

SECTION 1 – DEMOGRAPHICS

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
1.1	Is the provider an independent provider?			
1.2	Is the provider an agency provider?			
1.3	Did the provider provide Environmental Accessibility Adaptations - IO?			
1.4	Did the provider provide Environmental Accessibility Adaptations - Level 1?			
1.5	Did the provider provide Home Delivered Meals - IO?			
1.6	Did the provider provide Informal Respite - Level 1?			
1.7	Did the provider provide Interpreter - IO?			
1.8	Did the provider provide Nutrition - IO?			
1.9	Did the provider provide Personal Emergency Response Systems - Level 1?			
1.10	Did the provider provide Social Work - IO?			
1.11	Did the provider provide Special Medical Equipment and Supplies - IO?			
1.12	Did the provider provide Special Medical Equipment and Supplies - Level 1?			
1.13	Did the provider provide SELF waiver Clinical/Therapeutic Intervention?			
1.14	Did the provider provide SELF waiver Functional Behavioral Assessment?			
1.15	Did the provider provide SELF waiver Participant/Family Stability Assistance?			

SECTION 2 – SERVICES DELIVERY & DOCUMENTATION

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction
2.1	Is the service plan being implemented as written? 5123:2-2-01			
2.2	Does service delivery documentation include the following elements below? <ul style="list-style-type: none"> • Date of service; • Individual's name; • Individual's Medicaid #; • Provider name; • Provider #; (N/A for TDD) • Signature or initials of person delivering the service • *Signature or initials of the person receiving services or their representative – TDD Only 5123:2-9-06; 5123:2-9-40;	<ul style="list-style-type: none"> • May be maintained on multiple documents/forms • Review service specific rule for documentation requirements 		
2.3	Does the waiver service delivery documentation for all waiver billing codes include the place of service? 5123:2-9-06; 5123:2-9-40;	<ul style="list-style-type: none"> • Review service specific rule for documentation requirements 		
2.4	Does the waiver service delivery documentation for all waiver codes include the type of service? 5123:2-9-06; 5123:2-9-40;	<ul style="list-style-type: none"> • Review service specific rule for documentation requirements 		
2.5	Does the waiver service delivery documentation for all waiver billing codes include the number of units (amount) provided? 5123:2-9-06; 5123:2-9-40;	<ul style="list-style-type: none"> • Review service specific rule for documentation requirements 		

[OPSR PROVIDER COMPLIANCE ANCILLARY SERVICES REVIEW TOOL]

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2.6	Does the waiver service delivery documentation for all waiver billing codes include the group size in which the services were delivered? 5123:2-9-06; 5123:2-9-40;	<ul style="list-style-type: none"> Review service specific rule for documentation requirements 		
2.7	Does the waiver service delivery documentation include the beginning and end times of the delivered service? 5123:2-9-06; 5123:2-9-40;	<ul style="list-style-type: none"> Review service specific rule for documentation requirements 		
2.8	Does the waiver service delivery documentation for all waiver billing codes include scope? 5123:2-9-06; 5123:2-9-40	<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 		
2.9	Does the waiver service delivery documentation for all waiver billing codes include frequency? 5123:2-9-06; 5123:2-9-40;	<ul style="list-style-type: none"> Review service specific rule for documentation requirements 		
2.10	Does the waiver service delivery documentation for all waiver billing codes include duration? 5123:2-9-06; 5123:2-9-40;	<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 		
2.11	Is the provider/facility following all applicable local, state and federal rules and regulations?	<ul style="list-style-type: none"> Must include rule cite 		

SECTION 3 – ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS – IO & LEVEL 1

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction
3.1	Did the county board verify that the project was completed satisfactorily and in compliance with state and local requirements, including building codes? 5123:2-9-23			

SECTION 4 – HOME DELIVERED MEALS - IO

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
4.1	Does the waiver service delivery documentation include the time that meals were delivered? 5123:2-9-29			
4.2	Does the waiver service delivery documentation include the name of the person accepting delivery of meals? 5123:2-9-29			
4.3	Does the waiver service delivery documentation include the number of meals delivered? 5123:2-9-29			
4.4	Did the provider ensure that a licensed dietitian approved all menus and developed all special menus in accordance with the ISP? 5123:2-9-29			
4.5	Did the provider maintain a roster of delivery drivers who are trained and have available backup staff for scheduled meal deliveries? 5123:2-9-29			

SECTION 5 – INFORMAL RESPITE – LEVEL 1

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
5.1	Did the provider receive annual MUI training? 5123:2-9-21	<ul style="list-style-type: none"> The training should be provided by the individual or designee. 		
5.2	Did the provider receive annual Rights training? 5123:2-9-21	<ul style="list-style-type: none"> The training should be provided by the individual or designee. 		
5.3	Did the provider receive individual specific training as identified in the ISP? 5123:2-9-21	<ul style="list-style-type: none"> The training should be provided by the individual or designee. 		

