

COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER

SECTION 1	ADMINISTRATION & OPERATION	
Question #	Question	Guidance/Additional Information
1.001	Is the ICF/IID operating at its licensed capacity? 5123:2-3-01	<ul style="list-style-type: none"> • Look at the census of the facility to ensure that the facility is not serving more individuals than their licensed capacity. • If more individuals are residing in the facility, ensure that a waiver of licensed capacity is in place that covers the date of the survey.
1.002	Is the ICF/IID following all applicable local, state, and federal rules and regulations? 5123:2-3-01	<ul style="list-style-type: none"> • Any citations for this question must be approved by a manager prior to use.
1.003	Was the ICF/IID providing ONLY ICF/IID services and, if applicable, institutional respite or supported employment either in the ICF/IID or on the grounds of the ICF/IID? CMS 2296-F	<ul style="list-style-type: none"> • HCBS waiver funded services may not be provided in or on the grounds of an ICF/IID unless the individual is receiving supported employment as an employee of the ICF/IID • Institutional respite may be provided in an ICF/IID
1.004	When there is a swimming pool on the grounds, is the pool only used in the presence of staff with a; <ul style="list-style-type: none"> • American Red Cross or equivalent lifeguarding certificate • Shallow water lifeguarding certificate for pools less than 5 feet deep 5123:2-3-01	<ul style="list-style-type: none"> • Required for ICF/IIDs that have pools unless the individuals' plans indicate otherwise • Check for rule waivers
1.005	Has the ICF/IID established an internal compliance program that ensures compliance with (1) Licensure rules found in OAC 5123:2-3, (2) background checks, (3) service delivery and service documentation? 5123:2-3-01	<ul style="list-style-type: none"> • Does the provider have an assigned internal compliance manager or committee? • Does the provider have policies as required in rule for background checks, service deliver, and documentation?

SECTION 2	PERSONNEL	
Question #	Question	Guidance/Additional Information
2.001	Is the Administrator listed in Provider Service Management and is the Administrator directly and actively involved in the day-to-day operations and oversight of the facility? 5123:2-3-01	<ul style="list-style-type: none"> • Ask for the Administrator's date of hire. Facility should be able to provide you with a new Administrator Approval from DODD. Applies if hired on or after 10/1/16. • Report issues to DODD Review Manager. • Verify through interview the frequency of Administrator presence in the facility.

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		<ul style="list-style-type: none"> • Verify through interview and documentation the process by which the Administrator is overseeing provision of services.
2.002	<p>Did the Administrator have initial training in facility roles and responsibilities, including</p> <ul style="list-style-type: none"> • Person Centered Planning • Community Participation and Integration • Self-determination • Self-advocacy • Individual Rights • MUI, including review of health and welfare alerts • Fiscal Administration • Internal Compliance <p>5123:2-3-01</p>	<ul style="list-style-type: none"> • Within 60 days of hire for Administrators hired on or after 10/1/16.
2.003	<p>Did the Administrator have annual training in facility roles and responsibilities, including</p> <ul style="list-style-type: none"> • Person Centered Planning • Community Participation and Integration • Self-determination • Self-advocacy • Individual Rights • MUI, including review of health and welfare alerts <p>5123:2-3-01</p>	<ul style="list-style-type: none"> • For administrators hired prior to 10/1/16, first annual training must occur by 9/30/17.
2.004	<p>Did the ICF/IID complete the following <u>initial</u> database checks for applicants for direct service positions prior to employment?</p> <ul style="list-style-type: none"> • Inspector General’s Exclusion List • Sex Offender and Child Victim Offenders Database • U.S. General Services Administration System for Award Management Database • Database of Incarcerated and Supervised Offenders • Abuser Registry • Nurse Aide Registry 	<ul style="list-style-type: none"> • Prior to employment means on or before the date the employee is in paid status • Mark as non-compliant if initial checks were: <ul style="list-style-type: none"> ○ not completed at all ○ completed late • For ICF/IIDs, this is not required for staff hired prior to January 1, 2013, until December 31, 2014. • Ohio Dept of Medicaid Exclusion & Suspension list required for those hired after 7/1/19

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	<ul style="list-style-type: none"> Ohio Dept of Medicaid Exclusion and Suspension List 5123-2-02; 5123:2-3-01 	<ul style="list-style-type: none"> The Nurse Aide Registry and Database of Incarcerated/ Supervised Offenders may not be automatically disqualifying <ul style="list-style-type: none"> Persons on the other 5 databases cannot be employed to provide direct services Database checks must be run ONLY using Name/Date of Birth/SSN information
2.005	<p>Did the ICF/IID complete the following database checks every five years for employees?</p> <ul style="list-style-type: none"> Inspector General’s Exclusion List Sex Offender and Child Victim Offenders Database U.S. General Services Administration System for Award Management Database Database of Incarcerated and Supervised Offenders Abuser Registry Nurse Aide Registry Ohio Dept of Medicaid Exclusion and Suspension List 5123-2-02; 5123:2-3-01 	<ul style="list-style-type: none"> Mark as non-compliant if <u>5-year checks</u> were: <ul style="list-style-type: none"> not completed at all completed late If employees are verified as enrolled in ARCS, the 5-year recheck is not required. Database checks must be run ONLY using Name/Date of Birth/SSN information 5-year checks must be run within 5 years from the date of the previous check, not 5 calendar years
2.006	<p>Did the ICF/IID request that the Bureau of Criminal Identification conduct a criminal record check (BCII/FBI) prior to employing an applicant for a direct service position?</p> <p>5123-2-02; 5160-45-07; 5123:2-3-01; ORC109.572</p>	<ul style="list-style-type: none"> Prior to employment means on or before the date the employee is in paid status Those with an “In lieu of” conviction prior to 7/1/19 are grandfathered and able to work Those with an “active” in lieu of conviction for a disqualifying offense hired after 7/1/19 cannot provide direct services Mark as non-compliant if initial checks were: <ul style="list-style-type: none"> not completed at all completed using the incorrect reason code/title completed late Reports from BCII/FBI are valid for one year Reference BCII Reason Code document for a list of acceptable reason codes.

