

COMPLIANCE REVIEW TOOL: AGENCY PROVIDER

			SERVICE PLANNING	Citations issued in this section are issued to the applicable County Board that authored the applicable ISP
SECTION 1	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Service Planning	1.001*^	Using person centered planning, has the plan been developed based on the person's assessed needs? 5123-4-02; 5123-9-13; 5123-9-14; 5123-9-15; 5123-9-16; 5123-9-17; 5123-2-05; 5123-6-02; 5123-2-07; 5123-9-35; 5123-6-07; 5123-9-29; 5123-2-01; 5123-9-02; 42 CFR 441.301 Consider the following: • What is important to and for the individual • Day waiver services and supports consistent with assessed needs, path to employment, and what authorized in plan • Self-administration assessment(s) as applicable • Personal funds • Technology solutions and/or remote supports explored • Nursing quality assessment reviews • Home-delivered meals and parameters • External Assessments which could include Health, Speech, Hearing, Swallow Study, Sexual Offender risk • Are restrictive strategies/modifications incorporated as an integral part of the person-centered service plan • Least restrictive setting • Does the plan include an outcome	Person-Centered Requirements: • Cultural considerations • Plain language and accessible • Support is given for person to make informed choices • Person leads and is supported to direct the process to the maximum extent possible • People chosen by the person are included • Process timely and occurs at convenience of the person • The plan based on needs and assessments that will prevent any unnecessary or inappropriate services & supports • Opportunity to seek employment and work in competitive integrated settings • Engage in community life • Control personal resources

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CORE	Service Planning	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	
CORE	Service Planning	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 individual, provider, or other team members. Consider life changes such as a new job, new medical conditions, changing providers, moving, or deleting unwanted services. Revisions to occur within 30 calendar days of request or identified need
CORE	Service Planning	1.004*	Was the plan: - Reviewed at least annually - Agreed to with written consent of the individual (and/or guardian if applicable) and providers responsible for implementation? 5123-4-02; CFR 441.725	For minors, the plan should be approved by the parent/legally responsible person. Written approval can include DocuSign or e-signatures.

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MEDICATION ADMINISTRATION				
SECTION 2	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Med Admin	2.001	If the individual is unable to self-administer their medications, is the medication: • 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	“Secure” is based on the individual's needs. Use of medication dispensers: • DSPs are not permitted to administer medications from any type of medication dispenser. • Medication dispensers can only be filled by the individual who is self-administering; family as natural support; licensed healthcare professional – RN, LPN, Pharmacist • When the individual is unable to self-administer with or without assistance and using a medication dispenser, all additional support must be provided by a person with medication administration certification and the appropriate documentation (MAR/MAR type document, picture/description of medications) to be able to provide the support (in-person or remote)
CORE	Med Admin	2.002	If nursing delegation is required, is there: • A statement of delegation, • Evidence the nurse provided individual-specific training to DSPs prior to the performance of delegated tasks. • Evidence of ongoing reassessment but at least annually • Step-by-step-written instructions of the task • Nurse observed and documented a satisfactory return demonstration of the nursing task 5123-6-01; 5123-6-03; OAC 4723-13-06	Nursing delegation is required for: • Medication administration and 13 health related activities in Day service locations where 17 or more individuals have been authorized to receive day services • Residential facilities with 6 or more beds, • G/J tube medication administration, • Administration of Glucagon • Administration of insulin by injection/pump/inhalant and injectable treatments for metabolic glycemic disorders • Administration of nutrition by G/J tube. • Any nursing task as defined in OAC 4723-13-01 • Reassessment must include determination that: • Nursing delegation continues to be necessary • The individual and circumstances continue to adhere to standards and conditions for nursing delegation; and • The developmental disabilities personnel continue to demonstrate the skill to accurately perform the

