

COMPLIANCE REVIEW TOOL: INDEPENDENT PROVIDER

SECTION 1			SERVICE PLANNING	
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Serv Plan	1.001*	Using person centered planning, has the plan been developed based on the results of the assessments? 5123-4-02; 5123:2-2-05	The plan should incorporate: <ul style="list-style-type: none"> • Health and welfare, • Meaningful activities. • Community connections. • Self-advocacy. • Achievement of outcomes. • Supports to prevent or minimize identified risks, including risks identified in MUIs & UIs. • Employment services consistent with the individual's employment outcome. • Path to employment
CORE	Serv Plan	1.002*	Does the ISP specify the provider type, frequency, and funding source for each service and activity and which provider will deliver each service or support across all settings? 5123-4-02	The cost projection tool is a part of the plan as it relates to frequency of the service and should be utilized as such.
CORE	Serv Plan	1.003*	Was the ISP revised based on changes in the individual's needs/wants? 5123-4-02	The CB must revise the plan when aware of new or unmet needs when reported by the provider or other team members. Consider life changes such as a new job, new medical conditions, changing providers, moving, or deleting unwanted services.
CORE	Serv Plan	1.004*	Was the ISP reviewed at least annually? 5123-4-02	
CORE	Serv Plan	1.005	Does the service plan identify day waiver services and supports that are consistent with the specific authorized day waiver service? 5123-9-13; 5123-9-14; 5123-9-15; 5123-9-16; 5123-9-17	<u>Adult Day Support</u> - development of greater independence, community membership, relationship building, self-direction and self-advocacy. <u>Group Employment</u> - paid employment and work experience leading to career development and competitive integrated employment, either in dispersed enclave or mobile work crew

COMPLIANCE REVIEW TOOL: INDEPENDENT PROVIDER

SECTION 1		SERVICE PLANNING		
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
				<p><u>Vocational Habilitation</u>- advancement on the path to community employment and achievement of competitive integrated employment; intended to be time limited.</p> <p><u>Individual Employment Support</u>- supports for competitive integrated employment.</p> <p><u>Career Planning</u>- achievement of competitive integrated employment and/or career advancement in competitive integrated employment</p> <p><u>Competitive integrated employment</u>-</p> <ul style="list-style-type: none"> • Full time, part time, or self-employment • Compensation at minimum wage or higher • Eligible for similar benefits of employees in similar positions • Work location allowing person to interact with persons without disabilities and without HCBS waiver services.
CORE	Serv Plan	1.006	<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>	<p>An individual is presumed to be able to self-administer medications. An assessment should be completed only if the team believes the individual is unable to safely self-administer.</p> <ul style="list-style-type: none"> • A medication assessment is not required for minors 17 and younger. • The assessment for individuals with G/J tube and/or insulin must be completed by a licensed nurse
CORE	Serv Plan	1.007*	<p>If the individual's assessment indicates that they are unable to self-administer, does the ISP address their medication administration needs?</p> <p>5123-4-02; 5123:2-3-04</p>	

COMPLIANCE REVIEW TOOL: INDEPENDENT PROVIDER

SECTION 1				
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Serv Plan	1.008	<p>If the assessment indicates the individual needs assistance with managing personal funds, does the ISP include all necessary parameters? 5123:2-2-07</p>	<p>The ISP should include, as needed:</p> <ul style="list-style-type: none"> • The name of the responsible provider, • The name of the payee, • The name of the guardian of the estate or the person responsible for the estate, • The dollar amount to be available to the individual upon request for personal spending, • The dollar amount the individual is able to independently manage at one time, with receipts to be kept for amounts above that maximum, • The maximum dollar amount the provider may spend on behalf of the individual for any one expenditure without guardian, payee, and/or team approval, and • Specific supports such as bill-paying, shopping, budgeting, increasing the individual's independence, etc.
CORE	Serv Plan	1.009	<p>Are restrictive strategies person-centered and interwoven into a single plan? 5123-2-06; 5123:2-3-04</p>	<p>There should be no separate behavior support plans. Restrictive strategies should be included in a manner similar to all other support strategies.</p>

SECTION 2				
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Med Admin	2.001	<p>If the individual is unable to self-administer their medications, is the medication:</p> <ul style="list-style-type: none"> • Stored in a secure location based on the needs of the individual and their living environment? • Is the medication in a pharmacy labeled container? 5123-6-06; 5123:2-3-04 	<p>“Secure” is based on the individual's needs.</p> <p>Use of pill minders:</p> <ul style="list-style-type: none"> • Staff are not permitted to administer medications from any type of pill minder. • Pill minders can be filled only by the individual, nurse, or pharmacy (including electronic minders).

