

Below is a list of documents that will be reviewed during the compliance review. All required items must available at the beginning of the onsite review. Additional documents may be requested during the onsite review. Please contact the lead reviewer with any questions prior to the onsite review.

ISP for Individuals in Sample	Completed
1. Person Centered assessment/profile	
2. Current and previous service plan, including addendums/revisions (including the date the plan was sent to the provider). Please note that any restrictive measures or supports for behavioral concerns must be interwoven into the service plan.	
3. Plan of Care signed by physician for Waiver Nursing services	
4. OEDI/COEDI eligibility determinations	
MEDICATION ADMINISTRATION for Individuals in Sample	
5. Current and previous Self-Medication Assessment	
6. Current and previous nursing Quality Assurance reviews	
7. Evidence that outcomes identified in nursing QA reviews were addressed	
DELEGATED NURSING (if applicable)	
8. Evidence of nurse supervision of delegation <ul style="list-style-type: none"> A. Log Notes B. Nursing Notes C. Any documentation used by delegating nurse to evidence supervision D. Any special conditions identified by the nurse E. On-going nursing assessments F. Statement of delegation G. Annual staff skills checklist H. Name and credentials of the delegating nurse 	
WAIVER NURSING REQUIREMENTS (RN/LPN only)	
9. RN documentation <ul style="list-style-type: none"> a. Individual Record/Plan of Care b. Clinical and/or Nursing Notes c. Evidence of individual's home visits every 60 days d. Clinical notes or progress notes Documentation of face to face visits	
BEHAVIOR SUPPORT for Individuals in Sample	
10. If the plan includes restrictive measures: Evidence of an assessment within the past 12 months that describes the risk of harm or likelihood of legal sanction.	
11. Date of plan implementation	

12.	If the plan includes restrictive measures: Evidence that informed was received prior to the plan being submitted to the HRC for approval.	
13.	Evidence that the Restrictive Measure Notification (RMN) was submitted prior to implementation (as applicable)	
14.	List of Human Rights Committee Members and description of how they meet requirements	
15.	Human Rights Committee evidence of initial / annual training	
16.	Evidence of Human Rights approval for restrictive measure s	
17.	Evidence that plans with restrictive measures are reviewed every 90 days by the team <i>*Please provide the last 3 status reports</i>	
18.	Evidence that all staff responsible for plan implementation were trained on restrictive measures	
19.	Behavior Support Policies and Procedures	
20.	If a time out room is utilized, please provide the logs	
21.	Annual Analysis of behavior support strategies that include restrictive measures (The HRC information provided should be for all countywide HRC's that are authorized to function on behalf of the CB for the review of restrictive measures for those enrolled on HCBS waivers).	
WAIVER ADMINISTRATION ACTIVITIES		
22.	Assessment used to determine the need for behavior add-on	
23.	Assessment used to determine the need for the medical add-on	
24.	Current and previous ODDP	
25.	If this individual is above their funding range, evidence that the county board assisted them with the prior authorization process	
26.	Evidence that the outcomes identified in prevention plans were addressed	
27.	Evidence that the individuals Level of Care (PLOC and ICF/IID LOC) was reviewed at least annually and/or based on changes in the individual's needs	
28.	Freedom of Choice form	
29.	Evidence that due process rights were provided to the individual for A. annual plan approvals B. plan revisions C. reduction, denial or termination of services	
30.	Six months of TCM/case notes, for each individual in the sample, to demonstrate that monitoring is occurring per the ISP	
31.	Free Choice of Provider procedure	
32.	On Call Procedure	
33.	Medicaid Due Process hearing decisions/outcomes for the past 12 months	
34.	Employment First Policy and Procedures	
35.	Evidence of waiting list notification process	
36.	Evidence of required trainings for each board member	
37.	Please provide the contract monitoring process for any contracts/sub-contracts	
DOCUMENTATION for Individuals in Sample		

