

Below is a list of documents that will be reviewed during the compliance review. All required items must be 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)	
3. Plan of Care signed by physician for TDD Waiver Nursing	
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	
8. Name and credentials of the nurse- for Delegated Nursing and TDD Nursing only	
FOR DELEGATED NURSING:	
9. 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 	
TDD WAIVER NURSING REQUIREMENTS	
10. RN documentation <ul style="list-style-type: none"> A. Individual Record/Plan of Care B. Clinical and/or Nursing Notes C. Evidence of face-to-face explaining activities of the PCA prior to PCA beginning services D. Evidence of individual's home visits every 60 days while PCA is present 	
11. LPN documentation <ul style="list-style-type: none"> A. Individual Record/Plan of Care B. Clinical and/or Nursing Notes C. Evidence of face to face with supervising RN and individual every 120 days D. Evidence of face to face with supervising RN every 60 days 	
BEHAVIOR SUPPORT for Individuals in Sample	
12. Behavior Support Plan if not integrated into the Service Plan (should be a single plan)	
13. Date of plan implementation	
14. Behavior assessment (must describe risk of harm or likelihood of legal sanction)	
15. Informed consent for restrictive measures (must be obtained prior to being	

	submitted to HRC)	
16.	Evidence that the Restrictive Measure Notification (RMN) was submitted prior to implementation	
17.	List of Human Rights Committee Members and description of how they meet requirements	
18.	Human Rights Committee evidence of initial or annual training	
19.	Human Rights Committee minutes (past 6 months)	
20.	Human Rights approval for restrictive measures	
21.	Evidence that plans with restrictive measures are reviewed every 90 days by the team <i>*Please provide the last 3 status reports</i>	
22.	Evidence that all staff responsible for plan implementation were trained on restrictive measures	
23.	Behavior Support Policies and Procedures	
24.	If a time out room is utilized, please provide the logs	
WAIVER ADMINISTRATION ACTIVITIES		
25.	Assessment used to determine the need for behavior add-on	
26.	Assessment used to determine the need for the medical add-on	
27.	Current and previous ODDP	
28.	If this individual is above their funding range, evidence that the county board assisted them with the prior authorization process	
29.	Evidence that the outcomes identified in prevention plans were addressed	
30.	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	
31.	Freedom of Choice form	
32.	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	
33.	Six months of TCM/case notes, for each individual in the sample, to demonstrate that monitoring is occurring per the ISP	
34.	Free Choice of Provider procedure	
35.	On Call Procedure	
36.	Medicaid Due Process hearing decisions/outcomes for the past 12 months	
37.	For SELF Waiver: Evidence of the Child with Intensive Behavioral Needs Checklist	
38.	For SELF Waiver: Evidence the Pre-Screen Tool was completed as part of determining eligibility	
39.	For SELF Waiver: Evidence the full ISP was developed within 30 days of enrollment	
40.	Employment First Policy and Procedures	
41.	Evidence of waiting list notification process	
42.	Evidence of required trainings for each board member	
DOCUMENTATION for Individuals in Sample		
43.	Waiver service delivery documentation for the last 6 months services provided by	

	the county board (adult day services, non-medical transportation). Includes the individual record or face sheet (TDD).	
44.	Behavior Support Documentation for the last 6 months	
45.	Progress report for individuals receiving employment services	
46.	MUIs/UIs for past 6 months	
MUI REVIEW—Reference separate MUI checklist sent by DODD MUI unit		
PERSONNEL / BACKGROUND CHECKS for Staff in Sample		
47.	Date of hire	
48.	Initial BCII check (Must contain correct reason code in order to be valid)	
49.	Initial FBI check (required if employee lived outside of Ohio during the 5 years prior to employment)	
50.	Evidence that the employer conducted a BCII check, and FBI check if applicable every 5 years for all direct service employees (Must contain correct reason code in order to be valid)	
51.	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)	
52.	Evidence of initial and 5 year checks 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 <p>*Please provide the actual check printouts</p>	
53.	Evidence that the employee is 18 years of age or older	
54.	Verification of High School Diploma (such as transcripts or diploma) or GED	
55.	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		
56.	Evidence of appropriate certifications if the staff person administers medication, insulin injections, G tube, or J tube	
57.	Evidence of appropriate licenses/certifications	
58.	Current CPR certification- please note that online only certification will not be accepted. Online training must include evidence of hands on skills component.	
59.	Current First Aid certification- please note that online only certification will not be accepted. Online training must include evidence of hands on skills component.	
60.	Evidence that direct service staff, hired after 10/1/09 received initial training prior to providing services to individuals that included: <ol style="list-style-type: none"> i. Overview of serving individuals with disabilities ii. Overview of basic principles and requirements of providing HCBS waiver 	

