

## AGENCY REQUIRED DOCUMENTS LIST

Below is a list of documents that will be reviewed during the compliance review, please have these items available at the beginning of the onsite review. Additional documents may be requested during the onsite review. Depending on the type of waiver and services provided some items will not apply to the review. Please contact the reviewer with any questions prior to the onsite review.

| ISP for Individuals in Sample  | Completed |
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| 1. Current and previous service plan, including addendums/revisions<br>(Please note that the service plan should include information on restrictive measures or supports for behavioral concerns)  |           |
| 2. Assessments used to develop the service plan  |           |
| 3. Plan of Care signed by physician for TDD Waiver Nursing   |           |
| <b>MEDICATION ADMINISTRATION for Individuals in Sample</b>   |           |
| 4. Current Self-Medication Assessment  |           |
| 5. Medication Administration Records (MAR) for the last 3 months   |           |
| 6. Physician's orders  |           |
| <b>DELEGATED NURSING (if applicable)</b>   |           |
| 7. Evidence of nurse supervision of delegation <ul style="list-style-type: none"> <li>a. Log Notes</li> <li>b. Nursing Notes</li> <li>c. Any documentation used by delegating nurse to evidence supervision</li> <li>d. Any special conditions identified by the nurse</li> <li>e. On-going nursing assessments</li> <li>f. Statement of delegation</li> <li>g. Annual staff skills checklist</li> <li>h. Name and credentials of the Delegating Nurse</li> </ul>  |           |
| <b>TDD WAIVER NURSING SERVICES (RN/LPN only)</b>   |           |
| 8. RN documentation <ul style="list-style-type: none"> <li>a. Clinical Notes</li> <li>b. Nursing Notes</li> <li>c. Evidence of face-to-face explaining activities of the PCA prior to PCA beginning services</li> <li>d. Evidence of individual's home visits every 60 days while PCA is present</li> </ul> 9. LPN documentation <ul style="list-style-type: none"> <li>a. Clinical Notes</li> <li>b. Nursing Notes</li> <li>c. Evidence of face to face with supervising RN and individual every 120 days</li> <li>d. Evidence of face to face with supervising RN every 60 days</li> </ul> 10. Name and credentials of the nurse providing TDD Nursing |           |
| <b>BEHAVIOR SUPPORT for Individuals in Sample (if applicable)</b>  |           |
| 11. If the plan includes restrictive measures:<br>Evidence of an assessment within the past 12 months that describe the risk of harm or likelihood of legal sanction.  |           |

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| 12.   | Evidence that all staff responsible for implementation were trained on the restrictive measures  |  |
| 13.   | If the plan includes restrictive measures:<br>Evidence that informed consent was received prior to the plan being submitted to the HRC for approval.   |  |
| 14.   | List of Human Rights Committee members or verification that provider uses County Board HRC (as applicable)   |  |
| 15.   | Evidence of Human Rights Committee approval for restrictive measures   |  |
| 16.   | If a time out room is utilized, please provide the logs  |  |
| 17.   | Evidence that the provider notified DODD of restrictive measures prior to implementation – Restrictive Measure Notice (as applicable)  |  |
| 18.   | Agency’s Behavior Support Policies and Procedures (as applicable)  |  |
| 19.   | Evidence that plans with restrictive measures are reviewed every 90 days by the team<br><b>*Please provide the last 3 status reports</b>   |  |
| 20.   | If a time out room is utilized, please provide the logs  |  |
| <b>DOCUMENTATION for Individuals in Sample</b>  |  |  |
| 21.   | Waiver service delivery documentation for the last 3 months, including money management, behavior support, and healthcare, if required by the service plan.<br>For TDD this includes the individual record/face sheet.<br>For employment services this includes the name of the individual’s employer, number of hours worked and hourly wage                |  |
| 22.   | For providers of employment services evidence that a written progress report was submitted to the individual’s team.   |  |
| 23.   | For providers of employment services evidence that employment outcome data was submitted to the web-based data collection system maintained by DODD.   |  |
| 24.   | For providers of employment services evidence that documentation includes the name of the individual’s employer, # of hours worked and hourly wage.  |  |
| <b>MUI/UI</b>   |  |  |
| 25.   | MUI and UI reports for the last 9 – 12 months, including follow up on incidents  |  |
| 26.   | UI Log(s) and evidence of monthly UI reviews for the last 3 months<br><br>Please be prepared to pull incident reports as requested by the reviewer   |  |
| <b>PERSONNEL/BACKGROUND CHECKS for staff that work with individuals in the sample</b> |  |  |
| 27.   | Date of hire   |  |
| 28.   | <u>If the CEO has changed since last certification/recertification or review:</u> Evidence that the CEO or administrator had a bachelor’s degree and at least one year of full-time paid work experience or 4 years of full-time paid work experience as a supervisor of programs or services for individuals with developmental disabilities                |  |
| 29.   | Initial BCII check   |  |
| 30.   | Initial FBI check (required if employee lived outside of Ohio during the 5 years prior to employment)  |  |
| 31.   | Evidence that the employer conducted a BCII check, and FBI check if applicable every 5 years for all direct service employees  |  |
| 32.   | 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 |  |

