

*SECTION 1 – INFORMAL RESPITE – LEVEL 1*

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

*SERVICES DELIVERY & DOCUMENTATION MOVED TO SECTION 7 (PAGE INTENTIONALLY LEFT BLANK)*

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*ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS – IO & LEVEL 1 MOVED TO SECTION 19 (page intentionally left blank)*

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*HOME DELIVERED MEALS – IO MOVED TO SECTION 20 (page intentionally left blank)*

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*INFORMAL RESPITE – LEVEL 1 MOVED TO SECTION 1 (page intentionally left blank)*

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*SECTION 6- INTERPRETER – IO*

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
6.001	Is the provider certified by the registry of interpreters for the deaf? 5123:2-9-36			
6.002	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			
6.003	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			
6.004	Does the waiver service delivery documentation include the group size in which the service was provided? 5123:2-9-36			
6.005	Does the waiver service delivery documentation include the begin and end times of the delivered service? 5123:2-9-36			

**SECTION 7 – SERVICES DELIVERY & DOCUMENTATION**

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

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Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction
7.006	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"> <li>Review service specific rule for documentation requirements</li> </ul>		
7.007	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"> <li>Review service specific rule for documentation requirements</li> </ul>		
7.008	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"> <li>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</li> </ul>		
7.009	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"> <li>Review service specific rule for documentation requirements</li> </ul>		
7.010	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"> <li>The length of time that a service will be provided</li> <li>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</li> </ul>		
7.011	Is the provider/facility following all applicable local, state and federal rules and regulations?	<ul style="list-style-type: none"> <li>Must include rule cite</li> </ul>		

*NUTRITION – IO MOVED TO SECTION 21 (page intentionally left blank)*

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*PERSONAL EMERGENCY RESPONSE SYSTEMS – LEVEL 1 MOVED TO SECTION 24 (page intentionally left blank)*

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*SOCIAL WORK – IO MOVED TO SECTION 23 (page intentionally left blank)*

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

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

*SECTION 19 – ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS – IO & LEVEL 1*

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Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction
19.001	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 20 – HOME DELIVERED MEALS - IO*

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
20.001	Does the waiver service delivery documentation include the time that meals were delivered? 5123:2-9-29			
20.002	Does the waiver service delivery documentation include the name of the person accepting delivery of meals? 5123:2-9-29			
20.003	Does the waiver service delivery documentation include the number of meals delivered? 5123:2-9-29			
20.004	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			
20.005	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 21 – NUTRITION – 10*

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
21.001	Is the dietician licensed by the state? 5123:2-9-28			
21.002	Did the provider train the appropriate parties on the individual's dietary program? 5123:2-9-28	<ul style="list-style-type: none"> <li>• Rule requires training for the individual, family, professionals, paraprofessionals, direct care, habilitations specialists and vocational/school staff.</li> </ul>		
21.003	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			
21.004	Does the waiver service delivery documentation include the begin and end times of the delivered service? 5123:2-9-28			
21.005	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"> <li>• This service includes nutritional assessments, development of a nutrition care plan or dietary program and training for individuals, their families</li> </ul>		

**SECTION 22 - 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)
22.001	Did the provider/staff have annual MUI training? 5123:2-9-41; 5123:2-9-46	<ul style="list-style-type: none"> <li>Does not apply to Participant/Family Stability Assistance- COUNSELING or Functional Behavioral Assessment</li> </ul>		
22.002	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"> <li>Does not apply to Participant/Family Stability Assistance- COUNSELING or Functional Behavioral Assessment</li> </ul>		
22.003	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"> <li>Does not apply to Participant/Family Stability Assistance- TRAINING. See service rules for professional requirements</li> </ul>		
22.004	Did the provider complete the following initial database checks for employees? <ul style="list-style-type: none"> <li>Inspector General’s Exclusion List</li> <li>Sex Offender and Child Victim Offenders Database</li> <li>U.S. General Services Administration System for Award Management Database</li> <li>Database of Incarcerated and Supervised Offenders</li> <li>Abuser Registry</li> <li>Nurse Aide Registry</li> </ul> 5123:2-2-02	<ul style="list-style-type: none"> <li>AGENCY ONLY</li> <li>Mark as non-compliant if checks were not completed at all</li> <li>Online data base checks are conducted every 5 years for all direct service providers</li> <li>Persons on the data base may not be employed to provide services to individuals</li> </ul>		
22.005	Did the provider complete the following database checks every five years for employees? <ul style="list-style-type: none"> <li>Inspector General’s Exclusion List</li> </ul>	<ul style="list-style-type: none"> <li>AGENCY ONLY</li> <li>Mark as non-compliant if checks were not completed at all</li> <li>Staff hired before 1/1/13 the first recheck is due 5 years from the date of the last</li> </ul>		