COMPLIANCE REVIEW TOOL: INDEPENDENT PROVIDER

SECTION 2		MEDICATION ADMINISTRATION		
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
				<ul style="list-style-type: none"> If individual can self-administer with assistance and needs only physical assistance to get pills out of the pill minder, staff is permitted to do so only if the minder was filled by the individual, nurse, or pharmacy.
CORE	Med Admin	2.002	If delegated nursing is required, is there: <ul style="list-style-type: none"> A statement of delegation, Evidence of on-going assessment, and An annual staff skills checklist? 5123:2-6-01; 5123:2-6-03; 5123:2-3-04	Delegated nursing is required for: <ul style="list-style-type: none"> Day service locations serving 17 or more individuals, Residential facilities with 6 or more beds, G/J tube medication administration, insulin injection or pump, and administration of nutrition by G/J tube.

SECTION 3		BEHAVIOR SUPPORT		
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Beh Support	3.001	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	Cite if the plan includes restrictive measures, but there is no HRC approval. Criminal court orders do not require HRC approval.
CORE	Beh Support	3.002	Is the provider implementing restrictive measures that are not in the plan and/or approved by the Human Rights Committee? 5123-2-06; 5123:2-3-04	Examples of rights restrictions that cannot be used outside of the requirements for restrictive measures: <ul style="list-style-type: none"> Imposed bedtimes, Locked cabinets, Visitor limitations, and/or Dietary restrictions.
CORE	Beh Support	3.003	If the service plan includes time out or restraint, are the interventions implemented only when there is risk of harm? 5123-2-06; 5123:2-3-04	There must be a direct and serious risk of physical harm to the individual or another person. They must be capable of causing physical harm to self or others and must be causing physical harm or very likely to begin causing physical harm.

COMPLIANCE REVIEW TOOL: INDEPENDENT PROVIDER

SECTION 3		BEHAVIOR SUPPORT		
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Beh Support	3.004	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	These conditions must be met: <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 AND must be causing physical harm or very likely to begin causing physical harm. • Likelihood of legal sanction means the person's actions are very likely to result in eviction, arrest, or incarceration.
CORE	Beh Support	3.005	If the service plan includes a restrictive measure, are behavioral supports employed with sufficient safeguards? 5123-2-06; 5123:2-3-04	This includes but is not limited to: <ul style="list-style-type: none"> • Was sufficient supervision available to ensure health, welfare, and rights? • Are “time away” procedures voluntary or mandatory? • If time-out rooms are used, are all safety requirements in place?
CORE	Beh Support	3.006	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	

SECTION 4		PERSONAL FUNDS		
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Personal Funds	4.001	Does the provider ensure that individuals: <ul style="list-style-type: none"> • Have access to their funds, and • Are able to purchase items, goods, and services of their preference? 5123:2-2-07	This applies to any provider listed in the plan as responsible for individual funds: <ul style="list-style-type: none"> • 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

COMPLIANCE REVIEW TOOL: INDEPENDENT PROVIDER

SECTION 4		PERSONAL FUNDS		
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
				<ul style="list-style-type: none"> Individuals can control personal funds based on their abilities, Access is based on the individual's available resources.
CORE	Personal Funds	4.002	<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? <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.