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				nursing tasks, health-related activities, and prescribed medication administration being delegated.
CORE	Med Admin	2.003	If nursing delegation is required, is the delegating nurse available to supervise the performance of delegated tasks? 5123-6-03; OAC 4723-13-07	- Ask the agency how delegated staff can contact the nurse if there are questions or concerns - During the site visit, ask delegated staff if they know how to contact the nurse and has the nurse been available when needed
CORE	Med Admin	2.004	Did the provider ensure that all administered 'as needed' (PRN) medication orders were written in a manner that precludes independent judgment by DSPs? 5123-6-06	Orders must have clear instructions that describe under what circumstances and conditions the PRN should be administered and how much/how often Until updated orders are received, the prn medication should only be administered by a nurse or family member/natural support If the PRN order lacks the specificity to meet the requirement in rule and has not been administered, give TA but advise the provider that medication cannot be administered until order is corrected.

			BEHAVIOR SUPPORT	
SECTION 3	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Behavior 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	Citations issued for this question are issued to the applicable County Board that authored the applicable ISP. Cite if the plan includes restrictive measures, but there is no HRC approval.
CORE	Behavior Support	3.002^	Is the provider implementing restrictive measures that are not in the plan and/or approved by the Human Rights Committee?	Cite if the provider is implementing restrictive measures that have not been recognized as being restrictive.

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BEHAVIOR SUPPORT				
SECTION 3	SUB SECTION	Question #	Question	Guidance/Additional Information
			5123-2-06	Examples of rights restrictions that cannot be used outside of the requirements for restrictive measures: • Imposed bedtimes, • Locked cabinets, • Visitor limitations, • Dietary restrictions and/or • Limitations related to technology or community • Limitations related to alcohol, sex, and/or romantic relationships Does not apply to restrictive measures implemented in an emergency and properly reported as an Unapproved Behavior Support.
CORE	Behavior Support	3.003	If the ISP includes: • Time out or manual or mechanical restraint, are the interventions implemented only when there is risk of harm? • Chemical restraint, are the interventions being implemented only when risk of harm is evidenced, or an individual engages in a precisely defined pattern of behavior that is very likely to result in risk of harm? • Rights restrictions, are the interventions being implemented only when risk of harm OR likelihood of legal sanction are evidenced? 5123-2-06	Citations issued for this question are issued to the applicable County Board that authored the applicable ISP. Medications that result in a noticeable or discernible difference in the individual's ability to complete ADLs (blunt suppression of behavior) OR for the purpose of treating sexual offending behavior <u>are</u> chemical restraints. Medications prescribed for the treatment of a physical or psychiatric condition in accordance with the standards of treatment for that condition are presumed to <u>not be</u> chemical restraints "Chemical restraint" does not include a medication that is routinely prescribed in conjunction with a medical procedure for patients without developmental disabilities. Medications that are initially presumed to not be a chemical restraint, but do result in general or non-specific blunt suppression of behavior must be reviewed by the team to determine if it should be regarded as a chemical restraint

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SECTION 3	SUB SECTION	Question #	BEHAVIOR SUPPORT Question	Guidance/Additional Information
CORE	Behavior Support	3.004	If the ISP includes a restrictive measure, are behavioral supports employed with: - sufficient safeguards? - Sufficient supervision to ensure health, welfare, and rights? 5123-2-06	This includes but is not limited to: - Are “time away” procedures voluntary or mandatory? - If time-out rooms are used, are all safety requirements in place?
CORE	Behavior Support	3.005	If the ISP includes a restrictive measure, have DSPs been trained on the approved interventions? 5123-2-06	DSPs must be trained on the approved restrictive behavioral support strategies prior to working with a person who has restrictive measures in their plan
CORE	Behavior 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	Duration is only applicable for a manual restraint or a mechanical restraint
CORE	Behavior Support	3.007	Did the provider notify the individuals guardian as outlined in the ISP regarding any uses of chemical restraints, manual restraints, or time-out? 5123-2-06	
CORE	Behavior Support	3.008	Did the provider share the record of restrictive measures that were implemented with the individual or the individual's guardian, as applicable, and the individual's team whenever the individual's behavioral support strategy is being reviewed or reconsidered? 5123-2-06	The provider is required to share the record of the restrictive measure implementation with the team for the purpose of the 90-day review