SECTION 6- INTERPRETER – IO

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
6.1	Is the provider certified by the registry of interpreters for the deaf? 5123:2-9-36			
6.2	Does the provider meet one of the following criteria; A. Provider graduated from an interpreter training program (of a minimum of 2 years) and have at least one year of documented experience providing interpreter services, OR, B. Provider completed a written test administered by the registry of interpreters for the deaf and have at least one year of documented experience providing interpreter services , OR, C. Provider has at least two years of documented experience providing interpreter services? 5123:2-9-36			
6.3	Does the waiver service delivery documentation include the number of units or continuous amount of uninterrupted time that the service was provided? 5123:2-9-36			
6.4	Does the waiver service delivery documentation include the group size in which the service was provided? 5123:2-9-36			
6.5	Does the waiver service delivery documentation include the begin and end times of the delivered service?			

[OPSR PROVIDER COMPLIANCE ANCILLARY SERVICES REVIEW TOOL]

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	5123:2-9-36			

SECTION 7 – NUTRITION – IO

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
7.1	Is the dietician licensed by the state? 5123:2-9-28			
7.2	Did the provider train the appropriate parties on the individual's dietary program? 5123:2-9-28	<ul style="list-style-type: none"> • Rule requires training for the individual, family, professionals, paraprofessionals, direct care, habilitations specialists and vocational/school staff. 		
7.3	Does the waiver service delivery documentation include the number of units or continuous amount of uninterrupted time that the service was provided? 5123:2-9-28			
7.4	Does the waiver service delivery documentation include the begin and end times of the delivered service? 5123:2-9-28			
7.5	Does the waiver service delivery documentation include the group size in which the service was provided? 5123:2-9-28	<ul style="list-style-type: none"> • This service includes nutritional assessments, development of a nutrition care plan or dietary program and training for individuals, their families 		

SECTION 8 – PERSONAL EMERGENCY RESPONSE SYSTEMS – LEVEL 1

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
8.1	Does the waiver service delivery documentation include record of the provider's notification to emergency personnel such as police, fire, emergency medical services, and psychiatric crisis response entities? 5123:2-9-26			
8.2	Does the waiver service delivery documentation include a record of preventive maintenance checks and quarterly testing of the provider's equipment as required? 5123:2-9-26			
8.3	Does the waiver service delivery documentation include a record of training provided to the individual who receives personal emergency response systems services? 5123:2-9-26	<ul style="list-style-type: none"> Provide an individual who receives personal emergency response systems with initial and ongoing training on how to use the PERS as specified in the ISP. 		
8.4	Does the provider have response center coverage 24 hours/7 days a week? 5123:2-9-26			
8.5	Is the equipment operational? 5123:2-9-26	<ul style="list-style-type: none"> This can be verified through contact with the individual, guardian, SSA, or family. 		

SECTION 9 – SOCIAL WORK – IO

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
9.1	Is the provider licensed by the state? 5123:2-9-38			
9.2	Does the waiver service delivery documentation include the number of units or continuous amount of uninterrupted time that the service was provided? 5123:2-9-38			
9.3	Does the waiver service delivery documentation include the group size in which the service was provided? 5123:2-9-38			
9.4	Does the waiver service delivery documentation include the begin and end times of the delivered service? 5123:2-9-38			

SECTION 10 – SPECIAL MEDICAL EQUIPMENT AND SUPPLIES – IO & LEVEL 1

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
10.1	For veterinary services, is the veterinarian licensed by the state? 5123:2-9-25	<ul style="list-style-type: none"> For other equipment and supplies, provider qualifications are verified at the time of certification. 		
10.2	Did the provider provide the individual/guardian/family/staff with training on the proper use of the equipment? 5123:2-9-25			
10.3	Is the equipment operational? 5123:2-9-25	<ul style="list-style-type: none"> This can be verified through contact with the individual, guardian, SSA, or family. 		

