

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>	<ul style="list-style-type: none"> • ISP promotes: <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 • Assessment considers 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 • There are four places on the path to community employment: <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 		

[PROVIDER COMPLIANCE INDEPENDENT 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 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?	<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? 		

[PROVIDER COMPLIANCE INDEPENDENT REVIEW TOOL]

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction
	5123:2-2-05			
2.009	Does the ISP include supports to access the full community? 5123:2-9-02; 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 • Ongoing access to the community • Individualized vs group opportunity • Achieving desired outcome 		
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. 		
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. 		
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. • Vocational Habilitation- advancement on the path to community employment and 		

[PROVIDER COMPLIANCE INDEPENDENT REVIEW TOOL]

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction
		<p>achievement of competitive integrated employment. Effective June 1, 2018 - individuals need to have community employment in a service plan to receive this service.</p> <ul style="list-style-type: none"> • 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 services and settings that address their assessed needs in the least restrictive manner, promote 		

[PROVIDER COMPLIANCE INDEPENDENT REVIEW TOOL]

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction
		autonomy, and minimize their dependency on paid support staff? <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; 5123:2-3-04	<ul style="list-style-type: none"> REFERENCE DELEGATED NURSING GRID Delegation is required for G/J tube medication administration, insulin injection or pump and administration of nutrition by G/J tube. 		

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 time out or restraint, are the interventions being implemented only when risk of harm is evidenced? 5123:2-2-06	<ul style="list-style-type: none"> • County board responsibility • 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. 		
4.002	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	<ul style="list-style-type: none"> • County board responsibility • 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. 		
4.003	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? 		
4.004	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	<ul style="list-style-type: none"> • 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 		
4.005	Were all restrictive measures addressed in the plan and approved by the Human Rights Committee? 5123:2-2-06	<p>County Board Only</p> <ul style="list-style-type: none"> • Examples: house rules, dietary restrictions, imposed bedtimes, locked cabinets, visitor 		

[PROVIDER COMPLIANCE INDEPENDENT REVIEW TOOL]

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
		limitations, etc... It is not permissible for these restrictions to be outside of the restrictive measure requirements <ul style="list-style-type: none"> • Criminal court orders are not required to be approved by the HRC 		
4.006	Are restrictive strategies person-centered and interwoven into a single plan? 5123:2-2-06	<ul style="list-style-type: none"> • County Board responsibility. • There should be no separate behavior support plans. Restrictive strategies should be included in a manner similar to all other support strategies. • Citations will not be issued for this question until April 2016 unless the county board presents no evidence of systemic change. 		
4.007	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	<ul style="list-style-type: none"> • County Board responsibility. Informed consent must be written. A scanned signature submitted electronically is acceptable 		
4.008	Is the behavior support strategy directed at: <ol style="list-style-type: none"> 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	<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? 		
4.009	Is there a provider record of the date, time, duration, and antecedent factors regarding each use of a restrictive measure other than a restrictive measure that is not based on antecedent factors (e.g. Bed alarm or locked cabinet)? 5123:2-2-06			

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 provider who handles 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	When the individual receives a paid service for money management does the service plan include parameters for management based on the areas of focus? 5123:2-2-07	<ul style="list-style-type: none"> • As appropriate/needed based on the service need... • The dollar amount anticipated to be available to the individual up request for personal spending. • The specific type of supports to be provided • The maximum dollar amount that the individual may independently manage at one time. • The maximum dollar amount that the provider may spend on behalf of the individual for any one expenditure without guardian, payee, and/or team approval • The name of the person or entity responsible for providing payee services. • Receipts 		

[PROVIDER COMPLIANCE INDEPENDENT REVIEW TOOL]

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
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	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 		
5.007	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 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 • A member of the board of the provider, or has a member of the provider agency serving on the landlord’s board 		

SECTION 7- SERVICE DELIVERY & DOCUMENTATION

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
7.001	<p>Does service delivery documentation include the following elements below?</p> <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 <p>5123:2-9-06; 5123:2-9-40; 5123:2-9-39; 5123:2-9-20</p>	<ul style="list-style-type: none"> • May be maintained on multiple documents/forms • Review service specific rule for documentation requirements 		
7.002	<p>Does the waiver service delivery documentation for all waiver billing codes include the place of service?</p> <p>5123:2-9-06; 5123:2-9-40; 5123:2-9-39; 5123:2-9-20</p>	<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	<p>Does the waiver service delivery documentation for all waiver codes include the type of service?</p> <p>5123:2-9-06; 5123:2-9-40; 5123:2-9-39; 5123:2-9-20</p>	<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	<p>Does the waiver service delivery documentation for all waiver billing codes include the number of units (amount) provided?</p> <p>5123:2-9-06; 5123:2-9-40; 5123:2-9-39; 5123:2-9-20</p>	<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 		

[PROVIDER COMPLIANCE INDEPENDENT REVIEW TOOL]