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SECTION 4	SUB SECTION	Question #	PERSONAL FUNDS	Guidance/Additional Information
			Question	
CORE	Personal Funds	4.001	If responsible for assisting with personal funds while providing a paid waiver service, did the provider ensure that individuals: • Have access to their funds, and • Are able to purchase items, goods, and services of their preference? 5123-2-07	This applies to any provider listed in the plan as responsible for individual funds: • Deposits must be made within-five days of receipt of funds, • Monies must be made available within three days of request of the individual, and • Individuals can control personal funds based on their abilities, • Access is based on the individual's available resources. Licensed waiver facilities are NOT required to purchase individual items unless included in the Room and Board agreement or covered by the waiver reimbursement.
CORE	Personal Funds	4.002	If responsible for assisting with personal funds while providing a paid waiver service, did the provider maintain account records that include? • A ledger with all required elements, • Evidence of reconciliation at the frequency required, signed, and dated by the person conducting the reconciliation, and completed by someone other than the person who provides the direct assistance with personal funds or the person who maintains the ledger • Receipts as required in the plan. 5123-2-07	Bank accounts should be reconciled using the most recent bank statement. Food stamps, gift cards, and other cash accounts maintained by the provider should be reconciled every 30 days. Food stamp ledgers should be reconciled to the EBT statement. Required elements: • Individual's name, • Source, amount, and date of all funds received, • 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 • An individual's team will determine, through development of the individual service plan, when a provider is required to maintain receipts for expenditures of the individual's personal funds.

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PERSONAL FUNDS				
SECTION 4	SUB SECTION	Question #	Question	Guidance/Additional Information
				Receipts, when required, are to identify the date, the item or items purchased, and the amount of the expenditure; other documentation or a written explanation is acceptable if a receipt is unavailable.
Core	Personal Funds	4.003	If responsible for assisting with personal funds while providing a paid waiver service, did the provider manage the person's funds as required by rule? 5123-2-07	Providers who assist with personal funds must: • Retain, safeguard, and securely account for the funds • Notify the team when personal funds exceed or are projected to exceed the maximum amount allowed to maintain eligibility for benefits or when an individual receives a lump sum payment (e.g., benefits back payment) or inheritance. • Not co-mingle the individual's personal funds with the provider's funds; • Not supplement or replace funds of the provider or another individual with an individual's funds except in situations where a practical arrangement (e.g., individuals take turns purchasing household supplies) is agreed upon and documented in writing
LIC FAC	Personal Funds	4.004	If the individual lives in a licensed facility, did the provider ensure the individual retained one hundred dollars (\$100) monthly from their unearned income? 5123-3-11	• "Unearned income" means all income that is not earned income, including, but not limited to, social security disability income, supplemental security income, other benefits an individual receives, and monetary gifts. • Food stamps, although unearned income, will not be applied toward the personal funds to be retained by the individual.
LIC FAC	Personal Funds	4.005	If the individual lives in a licensed facility, did the provider ensure the individual retains the first one hundred dollars (\$100) monthly from their earned income plus one-half of the individual's earned income in excess of one hundred dollars? 5123-3-11	"Earned income" means wages and net earnings from employment or self-employment.
LIC FAC	Personal Funds	4.006	If the individual lives in a licensed facility, did the provider ensure the individual is paying his/her room and board costs or receiving excess funds as required by the room and board contract?	

