

ANCILLARY PROVIDER REQUIRED DOCUMENTS LIST

Below is a list of documents that may be reviewed during the compliance review. Depending on the type of waiver and services provided, some items will not apply to the review. Please make the documents available for the onsite or desk review as required. Please contact the reviewer with any questions prior to the review.

SECTION 1: ALL SERVICES	YES	NO	N/A
1. Current individual service plan (ISP), including addendums/revisions. <i>This will be provided by the County Board</i>			
2. Waiver service delivery documentation of services and outcomes in the ISP for the three months prior to review date for each type of service provided. See required documentation elements in the specific rule for each service: A. Informal Respite (5123-9-21) B. Interpreter Services (5123:2-9-36) C. Specialized Medical Equipment & Supplies (5123-9-25) D. Environmental Accessibility Adaptations (5123-9-23) E. Home-Delivered Meals (5123-9-29) F. Nutrition Services (5123:2-9-28) G. Clinical/Therapeutic Intervention (5123-9-41) H. Functional Behavioral Assessment (5123-9-43) I. Participant/Family Stability Assistance (5123-9-46) J. Social Work (5123:2-9-38)			
3. Evidence of annual training for the previous calendar year on the following, <i>if applicable</i> : A. MUI/UI requirements and health and welfare alerts from the previous year B. Rights of individuals with DD Check agency and independent certification appendices for services exempt from annual training requirements			
4. Evidence of appropriate licenses/certifications, as applicable (i.e., 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)			
SECTION 2: INFORMAL RESPITE	YES	NO	N/A
1. Evidence of annual training specific to the preferences and needs of the individual as identified in the ISP			
SECTION 3: INTERPRETER	YES	NO	N/A
1. For Agency providers, evidence of one of the following criteria: A. Graduation from an interpreter training program (of a minimum of 2 years) and at least 1 year of documented experience providing interpreter services, OR B. Successful completion of a written test administered by the registry of interpreters for the deaf and at least 1 year of documented experience providing interpreter services, OR C. At least 2 years of documented experience providing interpreter services			
SECTION 4: SPECIAL MEDICAL EQUIPMENT & SUPPLIES	YES	NO	N/A
1. Evidence of training to the individual and/or family and others as applicable in the proper use of the equipment.			
SECTION 5: ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS	YES	NO	N/A
See Section 1 Above			
SECTION 6: HOME DELIVERED MEALS	YES	NO	N/A
1. Evidence that service delivery documentation contains the following: A. Time that meals were delivered			

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B. Name of person accepting delivery of meals C. Number of meals delivered			
2. Evidence that a licensed dietitian approved and signed all menus and developed all special menus in accordance with the ISP			
3. Current roster of delivery drivers who are trained and evidence of available backup staff for scheduled meal deliveries			
4. Evidence that meals were prepared and delivered as follows: A. Noontime meals delivered within one hour of noon B. Evening meals delivered within one hour of 5:30 p.m., or if proper and safe handling is assured, may be delivered with the noon meal C. Frozen meals may be delivered for an entire week if proper and safe handling is assured			
SECTION 7: NUTRITION - IO	YES	NO	N/A
1. Evidence of training for the appropriate parties on the individual's dietary program (i.e., 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	YES	NO	N/A
1. AGENCY Only-Personnel Requirements A. 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 date of employment. B. Evidence of initial and 5-year checks of the following databases: 1. Inspector General's Exclusion List 2. Sex Offender and Child Victim Offenders Database 3. U.S. General Services Administration System for Award Management (SAM) database 4. Database of Incarcerated and Supervised Offenders 5. Abuser Registry 6. Nurse Aide Registry 7. Ohio Department of Medicaid Exclusion & Suspension List C. Initial BCII check with valid reason code D. Initial FBI check or verification of 5-year residence in Ohio at time of hire E. 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) F. Evidence that direct service staff have been enrolled in Rapback G. 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 H. Evidence of High School Diploma (such as transcripts or diploma) or GED for persons certified to administer medications			
SECTION 9: SOCIAL WORK	YES	NO	N/A
See Section 1 Above			