SECTION 5		SERVICE DELIVERY and DOCUMENTATION		
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Serv Del Doc	5.001	<p>Does service delivery documentation include the following elements:</p> <ul style="list-style-type: none"> Date of service, Individual's name, Individual's Medicaid number, Provider name, Provider number, Signature or initials of person delivering the service, 	<p>See service specific rules for documentation requirements.</p> <ul style="list-style-type: none"> Required elements may be maintained on multiple documents, but billing forms are not acceptable. Place of service and group size are not required for all services. For routine transportation place of service is the origination/destination points. As of 2/1/2020, number of individuals transported is required for routine transportation.

COMPLIANCE REVIEW TOOL: INDEPENDENT PROVIDER

SECTION 5		SERVICE DELIVERY and DOCUMENTATION		
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
			<ul style="list-style-type: none"> Place of service, and Group size? 5123-9-06; 5123-9-40; 5123:2-9-37; 5123-9-39; 5123-9-20; 5123-9-24	
CORE	Serv Del Doc	5.002*	Does the waiver service delivery documentation for all waiver codes include the type of service? 5123-9-06; 5123-9-40; 5123:2-9-37; 5123-9-39; 5123-9-20	See service specific rules for documentation requirements. <ul style="list-style-type: none"> Required elements may be maintained on multiple documents, but billing forms are not acceptable. NMT requires type of NMT – per-trip or per-mile.
CORE	Serv Del Doc	5.003*	Does the waiver service delivery documentation for all waiver billing codes include the number of units (amount) provided? 5123-9-06; 5123-9-40; 5123:2-9-37; 5123-9-39; 5123-9-20; 5123-9-18; 5123-9-24	See service specific rules for documentation requirements. <ul style="list-style-type: none"> Required elements may be maintained on multiple documents, but billing forms are not acceptable. Units are not required for services billed using a daily rate, except adult day services. For PER MILE NMT, units are the number of miles in each distinct commute, as indicated by beginning and ending odometer numbers or mapping by GPS. For routine transportation, units are total number of miles.
CORE	Serv Del Doc	5.004*	Does the waiver service delivery documentation for all waiver billing codes include scope? 5123-9-06; 5123-9-40; 5123-9-39; 5123:2-9-37	NA for NMT, transportation, and money management Scope: the definition of each waiver service must describe in concrete terms the goods and services that will be provided to waiver participants, including any conditions that apply to the provision of the service.
CORE	Serv Del Doc	5.005*	Does the waiver service documentation for <i>applicable</i> waiver services include the times the delivered services started and stopped? 5123-9-06; 5123-9-40; 5123-9-20; 5123-9-39; 5123:2-9-37	See service specific rules for documentation requirements. Required elements may be maintained on multiple documents, but billing forms are not acceptable.

COMPLIANCE REVIEW TOOL: INDEPENDENT PROVIDER

SECTION 5		SERVICE DELIVERY and DOCUMENTATION		
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Serv Del Doc	5.006	Are medication, treatments, health related activities, and dietary orders being followed? 5123-2-09; 5123-4-02, 5123:2-6-03; 5123-9-39	Info may come from the medication administration record (MAR), doctor's orders, OT/PT, and speech plans.
CORE	Serv Del Doc	5.007	Is the service plan and/or plan of care being implemented as written? 5123-2-09; 5123-9-39; 5123:2-9-37	Implementation of services can be verified using observation, interview, and documentation review.
CORE	Serv Del Doc	5.008	Are waiver services delivered in a manner which supports each individual's full participation in the greater community, considering their individual choices, preferences, and needs? 5123:2-9-02 42 CFR 441.301 (c) (4)(i) 42 CFR 441.710 (a)(1)(I)	<ul style="list-style-type: none"> • Are opportunities to access inclusive settings in the community being offered (refusals should be documented) • Are the activities meaningful, age appropriate, and similar to those without disabilities? • Ask providers and individuals how activities are selected and scheduled.
CORE	Serv Del Doc	5.009	For providers of waiver nursing, does the individual's plan of care (485) include: <ul style="list-style-type: none"> • The current certification period, • Provider's name including all RNs and LPNs providing service, • All sections of Plan of Care completed, and • Medication list and MARs? 5123-9-39, 5123:2-9-37	This is required for all providers of waiver nursing services, including home health agencies. Verbal orders on the Plan of Care can be used for two weeks.
CORE	Serv Del Doc	5.010	For providers of waiver nursing, does the nursing documentation include clinical notes or progress notes and documentation of the face-to-face visits? 5123-9-39	
CORE	Serv Del Doc	5.011	Is the provider/facility following all applicable local, state, and federal rules and regulations?	DODD Review Manager contact/approval is required.