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			5123-3-11		

			SERVICE DELIVERY and DOCUMENTATION	Service Delivery Documentation Crosswalk
SECTION 5	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Serv Del Doc	5.001	Does service delivery documentation include the following elements? • 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; 5123-9-37; 5123-9-39; 5123-9-20; 5123-9-24	See service specific rules for documentation requirements. • Required elements may be maintained on multiple documents but claims for payment a provider submits to the department for services delivered shall not be considered service documentation. • Place of service and group size are not required for all services. • For non-medical and routine transportation, location is the license plate number of the vehicle used to provide the service
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; 5123-9-37; 5123-9-39; 5123-9-20	See service specific rules for documentation requirements. • Required elements may be maintained on multiple documents but claims for payment a provider submits to the department for services delivered shall not be considered service documentation. • NMT requires-mode of NMT provided – 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; 5123-9-37; 5123-9-39; 5123-9-20; 5123-9-18; 5123-9-24	See service specific rules for documentation requirements. • Required elements may be maintained on multiple documents but claims for payment a provider submits to the department for services delivered shall not be considered service documentation.

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				- Units are not required for services billed using a daily rate, except adult day services. - For routine transportation and per mile NMT, units are the number of miles in each distinct trip/commute, as indicated by beginning and ending odometer numbers or via tracking or mapping by GPS. - Number of units OR continuous amount of uninterrupted time during which the service was provided is acceptable for Money Management, HPC (non-daily rate), PDHPC, Waiver Nursing Delegation, Waiver Nursing, Clinical/Therapeutic Intervention, Participant/Family Stability Assistance, and Support Brokerage.
CORE	Serv Del Doc	5.004*	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; 5123-9-37;	See service specific rules for documentation requirements. Required elements may be maintained on multiple documents but claims for payment a provider submits to the department for services delivered shall not be considered service documentation. 5123-9-39(G)(4) Waiver nursing shifts may not exceed 12 hours during a 24-hour period unless an unforeseen event causes a medically necessary scheduled visit to extend beyond 12 hours, but visit cannot exceed 16 hours.
Core	Serv Del Doc	5.005	Does the waiver service delivery documentation for Non-Medical Transportation and routine Transportation include the names of all individuals who were in the vehicle during any portion of the trip/commute? 5123-9-18, 5123-9-24	Required elements may be maintained on multiple documents but claims for payment a provider submits to the department for services delivered shall not be considered service documentation.
CORE	Serv Del Doc	5.006	Does the waiver service delivery documentation for non-medical transportation and routine transportation include	Required elements may be maintained on multiple documents but claims for payment a provider submits to

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			the origination and destination points of transportation provided? 5123-9-18; 5123-9-24	the department for services delivered shall not be considered service documentation.
CORE	Serv Del Doc	5.007	Does the waiver service delivery documentation for non-medical transportation at the special per-trip payment rates to transport one individual at a time to and from competitive integrated employment include: - The name and address of the individual's employer - The number of miles in each one-way trip 5123-9-18	Required elements may be maintained on multiple documents but claims for payment a provider submits to the department for services delivered shall not be considered service documentation.
CORE	Serv Del Doc	5.008	Are medication, treatments, health related activities, and dietary orders being followed? 5123-2-08; 5123-4-02; 5123-6-03; 5123-9-39	Info may come from the medication administration record (MAR), doctor's orders, OT/PT, and speech plans.
CORE	Serv Del Doc	5.009	Does the waiver service delivery documentation for all waiver billing codes include scope? 5123-9-06; 5123-9-40; 5123-9-39; 5123-9-37	NA for NMT, transportation, and money management Description and details (scope) of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided. For waiver nursing delegation, documentation must include the name of the unlicensed person for whom a supervisory visit was performed.
CORE	Serv Del Doc	5.010	Is the service plan and/or plan of care being implemented as written? 5123-2-08; 5123-9-39; 5123-9-37	Implementation of services can be verified using observation, interview, and documentation review.
CORE	Serv Del Doc	5.011^	Are waiver services delivered in a manner which supports each individual's full participation in the greater community,	Are opportunities to access inclusive settings in the community being offered (refusals should be documented)