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| 33.  | Evidence of initial and 5 year checks of the following: <ul style="list-style-type: none"> <li>• abuser registry check</li> <li>• nurse aide registry check</li> <li>• Inspector general exclusion list</li> <li>• sex offender and child victim offender database</li> <li>• US general services administration system for award management database</li> <li>• incarcerated and supervised offenders database</li> </ul>   |  |
| 34.  | Evidence that the employee is 18 years of age or older   |  |
| 35.  | Verification of High School Diploma (such as transcripts or diploma) or GED - Not required for TDD Providers   |  |
| <b>TRAINING/CERTIFICATION for staff that work with individuals in the sample</b> |  |  |
| 36.  | Evidence of appropriate certifications if the staff person administers medication, insulin injections, G tube, or J tube   |  |
| 37.  | Evidence of appropriate licenses/certifications  |  |
| 38.  | Current CPR certification- please note that online only certification will not be accepted. Online training must include evidence of hands on skills component. (CPR not required for TDD)   |  |
| 39.  | Current First Aid certification- please note that online only certification will not be accepted. Online training must include evidence of hands on skills component.  |  |
| 40.  | Evidence that direct service staff, hired after 10/1/09 received initial training prior to providing services to individuals that included (Initial training not required for TDD Providers): <ol style="list-style-type: none"> <li>Overview of serving individuals with developmental disabilities including implementation of individual service plans;</li> <li>The role and responsibilities of direct services staff with regard to services including person-centered planning, community integration, self-determination, and self-advocacy;</li> <li>Universal precautions for infection control including hand washing and the disposal of bodily waste;</li> <li>The rights of individuals set forth in sections 5123.62 to 5123.64 of the Revised Code; and</li> <li>The requirements of rule 5123:2-17-02 of the Administrative Code including a review of health and welfare alerts issued by the department.</li> </ol> |  |
| 41.  | Evidence that TDD providers have <ol style="list-style-type: none"> <li>Initial Rights Training</li> <li>Initial MUI Training</li> <li>Initial Training on individual's ISP services - All</li> <li>Task based instruction to provide ADL and IADL - ADHC</li> </ol>   |  |
| 42.  | Evidence that the staff person, prior to providing direct services, received training on the ISP including <ol style="list-style-type: none"> <li>What is important to the individual and what is important for the individual</li> <li>The individual's support needs including, as applicable, behavioral support strategy, management of the individual's funds, and medication administration/delegated nursing.</li> </ol>  |  |
| 43.  | Evidence of annual MUI/UI training.  |  |
| 44.  | Evidence that supervisory staff for direct services positions completed training in service documentation, billing for services, management of individuals' funds  |  |

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| 45.   | Evidence of annual written notification about the conduct for which an employee can be included on the abuser registry   |  |
| 46.   | Evidence of annual training on the rights of individuals with DD   |  |
| 47.   | Evidence of additional annual training as required by the waiver service the provider is delivering; please reference the rules for the services delivered. Including person-centered planning, community integration, self-determination and self-advocacy. |  |
| <b>DAY SERVICES ONLY (Personnel Requirements)</b>   |  |  |
| <b>Adult Day Support; Supported Employment; Vocational Habilitation &amp; Integrated Employment</b>   |  |  |
| 48.   | Within first 90 days of employment: evidence of PATHS or 8 hour orientation training   |  |
| 49.   | 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   |  |
| 50.   | 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.)  |  |
| <b>SELF SUPPORT BROKER</b>  |  |  |
| 51.   | Evidence of successful completion of DODD Support Broker Training  |  |
| <b>DRIVERS / ATTENDANTS / TRANSPORTATION – only applicable if providing transportation services – includes staff working with individuals in the sample</b> |  |  |
| 52.   | Evidence of initial Driver’s Abstract (free online abstract available via BMV website is acceptable)   |  |
| 53.   | Evidence of driver’s abstract every three years  |  |
| 54.   | Evidence of valid driver’s license   |  |
| 55.   | Evidence of driver’s Controlled Substance Test- (Non-Medical transportation only)  |  |
| 56.   | Evidence of driver’s statement of physical qualifications – (Per Trip Non-Medical transportation only)   |  |
| 57.   | Evidence of current insurance policy for vehicles used for individuals identified in sample (includes private and/or agency policies)  |  |
| 58.   | Annual vehicle inspections – (Non-Medical transportation only)   |  |
| 59.   | Daily Pre-Trip Inspection Sheets - (Non-Medical transportation only)   |  |
| <b>PHYSICAL ENVIRONMENT</b>   |  |  |
| 60.   | All current required inspections <ul style="list-style-type: none"> <li>a. Fire</li> <li>b. Water (if not on public system)</li> <li>c. Sewer (if not on public system)</li> </ul>   |  |
| 61.   | Emergency/Fire plan approved by DODD, State Fire Marshall or Local Fire Authority  |  |
| 62.   | Written record of fire and tornado drills for the last 12 months-6 per year  |  |