

ACCREDITATION REQUIRED DOCUMENTS LIST

Below is a list of documents that should be submitted to (INSERT reviewer NAME), lead reviewer, at least 30 days prior to the review. Additional documents may be requested throughout the review. Depending on the type of waiver and services provided, some items will not apply to the review. Please contact the lead reviewer with any questions.

SECTION 1: SERVICE PLANNING for individuals in sample	YES	NO	N/A
1. Person-centered assessment/profile			
2. Current individual service plan (ISP), including addendums/revisions (and evidence of when distributed to team)			
3. Previous individual service plan (ISP), including addendums/revisions (and evidence of when distributed to team)			
4. OEDI/COEDI eligibility determinations			
5. Plan of Care (485) signed by physician for Waiver Nursing services (if applicable)			
SECTION 2: MEDICATION ADMINISTRATION for individuals in sample (if applicable)	YES	NO	N/A
1. Current and previous Medication Self-Administration Assessment(s)			
SECTION 3: BEHAVIOR SUPPORT for individuals in sample (if applicable)	YES	NO	N/A
1. If the plan includes restrictive measures, evidence of an assessment within the past 12 months that describes the risk of harm or likelihood of legal sanction			
2. Record of the date, time, duration, and antecedent factors for each use of a restrictive measure, <i>if applicable</i>			
3. If a time out room is utilized, please provide the logs			
4. Please provide the following for plans with restrictive measures, as applicable: A. Evidence of HRC approval for restrictive measures prior to implementation B. Evidence that the county board notified DODD of restrictive measures prior to implementation-Restrictive Measure Notification (RMN) C. Evidence that plans with restrictive measures have been reviewed every 90 days by the team, including the last 3 status reports D. Evidence that informed consent was received prior to the plan being submitted to the HRC for approval E. List of HRC members with date became member and with initial and/or annual training for each member (titles and dates of training) F. HRC meeting minutes/attendance for past 12 months			
5. Evidence that the person conducting assessments and developing behavioral strategies that include restrictive measures has required credentials.			
6. County board's behavior support policies and procedures			
7. Annual analysis of behavior support strategies that include restrictive measures, including information from all countywide HRCs			
SECTION 6: MUI/UI	YES	NO	N/A
Reference separate MUI checklist sent by DODD MUI Unit			

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SECTION 7: PERSONNEL/POLICY	YES	NO	N/A
1. List of all county board staff with staff names, staff titles/positions, and dates of employment is to be provided in advance of the review date. <i>Do not include school personnel, if applicable.</i>			
2. Evidence that the county board has established an internal compliance program that ensures compliance with provider certification, background investigations, and service delivery, service documentation, and billing, and management of individuals' funds (if applicable)			
3. Evidence of initial and 5-year checks of the following databases: A. Inspector General's Exclusion List B. Sex Offender and Child Victim Offenders Database C. U.S. General Services Administration System for Award Management (SAM) database D. Database of Incarcerated and Supervised Offenders E. Abuser Registry F. Nurse Aide Registry G. Ohio Department of Medicaid Exclusion & Suspension List			
4. Initial BCII check with valid reason code			
5. Initial FBI check or verification of 5-year residence in Ohio at time of hire			
6. 5-year FBI check, <i>if applicable</i> , and 5-year BCII checks for any direct service employees who could not be enrolled in Rapback/iRap (must contain valid reason code) (including SSA, EI, IA)			
7. Evidence that direct service staff (including SSA, EI, IA) have been enrolled in Rapback/iRap			
8. Rapback 'Entitled Rap Sheets' as applicable for direct service staff (including SSA, EI, IA)			
9. Evidence that the employee signed an attestation statement verifying that the employee will notify the employer in writing within 14 days if ever charged with, is convicted of, pleads guilty to, or is found eligible for intervention in lieu of conviction for a disqualifying offense as well as has a statement verifying that the employee has never been convicted of, pleaded guilty to, or been found eligible for intervention in lieu of conviction for a disqualifying offense			
10. Evidence of High School Diploma (such as transcripts or diploma) or GED for staff who administer medications			
11. Evidence of appropriate licenses/certifications <i>if applicable</i> (e.g., SSA, EI, IA, nursing, OT/PT, etc.)			
12. Evidence that DSPs completed required training according to the rule. 5123-2-08 Appendix C			
13. If County Board is still providing waiver services, evidence of a written training plan for its DOO, supervisors of DSPs, and DSPs that: <ul style="list-style-type: none"> • Is consistent with the needs of individuals, best practice, and requirements of 5123-02-8 Appendix A and Appendix C • Describes the method to be used to establish competency of DSP supervisors and DSPs in areas of training • Is updated every 12 months and identifies who is responsible for arranging or providing the training and projected timelines for completion of training 			
14. Evidence of annual direct service staff training for the previous calendar year on the following, <i>if applicable</i> :			