COMPLIANCE REVIEW TOOL: INDEPENDENT PROVIDER

SECTION 5		SERVICE DELIVERY and DOCUMENTATION		
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
DAY SERV	Serv Del Doc	5.012	<p>Career Planning only: When the provider is billing the Career Planning service for any of the components listed below, does the documentation include a description and details sufficient to demonstrate achievement of the desired outcomes?</p> <ul style="list-style-type: none"> • Benefits education and analysis, • Career discovery. • Employment/self-employment plan, and • Situational observation and assessment. <p>5123-9-13</p>	<p>This question only applies to the Career Planning components listed in the question. It does NOT apply to:</p> <ul style="list-style-type: none"> • Career exploration • Job development • Self-employment launch • Worksite accessibility <p>Consult the Career Planning rule for information on each of the service components.</p>
DAY SERV	Serv Del Doc	5.013	<p>Providers of Employment Services only: For providers of employment services, (vocational habilitation, group employment supports, career planning and individual employment supports) was a written progress report submitted to the individual’s team at least once every twelve months to show progress towards desired employment outcome? 5123:2-2-05</p>	<p>No formal template/form is required.</p> <p>The written progress report shall outline the following:</p> <ul style="list-style-type: none"> • Desired employment outcome, • Place on path to community employment, • Anticipated timeframe and progress towards reaching desired outcome, • Barriers identified, • Steps to address barriers or revised employment outcome.
CORE	Serv Del Doc	5.014	<p>Does the waiver service delivery documentation for Non-Medical Transportation and routine transportation include the license plate number of the vehicle used to provide service? 5123-9-18; 5123-9-24</p>	
CORE	Serv Del Doc	5.015	<p>Does the waiver service delivery documentation for Non-Medical Transportation include the names of all other passengers/riders including paid staff and volunteers who were in the vehicle during any portion of the trip and/or commute? 5123-9-18</p>	NMT only

COMPLIANCE REVIEW TOOL: INDEPENDENT PROVIDER

SECTION 6		MUI/UI		
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	MUI	6.001	Is there evidence that the Incident Report contains the required elements? 5123-17-02	<p>Sample Incident Report form available on the DODD website</p> <p>Required elements are:</p> <ul style="list-style-type: none"> • Individual's name, • Individual's address, • Date of incident, • Location of incident, • Description of incident, • 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.
CORE	MUI	6.002	Is there evidence that the independent provider completed an unusual incident report, notified the individual's guardian or another person whom the individual has identified, as applicable, and forwarded the unusual incident report to the service and support administrator or county board designee on the first working day following the day the unusual incident is discovered? 5123-17-02	

COMPLIANCE REVIEW TOOL: INDEPENDENT PROVIDER

SECTION 6		MUI/UI		
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	MUI	6.003	<p>Did the provider maintain a log that contains the unusual incidents defined in rule with the following elements:</p> <ul style="list-style-type: none"> • Name of individual, • Description of incident, • Identification of injuries, • Time/date of incident, • Location of incident, • Cause and contributing factors, and • Preventative measures. <p>5123-17-02</p>	<p>Sample UI log is available on DODD website.</p> <p>The log should contain:</p> <ul style="list-style-type: none"> • Dental injuries, • 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.
CORE	MUI	6.004	<p>Is there evidence that the provider 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>	<p>Review of UIs is required at least monthly, even when no incidents occur.</p> <p>Evidence can be through signature on UI Log, administrative meeting, etc.</p>
CORE	MUI	6.005	<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>	<p>Ensure that the incident meets the definition of a UI or MUI in the rule before issuing citation.</p>
CORE	MUI	6.006	<p>UI and MUI</p> <p>Is there evidence that the provider cooperated with the investigation of MUIs, including timely submission of requested information? Did the provider make the unusual incident report,</p>	