38.	Waiver service delivery documentation for the last 6 months services provided by the county board (adult day services, non-medical transportation)	
39.	Behavior Support Documentation for the last 6 months	
40.	Progress report for individuals receiving employment services (evidence that the report was shared with the individual's team).	
41.	MUIs/UIs for past 6 months	
MUI REVIEW—Reference separate MUI checklist sent by DODD MUI unit		
PERSONNEL / BACKGROUND CHECKS for Staff in Sample		
42.	Date of hire	
43.	Initial BCII check (Must contain correct reason code to be valid)	
44.	Evidence that employees have been enrolled into RapBack	
45.	Initial FBI check (required if employee lived outside of Ohio during the 5 years prior to employment)	
46.	Evidence that the employer conducted a BCII check, and FBI check if applicable every 5 years for direct service employees (Must contain correct reason code in order to be valid) that could not be enrolled in RapBack	
47.	Evidence that the employee signed an attestation statement verifying that the employee has never been charged with, convicted of or pled guilty to a disqualifying offense <u>as well as</u> a statement verifying the employee will notify the employer in writing within 14 days if ever charged, convicted of or pleads guilty to a disqualifying offense (Containing the current disqualifying offenses)	
48.	Evidence of initial and 5 year checks or enrollment in ARCS of the following: <ul style="list-style-type: none"> • abuser registry check • nurse aide registry check • Inspector general exclusion list • sex offender and child victim offender database • US general services administration system for award management database • incarcerated and supervised offenders' database *Please provide the actual check printouts	
49.	Evidence that the employee is 18 years of age or older	
50.	Verification of High School Diploma (such as transcripts or diploma) or GED or DODD rule waiver	
51.	If there is a swimming pool/program, current: <ul style="list-style-type: none"> • Water safety instructor certificate Or • Senior life saving certificate Or • Adapted aquatics certificate 	
TRAINING/CERTIFICATION FOR STAFF IN SAMPLE		
52.	Evidence of appropriate certifications if the staff person administers medication, insulin injections, G tube, or J tube	
53.	Evidence of appropriate licenses/certifications (Including nursing)	
54.	Current CPR certification- please note that online only certification will not be accepted. Online training must include evidence of hands on skills component.	
55.	Current First Aid certification- please note that online only certification will not be accepted. Online training must include evidence of hands on skills component.	

56.	Evidence that direct service staff, hired after 10/1/16 received initial training prior to providing services to individuals that included <ul style="list-style-type: none"> i. Overview of serving individuals with developmental disabilities including implementation of individual service plans; ii. The role and responsibilities of direct services staff with regard to services including person-centered planning, community integration, self-determination, and self-advocacy; iii. Universal precautions for infection control including hand washing and the disposal of bodily waste; iv. The rights of individuals set forth in sections 5123.62 to 5123.64 of the Revised Code; and v. The requirements of rule 5123:2-17-02 of the Administrative Code including a review of health and welfare alerts issued by the department. 	
57.	Evidence that the staff person, prior to providing direct services, received training on the ISP including <ul style="list-style-type: none"> a. What is important to the individual and what is important for the individual b. The individual's support needs including, as applicable, behavioral support strategy, management of the individual's funds, and medication administration/delegated nursing. 	
58.	Evidence of annual MUI/UI training and training on the health and welfare alerts.	
59.	Evidence of written notification about the conduct for which an employee can be included on the abuser registry	
60.	Evidence of annual training on the rights of individuals with DD	
61.	Evidence of additional annual training- as required by the waiver service the provider is delivering	
62.	Evidence that the provider agency has established an internal compliance program that ensures compliance with provider certification, background checks, service delivery, service documentation and billing	
DRIVERS / ATTENDANTS / TRANSPORTATION		
63.	Evidence of initial Driver's Abstract (free online abstract available via BMV website is acceptable)	
64.	Evidence of driver's abstract every three years	
65.	Evidence of valid driver's license	
66.	Evidence of driver's Controlled Substance Test- Non Medical transportation only	
67.	Evidence of driver's statement of physical qualifications- Per Trip Non- Medical transportation only	
68.	Evidence of current insurance policy	
69.	Annual Vehicle inspections (non-medical and county board)	
70.	Daily pre-trip Inspection Sheets for vehicles (non-medical and county board only)	
DAY SERVICES ONLY (Personnel Requirements) Adult Day Support; Vocational Habilitation; Career Planning, Individual & Group Employment Support and Services that comprise the day or employment services		

