

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
1. Current and previous service plan, including addendums/revisions	
MEDICATION ADMINISTRATION for Individuals in Sample	
2. Current Self-Medication Assessment	
3. Medication Administration Records (MAR) for the last 3 months	
4. Physician's orders	
5. Name and credentials of the nurse- for Delegated Nursing	
FOR DELEGATED NURSING:	
6. 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 	
BEHAVIOR SUPPORT for Individuals in Sample- if applicable	
7. Behavior Support Plan if not integrated into the Service Plan (should be a single plan)	
8. Date of plan implementation	
9. Behavior assessment if not integrated into the Service Plan	
10. Informed consent for restrictive measures	
11. Evidence that the provider notified DODD of restrictive measures prior to implementation- Restrictive Measure Notice (as applicable)	
12. List of Human Rights Committee members or verification that provider uses County Board HRC	
13. Facility's Behavior Support Policies and Procedures (as applicable)	
14. Human Rights approval for restrictive measures	
15. Date of human rights committee review	
16. Evidence that plans with restrictive measures are reviewed every 90 days by the team <i>*Please provide the last 3 status reports</i>	
17. Evidence that all staff responsible for plan implementation were trained on restrictive measures	
18. If a time out room is utilized, please provide the logs	
MONEY MANAGEMENT for Individuals in Sample	
19. Evidence that individuals have access to their funds as stipulated in the service plan	
20. Evidence that cash accounts, savings accounts and checking accounts are reconciled at least every 60 days by someone who does not handle the individual funds	
21. Receipts for each individual in the sample for the last 3 months	
22. Bank statements for the last 3 months	
23. Account transaction records for the last 3 months	
24. Last 3 account reconciliations	

25.	Inventory for personal items with a value of \$50.00 or more	
LICENSED HOME ROOM AND BOARD REQUIREMENTS		
26.	Current Room and Board contract	
27.	Evidence that the individual receives \$75.00 in personal allowance	
28.	Evidence that the individual is paying his/her room and board costs or receiving excess funds as required by the Room and Board contract	
DOCUMENTATION for Individuals in Sample		
29.	Waiver service delivery documentation for the last 3 months, including money management, behavior support, and healthcare, if required by the service plan	
MUI		
30.	MUI reports for the last 9 – 12 months, including follow up on incidents	
31.	UI Log(s) and evidence of monthly UI reviews for the last 3 months- additional reports may be requested onsite	
32.	Most Recent Semi Annual or Annual MUI Analysis Report	
PERSONNEL / BACKGROUND CHECKS for Staff in Sample		
33.	Date of hire <u>and</u> date of initial contact with individuals	
34.	Initial BCII check	
35.	Initial FBI check (required if employee lived outside of Ohio during the 5 years prior to employment)	
36.	Evidence that the employer conducted a BCII check, and FBI check if applicable every 5 years for all direct service employees	
37.	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	
38.	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 • Database of incarcerated and supervised offenders. 	
39.	Evidence that the employee is 18 years of age or older	
40.	Verification of High School Diploma (such as transcripts or diploma) or GED	
41.	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		
42.	Evidence of appropriate certifications if the staff person administers medication, insulin injections, G tube, or J tube	
43.	Evidence of appropriate licenses/certifications for professional staff if applicable (RN, LPN, PT, OT, Speech, etc.)	
44.	Current CPR certification- please note that online only certification will not be accepted. Online training must include evidence of hands on skills component.	
45.	Current First Aid certification- please note that online only certification will not be accepted. Online training must include evidence of hands on skills component.	
46.	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 Overview of basic principles and requirements of providing HCBS waiver 	

	services iii. Initial Rights Training iv. Initial MUI Training	
47.	Evidence that the staff person, prior to implementation, received training on the individual's ISP/BSP	
48.	Evidence that the staff person had initial training on the actions to take in the event of a fire or other emergency	
49.	Evidence of annual fire safety and emergency response training for each location the employee provides services	
50.	Evidence of annual MUI/UI training	
51.	Evidence of written notification about the conduct for which an employee can be included on the abuser registry	
52.	Evidence of annual training on the rights of individuals with DD	
53.	Evidence of additional annual training as required by the waiver service the provider is delivering; please reference the rules for the services delivered.	
DRIVERS / ATTENDANTS / TRANSPORTATION- only applicable if providing transportation services		
54.	Evidence of initial Driver's Abstract (free online abstract available via BMV website is acceptable)	
55.	Evidence of driver's abstract every three years	
56.	Evidence of valid driver's license	
57.	Evidence of driver's Drug Test- Non Medical transportation only	
58.	Evidence of driver's statement of physical qualifications- Per Trip Non- Medical transportation only	
59.	Evidence of current insurance policy for vehicles used for individuals identified in sample (includes private and/or agency policies)	
60.	Annual vehicle inspections – (Non-Medical transportation only)	
61.	Daily Pre-Trip Inspection Sheets - (Non-Medical transportation only)	
PHYSICAL ENVIRONMENT		
62.	All current required inspections A. Fire B. Water (if not on a public system) C. Sewer (if not on a public system)	
63.	Emergency/Fire plan approved by DODD, State Fire Marshall or Local Fire Authority	
64.	Written record of fire and tornado drills for the last 12 months. • 6 drills per year	