<p>services</p> <ul style="list-style-type: none"> iii. Initial Rights Training iv. Initial MUI Training v. Universal Precautions <p>Evidence that direct service staff hired after 10/1/15 received initial training prior to providing services to individuals that included:</p> <ul style="list-style-type: none"> i. Overview of serving individuals with developmental disabilities including implementation of ISP 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 iv. Initial rights training v. Initial MUI including a review of health and welfare alerts issued by the department 	
<p>61. Evidence that TDD providers have</p> <ul style="list-style-type: none"> i. Initial Rights Training ii. Initial MUI Training iii. Initial training (ADHC task based instruction, competency evaluation program by ODH or Medicare or consumer supplied training option CSTO) 	
<p>62. Evidence that the staff person, prior to implementation, received training on the individual's ISP/BSP</p>	
<p>63. Evidence of annual MUI/UI training</p>	
<p>64. Evidence of written notification about the conduct for which an employee can be included on the abuser registry</p>	
<p>65. Evidence of annual training on the rights of individuals with DD</p>	
<p>66. Evidence of additional annual training- as required by the waiver service the provider is delivering</p>	
<p>DRIVERS / ATTENDANTS / TRANSPORTATION</p>	
<p>67. Evidence of initial Driver's Abstract (free online abstract available via BMV website is acceptable)</p>	
<p>68. Evidence of driver's abstract every three years</p>	
<p>69. Evidence of valid driver's license</p>	
<p>70. Evidence of driver's Controlled Substance Test- Non Medical transportation only</p>	
<p>71. Evidence of driver's statement of physical qualifications- Per Trip Non- Medical transportation only</p>	
<p>72. Evidence of current insurance policy</p>	
<p>73. Annual Vehicle inspections (non-medical and county board)</p>	
<p>74. Daily Inspection Sheets for vehicles (non-medical and county board only)</p>	
<p>DAY SERVICES Adult Day Support; Supported Employment; Voc Hab; and Integrated Employment</p>	
<p>75. Within first 90 days of employment: evidence of PATHS or 8 hour orientation training</p>	
<p>76. 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 during the first year of employment</p>	

77.	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.)	
SELF SUPPORT BROKER		
78.	Evidence of successful completion of DODD Support Broker Training	
PHYSICAL ENVIRONMENT		
79.	All current required inspections A. Fire B. Water C. Sewer D. Fire Suppression system annual inspection E. Other:	
80.	Emergency/Fire plan	
81.	Written record and analysis of fire and tornado drills for the last 12 months. • County Boards: 12 drills	
82.	If a time out room is utilized, please provide the logs	
TITLE XX – FOR COUNTY BOARD ACCREDITATION ONLY		
83.	Current 1014-2 form	
84.	Current service plan	
85.	Current 1017 form	
EARLY INTERVENTION – FOR COUNTY BOARD ACCREDITATION ONLY		
86.	County Board’s written description of role in EI (now reference as a written board policy) 5123-2-1-02 I (2)	
87.	Current IFSP	
88.	Evaluations/Assessments (eligibility documentation)	
89.	Certifications (or licenses) of county board staff participating in evaluations .	
90.	Service delivery documentation (3 months)	
91.	Evidence that the county board staff participating in evaluations have the appropriate license/certification per ODH (HMG-EI RULE) Common examples: • Early Intervention Specialist (DODD) • Occupational Therapist • Physical Therapist • Speech-Language Pathologist • Social Work • Early Childhood Educator (ODE) • Early Childhood Intervention Specialist (ODE) • Registered Nurse	
92.	Evidence that prior written notice is given to parents when services specified in the IFSP are changed	
93.	Evidence that written consent from the parent was obtained before any ongoing services listed on the IFSP began (located on IFSP section IX)	
94.	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)	
95.	Evidence that the preparation for transition meeting occurred at a	

scheduled IFSP review (Transition outcome)	
<p>96. 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>	
97. Evidence that services are provided in natural environments	
98. Evidence that early intervention services are available to families on a year-round basis. (per current rule minimum 240 days)	