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			considering their individual choices, preferences, and needs? 5123-9-02; 42 CFR 441.301 (c)(4)(i); 42 CFR 441.710 (a)(1)(I)	- Are the activities meaningful to the individual, age appropriate, and similar to those without disabilities? - Ask providers and individuals how activities are selected and scheduled. If any part of the settings rule is not met due to modifications needed for a specific person, those specific qualities and conditions must be supported with a specific assessed need and justified in the person-centered service plan.
CORE	Serv Del Doc	5.012^	Is the non-residential waiver service setting integrated in and does it support access to the greater community? 5123-9-02; 42 CFR 441.301 (c)(4)(i)	There is opportunity for Access. The setting/provider has policies and practices in place that give individuals opportunities to: - Seek employment and work in competitive integrated settings <i>if receiving vocational services</i> - Engage in community life - Receive services in the community to the same degree as others not receiving HCBS services Examples of evidence showing compliance may include but are not limited to: - Photos, videos, posts, and other communications (shared via social media, on a website, in a newsletter, via email, and/or internally) of community experiences, highlighting the purpose and connections being made with people outside of the program. - Written policy concerning routine calendar-building and how the organization develops it in collaboration with people being supported around their interests, skills, talents, and needs. - Training curriculum (for DSPs and people being supported) concerning calendar-building and including people being supported as a part of the process.

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				• Training curriculum (for DSPs and people being supported) concerning resource-mapping of the regional and local community, based on shared interests of people being supported. • Documentation concerning whether the person benefitted from the community access, and how they responded to the experience. • Training curriculum (for DSPs and people being supported) on competitive integrated employment and its benefits, referencing people on all 4 Paths to Competitive Integrated Employment (EF Rule). • Any other method of interview, documentation, observation, etc. Demonstrating compliance If any part of the settings rule is not met due to modifications needed for a specific person, those specific qualities and conditions must be supported with a specific assessed need and justified in the person-centered service plan.
CORE	Serv Del Doc	5.013^	Does the non-residential waiver service setting ensure a person's rights are protected? 5123-9-02; 42 CFR 441.301 (c)(4)(iii)	There are opportunities to ensure rights are exercised and protected. The setting/provider has policies and practices in place that ensure individuals have • Privacy • Respect • Freedom from intimidation • Freedom from restraint If any part of the settings rule is not met due to modifications needed for a specific person, those specific qualities and conditions must be supported with a specific assessed need and justified in the person-centered service plan.

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CORE	Serv Del Doc	5.014^	Does the non-residential waiver service setting optimize, without controlling, personal initiative and independence in life choices? 5123-9-02; 42 CFR 441.301 (c)(4)(iv)	There are opportunities for Independence. The setting/provider has established a program that facilitates a person's ability to independently choose: • Daily activities • Between different types of environments and activities, e.g., inside/outside, calming/stimulating, alone/with different groups of their choice • Choice in with whom to interact Examples of evidence showing compliance may include but are not limited to: • Written policy concerning routine calendar-building and how the organization develops it in cooperation with people being supported around their interests, skills, talents, and needs • Training curriculum (for DSPs and people being supported) concerning calendar-building and including people being supported as a part of the process • Training curriculum (for DSPs and people being supported) concerning resource-mapping of the regional and local community, based on shared interests of people being supported. • Evidence that individuals have input into calendar-building and expressing their choices for community access experiences. • Any other method of interview, documentation, observation, etc. Demonstrating compliance If any part of the settings rule is not met due to modifications needed for a specific person, those specific qualities and conditions must be supported with a specific assessed need and justified in the person-centered service plan.