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
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; 5123:2-9-20	<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 conditions that apply to the provision of the service • 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; 5123:2-9-39; 5123:2-9-20	<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; 5123:2-9-20	<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	<ul style="list-style-type: none"> • NMT ONLY 		
7.010	Are medication, treatments, health related activities and dietary orders being followed? 5123:2-2-01; 5123:2-2-11, 5123:2-9-39, 5123:2-6-03	<ul style="list-style-type: none"> • Info may come from the medication administration record (MAR), doctor's orders, OT/PT and speech plans and unusual incidents • There are 13 health related activities 		

[PROVIDER COMPLIANCE INDEPENDENT REVIEW TOOL]

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
		<ul style="list-style-type: none"> Nursing tasks not authorized by DODD Category 1 Certifications require nurse delegation (ex. Catheterization, trache suctioning, etc.) 		
7.011	<p>Is the service plan and/or plan of care being implemented as written?</p> <p>5123:2-2-01; 5123:2-9-39; 5123:2-9-20</p>	<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 		
7.012	<p>Is the provider following all applicable local, state and federal rules and regulations?</p>	<ul style="list-style-type: none"> Must include rule cite for any citation issued under this question. 		
7.013	<p>Does the individual's plan of care (485) Does the nursing documentation include clinical notes or progress notes and documentation of the face to face visits? include:</p> <ul style="list-style-type: none"> The current certification period Providers name including all RN and LPN's providing service. All sections of Plan of care are complete Medication list and MAR <p>5123:2-9-39</p>	<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	<p>Does the nursing documentation include clinical notes or progress notes and documentation of the face to face visits?</p> <p>5123:2-9-39</p>	<ul style="list-style-type: none"> Independent LPN: face to face with supervising RN and individual every 120 days Independent LPN: face to face with supervising RN every 60 days 		
7.015	<p>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?</p> <p>5123:2-2-05</p>	<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 		

[PROVIDER COMPLIANCE INDEPENDENT REVIEW TOOL]

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
		address barriers or revise employment outcome?		
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. 		
7.017	Were records maintained in a confidential manner and available upon request? 5123:2-2-01; 5123:2-9-06; 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	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?	<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 		

[PROVIDER COMPLIANCE INDEPENDENT REVIEW TOOL]

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	<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"> ○ Worksite accessibility • Please review the Career Planning rule for information on each of the service components. 		

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 • 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 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>If applicable, were appropriate notifications made to other agencies?</p> <ul style="list-style-type: none"> • Children’s Services (for allegations of abuse and neglect) • Law Enforcement (for allegations of a crime) <p>5123:2-17-02</p>	<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 		
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 a 		

[PROVIDER COMPLIANCE INDEPENDENT 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 <p>5123:2-17-02</p>	location operated by an agency provider that is not the residential provider		
8.005	<p>Is there evidence the provider cooperated with the investigation of MUIs? Timely submission of requested information?</p> <p>5123:2-17-02</p>			
8.006	<p>Is there evidence that the provider completed an Incident Report for all incidents?</p> <p>5123:2-17-02</p>			
8.007	<p>Begins UI Section 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; 	<ul style="list-style-type: none"> • Sample Incident Report in Health and Safety Tool Kit 		

[PROVIDER COMPLIANCE INDEPENDENT REVIEW TOOL]

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	<ul style="list-style-type: none"> • 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>			
8.008	<p>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 service plan was revised if necessary?</p> <p>5123:2-17-02</p>	<ul style="list-style-type: none"> • Not all prevention plans have to be in the ISP, consider the circumstances before citing 		
8.009	<p>Upon identification of an unusual incident, is there evidence that the provider 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>			
8.010	<p>Is there evidence that the provider submitted a written incident report to the County Board by 3:00 pm, the next working day, following initial knowledge of a potential or determined MUI?</p> <p>5123:2-17-02</p>			

[PROVIDER COMPLIANCE INDEPENDENT REVIEW TOOL]

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
8.011	<p>Is there evidence that the independent 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?</p> <p>5123:2-17-02</p>			
8.012	<p>Did the independent provider 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 		
8.013	<p>During the review, was there evidence of any unreported incidents that should have been reported as either an Unusual Incident or a Major Unusual Incident?</p> <p>5123:2-17-02</p>	<ul style="list-style-type: none"> • Ensure that the incident meets the definition of a UI or MUI in the rule before issuing citation 		
8.014	<p>Is there evidence that the independent providers forwarded the incident report to the service and support administrator or county board designee on the same day the unusual incident is discovered?</p> <p>5123:2-17-02</p>			
8.015	<p>Did the provider 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>			

SECTION 9 – PERSONNEL

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
9.001	<p>If the provider/staff is responsible for the following, do they have the appropriate certification for:</p> <ul style="list-style-type: none"> • Oral or topical medications (Category 1) • Health related activities (Category 1) • G-tube/J-tube (Category 2) • Insulin injections (Category 3) <p>5123:2-6-03</p>	<ul style="list-style-type: none"> • If ISP identifies family delegation, medication administration certification is not required • 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 5. Use of Cough Assist Insufflator 		
9.002	<p>Does the professional staff have required licenses/certifications?</p> <p>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; 5123:2-9-13</p>	<ul style="list-style-type: none"> • Includes nursing licenses, social work licenses, OT/PT licenses, etc. • 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. 		
9.003	<p>Did the provider have current CPR certification?</p> <p>5123:2-2-01; 5123:2-9-20</p>	<ul style="list-style-type: none"> • N/A SELF Support Brokers or SELF community inclusion- transportation • N/A for money management provider 		