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		<ul style="list-style-type: none"> • If the applicant has not been an Ohio resident for the 5 years previous to hire, the agency shall request that the BCII additionally obtain information from the FBI as part of the criminal records check.
2.007	<p>Did the ICF/IID request the BCII/FBI check every 5 years for direct service employees who?</p> <ul style="list-style-type: none"> • are not enrolled in Rapback • require FBI check <p>5123-2-02; 5160-45-07; 5123:2-3-01; ORC109.572</p>	<ul style="list-style-type: none"> • Those with an “In lieu of” conviction prior to 7/1/19 are grandfathered and able to work • Those with an “active” in lieu of conviction for a disqualifying offense hired after 7/1/19 cannot provide direct services • Mark as non-compliant if the 5-year checks were: <ul style="list-style-type: none"> ○ not completed at all ○ completed using the incorrect reason code/title ○ completed late • 5-year checks must be run 5 years after the date of initial check, not 5 calendar years. • Reference BCII Reason Code document for a list of acceptable reason codes • Rapback does NOT include the FBI check • FBI check required if employee has not been an Ohio resident for the 5 previous years
2.008	<p>Are staff in direct service positions enrolled in Rapback?</p> <p>5123:2-2-01, 5123:2-3-01; 5123-2-02</p>	<ul style="list-style-type: none"> • If an employee is not able to get a BCII check via fingerprints they cannot be enrolled in Rapback, and the provider agency must continue to complete the 5-year BCII/FBI separately. • Staff hired prior to October 1, 2016, must be enrolled in Rapback at the point of their next five-year BCII. • Employees are to be enrolled within 14 calendar days of receiving the criminal records check or within 14 calendar days of hire; whichever is later.
2.009	<p>Did the ICF/IID ensure that staff did not provide direct services for more than 60 days after employment without the results of the BCII/FBI records checks?</p> <p>5123-2-02; 5160-45-07</p>	<ul style="list-style-type: none"> • Employees cannot provide direct services after 60 days

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2.010	<p>Did the ICF/IID 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? 5123-2-02; 5160-45-07; 5123:2-3-01</p>	<ul style="list-style-type: none"> • Those with an “In lieu of” conviction prior to 7/1/19 are grandfathered and able to work • Those with an “active” in lieu of conviction for a disqualifying offense hired after 7/1/19 cannot provide direct services • Exclusionary periods do not start until employee is fully discharged from imprisonment, probation, and parole. • Multiple disqualifying convictions have longer exclusionary periods. Refer to 5123-2-02 E (2) for info • Only issue citation if a direct support staff with a disqualifying offense or on a registry is currently employed and working with individuals.
2.011	<p>Did the ICF/IID staff, prior to employment, sign a statement: 1. attesting that the staff person will notify the ICF/IID within 14 days if charged with, is convicted of, pleads guilty to, or is found eligible for intervention in lieu of conviction for a disqualifying offense and 2. attesting that the staff person has not been convicted of, pleaded guilty to, or been found eligible for intervention in lieu of conviction for a disqualifying offense 5123-2-02; 5160-45-07; 5123:2-3-01</p>	<ul style="list-style-type: none"> • Sample attestation form is available on DODD’s website under Forms • Attestation statements not required to include in lieu of convictions for those hired prior to 7/1/19
2.012	<p>Did the agency provider verify that the staff person has a high school diploma or GED, from the department? 5123:2-3-01</p>	<p>ONLY VERIFY DIPLOMA/GED FOR DSPs CERTIFIED TO ADMINISTER MEDICATION</p> <p>Review with ICF/IID their system to verify high school diploma or GED for staff certified to administer medication.</p> <p>Staff enrolled in college are considered to meet this requirement.</p> <p>ICF/IIDs can employ DSPs who don’t meet the education requirements without requesting a rule waiver until 9/30/22.</p>
2.013	<p>Does ICF/IID staff have:</p> <ul style="list-style-type: none"> • Current CPR certification and • Current first aid certification? 	<ul style="list-style-type: none"> • Required for all staff who work in the ICF/IID, including nurses <ul style="list-style-type: none"> ○ Licensed nurses are not required to have first aid certification.

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	5123:2-3-01	<ul style="list-style-type: none"> • Must be obtained within 60 calendar days of hire and must work with another staff with CPR/First Aid until then • Look at proof that if training is taken online, there is verification of hands-on return demonstration. • ICF/IID with 24-hour nursing may request a rule waiver of CPR requirement.
2.014	<p>If the provider/staff person is responsible for the following, do they have the appropriate certification for:</p> <ul style="list-style-type: none"> • Oral or topical medications (Category 1) • Health related activities (Category 1) • G-tube/J-tube (Category 2) • Insulin injections (Category 3) <p>5123:2-6-03; 5123:2-3-01; 5123-2-3-04</p>	<ul style="list-style-type: none"> • Certification must be verified using MAIS.
2.015	<p>Does the provider/direct care staff have training, including individual specific training, to perform the tasks/use the following devices:</p> <ul style="list-style-type: none"> • Vagus nerve stimulator, • Epinephrine auto-injector, • Administration of topical over-the counter medication for the purpose of cleaning, protecting, or comforting the skin, hair, nails, teeth, or oral surfaces? <p>5123:2-6-05</p>	<p>Guidance:</p> <ul style="list-style-type: none"> • These tasks can be performed by trained staff who do not have medication administration certification. • Staff with Cat 1 certification still need training specific to these topics • Staff must complete training prior to using the device or administering the topical OTC medication and annually thereafter. • Training must be provided by a licensed nurse, or by DD personnel with health-related activities and prescribed medication administration certification. • Training must be the department-approved curriculum. • Training must include individual specific information.
2.016	<p>For provider staff members who are responsible for transporting individuals, did the provider:</p> <ul style="list-style-type: none"> • Ensure that a driver’s abstract was completed prior to transporting individuals, 	<p>Guidance:</p> <ul style="list-style-type: none"> • An initial abstract is required for all staff who transport individuals. • An unofficial abstract from the BMV is acceptable.