71.	Within the first 90 days of employment evidence that direct services staff hired after 4/1/2017, who provide day and employment services completed an orientation program of at least eight hours that addresses, but is not limited to: <ul style="list-style-type: none"> a. Organizational background of the agency provider, including: b. Components of quality care for individuals served, including: c. Health and safety, including: d. Positive behavioral support, including: 	
72.	During first year of employment: evidence of mentoring, on-the-job training specific to each individual and 8 hours training specific to the day service.	
73.	During second year of employment: evidence of 8 hours of training in MUI, Rights, role in behavior supports and best practices related to the specific service (ADS, Voc Hab, etc.)	
74.	Evidence that direct services providers and staff of adult day support, career planning, individual employment support, group employment support and vocational habilitation have the training and certifications as required in these rules.	
PHYSICAL ENVIRONMENT		
75.	All current required inspections <ul style="list-style-type: none"> A. Fire B. Water C. Sewer D. Fire Suppression system annual inspection E. Other: 	
76.	Emergency/Fire plan	
77.	Written record and analysis of fire and tornado drills for the last 12 months. <ul style="list-style-type: none"> • County Boards: 12 drills 	
78.	If a time out room is utilized, please provide the logs	
TITLE XX – FOR COUNTY BOARD ACCREDITATION ONLY		
79.	Current 1014-2 form	
80.	Current service plan	
81.	Current 1017 form	
EARLY INTERVENTION – FOR COUNTY BOARD ACCREDITATION ONLY		
82.	EI policies and procedures	
83.	Current IFSP	
84.	Evaluations/Assessments (eligibility documentation)	
85.	Certifications (or licenses) of county board staff participating in evaluations .	
86.	Service delivery documentation (3 months)	
87.	Evidence that the county board staff participating in evaluations have the appropriate license/certification per ODH (HMG-EI RULE) Common examples: <ul style="list-style-type: none"> • Early Intervention Specialist (DODD) • Occupational Therapist 	

	<ul style="list-style-type: none"> • Physical Therapist • Speech-Language Pathologist • Social Work • Early Childhood Educator (ODE) • Early Childhood Intervention Specialist (ODE) • Registered Nurse 	
88.	Evidence that prior written notice is given to parents when services specified in the IFSP are changed	
89.	Evidence that written consent from the parent was obtained before any ongoing services listed on the IFSP began (located on IFSP section IX)	
90.	Evidence that specialized services began within 30 days of the date the IFSP and that the IFSP was signed by the parents (case notes of CBDD service provider)	
91.	Evidence that the preparation for transition meeting occurred at a scheduled IFSP review (Transition outcome)	
92.	<p>For each child birth through two years of age enrolled in the county board to receive early intervention services and supports including service coordination from the county board, the following information shall be compiled and kept on file:</p> <ul style="list-style-type: none"> • Documents used to determine eligibility including, the written report of the developmental evaluation, or the written report specifying the diagnosed physical or mental condition • Documentation verifying the date of request for or referral to services in HMG system and the date of initial contact with the county board if the county board is assisting in initial evaluation/assessment process • Any ongoing assessments of the child and family • Unusual incident and major unusual incident forms <p>Documentation by each county board provider shall include:</p> <ul style="list-style-type: none"> • date, • duration, • frequency • intensity • specific type of service provided • outcomes in accordance with the IFSP. <p>Current IFSP, subsequent reviews, written notices regarding meetings, and other related correspondence with the family</p> <p>Signed written consents & releases including but not limited to, informed written consent for the developmental screening, developmental evaluation, family assessments, & ongoing services.</p> <p>Documentation that a request for a copy of any required information was made, but the information was not available.</p>	
93.	Evidence that services are provided in natural environments	
94.	Evidence that early intervention services are available to families on a year-round basis. (per current rule minimum 240 days)	