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A. MUI/UI requirements and health and welfare alerts from the previous year B. Rights of individuals with DD			
15. Evidence of a process for providing annual written notice about the conduct for which an employee can be included on the abuser registry			
16. Evidence of local Employment First policy			
17. Evidence that Service and Support Administrators completed an orientation program within the first 90 days of employment that addresses: <ul style="list-style-type: none"> • Agency organizational background • Components of quality care for individuals served • Health and safety • Positive behavior support, and • Services that comprise the specific service and support administration 			
18. Evidence the Service and Support Administrators completed, no later than one year after hire, training that includes: <ul style="list-style-type: none"> • Eligibility determinations • Establishing individual budgets • Effective service coordination • Management of individual funds, and • Self-determination 			
19. Evidence the Service and Support Administrator successfully completed DODD web-based training in: <ul style="list-style-type: none"> • Developing person-centered individual service plans • Coordinating services • Enhancing team effectiveness • Understanding Medicaid • Targeted Case Management, and • Employment Navigation 			
20. Evidence of Annual Rights Training and MUI Training - applies to CB EI Personnel			
SECTION 10: TITLE XX for individuals in the sample <i>if applicable</i>	YES	NO	N/A
1. Current 1014-2 forms			
2. Current service plans			
3. Current 1017 or unit of service log forms			
SECTION 11: EARLY INTERVENTION	YES	NO	N/A
1. CBDD EI policies and procedures			
2. Current IFSP (EI-04)			
3. Evaluations/Assessments (eligibility documentation) (EI-04, EI-09)			

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4. Certifications (or licenses) of county board staff participating in evaluations (Personnel record)			
5. Service delivery documentation for the months requested above (Service provider notes)			
6. Evidence that the county board staff participating in evaluations have the appropriate license/certification per DODD Qualified Personnel Rule (Personnel record) Common examples: <ul style="list-style-type: none"> • Early Intervention Specialist (DODD) • Occupational Therapist • Physical Therapist • Speech-Language Pathologist • Social Worker • Early Childhood Educator (ODE) • Early Childhood Intervention Specialist (ODE) • Registered Nurse 			
7. Evidence that informed consent was received from parent prior to: <ul style="list-style-type: none"> • EI-01 Developmental screening (optional), and • EI-02 Evaluation and child assessment 			
8. Evidence County Board provides developmental screening to children referred to EI in accordance with following requirements: <ul style="list-style-type: none"> • Use of a department-approved instruments. • For any child suspected of having a delay, an evaluation and assessment are conducted, and • For any child not suspected of having a delay, was an evaluation offered to the family? 			
9. Evidence of Prior Written Notice (PWN) to families before proposing or refusing to initiate or change the identification, evaluation, or placement or provision of services (EI-01, EI-02, EI-03, EI-09, EI-10, EI-11)			
10. Evidence that prior written notice is given to parents when services specified in the IFSP are started, ended, or changed (EI-10, EI-11)			
11. Evidence that written consent from the parent was obtained before any ongoing services listed on the IFSP began (EI-04 Section 5)			
12. Evidence that specialized services began within 30 days of the date the IFSP and that the IFSP was signed by the parent (EI-04 Section 5, case notes of service provider)			
13. Evidence that Transition planning included timely development of a transition outcome including strategies (aka Steps and Services; signed parent consent was completed prior to sharing information with the LEA or scheduling a TPC; and a timely TPC was held at an IFSP meeting, with consent and meeting notice (EI-07, EI-04, EI-13)			
14. 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:			

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<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 (EI-04, EI-09, health professional documentation of a diagnosed condition, EI-12, EISC case notes) Any ongoing assessments of the child and family (EI-04, service provider notes/tool booklet) Unusual incident and major unusual incident forms (MUI form) <p>Documentation by each county board provider shall include:</p> <ul style="list-style-type: none"> date, duration, frequency intensity method of delivery location specific type of service provided all activities related to outcomes in accordance with the IFSP. (Service provider notes, EI-04 for outcomes) <p>Current IFSP, subsequent reviews, written notices regarding meetings, and other related correspondence with the family (EI-04, EI-13, EISC case notes)</p> <p>Signed written consents & releases including but not limited to, informed written consent for the developmental screening, developmental evaluation, family assessments, & ongoing services. (EI-01, EI-02, EI-03, EI-06, EI-10)</p> <p>Documentation that a request for a copy of any required information was made, but the information was not available.</p>			
15. Evidence that services are provided in natural environments (Service provider notes) EI-04 (location of the EI service) Service GRID			
16. Evidence that early intervention services are available to families on a year-round basis. (per current rule minimum 240 days)			
17. Evidence that parents received a copy of the EI Parent Rights brochure, and their rights were explained to them (initially, annually, and when using forms EI-09, EI-10 and EI-11) EI Parent Rights brochure available, EISC case notes.			
18. Evidence that payment options for EI services were explained to parents (EI-05, EI-15, EI-16)			
19. Evidence EI personnel under County Board oversight meet personnel requirements			
<p>20. Evidence of a written policy which describes:</p> <ul style="list-style-type: none"> The County Board’s role in the county’s Early Intervention system, and how the County Board will provide EI services on a year-round basis, The source of funds available for EI services, and The specific role the County Board has agreed to fulfill in the Early Intervention system. 			
SECTION 14: WAIVER ADMINISTRATION ACTIVITIES <i>for individuals in sample</i>	YES	NO	N/A