[OPSR PROVIDER COMPLIANCE ANCILLARY SERVICES 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"> <li>• Sex Offender and Child Victim Offenders Database</li> <li>• U.S. General Services Administration System for Award Management Database</li> <li>• Database of Incarcerated and Supervised Offenders</li> <li>• Abuser Registry</li> <li>• Nurse Aide Registry</li> </ul> 5123:2-2-02	check; as long as the previous check included the BCII, Abuser Registry, Nurse Aide, and FBI as applicable		
22.006	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"> <li>• Inspector General’s Exclusion List</li> <li>• Sex Offender and Child Victim Offenders Database</li> <li>• U.S. General Services Administration System for Award Management Database</li> <li>• Database of Incarcerated and Supervised Offenders</li> <li>• Abuser Registry</li> <li>• Nurse Aide Registry</li> </ul> 5123:2-2-02	<ul style="list-style-type: none"> <li>• AGENCY ONLY</li> <li>• Mark as non-compliant if either the initial or 5 year checks were completed late</li> <li>• 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</li> </ul>		
22.007	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"> <li>• AGENCY ONLY</li> <li>• Mark as non-compliant if initial checks were not completed at all</li> <li>• FBI check if employee hasn't been an Ohio resident for 5 yrs. Previous</li> <li>• Provider used the correct reason code</li> </ul>		

**[OPSR PROVIDER COMPLIANCE ANCILLARY SERVICES REVIEW TOOL]**

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
22.008	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"> <li>• AGENCY ONLY</li> <li>• FBI check if employee hasn't been an Ohio resident for 5 yrs. Previous</li> <li>• Provider used the correct reason code</li> </ul>		
22.009	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"> <li>• AGENCY ONLY</li> <li>• Mark as non-compliant if either the initial or 5 year checks were completed late</li> </ul>		
22.010	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"> <li>• AGENCY ONLY</li> </ul>		
22.011	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"> <li>• AGENCY ONLY</li> <li>• Refer to Section G of the background check rule for employees with Tier 4 offenses who were hired prior to 1/1/13</li> </ul>		
22.012	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"> <li>• AGENCY ONLY</li> </ul>		
22.013	Did the provider staff, while under final consideration for employment, sign a statement attesting that the staff person has never plead guilty to or been convicted of a disqualifying offense? 5123:2-2-02 5160-45-07	<ul style="list-style-type: none"> <li>• AGENCY ONLY</li> </ul>		

**[OPSR PROVIDER COMPLIANCE ANCILLARY SERVICES REVIEW TOOL]**

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
22.014	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"> <li>• AGENCY ONLY</li> <li>• Review with provider their system to verify a high school diploma or GED</li> <li>• Staff enrolled in college are considered to meet this requirement</li> </ul>		

*SECTION 23 – SOCIAL WORK – IO*

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
23.001	Is the provider licensed by the state? 5123:2-9-38			
23.002	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			
23.003	Does the waiver service delivery documentation include the group size in which the service was provided? 5123:2-9-38			
23.004	Does the waiver service delivery documentation include the begin and end times of the delivered service? 5123:2-9-38			

*SECTION 24 – PERSONAL EMERGENCY RESPONSE SYSTEMS – LEVEL 1*

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
24.001	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			
24.002	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			
24.003	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"> <li>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.</li> </ul>		
24.004	Does the provider have response center coverage 24 hours/7 days a week? 5123:2-9-26			
24.005	Is the equipment operational? 5123:2-9-26	<ul style="list-style-type: none"> <li>This can be verified through contact with the individual, guardian, SSA, or family.</li> </ul>		