

ICF/IID 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. Please contact the reviewer with any questions prior to the onsite review.

SECTION 1: ADMINISTRATION & OPERATION	YES	NO	N/A
1. Evidence of lifeguard certification for staff when there is a swimming pool			
2. Policies and procedures regarding vehicle accessibility, vehicle maintenance, and requirements for vehicle drivers			
3. Evidence that the ICF/IID has established an internal compliance program that ensures compliance with licensure rules, background checks, service delivery and service documentation			
SECTION 2: PERSONNEL	YES	NO	N/A
1. List of all staff who provide direct care services in the ICF/IID, including supervisors, nurses, drivers, etc. This list should identify staff name, staff title/position, and the date of employment. <i>Staff sample will be selected when reviewer arrives for review. Be prepared to identify whether the staff selected for the sample administers medications and/or provides transportation and their date of initial contact with individuals.</i>			
2. For Administrators hired after 10/1/16, evidence of initial and annual training including: A. Person Centered Planning B. Community Participation and Integration C. Self-determination D. Self-advocacy E. Individual Rights F. MUI, including review of health and welfare alerts G. Fiscal Administration (initial only) H. Internal Compliance (initial only)			
3. For Administrators hired after 10/1/16, evidence of DODD approval letter showing that Administrator meets qualification requirements.			
4. 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			

ICF/IID REQUIRED DOCUMENTS LIST

F. Nurse Aide Registry G. Ohio Department of Medicaid Exclusion & Suspension List			
5. Initial BCII check with valid reason code			
6. Initial FBI check or verification of 5-year residence in Ohio at time of hire			
7. 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)			
8. Evidence that direct service staff have been enrolled in Rapback			
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 <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			
10. Evidence of High School Diploma (such as transcripts or diploma) or GED for staff certified to administer medications.			
11. Evidence of CPR and First Aid certification. Online training must include evidence of hands-on skills component			
12. 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>			
13. 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>			
14. For staff that transport individuals, evidence of driver's abstract (free online abstract available via BMV website is acceptable)			
15. Evidence that all direct service staff hired after 10/1/16 received initial training that included the following: 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			
16. Evidence that the staff person received training specific to each individual he/she supports prior to providing direct services			

ICF/IID REQUIRED DOCUMENTS LIST

17. Evidence that supervisory staff for direct services positions hired after 10/1/16 completed training in service documentation and management of individuals' funds			
18. Evidence that direct service staff completed initial training on actions to take in the event of a fire or other emergencies			
19. Evidence of annual direct service staff training for the previous calendar year on the following: A. MUI/UI requirements and health and welfare alerts from the previous year B. Rights of individuals with DD C. Person-centered planning, community integration, self-determination, and self-advocacy D. Fire and Emergency Response			
20. Evidence of agency board member training for Major Unusual Incidents, <i>if applicable</i>			
21. Evidence of a process for providing annual written notice about the conduct for which an employee can be included on the abuser registry			
SECTION 3: PHYSICAL ENVIRONMENT	YES	NO	N/A
1. Written record and analysis of fire and tornado drills for the last 12 months			
2. Evidence that individuals have received initial and annual training on the fire safety plan and the emergency response plan			
SECTION 4: PERSON-CENTERED PLANNING for individuals in sample	YES	NO	N/A
1. Comprehensive Functional Assessment (CFA)			
2. Current individual plan (IP), including addendums/revisions			
3. Previous individual plan (IP), including addendums/revisions			
4. Evidence of individual or guardian consent to IP			
5. Evidence of Annual Options Counseling			
SECTION 5: PROVISION OF SERVICES/IP IMPLEMENTATION for individuals in sample	YES	NO	N/A
1. Medication Administration Records (MAR) and Treatment Administration Records (TAR) for the three months prior to review date for individuals in the sample who receive medication administration and/or treatments			
2. Service delivery documentation of services/supports in the IP for the 3 months prior to review date			
3. Current Physician's Orders			
SECTION 6: MEDICATION ADMINISTRATION for individuals in sample <i>if applicable</i>	YES	NO	N/A
1. Current medication Self-Administration Assessment(s)			
2. Name and credentials of the nurse providing delegation (<i>if applicable</i>)			
3. Delegated Nursing: A. On-going nursing assessments			

ICF/IID REQUIRED DOCUMENTS LIST

B. Statement of delegation C. Annual staff skills checklist			
SECTION 7: 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 ICF/IID 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 initial and/or annual training for each member 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. ICF/IID's behavior support policies and procedures			
7. Annual analysis of behavior support strategies that include restrictive measures			
SECTION 8: 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 and follow-up on incident. 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 3 months prior to review date, even if no incidents occurred			
5. Most recent MUI Annual Analysis/Summary and evidence that it was sent to the County Board			
SECTION 9: PERSONAL FUNDS for individuals in sample	YES	NO	N/A
1. Evidence that individuals have access to their funds as stipulated in required			

ICF/IID REQUIRED DOCUMENTS LIST

2. Evidence of reconciliation of bank accounts (with bank statements) and cash accounts (including food stamp, gift card, or other cash accounts) for the last 3 months by someone who does not handle the individual's funds			
3. Documentation for the last 3 months, including ledgers, receipts, bill payments, etc. as required by the ISP			
4. A written policy on management of personal funds and staff training on rule 2-2-07 and policy			

ICF/IID REQUIRED DOCUMENTS LIST

Use this guide for the information that will be required for staff at the beginning of the compliance review.

Full Name	Date of Employment in Direct Services Position	Job Title	Types of Service Provided by this person (e.g., HPC, NMT, ADS, etc.).	Supervise Staff? Y/N	Date he/she became a supervisor (if different than DOE)	Administer Meds? Y/N	Transport Individuals? Y/N

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