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1. Current nursing quality assurance reviews, if applicable			
2. Evidence that needs identified in nursing QA reviews were addressed, if applicable			
3. Evidence that the Level of Care was reviewed at least annually and/or based on changes in the individual's needs			
4. Freedom of Choice forms, with evidence of annual review, and Options Counseling forms			
5. Evidence that due process rights were provided to the individual for the following: A. Annual plan approvals B. Plan revisions C. Reduction, denial, or termination of services			
6. Evidence of a continuous, individualized review/monitoring system (including 6 months of case notes)			
7. Free Choice of Provider procedure			
8. Medicaid due process hearing decisions/outcomes for the past 12 months			
9. Evidence of waiting list notification process			
10. List of Board members and their term dates; evidence of initial and annual training with title and date of training			
11. Evidence of current ODDP			
12. County Board's Strategic Plan			
<i>If County Board provides services, see pages 6-7. If not, stop here</i>			
<i>If County Board provides waiver services to individuals on sample, please submit the following:</i>			
1. Delegated Nursing A. On-going nursing assessments B. Statement of delegation C. Annual staff skills checklist			
SECTION 4: PERSONAL FUNDS (for 3 months prior to review date)			
1. Evidence that individuals have access to their funds as stipulated in the service plan			
2. Evidence of reconciliation of bank accounts (with bank statements) and cash accounts (including food stamp, gift card, or other cash accounts) for the months requested above by someone who does not handle the individual's funds			
3. Documentation for the months requested above, including ledgers, receipts, bill payments, etc. as required by the ISP			
4. If responsible for management of individual funds, a written policy and staff training on rule 5123:2-2-07 and policy			
SECTION 5: SERVICE DELIVERY & DOCUMENTATION (for 3 months prior to review date)			
1. Waiver service delivery documentation of services and outcomes in the ISP for the months requested above prior to review date for each type of service provided. See required documentation elements in the specific rule for each service: A. Career Planning (5123-9-13) B. Vocational Habilitation (5123-9-14) C. Individual Employment Support (5123:2-9-15) D. Group Employment Support (5123:2-9-16)			

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E. Adult Day Support (5123-9-17) F. Non-Medical Transportation (5123-9-18) G. Waiver Nursing Delegation (5123:2-9-37)			
2. Medication Administration Records (MAR) and Treatment Administration Records (TAR) for the months requested above prior to review date for individuals in the sample who receive medication administration and/or treatments			
3. Current physician's orders for individuals in the sample who receive medication administration			
4. Waiver Nursing services documentation (<i>if applicable</i>): A. Individual record/Plan of Care (485) with required elements B. Clinical notes or progress notes C. Documentation of face-to-face visits			
5. For providers of employment services (including Vocational Habilitation), evidence that a written progress report was submitted to the individual's team at least annually			
SECTION 7: PERSONNEL/POLICY	YES	NO	N/A
21. Evidence of CPR and First Aid certification.			
22. Evidence of appropriate certifications if the staff person administers medication, insulin injections, G tube, J tube, or performs health related activities, <i>if applicable</i>			
23. Evidence of training for vagus nerve stimulator, epinephrine auto-injector and/or administration of topical over-the-counter medication for the purpose of cleaning, protecting, or comforting the skin, hair, nails, teeth, or oral surface, <i>if applicable</i>			
24. For staff that transport individuals, please provide the following: A. Evidence of initial driver's abstract (free online abstract available via BMV website is acceptable) B. Evidence of driver's abstract every three years C. Evidence of valid driver's license D. Evidence of current insurance policy for vehicles used for individuals identified in sample (includes private and/or agency policies)			
25. Evidence that the staff person received training specific to each individual he/she supports prior to providing direct services			
26. Evidence supervisory staff for DSPs completed training on all relevant duties and responsibilities of being a supervisor within 90 days of becoming a supervisor			
27. Evidence that DSPs completed required training according to the rule. 5123-2-08 Appendix C			
28. Documentation verifying DSP met following criteria to bill competency rate modification (if applicable): • At least two years full-time or equivalent part time paid work providing direct services to individuals, AND • Holds a "Professional Advancement Through Training and Education in Human Services" or "DSPaths" certificate of initial or advanced proficiency,			

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<p>OR</p> <ul style="list-style-type: none"> • Within the past 5 years has successfully completed at least 60 hours of competency-based training? 			
SECTION 8: TRANSPORTATION			
<p>1. Evidence of daily pre-trip inspections for the months requested above for Non-Medical Transportation or routine transportation in a modified vehicle or a vehicle equipped to transport five or more passengers.</p>			
<p>2. Evidence of current annual vehicle inspection for Non-Medical Transportation in a modified vehicle or a vehicle equipped to transport five or more passengers.</p>			