

AGENCY REQUIRED DOCUMENTS LIST

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

SECTION 1: SERVICE PLANNING for individuals in sample	YES	NO	N/A
1. Current individual service plan (ISP), including addendums/revisions (This will be provided by the County Board)			
3. Assessments used to develop the service plan (This will be provided by the County Board)			
4. Waiver Nursing Only- Plan of Care (485) signed by physician (<i>if applicable</i>)			
5. Current Medication Self-Administration Assessment(s)			
SECTION 2: MEDICATION ADMINISTRATION for individuals in sample (<i>if applicable</i>)	YES	NO	N/A
1. Delegated Nursing: A. On-going nursing assessments B. Statement of delegation C. Annual staff skills checklist			
SECTION 3: BEHAVIOR SUPPORT for individuals in sample (<i>if applicable</i>)	YES	NO	N/A
1. Record of the date, time, duration, and antecedent factors for each use of a restrictive measure, <i>if applicable</i>			
2. If a time out room is utilized, please provide the logs			
SECTION 4: PERSONAL FUNDS for individuals in sample (<i>if applicable</i>)	YES	NO	N/A
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's personal funds, a written policy and staff training on rule 5123: 2-2-07 and policy			
5. Evidence that the individual receives \$100 per month in personal allowance (<i>licensed settings only</i>)			
SECTION 5: SERVICE DELIVERY & DOCUMENTATION for individuals in sample	YES	NO	N/A
1. Waiver service delivery documentation of services and outcomes in the ISP for the months requested above 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) E. Adult Day Support (5123-9-17) F. Non-Medical Transportation (5123-9-18)			

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G. Money Management (5123-9-20) H. Community Respite (5123-9-22) I. HPC Transportation (5123-9-24) J. HPC (5123-9-30, 5123-9-31, and 5123-9-32) K. Shared Living (5123-9-33) L. Residential Respite (5123-9-34) M. Remote Support (5123-9-35) N. Waiver Nursing Delegation (5123:2-9-37) O. Waiver Nursing (5123-9-39)			
2. Medication Administration Records (MAR) and Treatment Administration Records (TAR) for the months requested above 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 6: MUI/UI	YES	NO	N/A
1. Written MUI/UI policy and procedure			
2. MUI and UI reports for the 12 months prior to the review date, including notifications, reporting, follow-up on incident, and evidence the UI was investigated. Please be prepared to pull incident reports as requested by the reviewer			
3. If no incidents have occurred within 12 months prior to the review date, please provide a template of an incident report to be used in the event of an incident			
4. UI Log(s) and evidence of monthly UI reviews for the months requested above, even if no incidents occurred			
5. Most recent MUI Annual Analysis/Summary and evidence that it was sent to the County Board			
SECTION 7: PERSONNEL/POLICY	YES	NO	N/A
1. List of all staff who provide direct care services in the agency in the county of review, including supervisors, nurses, drivers, etc. This list should identify staff name, staff title/position, and the effective date of employment (hire) and identifies whether each staff administers medication, provides transportation, provides HPC services with a competency-based add-on, and their date of initial contact with individuals. 1. A completed staff roster form is due to the reviewer no later than 14 days after the initial email request. 2. The reviewer will then select the staff sample and send the Staff Sample Key to the provider via email.			

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2. If the DOO or Administrator has changed since last certification/recertification or review, evidence that the DOO or administrator is listed in PSM and approved by DODD			
3. Evidence that the provider agency has established an internal compliance program that ensures compliance with provider certification, background checks, and service delivery, service documentation, billing, and management of individuals' funds.			
4. If the provider has moved, opened a new location, or closed a location where ADS or Vocational Habilitation services are provided, evidence that they notified DODD in writing within 14 calendar days			
5. 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			
6. Initial BCII check with valid reason code			
7. Initial FBI check or verification of 5-year residence in Ohio at time of hire			
8. 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 (must contain valid reason code)			
9. Evidence that direct service staff have been enrolled in Rapback and evidence that Rapback hits were addressed (i.e., viewed rap sheet log and action taken).			
10. 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 <u>as well as</u> 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			
11. Evidence of High School Diploma (such as transcripts or diploma) or GED for staff certified to administer medication			
12. Evidence of appropriate licenses/certifications <i>if applicable</i> (i.e., nursing, OT/PT, etc.)			
13. Evidence of CPR and First Aid certification.			
14. 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>			
15. 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>			
16. For staff that transport individuals, please provide the following:			