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	<ul style="list-style-type: none"> Ensure that only staff with 5 or fewer points on their driver's abstract transport individuals, and 5123-2-02; 5123-9-18; 5123-9-24; 5123:2-3-04 	<ul style="list-style-type: none"> A driver is ineligible to transport individuals if they have six points or more on their abstract. The abstract must be obtained no earlier than 14 calendar days prior to the date of initial employment as a driver. The abstract should come from the state where the employee's license was issued.
2.017	<p>Did the staff person receive initial training prior to providing services 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 training including the health and welfare alerts issued by the department. <p>5123:2-3-01</p>	<ul style="list-style-type: none"> Effective 10/1/16 for new hires
2.018	<p>Prior to providing services to an individual, did the direct care staff person receive training specific to each individual he/she supports that includes:</p> <ul style="list-style-type: none"> (i) on what is important to and important for the individual (ii) the individual's support needs including, as applicable, behavioral support strategy, management of the individual's funds, and medication administration/delegated nursing <p>5123:2-2-01; 5123:2-3-01</p>	<p>Look for this requirement to be met when:</p> <ul style="list-style-type: none"> There is a new staff person Prior to working with new individuals When there is a significant change in support needs
2.019	<p>Did the supervisory staff for direct services positions complete the following training within 90 days of becoming a supervisor? Service documentation; billing for services, management of individuals' funds</p> <p>5123:2-2-01; 5123:2-3-01</p>	<ul style="list-style-type: none"> New supervisory staff hired after 10/1/16
2.020	<p>Did all ICF/IID staff have initial training on actions to take in the event of a fire or other emergencies?</p> <p>5123:2-3-01</p>	<ul style="list-style-type: none"> Must be completed within 30 days Staff who have not completed this training cannot work alone.

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		<ul style="list-style-type: none"> • Training must specifically cover actions to take in the event of a fire or tornado.
2.021	Did all ICF/IID staff have annual training on actions to take in the event of a fire or other emergencies? 5123:2-3-01	<ul style="list-style-type: none"> • Training must specifically cover actions to take in the event of a fire or tornado. • Once during each calendar year • Not required to be within 365 days
2.022	Did the ICF/IID staff have annual training on the following: <ul style="list-style-type: none"> • MUI/UI requirements and health and welfare alerts from the previous year • Rights of Individuals with DD • Person-centered planning, community integration, self-determination, and self-advocacy 5123-17-02; 5123:2-2-01; 5123:2-3-01	<ul style="list-style-type: none"> • Once during each calendar year • Not required to be within 365 days • Required for CEO and/or Administrators annually • Agency board members must have training on MUI reporting requirements
2.023	Did the ICF/IID staff have annual notification explaining conduct for which a DD employee may be included on the Abuser Registry? 5123-17-02; 5123:2-3-01	<ul style="list-style-type: none"> • Annual Abuser Registry Notice can be found on DODD’s website under Health & Welfare/Tool Kit/Abuser Registry • A staff signature is not required. • ICF/IID must have a process to implement. • Required once annually during calendar year, not every 365 days.

SECTION 3	PHYSICAL ENVIRONMENT	
Question #	Question	Guidance/Additional Information
3.001	Has the ICF/IID completed emergency drills (tornado and fire) and completed a written record of each drill which addresses individual specific needs based on the outcome of these drills? 5123:2-3-02	<ul style="list-style-type: none"> • Fire Drills: <ul style="list-style-type: none"> ○ 3 per 12 mos. (at least 1 in a.m., 1 in p.m. and 1 during sleep hours). • Tornado Drills: <ul style="list-style-type: none"> ○ 1 per 12 mos. • Plan of improvement identified in drill analysis/IP should address refusals to participate in drills and special assistance needs when applicable

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Question #	Question	Guidance/Additional Information
3.002	<p>Did the ICF ensure that each individual shall participate in documented training of the residential facility’s fire safety plan and emergency response plan within thirty calendar days of residency and at least once during every twelve-month period thereafter.</p> <p>5123:2-3-02</p>	<ul style="list-style-type: none"> • Must be received within 30 days of admission • Different than a drill, this is actually training on RACE, Fire Safety skills, where to go in case of fire, tornado, disaster, etc.
3.003	<p>Does the facility have:</p> <ul style="list-style-type: none"> • Appropriate and comfortable equipment, furniture and appliances that are in good condition to meet the needs and preferences of the individual, • Interior, exterior and grounds of the building that are maintained in good repair and in a clean and sanitary manner? <p>5123:2-3-02</p>	<ul style="list-style-type: none"> • Furniture and equipment should be safe. • Equipment also includes working smoke detectors and fire extinguishers on each floor, and at least one carbon monoxide detector for homes with gas heat, dryers, or stoves. • Good repair and sanitary, means the building is free from danger or hazard to the health of the person [s] occupying it as well as, free from strong odors, pests, and mold. • All windows and doors that open should have screens, or screen doors in good repair, in order to keep out pests. • The home should have equipment necessary based on the needs of the individuals served (i.e.: grab bars, ramps, visual fire alarms, etc.).
3.004	<p>Does the facility have bathing facilities at a ratio of 1:4?</p> <p>5123:2-3-06</p>	<ul style="list-style-type: none"> • For every four beds the facility is licensed for, there must be one toilet and one tub or shower. Ex. 12-bed facility must have 3 toilets and 3 tubs or showers per facility.
3.005	<p>If a time out room is used:</p> <ul style="list-style-type: none"> • The door does not have a key lock, but may be held shut by a staff person or mechanism that requires constant physical pressure to keep the mechanism engaged • The room has adequate lighting and ventilation • The room is safe from hazardous conditions including, but not limited to, the presence of sharp corners or objects, uncovered light fixtures or uncovered electrical outlets • The individual is under constant visual supervision <p>5123:2-2-06</p>	<ul style="list-style-type: none"> • Ensure that lighting and ventilation are properly working • View inside the time out room/area • View the room from the individual's perspective.

