123:2-6-02; 5123:2-3-04	<ul style="list-style-type: none"> A new assessment must be done every 3 years at a minimum, with an annual review each year end between. 		
6.6	If delegated nursing is identified in the plan, is there a statement of delegation, evidence of on-going assessment, and annual skills checklist? 5123:2-3-04	<ul style="list-style-type: none"> ICF-IIDs of 1-5 individuals may provide medication administration without delegation. ICF-IIDs of 6 or more may provide delegated nursing services. Reference Delegated Nursing Grid 		

SECTION 7 – BEHAVIOR SUPPORT

7.1	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? 		
-----	--	--	--	--

OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

7.2	<p>If the plan has behavioral strategies that include restrictive measures, is there evidence that the strategy was reviewed by the individual and the team at least every 90 days to determine the effectiveness of the strategy? 5123:2-2-06; 5123:2-3-04</p>	<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. 		
7.3	<p>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</p>	<ul style="list-style-type: none"> • For behavior support strategies to be developed, 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 		
7.4	<p>Were all restrictive measures addressed in the plan and approved by the Human Rights Committee? 5123:2-2-06; 5123:2-3-04</p>	<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 		
7.5	<p>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</p>	<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 		

OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

		developing and/or implementing behavior support strategies		
7.6	Are restrictive strategies person-centered and interwoven into a single plan? 5123:2-2-06; 5123:2-3-04	<ul style="list-style-type: none"> There should be no separate behavior support plans. Restrictive strategies should be included in a manner similar to all other support strategies. 		
7.7	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	<ul style="list-style-type: none"> Informed consent must be written. A scanned signature submitted electronically is acceptable 		
7.8	Is the behavior support strategy directed at: 1. Mitigating risk of harm or legal sanction 2. Reducing and eliminating need for restrictive measures 3. Ensuring the environment includes preferred activities so individuals are less likely to engage in unsafe actions due to behavior 5123:2-2-06; 5123:2-3-04	<ul style="list-style-type: none"> Is the person's preferences considered? Is there achievable success criteria in the strategies? Is there a plan to reduce or eliminate the restrictive measures? 		
7.9	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			
7.10	Does the provider/county board have a human rights committee that includes the following? <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 Reflect a balance of: <ul style="list-style-type: none"> o Individuals who receive or are eligible to 	<ul style="list-style-type: none"> A committee can serve more than one county board or provider Community representatives do not account on either side of the balance. 		

OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

	<p>receive specialized services or family members or guardians of individuals who receive or are eligible to receive services.</p> <ul style="list-style-type: none"> o County boards or providers <p>5123:2-2-06; 5123:2-3-04</p>	<ul style="list-style-type: none"> • Ensure that authors of restrictive measures who sit on the HRC do not “vote” on the measures they wrote. 		
7.11	<p>Did all members of the 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?</p> <p>5123:2-2-06; 5123:2-3-04</p>	<ul style="list-style-type: none"> • ICFs can share committees with other entities • The ICF can have received approval of their own trainings or utilized the department trainings. • Department online trainings of: <ul style="list-style-type: none"> o Behavioral Support Strategies that Include Restrictive Measures, o Human Rights Committee, and o Rights of People with Developmental Disabilities meet the 5 required areas above. 		
7.12	<p>If the service plan includes restrictive measures, did the Human Rights Committee review and approve the plan prior to implementation?</p> <p>5123:2-2-06; 5123:2-3-04</p>			
7.13	<p>If the service plan includes time out or restraint, are the interventions being implemented only when risk of harm is evidenced?</p> <p>5123:2-2-06; 5123:2-3-04</p>	<ul style="list-style-type: none"> • There must be a direct and serious risk of physical harm to the individual or another person. The individual must be capable of causing physical harm to self or others and the individual must be causing physical harm or very likely to begin causing physical harm. 		
7.14	<p>If the service plan includes rights restrictions, are the interventions being implemented only when risk of harm or likelihood of legal sanction are evidenced?</p> <p>5123:2-2-06; 5123:2-3-04</p>	<ul style="list-style-type: none"> • There must be a direct and serious risk of physical harm to the individual or another person. The individual must be capable of causing physical harm to self or 		

OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

		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.		
7.15	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	<ul style="list-style-type: none"> • Could be evidenced by copy of email submission, support staff verification, or viewing on the RMN system 		
7.16	Does the provider have a policy which reflect requirements of the rule? 5123:2-2-06; 5123:2-3-04	<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... 		