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CORE	Serv Del Doc	5.015^	Does the non-residential waiver service setting facilitate personal choice regarding services and supports and who provides them? 5123-9-02; 42 CFR 441.301 (c)(4)(v)	There are opportunities for choice. The setting/provider gives individuals opportunities to make informed choices, specifically • A choice about direct support professional (DSP) (express preferences of who they like to work with) • An informed choice about whether and how to access available services, supports, and providers. The provider also ensures that individuals are: • Understood and listened to – DSPs know the person’s capabilities, interests, preferences, and needs. • Able to fully exercise individuality. • Allowed to change or update their preferences at any time. If any part of the settings rule is not met due to modifications needed for a specific person, those specific qualities and conditions must be supported with a specific assessed need and justified in the person-centered service plan.
CORE	Serv Del Doc	5.016	For providers of waiver nursing, does the individual’s plan of care (485) include: • All requirements specified in <u>5123-9-39(B)(17)</u> 5123-9-39; 5123-9-37	Required in addition to the service delivery documentation requirements outlined in rule for waiver nursing and waiver nursing delegation This is required for all providers of waiver nursing services, including home health agencies. When verbal orders are given by the treating physician, physician assistant, or advanced practice registered nurse , the nurse is required to write the orders and the date and time the orders were given in the service documentation and sign the entry. The nurse must subsequently obtain documentation of the verbal orders being signed and dated

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				by the treating physician, physician assistant, or advanced practice registered nurse. Waiver Nursing cannot be provided during the same time an individual is receiving adult day support, community respite, residential respite in an ICF, or vocational habilitation.
CORE	Serv Del Doc	5.017	If the provider of waiver nursing is an LPN working at the direction of an RN, does the LPN have clinical notes, signed and dated by the LPN, documenting: • All consultations between the LPN and the directing RN; • Face-to-face visits between the LPN and the directing RN; and • Face-to-face visits between the LPN, the individual receiving waiver nursing, and the directing RN? 5123-9-39	Required in addition to the service delivery documentation requirements outlined in rule for waiver nursing and waiver nursing delegation Face-to-face visits are required for waiver nursing providers who are LPNs working at the direction of an RN and are required with the individual and the directing RN prior to initiating services and at least once every 120 days for the purpose of evaluating the provision of waiver nursing, the individual's satisfaction with care delivery and performance of the licensed practical nurse, and to ensure that waiver nursing is being provided in accordance with the approved plan of care. Providers of waiver nursing will maintain, in a confidential manner for at least thirty calendar days at the individual's residence, a current plan of care with any addendum orders, the current individual service plan, a copy of the nurse's notes, and medication administration records.
CORE	Serv Del Doc	5.018	Is the provider/licensed facility following all applicable local, state, and federal rules and regulations?	DODD Group Manager contact/approval is required. Citation must include the specific rule/regulation reference that is being cited.
CORE	Serv Del Doc	5.019	If required, is the provider using EVV? 5160-1-40	EVV is required for RN Assessment, Waiver Nursing, and 15-minute HPC

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			Will not cite until December 2025	Independent Providers must use the state's EVV system (Sandata). Agency providers may choose to use an alternate data collection system that has been approved by ODM. Live-in Caregivers can request an exemption from visit logging requirements. This is requested through and issued by ODM.
DAY SERV	Serv Del Doc	5.020	Adult Day Support and Vocational Habilitation only: If the provider is billing the community integration rate, is the service provided; • in-person • in a community integrated setting, which is a setting that "is integrated in and supports full access of individuals to the greater community to the same degree of access as persons not receiving home and community-based services. AND • in groups of four individuals or fewer individuals? 5123-9-14; 5123-9-17	Community integrated services eligible for the rate add on must be provided in the greater community and not at a location created for the specific purpose of serving HCBS waiver recipients. The service must meet all of these criteria in order to bill the community integration rate
DAY SERV	Serv Del Doc	5.021	Providers of Employment Services only (vocational habilitation, group employment support, career planning and individual employment support): Did the provider submit a written progress report at least every twelve months that shows that employment services are consistent with the individual's competitive integrated employment outcome and that the individual has either obtained competitive integrated employment or is advancing on the path to competitive integrated employment? 5123-2-05	No formal template/form is required. The written progress report will include the following: • Anticipated timeframe and progress towards reaching desired outcome, • Individual's annual wage earnings