COMPLIANCE REVIEW TOOL: INDEPENDENT PROVIDER

SECTION 6		MUI/UI		
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
			documentation of patterns and trends, and corrective actions available to the CB and Department upon request? 5123-17-02	
CORE	MUI	6.007	<p>Upon identification of a MUI, is there evidence that the provider took the following immediate actions as appropriate:</p> <ul style="list-style-type: none"> • Immediate and on-going medical attention as appropriate • Other necessary measures to protect the health and welfare of at-risk individuals. <p>5123-17-02</p>	<p>Providers are responsible for</p> <ul style="list-style-type: none"> • Making sure that immediate actions are appropriate and adequately protect any “at risk” individuals, and • Notifying the county board or department when there are changes in protective actions (i.e., returning employee to duty, change in supervision levels, etc.). <p>When an independent provider is alleged to have been involved in physical or sexual, the County Board and the independent provider must coordinate on immediate actions.</p> <p>What is the backup plan identified in person’s plan?</p>
CORE	MUI	6.008	<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, • Peer to peer acts, and • Prohibited sexual relations. <p>5123-17-02</p>	<p>Notifications should be by means that the CB has identified. Notifications should be documented with time and person notified.</p>
CORE	MUI	6.009	<p>Is there evidence that the provider 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</p>	<p>Evidence may be in the form of a fax receipt, email message or receipt, or notation on the incident report.</p>

COMPLIANCE REVIEW TOOL: INDEPENDENT PROVIDER

SECTION 6		MUI/UI		
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
			becomes aware of a potential or determined major unusual incident? 5123-17-02	
CORE	MUI	6.010	<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. • 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.
CORE	MUI	6.011	<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? 5123-17-02</p>	<p>Sample Annual Analysis and Analysis Tips are available on the DODD website.</p> <p>Report for each year must be completed by 1/31 and submitted to the CB by 2/28 of the subsequent year.</p> <p>Report must include:</p> <ul style="list-style-type: none"> • Date of review, • Name of person completing review, • Time period of review,

COMPLIANCE REVIEW TOOL: INDEPENDENT PROVIDER

SECTION 6		MUI/UI		
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
				<ul style="list-style-type: none"> • 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.

SECTION 7		PERSONNEL AND POLICY		
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Personnel	7.001	Does provider staff have: <ul style="list-style-type: none"> • Current CPR certification and • Current first aid certification? 5123-2-09	<ul style="list-style-type: none"> • Certification requires in-person skills assessment (online training must be supplemented with skills assessment). • N/A for Money Management providers, SELF Support Brokers, and Remote Monitoring providers who don't provide direct support backup. • Check service rules for participant directed services. • Current nursing license is acceptable for first aid requirement (not CPR). • Current EMT certification is acceptable for first aid and CPR.
Core	Personnel	7.002	Is the provider's current physical address, telephone number, and electronic mail address identified in PSM? 5123-2-09	

COMPLIANCE REVIEW TOOL: INDEPENDENT PROVIDER

SECTION 7		PERSONNEL AND POLICY		
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Personnel	7.003	Does the professional staff have required licenses/certifications? 5123:2-6-04; 5123-6-06; 5123-9-25; 5123:2-9-28; 5123-9-29; 5123:2-9-36; 5123:2-9-38; 5123-9-41; 5123-9-43; 5123-9-46; 5123-9-39; 5123:2-3-01; 5123-9-13; 5123:2-9-37; 5123-9-20; 5123-9-12	See service rules for specific requirements regarding: <ul style="list-style-type: none"> • Nursing, • OT/PT, • Social work, • Career Planning, and • Assistive Technology. <p>An expired nursing license will be an immediate citation.</p> <ul style="list-style-type: none"> • Reviewer should contact DODD Review Manager. • CB and Nursing Board should be advised.
CORE	Personnel	7.004	If the provider/staff person is responsible for the following, do they have the appropriate certification for: <ul style="list-style-type: none"> • Oral or topical medications (Category 1), • Health related activities (Category 1), • G-tube/J-tube (Category 2), and • Insulin injections (Category 3)? 5123:2-6-03; 5123:2-3-01	<ul style="list-style-type: none"> • Certification must be verified using MAIS. • Medication administration certification is not required when Family Delegation is identified in the ISP. • Family Delegation cannot be used with agency staff except when the agency employee is a family member and lives with the individual. • HSD/GED required for med admin certification
CORE	Personnel	7.005	Does the provider/direct care staff have training, including individual specific training, to perform the tasks/use the following devices: <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? 5123:2-6-05	<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. • These tasks can be family delegated.