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SECTION 3	PHYSICAL ENVIRONMENT	
Question #	Question	Guidance/Additional Information
3.006	Was the individual able to independently get around his/her home and have unrestricted access to all areas of the home and grounds unless otherwise indicated in the IP? 5123:2-3-02	<ul style="list-style-type: none"> • Look to see that doors are wide enough for wheelchairs and ramps when needed. • Only staff quarters, bedrooms of other individuals and boiler/mechanical areas may be off-limits to individuals. • Ensure that thermostats are not locked unless included in the IP. • Ensure that individuals have keys and are able to enter and exit home and grounds independently
3.007	Did the facility ensure that no bedroom was shared by individuals of the opposite sex unless consenting adults? 5123:2-3-02	<p>If you find members of the opposite sex sharing a bedroom</p> <ul style="list-style-type: none"> • Look for if the individual is their own guardian; confirm via interview • Look for if the individual has a guardian; look for evidence of guardian consent
3.008	Did the facility ensure that no more than two individuals share a bedroom? 5123:2-3-02	<ul style="list-style-type: none"> • If facility has more than 2 to a bedroom, they must have a plan to come into compliance by 7/1/2025 • If the facility has more than 2 to a bedroom and has an approved plan to come into compliance by 7/1/2025, did they submit annual status report to DODD each January?
3.009	Did the facility ensure that individuals under the age of 18 do not share a bedroom with individuals over the age of 18? 5123:2-3-02	

SECTION 4	PERSON-CENTERED PLANNING	
Question #	Question	Guidance/Additional Information
4.001	Did the ICF/IID complete a Comprehensive Functional Assessment (CFA) that included; <ul style="list-style-type: none"> • A General Health Evaluation • A General Dental Health Evaluation • An Adaptive Behavior Evaluation • A Social History 	<ul style="list-style-type: none"> • The CFA may address other areas as well

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SECTION 4	PERSON-CENTERED PLANNING	
Question #	Question	Guidance/Additional Information
	<ul style="list-style-type: none"> Other Evaluations as needed <p>5123:2-3-03</p>	
4.002	<p>Using person centered planning, has the plan been developed based on the results of the Comprehensive Functional Assessment (CFA) as it relates to:</p> <ul style="list-style-type: none"> Ensure health and welfare, Assist the individual to engage in meaningful activities Support community connections Assist in improving self-advocacy skills Ensure achievement of outcomes Identify risks include supports to prevent or minimize risks Ensure employment services that are consistent with the individual's identified employment outcome <p>5123:2-2-05; 5123-3-03</p>	<p>IP promotes:</p> <ul style="list-style-type: none"> Rights Self-determination/Individual Choice Physical well-being Emotional well-being Material well-being Personal development Interpersonal relationships Community Inclusion Provider has communicated unmet/change in wants/needs Identified risks related to a noted trend of unusual incidents and/or major unusual incidents
4.003	<p>Does the planning process consider;</p> <ul style="list-style-type: none"> What is important to the individual What is important for the individual Known and likely risk Place on the path to employment Desired community employment outcome What is working and not working <p>5123:2-3-03; 5123:2-2-05</p>	<ul style="list-style-type: none"> Assessment considers the individual's skills The team may prioritize the assessed needs of the individual based on what is important to/important for the individual. Important to promote satisfaction Including provider/staff selection Important for promotes health and welfare Trends of unusual incidents Major unusual incident review Serious chronic medical conditions <p>There are four places on the path to community employment:</p> <ul style="list-style-type: none"> Place One: has a job; needs support to maintain or move up Place Two: would like a job; needs support to find one Place Three: not sure about employment; needs support to identify career options Place Four: Does not express a desire to work; needs support to make an informed choice

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SECTION 4	PERSON-CENTERED PLANNING	
Question #	Question	Guidance/Additional Information
		<ul style="list-style-type: none"> As of 4/1/17 – Paths 3 and 4 are not required to have a vocational outcome, may have a community integration outcome for the individual
4.004	Was the IP developed within 30 days of admission? 5123:2-3-03	
4.005	Did the individual or guardian give consent to the IP prior to implementation? 5123:2-3-03	<ul style="list-style-type: none"> Consent must be written, not just verbal. When an attendance sheet is used, it must specifically identify that the signature is documenting both attendance and consent or have a separate space for consent. If consent could not be obtained, did the QIDP offer alternative services or activities to the individual
4.006	Was the plan reviewed annually? 5123:2-3-03	<ul style="list-style-type: none"> The review should be done to correspond with the 365-day IP span unless the span is being adjusted.
4.007	Was the IP revised based on the changes in the individuals needs/wants? 5123:2-3-03	<ul style="list-style-type: none"> Consider significant life changes such as moving, changing providers or roommates, a change in behavior, or the addition of a rights restriction. Was there an update to the comprehensive functional assessment during the plan year and if so, was the IP updated accordingly?
4.008	Does the IP include a discharge plan that identifies; <ul style="list-style-type: none"> The supports and services necessary for the individual’s transition to an integrated community setting Strategies for overcoming barriers to community integration 5123:2-3-03	<ul style="list-style-type: none"> This doesn’t mean there is a planned date of discharge, just that the team is discussing, and the plan reflects what is needed and skills to be developed for future transition
4.009	Did the ICF/IID complete Annual Options Counseling providing the individual with information about opportunities for community inclusion and participation? 5123:2-3-03	<ul style="list-style-type: none"> Individuals should be aware of the availability of multiple day activities in the community, both paid and unpaid, including volunteer opportunities, paid work opportunities, leisure/rec opportunities, alternative day service providers, etc. Individuals should be aware of the availability of HCBS Waiver services Did the ICF/IID use the state mandated forms for Options Counseling
4.010	Does the IP include supports to access the full community? 5123:2-3-03	<ul style="list-style-type: none"> Are the activities similar to those available to people without disabilities?

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Question #	Question	Guidance/Additional Information
		<ul style="list-style-type: none"> • On-going access to the community • Individualized vs group opportunities • Achieving desired outcomes in the area of community integration • Do activities involve people with and without disabilities? • Are activities meaningful to the individual (of their choice/based on their interests)
4.011	Are services being delivered in a manner which supports individual choice, preferences, and needs? 5123:2-3-03	<ul style="list-style-type: none"> • Individuals actively participate in the planning process to the extent of their capabilities and preferences. • Individuals participate in decisions related to selecting activities, meals, etc. to the extent of their capabilities and preferences. • Individuals are afforded their privacy during personal care and medication administration.

