

[COMPLIANCE REVIEW TOOL: ANCILLARY SERVICE PROVIDERS]

SECTION 1		ALL SERVICES		
SECTION	SUB-SECTION	Question #	Question	Guidance/Additional Information
ANCILLARY	All Svcs	1.001	Is the service plan and/or plan of care being implemented as written? 5123-2-08; 5123-2-09	<ul style="list-style-type: none"> Implementation of services can be verified using observation, interview, and documentation review.
ANCILLARY	All Svcs	1.002	Does service delivery documentation include the following elements? <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, 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	<ul style="list-style-type: none"> See service specific rules for documentation requirements. 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.
ANCILLARY	All Svcs	1.003*	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	<ul style="list-style-type: none"> See service specific rules for documentation requirements. Required elements may be maintained on multiple documents, but billing forms are not acceptable.
ANCILLARY	All Svcs	1.004*	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	<ul style="list-style-type: none"> See service specific rules for documentation requirements. 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.
ANCILLARY	All Svcs	1.005*	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	<p>NA for NMT, transportation, and money management</p> <ul style="list-style-type: none"> 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.

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ANCILLARY	All Svcs	1.006*	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	<ul style="list-style-type: none"> • See service specific rules for documentation requirements. • Required elements may be maintained on multiple documents, but billing forms are not acceptable.
ANCILLARY	All Svcs	1.007	Did the provider/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 5123:17-02; 5123-9-21; 5123-2-08; 5123-2-09	<ul style="list-style-type: none"> • Required once during each calendar year, not every 365 days. • The tool question reflects training requirements in effect during 2021. Annual Training <u>completed during 2022</u> must meet the requirement of 5123-02-08 but will not be reviewed until 2023 • Check agency and independent certification appendices for services exempt from annual training requirements
ANCILLARY	All Svcs	1.008	Do professional staff have required licenses/certifications? 5123-9-41; 5123-9-43; 5123-9-46; 5123-9-25; 5123:2-9-36; 5123:2-9-28; 5123:2-9-38	Applies to: <ul style="list-style-type: none"> • Special Medical Equipment- Veterinary Services • Interpreter-Certification with Registry of Interpreters for the Deaf • Nutrition- dietician • Clinical/Therapeutic Intervention • Functional Behavioral Assessment • Participant/Family Stability Assistance – COUNSELING ONLY • Social Work
ANCILLARY	All Svcs	1.009	Is the provider/facility following all applicable local, state, and federal rules and regulations?	<ul style="list-style-type: none"> • Manager contact/approval is required.

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SECTION 2		INFORMAL RESPITE – LEVEL 1		
SECTION	SUB-SECTION	Question #	Question	Guidance/Additional Information
	Inf Resp	2.001	Did the provider receive annual training on the preferences and needs of the individual, including any training specified in the ISP? 5123-9-21	<ul style="list-style-type: none"> • Training should be provided by the individual or designee

SECTION 3		INTERPRETER – IO		
SECTION	SUB-SECTION	Question #	Question	Guidance/Additional Information
ANCILLARY	Interpreter	3.001	Does the provider meet one of the following criteria; <ul style="list-style-type: none"> • Graduation from an interpreter training program (of a minimum of 2 years) and at least one year of documented experience providing interpreter services, OR • Successful completion of a written test administered by the registry of interpreters for the deaf and at least one year of documented experience providing interpreter services, OR • At least two years of documented experience providing interpreter services? 5123:2-9-36	<ul style="list-style-type: none"> • Check only for interpreters employed by an agency

SECTION 4		SPECIAL MEDICAL EQUIPMENT AND SUPPLIES – IO & LEVEL 1		
SECTION	SUB-SECTION	Question #	Question	Guidance/Additional Information
ANCILLARY	Spec Med Equip	4.001	Did the provider provide training to the individual, family, and others, as applicable, in the proper use of equipment? 5123-9-25	
ANCILLARY	Spec Med Equip	4.002	Is the equipment operational? 5123-9-25	<ul style="list-style-type: none"> • This can be verified through contact with the individual, guardian, SSA, or family.

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SECTION 5				
ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS – IO & LEVEL 1				
SECTION	SUB-SECTION	Question #	Question	Guidance/Additional Information
ANCILLARY	Env Access Adapt	5.001	Did the county board verify that the project was successfully completed and in compliance with state and local requirements, including building codes? 5123-9-23	

SECTION 6				
HOME DELIVERED MEALS – IO & LEVEL 1				
SECTION	SUB-SECTION	Question #	Question	Guidance/Additional Information
ANCILLARY	Home Del Meals	6.001	Does the waiver service delivery documentation include the time that meals were delivered? 5123-9-29	
ANCILLARY	Home Del Meals	6.002	Does the waiver service delivery documentation include the name of the person accepting delivery of meals? 5123-9-29	
ANCILLARY	Home Del Meals	6.003	Does the waiver service delivery documentation include the number of meals delivered? 5123-9-29	
ANCILLARY	Home Del Meals	6.004	Did the provider ensure that a licensed dietitian approved and signed all menus and developed all special menus in accordance with the ISP? 5123-9-29	
ANCILLARY	Home Del Meals	6.005	Did the provider maintain a roster of delivery drivers who are trained and have available backup staff for scheduled meal deliveries? 5123-9-29	