[PROVIDER COMPLIANCE INDEPENDENT REVIEW TOOL]

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
9.004	Did the provider staff have current first aid certification? 5123:2-2-01; 5123:2-9-20	<ul style="list-style-type: none"> N/A SELF Support Brokers or SELF community inclusion-transportation N/A for money management provider N/A for waiver nursing 		
9.005	Did the independent provider have annual training on the MUI/UI requirements and health and welfare alerts from the previous year? 5123:2-17-02; 5123:2-2-01; 5123:2-9-20	<ul style="list-style-type: none"> Once during each calendar year 		
9.006	Did the independent provider have annual training on the Rights of Individuals with DD? ORC 5123.63; 5123:2-2-01; 5123:2-9-20	<ul style="list-style-type: none"> Once during each calendar year 		
9.007	Did the provider 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	<ul style="list-style-type: none"> The requirement for person specific training begins with the new certification rule on 10/1/2015. Refers to the ISP training prior to implementation 		
9.008	Beginning in the second year of certification did the provider receive training related to person-centered planning, community integration, self-determination, and self-advocacy? 5123:2-2-01	<ul style="list-style-type: none"> Once during each calendar year Not required to be within 365 days. 		
9.009	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"> Could be included as a component of principles of positive intervention culture Required regardless of whether there is a behavior support plan Once during each calendar year Not required to be within 365 days 		

[PROVIDER COMPLIANCE INDEPENDENT REVIEW TOOL]

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
9.010	Did the Support Broker successfully complete the Support Broker training established by DODD? 5123:2-9-47	<ul style="list-style-type: none"> SELF Support Broker only 		
9.011	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. 5123:2-9-20	<ul style="list-style-type: none"> MUI/UI and Rights is included in the 8 hours. 		
9.012	For providers who are responsible for transporting individuals, does the provider have a valid driver's license? 5123:2-9-18; 5123:2-9-24; 5123:2-9-42			
9.013	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	<ul style="list-style-type: none"> Personal vehicles, there must be current insurance in the driver's name (ins card or policy declarations) 		
9.014	For day waiver services, starting in the second year of certification , did the provider annually complete at least 8 hours of training that includes: <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 Services comprising the specific waiver service 5123:2-9-13; 5123:2-9-15			
9.015	When selected by an individual did the independent provider meet with a representative of the county board prior to providing services?	<ul style="list-style-type: none"> Effective 10/1/15 when a provider is selected by a waiver recipient 		

[PROVIDER COMPLIANCE INDEPENDENT REVIEW TOOL]

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	5123:2-2-01			
9.016	Did the independent provider complete the following training within 60 days of first providing services? Service documentation and billing for services. 5123:2-2-01; 5123:2-3-01			
9.017	Does the provider/direct care staff <u>without med admin certification</u> have training to perform the following tasks/use the following devices: <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. 5123:2-6-05	<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 		

TRANSPORTATION MOVED TO SECTION 17 (page intentionally left blank)

SECTION 11 – PHYSICAL ENVIRONMENT

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
11.001	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			

WAIVER ADMINISTRATION ACTIVITIES MOVED TO SECTION 18 (page intentionally left blank)

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 17 – TRANSPORTATION

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
17.001	If the provider is responsible for providing any type of transportation do all vehicles used to transport individuals appear safe? 5123:2-2-01			
17.002	If the provider is responsible for providing Non-Medical Transportation, does the vehicle have a fire extinguisher? 5123:2-9-18			
17.003	If the provider is responsible for providing Non-Medical Transportation, does the vehicle have a first aid kit? 5123:2-9-18			
17.004	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 		
17.005	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 <ol style="list-style-type: none"> 1) A non-medical vehicle with a capacity of 9 or more OR <ol style="list-style-type: none"> 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 		

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	Was the individual’s PLOC/LOC reviewed at least annually and/or based on changes in the individual’s needs? 5123:2-1-11	<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 		
18.002	Was the “Freedom of Choice” form for this individual reviewed on an annual basis? 5123:2-1-11	<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 		
18.003	Were due process rights provided? 5123:2-1-11	<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 		
18.004	Did the county board implement a continuous review process (monitoring) tailored to the individual? 5123:2-1-11	<ul style="list-style-type: none"> • Determine through documents, interview and observation. Issue citations only to the county board • No specific frequency is required • 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 		
18.005	Did the county board comply with Free Choice of Provider requirements? 5123:2-1-11; 5123:2-9-11	<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 		

[PROVIDER COMPLIANCE INDEPENDENT REVIEW TOOL]

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
18.006	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	<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 • County board cite 		

REMOTE MONITORING EQUIPMENT MOVED TO SECTION 15 (page intentionally left blank)