COMPLIANCE REVIEW TOOL: INDEPENDENT PROVIDER

SECTION 7		PERSONNEL AND POLICY		
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Personnel	7.006	For providers who are responsible for transporting individuals, does the provider have a valid driver's license? 5123-9-18; 5123-9-24	
CORE	Personnel	7.007	After being selected by an individual but prior to providing services, did the provider meet with a county board representative to discuss: <ul style="list-style-type: none"> • Provider's responsibilities • Individual service plan, including what's important to and for the individual • Service documentation • Billing for services 5123-2-09	Effective 9/1/2021
CORE	Personnel	7.008	Did the provider 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 5123-17-02; 5123-2-09	<ul style="list-style-type: none"> • The tool question reflects training requirements in effect during 2021. Annual training <u>completed during 2022</u> must meet the requirements of 5123-02-09 but will not be reviewed until 2023. • Required once during each calendar year, not every 365 days.
CORE	Personnel	7.009	Did the Money Management provider complete 8 hours of training annually on topics that enhance his or her skills and competencies relevant to providing money management? 5123-9-20	<p>This training is for the Money Management waiver service, not for H/PC providers who assist with personal funds.</p> <p>MUI/UI and Rights are included in the 8 hours.</p>
CORE	Personnel	7.010	Are all vehicles used to transport individuals covered by a current insurance policy? 5123-9-18; 5123-9-24	Ohio law requires liability insurance on all vehicles.

COMPLIANCE REVIEW TOOL: INDEPENDENT PROVIDER

SECTION 7		PERSONNEL AND POLICY		
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Personnel	7.011	<p>If the provider is billing the competency rate modification, did the provider maintain documentation that verifies they met the following criteria:</p> <ul style="list-style-type: none"> At least two years full-time or equivalent part time paid work providing direct services to individuals, <p>AND</p> <ul style="list-style-type: none"> Holds a “Professional Advancement Through Training and Education in Human Services” or “DSPaths” certificate of initial or advanced proficiency, <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? <p>5123-9-30</p>	<p>Competency based training means:</p> <ul style="list-style-type: none"> Accredited by the "National Alliance for Direct Support Professionals" or is approved by the Department for purposes of the staff competency rate modification. Training routinely required by DODD, such as rights, MUI/UI, etc., DO NOT count toward the 60-hour training requirement. Training can be verified through either a certificate or transcripts of the approved courses that include the name of the learner, the course title, the completion date, and the number of hours of training completed.

SECTION 8		TRANSPORTATION		
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Transp	8.001	<p>If the provider is responsible for providing any type of transportation, do vehicles used to transport individuals appear safe?</p> <p>5123-2-09</p>	<p>Specific examples include but are not limited to cracks in windshield that impairs line of sight, bald tires, etc.</p>
CORE	Transp	8.002	<p>If the provider is responsible for providing routine transportation in a modified vehicle, were daily inspections completed?</p> <p>5123-9-24</p>	<p>Daily inspection requirements apply to routine transportation when a modified vehicle is used as of 2/1/2020:</p> <ul style="list-style-type: none"> Permanent fasteners, Safety harnesses or belts, and Access ramp or hydraulic lift.