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SECTION 6		HOME DELIVERED MEALS – IO & LEVEL 1		
SECTION	SUB-SECTION	Question #	Question	Guidance/Additional Information
ANCILLARY	Home Del Meals	6.006	<p>Did the provider prepare and deliver meals as follows?</p> <ul style="list-style-type: none"> Noontime meals delivered within one hour of noon Evening meals delivered within one hour of 5:30pm, or if proper and safe handling is assured, may be delivered with the noon meal Frozen meals may be delivered for an entire week if proper and safe handling is assured <p>5123-9-29</p>	<ul style="list-style-type: none"> ISP should identify whether meals are to be provided at noon, evening, or both Frozen meals must be individual packaged and labeled with “use before” date Food is not to be left at a residence unless the individual or his/her representative is there to receive the food

SECTION 7		NUTRITION – IO		
SECTION	SUB-SECTION	Question #	Question	Guidance/Additional Information
ANCILLARY	Nutrition	7.001	<p>Did the provider train the appropriate parties on the individual's dietary program?</p> <p>5123:2-9-28</p>	<ul style="list-style-type: none"> Rule requires training for the individual, family, professionals, paraprofessionals, direct support professionals, habilitation specialists and vocational/school staff.

SECTION 8		CLINICAL THERAPEUTIC INTERVENTION; FUNCTIONAL BEHAVIORAL ASSESSMENT; PARTICIPANT/FAMILY STABILITY ASSISTANCE		
SECTION	SUB-SECTION	Question #	Question	Guidance/Additional Information
ANCILLARY	SELF Waiver Only - Clinical/ Therapeutic Intervention; Functional Behavioral Assessment; Participant/	8.001	<p>Did the provider 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 	<ul style="list-style-type: none"> AGENCY ONLY 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 Applies to employees hired after 1/1/13

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SECTION 8				
SECTION	SUB-SECTION	Question #	Question	Guidance/Additional Information
	Family Stability Assistance Part/ Family Stability Asst		<ul style="list-style-type: none"> • Database of Incarcerated and Supervised Offenders • Abuser Registry • Nurse Aide Registry • Ohio Dept of Medicaid Exclusion and Suspension List <p>5123-2-02</p>	<ul style="list-style-type: none"> • Ohio Dept of Medicaid Exclusion & Suspension list required for those hired after 7/1/19 • 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
ANCILLARY	SELF Waiver Only - Clinical/ Therapeutic Intervention; Functional Behavioral Assessment; Participant/ Family Stability Assistance Part/ Family Stability Asst	8.002	<p>Did the provider 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 <p>5123-2-02</p>	<p>AGENCY ONLY</p> <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
ANCILLARY	SELF Waiver Only - Clinical/ Therapeutic Intervention; Functional Behavioral Assessment; Participant/ Family Stability Assistance Part/ Family Stability Asst	8.003	<p>Did the provider 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; ORC109.572</p>	<p>AGENCY ONLY</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

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SECTION 8		CLINICAL THERAPEUTIC INTERVENTION; FUNCTIONAL BEHAVIORAL ASSESSMENT; PARTICIPANT/FAMILY STABILITY ASSISTANCE		
SECTION	SUB-SECTION	Question #	Question	Guidance/Additional Information
				<ul style="list-style-type: none"> ○ completed late ● Reports from BCII/FBI are valid for one year ● Reference BCII Reason Code document for a list of acceptable reason codes. ● 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.
ANCILLARY	SELF Waiver Only - Clinical/Therapeutic Intervention; Functional Behavioral Assessment; Participant/Family Stability Assistance Part/ Family Stability Asst	8.004	Are staff in direct service positions enrolled in Rapback? 5123-2-02	<p>AGENCY ONLY</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.
ANCILLARY	SELF Waiver Only - Clinical/Therapeutic Intervention; Functional Behavioral Assessment; Participant/Family Stability Assistance Part/ Family Stability Asst	8.005	Did the provider request the BCII/FBI check every 5 years for direct service employees who: <ul style="list-style-type: none"> ● are not enrolled in Rapback ● require FBI check 5123-2-02; 5160-45-07; ORC109.572	<p>AGENCY ONLY</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

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SECTION	SUB-SECTION	Question #	Question	Guidance/Additional Information
				<ul style="list-style-type: none"> • 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
ANCILLARY	SELF Waiver Only - Clinical/Therapeutic Intervention; Functional Behavioral Assessment; Participant/Family Stability Assistance Part/ Family Stability Asst	8.006	<p>Did the provider ensure that staff in direct care positions were not employed for more than 60 days without the results of the BCII/FBI records checks?</p> <p>5123-2-02; 5160-45-07</p>	<p>AGENCY ONLY</p> <ul style="list-style-type: none"> • Employees cannot provide direct services after 60 days
ANCILLARY	SELF Waiver Only - Clinical/Therapeutic Intervention; Functional Behavioral Assessment; Participant/Family Stability Assistance Part/ Family Stability Asst	8.007	<p>Did the provider 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?</p> <p>5123-2-02; 5160-45-07</p>	<p>AGENCY ONLY</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

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SECTION	SUB-SECTION	Question #	Question	Guidance/Additional Information
				<ul style="list-style-type: none"> Only issue citation if a direct support staff with a disqualifying offense or on a registry is currently employed and working with individuals.
ANCILLARY	SELF Waiver Only - Clinical/Therapeutic Intervention; Functional Behavioral Assessment; Participant/Family Stability Assistance Part/ Family Stability Asst	8.008	Did the provider staff, prior to employment, sign a statement: <ul style="list-style-type: none"> attesting that the staff person will notify the provider 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 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	AGENCY ONLY <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

		SECTION 9	SOCIAL WORK – IO	
SECTION	SUB-SECTION	Question #	Question	Guidance/Additional Information
			ALL SOCIAL WORK REQUIREMENTS CONTAINED IN SECTION 1	