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<ul style="list-style-type: none"> 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) 			
<p>17. LICENSED FACILITY ONLY Evidence that all direct service staff hired after 10/1/15 received initial training that included the following:</p> <ul style="list-style-type: none"> A. Overview of serving individuals with developmental disabilities including implementation of individual service plans B. The role and responsibilities of direct services staff with regard to services including person-centered planning, community integration, self-determination, and self-advocacy C. Universal Precautions D. Initial rights training; and E. Initial MUI training including the health and welfare alerts issued by the Department 			
<p>18. Evidence of a training plan for DOO, supervisors of DSPs, and DSPs.</p>			
<p>19. Evidence that DSPs completed required training according to the rule. 5123-2-08 Appendix C</p>			
<p>20. Evidence that the staff person received training specific to each individual he/she supports prior to providing direct services.</p>			
<p>21. If billing the competency-based add-on, verification that staff meet the training and longevity requirements.</p>			
<p>22. Evidence that supervisory staff for direct services positions hired after 10/1/16 completed training in service documentation, billing for services, management of individuals’ funds, relevant duties, and responsibilities of being a supervisor.</p>			
<p>23. Evidence that direct service staff completed initial training on actions to take in the event of a fire or other emergencies (<i>licensed settings only</i>)</p>			
<p>24. Evidence of annual direct service staff training for the previous calendar year on the following, <i>if applicable</i>:</p> <ul style="list-style-type: none"> A. MUI/UI requirements and health and welfare alerts from the previous year B. Rights of individuals with DD 			
<p>25. Evidence of agency board member training for Major Unusual Incidents, <i>if applicable</i></p>			
<p>26. Evidence of a process for providing annual written notice about the conduct for which an employee can be included on the abuser registry</p>			
<p>27. For Administrators (licensed settings only) hired after 10/1/16, evidence of initial and annual training including:</p> <ul style="list-style-type: none"> A. Person Centered Planning B. Community Participation and Integration C. Self-determination D. Self-advocacy E. Individual Rights 			

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F. MUI, including review of health and welfare alerts G. Fiscal Administration (initial only) H. Internal Compliance (initial only)			
28. For the Money Management waiver service, evidence of 8 hours of annual training on topics that enhance skills and competency relevant to providing money management			
SECTION 8: TRANSPORTATION <i>if applicable</i>	YES	NO	N/A
1. Evidence of daily pre-trip inspections for the months requested above for Non-Medical Transportation in a modified vehicle or a vehicle equipped to transport five or more passengers.			
2. Evidence of daily pre-trip inspections for the months requested above for routine transportation in a modified vehicle.			
3. Evidence of current annual vehicle inspection for Non-Medical Transportation in a modified vehicle or a vehicle equipped to transport five or more passengers.			
SECTION 9: PHYSICAL ENVIRONMENT <i>if applicable</i>	YES	NO	N/A
1. Evidence of safety drills as required by ISP or in licensed settings			
2. Evidence of emergency response/fire plan (<i>licensed settings only</i>)			
3. Current room and board contract, with evidence individuals pay room and board or receive excess funds as required by the contract (<i>licensed settings only</i>)			
4. Evidence that individuals have received training on the fire safety plan and the emergency response plan within 30 calendar days of residence and at least once during every 12-month period thereafter (<i>licensed settings only</i>)			
5. Residence or other lease agreement (with guardian addendum, <i>if applicable</i>) in provider owned or controlled settings (including shared living)			
SECTION 12: REMOTE SUPPORT for individuals in the sample <i>if applicable</i>	YES	NO	N/A
1. Evidence of initial and ongoing training to the staff and the individual on the use of the remote monitoring system as specified in the service plan			
2. Evidence that staff have detailed and current written protocols for responding to an individual's needs as specified in the service plan, including contact information for the backup support person			
SECTION 13: ASSISTIVE TECHNOLOGY for individuals in the sample <i>if applicable</i>	YES	NO	N/A
1. Evidence that the provider performed timely maintenance, necessary repairs, and replacement of equipment prior to expiration of its useful life for any reason other than misuse or damage by the individual			