SECTION 5	PROVISION OF SERVICES/IP IMPLEMENTATION	
Question #	Question	Guidance/Additional Information
5.001	Are medication, treatments, health related activities and dietary orders being followed as indicated in the IP? 5123:2-3-04; 5123:2-6-03	<ul style="list-style-type: none"> • Info may come from the medication administration record (MAR), doctor's orders, OT/PT and speech plans and unusual incidents
5.002	Is the IP being implemented as written? 5123:2-3-04	<ul style="list-style-type: none"> • Implementation of services can be verified using observation, interview, and documentation review.
5.003	Was the individual actively participating in activities throughout the review? 5123:2-3-04	<ul style="list-style-type: none"> • Ensure that the individual has been offered activities and chooses not to participate. • If individual is choosing not to participate, follow up on what other options have been explored/offered.
5.004	Does the individual participate in day programming that fosters community participation and provides for a variety of activities and is at least 200 feet from the ICF/IID? 5123:2-3-04	<ul style="list-style-type: none"> • This should be marked compliant if the person typically attends day program but was home on the day of the review. • If an individual does not go to a community-based day program, check IP, MAR, or other documentation to ensure that there is evidence that off-site day activity is contraindicated.

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SECTION 5	PROVISION OF SERVICES/IP IMPLEMENTATION	
Question #	Question	Guidance/Additional Information
		<ul style="list-style-type: none"> • The individual should have opportunities throughout the day to participate in varied activities both at the day services site as well as in the community. • All individuals should be attending an off-site day activity setting unless otherwise indicated in the IP as contraindicated for the individual. • An ICF/IID who was providing on-site day activity services prior to 7/1/05 may continue to do so.
5.005	If the IP includes assistance with personal funds, are the individual's monies being managed as indicated in the plan? 5123:2-2-07	<ul style="list-style-type: none"> • Bill Paying • Banking • Shopping • Inventories • Ensure that burial funds are managed properly, and certificates are maintained.
5.006	When the individual receives assistance with personal funds does the IP include parameters for management based on the areas of focus? 5123:2-2-07	<ul style="list-style-type: none"> • As appropriate/needed based on the service need... • The dollar amount anticipated to be available to the individual up request for personal spending. • The specific type of supports to be provided • The maximum dollar amount that the individual may independently manage at one time. • The maximum dollar amount that the provider may spend on behalf of the individual for any one expenditure without guardian, payee, and/or team approval • The name of the person or entity responsible for providing payee services. • Receipts
5.007	Is staff available based on the assessed needs of the individual? 5123:2-3-01	<ul style="list-style-type: none"> • Are supervision levels being met? • Are there adequate staff on each shift to meet the supervision levels of each individual (i.e. for evacuation; to implement behavior support interventions; to ensure safety, etc.)

COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER

SECTION 6	MEDICATION ADMINISTRATION	
Question #	Question	Guidance/Additional Information
6.001	<p>If the individual(s) being served are unable to self-medicate:</p> <ul style="list-style-type: none"> • Is the medication stored in a secure location? • Is the medication in a pharmacy labeled container? <p>5123:2-6-02; 5123:2-3-04</p>	<ul style="list-style-type: none"> • All medications must be secured in an ICF/IID. Individuals assessed as being able to self-administer medications may maintain their own medication in a secured lockbox or other secured manner in their bedroom or personal space. • This may include a pharmacy pill bottle or pharmacy blister pack.
6.002	<p>If it is believed that the individual is unable to self-administer their medications, was a self-medication administration assessment completed, reviewed annually, and revised as needed?</p> <p>5123:2-6-02; 5123:2-3-04</p>	<ul style="list-style-type: none"> • An ICF/IID may utilize the DODD med admin assessment or utilize their own assessment which includes the same elements as the DODD form. • The presumption is that everyone is able to self-administer their medications. Therefore, individuals identified as self-administering may not have an assessment. • Anyone familiar with the individual can complete the assessment, except the assessment for individuals with G/J tube and/or insulin must be completed by a licensed nurse • A new assessment must be done at least every 3 years or if there has been a change • A medication assessment is not required for minors 17 and younger.
6.003	<p>If the individual's assessment indicates that they are unable to self-administer, does the IP address their medication administration needs?</p> <p>5123:2-3-04</p>	<ul style="list-style-type: none"> • An individual is presumed to be able to self-medicate. Assessment should be completed only if the team believes the individual is unable to safely self-medicate.
6.004	<p>If delegated nursing is identified in the plan, is there a statement of delegation, evidence of on-going assessment, and annual skills checklist?</p> <p>5123:2-6-01, 51232-6-03, 5123:2-3-04</p>	<ul style="list-style-type: none"> • ICF/IIDs of 1-5 individuals may provide medication administration without delegation. • ICF/IIDs of 6 or more may provide delegated nursing services. • Reference Delegated Nursing Grid • Delegation is required for G/J Tube medication administration, insulin injection or pump, and administration of nutrition via G/J Tube.

COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER

SECTION 7	BEHAVIOR SUPPORT	
Question #	Question	Guidance/Additional Information
7.001	If the service plan includes restrictive measures, did the Human Rights Committee review and approve the plan prior to implementation? 5123-2-06; 5123:2-3-04	<ul style="list-style-type: none"> • Cite if the plan includes restrictive measures, but there is no HRC approval • Criminal court orders do not require HRC approval
7.002	Is the ICF/IID implementing restrictive measures that are not in the plan and/or approved by Human Rights Committee? 5123-2-06; 5123:2-3-04	<ul style="list-style-type: none"> • Examples: house rules, dietary restrictions, imposed bedtimes, locked cabinets, visitor limitations, etc. It is not permissible for these restrictions to be outside of the restrictive measure requirements. • Criminal court orders are not required to be approved by the HRC. • Restrictive measures include rights restrictions.
7.003	If the service plan includes time out or restraint, are the interventions being implemented only when risk of harm is evidenced? 5123-2-06; 5123:2-3-04	<ul style="list-style-type: none"> • There must be a direct and serious risk of physical harm to the individual or another person. The individual must be capable of causing physical harm to self or others and the individual must be causing physical harm or very likely to begin causing physical harm.
7.004	If the service plan includes rights restrictions, are the interventions being implemented only when risk of harm or likelihood of legal sanction are evidenced? 5123-2-06; 5123:2-3-04	<ul style="list-style-type: none"> • There must be a direct and serious risk of physical harm to the individual or another person. The individual must be capable of causing physical harm to self or others and the individual must be causing physical harm or very likely to begin causing physical harm. Legal sanction is met when the person's actions are very likely to result in eviction, arrest, or incarceration.
7.005	If the service plan includes a restrictive measure, are behavioral supports employed with sufficient safeguards? 5123-2-06; 5123:2-3-04	<ul style="list-style-type: none"> • Has staff been trained? • Was supervision available that ensured health, welfare, and rights of the individual? • If timeout rooms are used are all safety requirements in place? • Are "time away" procedures voluntary or mandatory?
7.006	Are restrictive strategies person-centered and interwoven into a single plan? 5123-2-06; 5123:2-3-04	<ul style="list-style-type: none"> • There should be no separate behavior support plans. Restrictive strategies should be included in a manner similar to all other support strategies.
7.007	Is there a provider record of the date, time, duration, and antecedent factors regarding each use of a restrictive measure other than a restrictive measure that is not based on antecedent factors (e.g., Bed alarm or locked cabinet)? 5123-2-06; 5123:2-3-04	

COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER

SECTION 7	BEHAVIOR SUPPORT	
Question #	Question	Guidance/Additional Information
7.008	If the plan includes a restrictive measure, is there evidence that the Restrictive Measure Notification was submitted prior to implementation? 5123-2-06; 5123:2-3-04	<ul style="list-style-type: none"> • Could be evidenced by copy of email submission, support staff verification, or viewing on the RMN system
7.009	If the plan has behavioral strategies that include restrictive measures, is there evidence that the strategy was reviewed by the individual and the team at least every 90 days to determine the effectiveness of the strategy? 5123-2-06; 5123:2-3-04	<ul style="list-style-type: none"> • If decision was made to continue did the up-to-date information indicate risk or harm or likelihood of legal sanction is still present.
7.010	If the plan includes restrictive measures, is there evidence of an assessment within the past twelve months that clearly describes risk of harm or likelihood of legal sanction? 5123-2-06; 5123:2-3-04	<p>For restrictive behavior support strategies to be developed, assessment must clearly describe:</p> <ul style="list-style-type: none"> • Behavior that poses risk of harm or likelihood of legal sanction • Level of harm or type of legal sanction that could occur with behavior • When behavior is likely to occur • Individual factors (medical, environment etc.) that may be contributing
7.011	Is there evidence that the person conducting assessments and developing behavioral strategies that include restrictive measures have required credentials? 5123-2-06; 5123:2-3-04	<ul style="list-style-type: none"> • Hold a professional license or certification issued by Ohio board of psychology: the state medical board of Ohio: or the Ohio counselor, social worker, and marriage and therapist OR • Hold a certificate to practice as a certified Ohio behavior analyst pursuant to section 4783.04 of Revised code OR • Hold minimum of bachelor’s degree and 3 years paid full time experience developing and/or implementing behavior support strategies
7.012	Is there evidence that informed consent was received from the individual or guardian prior to the restrictive strategies being submitted to the HRC for approval? 5123-2-06; 5123:2-3-04	<ul style="list-style-type: none"> • Informed consent must be written. A scanned signature submitted electronically is acceptable
7.013	Does the ICF/IID have a human rights committee that includes the following? <ul style="list-style-type: none"> • At least 4 people • At least 1 individual who receives or is eligible to receive specialized services 	<ul style="list-style-type: none"> • Community representatives do not account on either side of the balance. • Ensure that authors of restrictive measures who sit on the HRC do not “vote” on the measures they wrote. • A committee can serve more than one ICF/IID

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SECTION 7	BEHAVIOR SUPPORT	
Question #	Question	Guidance/Additional Information
	<ul style="list-style-type: none"> • Qualified persons with training or experience in contemporary practices of Behavior Support <p>Reflect a balance of:</p> <ul style="list-style-type: none"> • Individuals who receive or are eligible to receive specialized services or family members or guardians of individuals who receive or are eligible to receive services • County boards or providers <p>5123-2-06; 5123:2-3-04</p>	
7.014	<p>Did all members of the Human Rights Committee receive department approved training within three months of appointment to the committee in: rights of individuals with disabilities, person-centered planning, informed consent, confidentiality, and the requirements of 5123-2-06? 5123-2-06; 5123:2-3-04</p>	<ul style="list-style-type: none"> • ICF/IIDs can share committees with other entities • The ICF/IID can have received approval of their own trainings or utilized the department trainings. • Department online trainings that meet the 5 required areas are: <ul style="list-style-type: none"> ○ Behavioral Support Strategies that Include Restrictive Measures, ○ Human Rights Committee, and ○ Rights of People with Developmental Disabilities
7.015	<p>Did all members of the Human Rights Committee receive department approved annual training in relative topics which may include but are not limited to self-advocacy and self-determination; role of guardians and section 5126.043 of the Revised Code; effect of traumatic experiences on behavior; and court-ordered community controls and the role of the court, the county board, and the human rights committee. 5123-2-06</p>	<ul style="list-style-type: none"> • ICF/IIDs can share committees with other entities • The ICF/IID provider can have received approval of their own trainings or utilized the department trainings. • Annual trainings are once during the calendar year beginning the second calendar year of committee appointment.
7.016	<p>Did each ICF/IID complete an analysis of behavioral support strategies that include restrictive measures? 5123-2-06</p>	<ul style="list-style-type: none"> • Should be completed at least annually • Must be shared with their HRC • Must include but is not limited to: <ul style="list-style-type: none"> ○ Nature and frequency of risk of harm or likelihood of legal sanction that triggered development of strategies that include restrictive measures; ○ Nature and number of strategies reviewed, approved, rejected, and reauthorized by the HRC;

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SECTION 7	BEHAVIOR SUPPORT	
Question #	Question	Guidance/Additional Information
		<ul style="list-style-type: none"> ○ Nature and number of restrictive measures implemented; ○ Duration of strategies that include restrictive measures implemented; ○ Effectiveness of strategies that include restrictive measures in terms of increasing or decreasing behaviors as intended.