SECTION 11 - SELF WAIVER ONLY - CLINICAL/THERAPEUTIC INTERVENTION; FUNCTIONAL BEHAVIORAL ASSESSMENT; PARTICIPANT/FAMILY STABILITY ASSISTANCE

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
11.1	Did the provider/staff have annual MUI training? 5123:2-9-41; 5123:2-9-46	<ul style="list-style-type: none"> Does not apply to Participant/Family Stability Assistance- COUNSELING or Functional Behavioral Assessment 		
11.2	Did the provider/staff have annual training on the Rights of Individuals with DD? 5123:2-9-41; 5123:2-9-46	<ul style="list-style-type: none"> Does not apply to Participant/Family Stability Assistance- COUNSELING or Functional Behavioral Assessment 		
11.3	Do professional staff have required licenses/certifications? 5123:2-9-41; 5123:2-9-43; 5123:2-9-46	<ul style="list-style-type: none"> Does not apply to Participant/Family Stability Assistance- TRAINING. See service rules for professional requirements 		
11.4	Did the provider complete the following initial database checks for employees? <ul style="list-style-type: none"> Inspector General’s Exclusion List Sex Offender and Child Victim Offenders Database U.S. General Services Administration System for Award Management Database Database of Incarcerated and Supervised Offenders Abuser Registry Nurse Aide Registry 5123:2-2-02	<ul style="list-style-type: none"> AGENCY ONLY Mark as non-compliant if checks were not completed at all Online data base checks are conducted every 5 years for all direct service providers Persons on the data base may not be employed to provide services to individuals 		
11.5	Did the provider complete the following database checks every five years for employees? <ul style="list-style-type: none"> Inspector General’s Exclusion List 	<ul style="list-style-type: none"> AGENCY ONLY Mark as non-compliant if checks were not completed at all Staff hired before 1/1/13 the first recheck 		

[OPSR PROVIDER COMPLIANCE ANCILLARY SERVICES REVIEW TOOL]

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	<ul style="list-style-type: none"> • 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	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		
11.6	Did the provider complete the database checks timely by completing the checks prior to hire and within 5 years of the previous check? <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"> • AGENCY ONLY • 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 		
11.7	Did the provider complete a BCII/FBI check on staff while they were under final consideration for employment? 5123:2-2-02	<ul style="list-style-type: none"> • AGENCY ONLY • Mark as non-compliant if initial checks were not completed at all • FBI check if employee hasn't been an Ohio resident for 5 yrs. Previous • Provider used the correct reason code 		

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Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
11.8	Did the provider complete BCII/FBI checks every five years for direct service employees? 5123:2-2-02 5160-45-07	<ul style="list-style-type: none"> • AGENCY ONLY • FBI check if employee hasn't been an Ohio resident for 5 yrs. Previous • Provider used the correct reason code 		
11.9	Did the provider complete the BCII/FBI checks timely by conducting the checks prior to hire and within 5 years of the previous check? 5123:2-2-02	<ul style="list-style-type: none"> • AGENCY ONLY • Mark as non-compliant if either the initial or 5 year checks were completed late 		
11.10	Did the provider ensure that staff in a direct care position did not work for more than 60 days after hire without the results of the BCII/FBI checks? 5123:2-2-02 5160-45-07	<ul style="list-style-type: none"> • AGENCY ONLY 		
11.11	Did the provider ensure that direct services are only provided by employees who do not have a disqualifying offense and who are not included on any of the databases identified in rule? 5123:2-2-02 5160-45-07	<ul style="list-style-type: none"> • AGENCY ONLY • Refer to Section G of the background check rule for employees with Tier 4 offenses who were hired prior to 1/1/13 		
11.12	Did the provider staff, while under final consideration for employment, sign a statement attesting that the staff person would notify the provider within 14 days if they are ever charged with, plead guilty to, or are convicted of a disqualifying offense? 5123:2-2-02 5160-45-07	<ul style="list-style-type: none"> • AGENCY ONLY 		
11.13	Did the provider staff, while under final consideration for employment, sign a statement attesting that the staff person has never plead guilty to or been convicted of a	<ul style="list-style-type: none"> • AGENCY ONLY 		

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	disqualifying offense? 5123:2-2-02 5160-45-07			
11.14	Did the agency provider verify that the staff person has a high school diploma or GED? 5123:2-2-01	<ul style="list-style-type: none"> • AGENCY ONLY • Review with provider their system to verify a high school diploma or GED • Staff enrolled in college are considered to meet this requirement 		