SECTION 8 – MUI/UI

8.1	Upon identification of a MUI, is there evidence that the ICF-IID took the following immediate actions as appropriate: <ul style="list-style-type: none"> • Immediate and on-going medical attention • 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 ICF-IID/DD has 	<ul style="list-style-type: none"> • The ICF-IID must ensure that when a staff person is not removed from the direct contact that the staff person has no unsupervised contact with the alleged victim or any other individual who may be considered at risk. • The provider is responsible for notifying the county board or department when there are changes in protective actions (i.e. returning 		
-----	---	---	--	--

OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

	<p>reasonably determined that such removal is no longer necessary</p> <ul style="list-style-type: none"> • Other necessary measures to protect the health and safety of at-risk individuals <p>5123:2-17-02</p>	<p>employee to duty, change in supervision levels, etc.)</p>		
8.2	<p>Is there evidence that the ICF-IID 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 <p>5123:2-17-02</p>	<ul style="list-style-type: none"> • Ask how the provider documents the date and time of the initial notification. • Check MUI ITS, fax cover sheet or provider documents. • Every CB is required to have 24-hour availability. 		
8.3	<p>Is there evidence that the ICF-IID 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>	<ul style="list-style-type: none"> • DCs are required to report to the Department. 		
8.4	<p>Is there evidence that the DC made all required reports to the Department and Ohio State Highway Patrol?</p> <p>5123:2-17-02</p>	<ul style="list-style-type: none"> • DC Only 		
8.5	<p>If applicable, were appropriate notifications made to other agencies?</p> <ul style="list-style-type: none"> • Children’s Services • Law Enforcement (for allegations of a crime) <p>5123:2-17-02</p>	<ul style="list-style-type: none"> • 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 		

OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

8.6	Is there evidence the ICF-IID cooperated with the investigation of MUIs? Timely submission of requested information 5123:2-17-02	<ul style="list-style-type: none"> • When the ICF-IID conducts an internal review, they must submit results (statements and documents) within 14 calendar days (does not apply to developmental centers). • Check MUI ITS, fax cover sheet or provider documents. 		
8.7	Is there evidence that a prevention plan was identified, that the prevention plan addressed the causes and contributing factors identified in the investigation and that the individual's IP was revised if necessary? 5123:2-17-02	<ul style="list-style-type: none"> • The prevention plan is at the end of the final MUI report. Refer to ITS for this information if necessary. Not all prevention plans require IP revisions. • Make sure agency and ITS plans match. 		
8.8	Upon identification of an unusual incident, is there evidences that the provider took the following immediate actions as appropriate: <ul style="list-style-type: none"> • Report was made to the designated person • Report was made within 24 hours of the incident • Appropriate actions were taken to protect the health and safety of the at-risk individual 5123:2-17-02	<ul style="list-style-type: none"> • Check UI report 		
8.9	Did the ICF-IID conduct a monthly review of unusual incidents? 5123:2-17-02	<ul style="list-style-type: none"> • Ensure all UI's are listed on the UI log. Provider needs to develop a systematic approach for reviewing UI's to determine if there are trends or patterns of 3 similar incidents in a week or 5 similar incidents in a month and that this is addressed by the team. The review may be kept electronically but must show monthly review 		
8.10	Is there evidence that the Provider:	<ul style="list-style-type: none"> • Can be via an e-mail sent to CB. Refer to the Health and Safety 		

OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

	<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) <p>5123:2-17-02</p>	<p>Toolkit on the DODD website for forms, templates and examples.</p> <ul style="list-style-type: none"> Jan-June = Semi-annual Jan.-Dec. = Annual All reviews and analysis shall be completed within 30 calendar days following the end of the review period. 		
8.11	<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>	<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 <p>The ICF shall ensure that trends & patterns of MUIs are included and addressed in the ISP of each individual affected</p>		
8.12	<p>During the review, was there evidence of any unreported incidents that should have been</p>	<ul style="list-style-type: none"> Based on review of the MAR, nurses' notes, daily documentation and narrative staff notes, interviews, 		

OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

	reported as either an Unusual Incident or a Major Unusual Incident? 5123:2-17-02	observation, compare with UI logs. Ensure that incident meets the definition of a UI or MUI.		
8.14	Is there evidence the ICF-IID completed the general investigation requirements found in OAC 5123:2-17-02 (H)? 5123:2-17-02	<ul style="list-style-type: none"> Reviewed by MUI staff- DC only. 		
8.15	<p>Is there evidence that the ICF-IDD 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. <p>5123:2-17-02</p>	<ul style="list-style-type: none"> Reviewed by MUI staff- DC only. 		
8.16	Did the ICF-IDD ensure that all staff were trained and knowledgeable regarding the unusual incident policy and procedure? 5123:2-17-02			

OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

<p>8.17</p>	<p>Is there evidence that the Incident Report contains the following required elements?</p> <ul style="list-style-type: none"> • Individual's name; • Individual's address; • Date of incident; • Location of incident; • Description of incident; • Type and location of injuries; • Immediate actions taken to ensure health and welfare of individual involved and any at-risk individuals; • Name of primary person involved and his or her relationship to the individual; • Names of witnesses; • Statements completed by persons who witnessed or have personal knowledge of the incident; • Notifications with name, title, and time and date of notice; • Further medical follow-up; and • Name of signature of person completing the incident report. <p>5123:2-17-02</p>			
<p>8.18</p>	<p>Is there evidence that the ICF-IDD reviewed all unusual incidents as necessary but no less than monthly to ensure appropriate preventative measure have been implemented and trends and patterns identified and addressed?</p> <p>5123:2-17-02</p>			
<p>8.19</p>	<p>Did the ICF-IDD make the unusual incident report, documentation of patterns and trends and corrective actions available to the CB and Department upon request?</p> <p>5123:2-17-02</p>			

OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

8.20	<p>Upon identification of an unusual incident, is there evidence that the ICF-IDD took the following immediate actions as appropriate:</p> <ul style="list-style-type: none"> • Report was made to the designated person • The UI report was made within 24 hours of the incident • 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. <p>5123:2-17-02</p>			
8.21	<p>Did the ICF/IID maintain a log of unusual incidents which includes:</p> <ul style="list-style-type: none"> • Name of Individual • Description of Incident • Identification of Injuries • Time/Date of Incident • Location of Incident • Preventative Measures <p>5123:2-17-02</p>	<ul style="list-style-type: none"> • Sample UI Log Available on Health and Safety Toolkit • Required for Agency and Independents 		
8.22	<p>Did the facility report all allegations of mistreatment, abuse, neglect, as well as injuries of unknown sources to the administrator immediately?</p> <p>5123:2-17-02</p>	<ul style="list-style-type: none"> • Was administrator or designee notified on the same day the incident was identified? 		
8.23	<p>Is there evidence that the ICF-IDD completed an Incident Report for all unusual incidents?</p> <p>5123:2-17-02</p>	<ul style="list-style-type: none"> • Check UI report • This applies to all incidents that meet the definition of an unusual incident. 		
8.24	<p>DEVELOPMENTAL CENTERS ONLY: INTAKE INVESTIGATION</p> <p>1. Is there evidence that the MUI was incorrectly coded?</p>	<ul style="list-style-type: none"> • THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF 		

OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

	<p>2. Does the MUI contain adequate information for appropriately categorizing it under Appendix A, B, or C?</p> <p>3. Is there evidence that a separate investigation should have occurred?</p> <p>4. Is there evidence of law enforcement notification and follow up?</p> <p>5. Is there documentation of a scene assessment?</p> <p>6. Is there evidence of timely initiation of investigation?</p> <p>5123:2-17-02</p>			
8.25	<p>DEVELOPMENTAL CENTERS ONLY: INTERVIEWS:</p> <p>1. Is there evidence of the individual being interviewed within 3 days?</p> <p>2. Is there evidence of the PPI being interviewed?</p> <p>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?</p> <p>4. Is there evidence of written statements?</p> <p>5. Was there any other documentation of interviews?</p> <p>6. Were follow-up interviews conducted?</p>	<ul style="list-style-type: none"> THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF 		

OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

	5123:2-17-02			
8.26	<p>DEVELOPMENTAL CENTERS ONLY: DOCUMENTATION:</p> <ol style="list-style-type: none"> 1. Is there evidence that the incident report and all other documentation from the reporter of the incident was gathered? 2. Is there evidence that information regarding the individual (e.g. ISP, bank statements, inventory, medical conditions) was gathered and reviewed? 3. Is there evidence that documentation was gathered and reviewed of injuries, medical attention, and the possible cause of injury from a medical professional? 4. Were relevant photos taken, audio and/or video recordings gathered, and documented? 5. Is there evidence that all relevant documentation (e.g. training records, nursing notes, schedules) was gathered and reviewed? 	<ul style="list-style-type: none"> • THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF 		
	5123:2-17-02			
8.27	<p>DEVELOPMENTAL CENTERS ONLY: DOCUMENTATION REVIEW AND INCIDENT SPECIFIC QUESTIONS:</p> <ol style="list-style-type: none"> 1. Does the investigation report provide all documentary evidence in a clear, 	<ul style="list-style-type: none"> • THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF 		

OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

	<p>complete, and non-ambiguous manner?</p> <p>2. Does the investigation report address the incident specific questions of all MUIs: Appendix A, B, or C.</p> <p>5123:2-17-02</p>			
8.28	<p>DEVELOPMENTAL CENTERS ONLY RELEVANT HISTORY / RELATIVE CREDIBILITY:</p> <p>1. Was the relevant history of the individual, PPI, reporter, witnesses, and others evaluated?</p> <p>2. Did the investigation report provide evidence that the relative credibility of the individual, PPI, witnesses, and all other relevant parties was evaluated</p> <p>5123:2-17-02</p>	THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF		
8.29	<p>DEVELOPMENTAL CENTERS ONLY ANALYSIS AND CAUSE AND CONTRIBUTING FACTORS:</p> <p>1. Does the investigation report include a succinct and well-reasoned analysis of the evidence that clearly indicates the rationale for substantiation or un-substantiation of the allegation(s)?</p> <p>2. Does the investigation report include evidence that the IA collected sufficient information to include a well-reasoned determination of the</p>	THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF		

OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

	cause and contributing factors of the incident?			
--	---	--	--	--

SECTION 9 – PERSONAL FUNDS

9.1	Does the ICF-IID ensure that individual funds are made available to the individual as required? 5123:2-2-07	<ul style="list-style-type: none"> Individual funds must be deposited within 5 days of receipt and made available to the individual within 3 days of request. This includes all monies such as personal allowance, employment, gifts, income tax refunds and food stamps. 		
9.2	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. 		
9.3	Does the ICF-IID ensure that the account transaction records/ledgers include the following; <ul style="list-style-type: none"> The name of the individual The source, amount, and date of all funds received The purpose, amount, recipient, and date of all funds withdrawn Individual or staff signatures for withdrawals and deposits 	<ul style="list-style-type: none"> Ledger must include the individuals' signature, initials or mark unless the IP indicates otherwise. Ledger must include the staff signature or initials unless funds are electronically managed.. If initials are used, a legend must be available to know which staff person initialed the ledger. 		

OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

	5123:2-2-07	<ul style="list-style-type: none"> The electronic system must have a way to identify the staff to whom money was given for use on behalf of an individual. 		
9.4	<p>Is there evidence that the individual is able to purchase items, goods, and services of his/her preference?</p> <p>5123:2-2-07</p>	<ul style="list-style-type: none"> Does the individual’s room include personal items, decorations? Is there evidence that individual has what they want/need? If the individual is purchasing items typically provided by the licensee (food, clothing, hygiene supplies, adaptive equipment, etc.) does the IP indicate the individual/guardian’s consent to the purchase? 		