SECTION 8	UI/MUI	
Question #	Question	Guidance/Additional Information
8.001	<p>Unusual Incident Section</p> <p>Is there evidence that the ICF/IID developed and implemented a written unusual incident policy and procedure that:</p> <ul style="list-style-type: none"> ● Identifies what is to be reported as an unusual incident which shall include unusual incidents as defined in this rule; ● Requires an employee who becomes aware of an unusual incident to report it to the person designated by the ICF/IID who can ● Initiate proper action; ● Requires the report to be made no later than twenty-four hours after the occurrence of the unusual incident; and ● Requires the ICF/IID to investigate unusual incidents, identify the cause and contributing factors when applicable, and develop preventive measures to protect the health and welfare of any at-risk individuals. <p>5123-17-02</p>	
8.002	<p>Is there evidence that the Incident Report contains the following required elements?</p> <ul style="list-style-type: none"> ● Individual's name; ● Individual's address; ● Date of incident; ● Location of incident; ● Description of incident; 	Sample Incident Report form available on the DODD website

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SECTION 8	UI/MUI	
Question #	Question	Guidance/Additional Information
	<ul style="list-style-type: none"> • Type and location of injuries; • Immediate actions taken to ensure health and welfare of individual involved and any at-risk individuals; • Name of primary person involved and his or her relationship to the individual; • Names of witnesses; • Statements completed by persons who witnessed or have personal knowledge of the incident; • Notifications with name, title, and time and date of notice; • Further medical follow-up; and • Name and signature of person completing the incident report. <p>5123-17-02</p>	
8.003	<p>Upon identification of an unusual incident, is there evidence that the ICF/IID took the following immediate actions as appropriate:</p> <ul style="list-style-type: none"> • Report was made to the designated person • The UI report was made within 24 hours of the incident <p>5123-17-02</p>	
8.004	<p>Is there evidence that the unusual incident was investigated by the ICF/IID?</p> <p>5123-17-02</p>	<p>UI INVESTIGATIONS should include what happened including immediate actions, identify cause and contributing Factors and what was done (prevention plan).</p> <ul style="list-style-type: none"> • Examples of Immediate Actions: assessing for injuries, First Aid, separating individual, calling 911, Notifying Law Enforcement. • The cause and contributing factors should try to identify why or what caused the incident Prevention Plan addresses the cause of the incident and be specific
8.005	<p>Did the ICF/IID maintain a log that contains the unusual incidents defined in rule and must include the following:</p> <ul style="list-style-type: none"> • Name of Individual • Description of Incident 	<p>Sample UI Log available on DODD website.</p> <p>The log should only contain:</p> <ul style="list-style-type: none"> • dental injuries;

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SECTION 8	UI/MUI	
Question #	Question	Guidance/Additional Information
	<ul style="list-style-type: none"> • Identification of Injuries • Time/Date of Incident • Location of Incident • Cause and Contributing Factors • Preventative Measures <p>5123-17-02</p>	<ul style="list-style-type: none"> • falls; • an injury that is not a significant injury • med errors without a likely risk to health and welfare; • overnight relocation due to a fire, natural disaster, or mechanical failure; • an incident of peer-to-peer ac that is not a major unusual incident • rights code violations or unapproved behavioral supports without a likely risk to health and welfare • emergency room or urgent care treatment center visits; program implementation incidents
8.006	<p>Is there evidence that the ICF/IID reviewed all unusual incidents as necessary but no less than monthly to ensure appropriate preventative measure have been implemented and trends and patterns identified and addressed?</p> <p>5123-17-02</p>	<ul style="list-style-type: none"> • Review of UIs at least monthly is required, even when no incidents occur. • Evidence can be through signature on UI Log, administrative meeting, etc.
8.007	<p>UI and MUI</p> <p>During the review, was there evidence of any unreported incidents that should have been reported as either an Unusual Incident or a Major Unusual Incident?</p> <p>5123-17-02</p>	<ul style="list-style-type: none"> • Ensure that the incident meets the definition of a UI or MUI in the rule before issuing citation
8.008	<p>UI and MUI</p> <p>Is there evidence that the individual’s team ensured that risks associated with incidents (MUIs and UIs) were addressed in the service plan for each individual affected and, for MUIs, collaborated on the development of a prevention plan to address the causes and contributing factors identified in the investigation?</p> <p>5123-17-02</p>	<ul style="list-style-type: none"> • Are choking and falls risks addressed in service plan? • Available training and resources for choking and falls prevention located on DODD’s website • Look for patterns of choking incidents, med refusals, falls, etc. to ensure that risks are addressed in plan. • The prevention plan is at the end of the final MUI report. Refer to ITS for this information if necessary. Not all prevention plans require IP revisions.

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SECTION 8	UI/MUI	
Question #	Question	Guidance/Additional Information
8.009	<p>UI and MUI Is there evidence that all DD employees cooperated with the investigation of MUIs, including timely submission of requested information? Did the provider make the unusual incident report, documentation of patterns and trends, and corrective actions available to the CB and Department upon request? 5123-17-02</p>	<ul style="list-style-type: none"> • What action was taken by the ICF/IID if their (DD) employee did not cooperate with the MUI investigation? • When the ICF/IID conducts an internal review, they must submit results (statements and documents) within 14 calendar days • Check MUI ITS, fax cover sheet or provider documents. • Does not apply to developmental centers
8.010	<p>Upon identification of a MUI, is there evidence that the ICF/IID took the following immediate actions as appropriate:</p> <ul style="list-style-type: none"> • Immediate and on-going medical attention as appropriate • Removal of an employee from direct contact with any individual when the employee is alleged to have been involved in physical or sexual abuse until such time as the provider has reasonably determined that such removal is no longer necessary • Other necessary measures to protect the health and welfare of at-risk individuals <p>5123-17-02</p>	<ul style="list-style-type: none"> • Providers are responsible for making sure that immediate actions are appropriate and adequately protect any “at risk” individuals. • The ICF/IID must ensure that when a staff person is not removed from the direct contact that the staff person has no unsupervised contact with the alleged victim or any other individual who may be considered at risk. • The provider is responsible for notifying the county board when there are changes in protective actions (i.e. returning employee to duty, change in supervision levels, etc.)
8.011	<p>Is there evidence that the provider notified the County Board about the below listed incidents within 4 hours of discovery?</p> <ul style="list-style-type: none"> • Accidental/Suspicious Death • Abuse (Physical, Sexual and Verbal) • Exploitation • Misappropriation • Neglect • Media Inquiry 	<ul style="list-style-type: none"> • Notifications should be by means that the county board has identified • Notifications should be documented with time and person notified • Does not apply to developmental centers