COMPLIANCE REVIEW TOOL: INDEPENDENT PROVIDER

SECTION 8		TRANSPORTATION		
SECTION	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Transp	8.003	<p>If the provider is responsible for providing Non-Medical Transportation in a modified vehicle or a vehicle equipped to transport five or more passengers, were the required vehicle inspections completed:</p> <ul style="list-style-type: none"> • Daily inspection prior to transporting each day, and • Annual vehicle inspection by Ohio State Highway Patrol safety inspection unit or by a certified mechanic to determine vehicle is in good working condition? <p>5123-9-18</p>	<ul style="list-style-type: none"> • Daily inspections of modified and 5 passenger vehicles include: windshield wipers/washer, mirrors, horns, brakes, emergency equipment, and tires. • Daily inspections of modified vehicles include permanent fasteners, safety harnesses/belts, and access to ramp/hydraulic lift. • Inspections by the State Highway Patrol or a certified mechanic are required every 12 months (not every calendar year). • Certified mechanic means a mechanic certified by an automotive dealership or the national institute for automotive service excellence.

COMPLIANCE REVIEW TOOL: INDEPENDENT PROVIDER

SECTION 9		PHYSICAL ENVIRONMENT		
		Question #	Question	Guidance/Additional Information
CORE	Phys Env	9.001*	If the individual lives in a setting that is provider owned or controlled, does the individual have a lease or residency agreement? 5123:2-9-02	<p>Provider owned setting means:</p> <ul style="list-style-type: none"> • A licensed residential facility, • A property owned by provider of Shared Living services, or • With the exception of Shared Living and licensed facilities, the entity acting as the provider cannot also provide the residence. <p>Provider controlled setting means:</p> <ul style="list-style-type: none"> • An entity that is owned in whole or in part by the individual's independent provider; • An immediate family member of the individual's independent provider; • An immediate family member of an owner or a management employee of the individual's agency provider; • Affiliated with the individual's agency provider, meaning the landlord: • Employs a person who is also an owner or a management employee of the agency provider; or • Has, serving as a member of its board, a person who is also serving as a member of the board of the agency provider; • An entity that is owned in whole or in part by an owner or a management employee of the individual's agency provider; or • An owner or a management employee of the individual's agency provider <p>The lease/residency agreement cannot:</p> <ul style="list-style-type: none"> • Make receiving services from a provider a condition of residency, unless the setting is a licensed facility or Shared Living, or • Impose rights restrictions on roommate selection, privacy, security, decorating, visitors, control of schedule and activities, and access to food unless indicated in the ISP. •

COMPLIANCE REVIEW TOOL: INDEPENDENT PROVIDER

CORE	Phys Env	9.002	<p>Are waiver services being provided in a setting that is NOT in a publicly operated or privately-operated facility that also provides inpatient institutional treatment OR in a building on the grounds of or adjacent to publicly operated facility that provides inpatient institutional treatment? 5123:2-9-02</p>	<p>Contact and discuss with a DODD Review Manager.</p>
CORE	Phys Env	9.003	<p>In all residential waiver settings, does the individual have the freedom to:</p> <ul style="list-style-type: none"> • Select roommates, • Privacy and security including locks and keys to living unit, • Decorate their living unit, • Have visitors of their choosing at any time, • Control their schedule and activities, and • Access food at any time? <p>5123:2-9-02; 42 CFR 441.301(4)(iv)-(vi)(A-B)</p>	<p>All should be available to the individual, unless otherwise specified in the ISP.</p> <p>Homes where waiver services are delivered:</p> <p>Choice</p> <ul style="list-style-type: none"> • The person can make choices without unnecessary influence from others. The person can change their mind about services in and outside the house, who visits and when, and who they want to live with. <p>Control</p> <ul style="list-style-type: none"> • The person has control (when possible) over useful things/valuable supplies (time, money, food, belongings). <p>Independence and Access</p> <ul style="list-style-type: none"> • The person receives services in their neighborhood, or a different neighborhood almost the same as people not receiving HCBS services. <p>Provider-owned or controlled residential setting:</p> <ul style="list-style-type: none"> • Privacy in bedroom and living area • Entrance doors lockable by individual • Choice about roommate(s) • Free to get own furniture and decorate their bedroom and/or living area • Decide who will visit and when • Individual control and choice about schedule • Can get food when they want • Physically accessible home