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SECTION 8	UI/MUI	
Question #	Question	Guidance/Additional Information
	<ul style="list-style-type: none"> Peer to peer acts Prohibited sexual relations <p>5123-17-02</p>	
8.012	<p>Did the facility report all allegations of mistreatment, abuse, neglect, as well as injuries of unknown sources to the administrator immediately?</p> <p>512-17-02</p>	<ul style="list-style-type: none"> Was administrator or designee notified on the same day the incident was identified?
8.013	<p>Is there evidence that the ICF/IID has submitted a written incident report to the county board contact or designee by three p.m. on the first working day following the day the provider becomes aware of a potential or determined major unusual incident?</p> <p>5123-17-02</p>	<ul style="list-style-type: none"> Evidence may be in the form of a fax receipt, email message or receipt, or notation on the incident report. Does not apply to Developmental Centers
8.014	<p>Is there evidence that notifications, including other agencies, were made on the same day of the incident when the major unusual incident or discovery of the major unusual incident occurs to the following as applicable:</p> <ul style="list-style-type: none"> Guardian or other person whom the individual has identified, SSA, Other providers of services as necessary to ensure continuity of care and support for the individual, Staff or family living at the individual’s residence who have responsibility for individual’s care, Children’s Services for allegations of abuse and neglect), and Law Enforcement (for allegations of a crime)? <p>5123-17-02</p>	<p>All notifications or efforts to notify those listed above must be documented.</p> <ul style="list-style-type: none"> Notifications were made to the individuals’ guardians and other person whom the individuals have identified in a peer-to-peer act unless such notifications could jeopardize the health and welfare of an involved individual. No notification should be made to the PPI, spouse or significant other of PPI’s or when such notification could jeopardize the health and welfare of an Individual involved. Any allegation of abuse or neglect under 2151.03 and 2151.031 for children under 21 years should be reported to CSB and documented. Any allegation of a criminal act must be immediately reported to Law Enforcement. <p>The provider shall document the time, date, and name of person notified of the alleged criminal act. The CB shall ensure that the notification has been made.</p>

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SECTION 8	UI/MUI	
Question #	Question	Guidance/Additional Information
8.015	<p>Is there evidence that the ICF/IID has a written procedure for the internal review of all major unusual incidents and shall be responsible for taking all reasonable steps necessary to prevent the recurrence of major unusual incidents. The written procedure shall require senior management of the ICF/IID to be informed within two working days following the day staff become aware of a potential or determined major unusual incident involving misappropriation, neglect, physical abuse, or sexual abuse.</p> <p>5123-17-02</p>	
8.016	<p>Is there evidence that the provider conducted an in-depth review and analysis of MUI trends and patterns during the preceding calendar year, compiled an annual report containing required elements, and submitted it to the County Board for all programs in the county by 2/28?</p> <p>5123-17-02</p>	<ul style="list-style-type: none"> • Report must be completed by 1/31 and submitted to the county board by 2/28 of the subsequent year. • Sample Annual Analysis and Analysis Tips are available on the DODD website • Report must include: <ul style="list-style-type: none"> ○ Date of review; ○ Name of person completing review; ○ Time period of review; ○ Comparison of data for previous three years; ○ Explanation of data; ○ Data for review by major unusual incident category type; ○ Specific individuals involved in established trends and patterns (i.e., five major unusual incidents of any kind within six months, ten major unusual incidents of any kind within a year, or other pattern identified by the individual's team); ○ Specific trends by residence, region, or program; ○ Previously identified trends and patterns; and ○ Action plans and preventive measures to address noted trends and patterns • DOES NOT APPLY TO DEVELOPMENTAL CENTERS
8.017	<p>Is there evidence that the ICF/IID employing a primary person involved notified the department when they are aware that the primary person involved worked for another provider?</p>	<ul style="list-style-type: none"> • ICF/IIDs (excluding DCs) are required to provide information to County Boards

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SECTION 8	UI/MUI	
Question #	Question	Guidance/Additional Information
	5123-17-02	<ul style="list-style-type: none"> DODD MUI Staff will measure compliance of Developmental Centers with providing requested information

SECTION 9	PERSONAL FUNDS	
Question #	Question	Guidance/Additional Information
9.001	<p>Does the provider ensure that account records include:</p> <ul style="list-style-type: none"> A ledger with all required elements, Evidence of reconciliation at the frequency required, completed by someone other than the staff who handle personal funds? 5123:2-2-07 <p>5123:2-2-07</p>	<p>Bank accounts should be reconciled using the most recent bank statement.</p> <p>Food stamp, gift card, and other cash accounts maintained by the provider should be reconciled every 30 days.</p> <p>Required elements:</p> <ul style="list-style-type: none"> Individual's name, Source, amount, and date of all funds received, Purpose, amount, recipient, and date of funds withdrawn Signature of person depositing funds to the account, unless electronically deposited, and Signature of person withdrawing funds from the account unless electronically withdrawn.
9.002	<p>Is there evidence that the individual:</p> <ul style="list-style-type: none"> Has access to their funds, and Is able to purchase items, goods, and services of their preference? <p>5123:2-2-07</p>	<ul style="list-style-type: none"> This applies to any provider listed in the plan as responsible for individual funds: Deposits must be made within 5 days of receipt of funds, Monies must be made available within 3 days of request of the individual, and Individuals can control personal funds based on their abilities, Access is based on the individual's available resources.

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SECTION 9	PERSONAL FUNDS	
Question #	Question	Guidance/Additional Information
9.003	<p>Did the ICF/IID develop and implement a written policy regarding management of individual funds and train all responsible staff on the rule and the policy? Required elements:</p> <ul style="list-style-type: none"> • Includes a system to account for and safeguard funds • Prohibits co-mingling of funds • Prohibits the provider from using one person’s money to supplement another person’s money. • Describes how the provider will ensure access to funds and make available financial summaries upon request. • Outlines the system for reporting MUIs. <p>5213:2-2-07</p>	<ul style="list-style-type: none"> • Training must occur prior to providing assistance with personal funds

SECTION 10	Approval	
Question #	Question	Guidance/Additional Information
10.001	Manager Approval	For Internal ODH use Only