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SECTION 6	SUB SECTION	Question #	MUI/UI Question	Guidance/Additional Information
CORE	MUI	6.001	Is there evidence that the Incident Report contains the required elements? 5123-17-02	Sample Incident Report form available on the DODD website here Required elements are: • Individual's name, • Individual's address, • Date and time 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	Upon identification of an unusual incident, is there evidence that the provider took the following immediate actions as appropriate: • Report was made to the designated person, • The UI report was made within 24 hours of the incident, and • Notifications made to other providers of services as necessary to ensure continuity of care 5123-17-02	Immediate actions may include: • Checking for injuries • Providing first aid • Securing medications • Contacting the pharmacist, physician Did the residential provider notify the day program provider of an incident they need to be aware of and vice versa?

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				Designated Person - Person designated by the agency provider who can initiate proper action
CORE	MUI	6.003	Is there evidence that the unusual incident was investigated by the provider? 5123-17-02	UI INVESTIGATIONS should include what happened including immediate actions, identify cause and contributing factors and what was done (prevention plan). • Examples of immediate actions are assessing for injuries, First Aid, separating individuals, calling 911, notifying Law Enforcement, removing PPI from schedule. • The cause and contributing factors should identify what caused the incident or why it happened. • The prevention plan should address the cause of the incident and should be specific.
CORE	MUI	6.004	Did the provider maintain a log that contains the unusual incidents defined in rule with the following elements: • Name of individual, • Description of incident, • Identification of injuries, • Time/date of incident, • Location of incident, • Cause and contributing factors, and • Preventative measures. 5123-17-02	Sample UI log is available on DODD website here The log should contain: • Dental injury that does not require treatment by a dentist, • 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 acts 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

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SECTION 6	SUB SECTION	Question #	MUI/UI Question	Guidance/Additional Information
				An unplanned hospital admission or hospital stay that is not a major unusual incident as defined in (C)(16)(c)(ii) of rule.
CORE	MUI	6.005	Is there evidence that the provider reviewed all unusual incidents as necessary but no less than monthly to ensure appropriate preventative measures have been implemented and trends and patterns identified and addressed? 5123-17-02	Review of UIs is required at least monthly, even when no incidents occur. Evidence can be through signature on UI Log, administrative meeting, etc. When no unusual incidents occur during a calendar month, the provider will make a notation to that effect on its log of unusual incidents.
CORE	MUI	6.006	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? 5123-17-02	Ensure that the incident meets the definition of a UI or MUI in the rule before issuing citation.
CORE	MUI	6.007	Is there evidence that all DD employees cooperated with the investigation of MUIs, including timely submission of requested information? Did the provider make the unusual incident report, documentation of patterns and trends, and corrective actions available to the CB and Department upon request? 5123-17-02	- What action was taken by the provider if their DD employee did not cooperate with the MUI investigation? - Check MUI OhioITMS, fax cover sheet, or provider documents.
CORE	MUI	6.008	Upon identification of a MUI, is there evidence that the provider took the following immediate actions as appropriate: - Immediate and on-going medical attention as appropriate, - Removal of an employee from direct contact with any individual when the employee is alleged to have been involved in physical or sexual abuse until such time as the provider has reasonably determined that such removal is no longer necessary, and	- Providers are responsible for making sure that immediate actions are appropriate and for adequately protecting any “at risk” individuals. - Providers may choose to remove an employee from direct contact for allegations other than those listed in rule. - The provider is responsible for notifying the CB when the employee returns to work.

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SECTION 6	SUB SECTION	Question #	MUI/UI Question	Guidance/Additional Information
			Other reasonable measures to protect the health and welfare of at-risk individuals? 5123-17-02	
CORE	MUI	6.009	Is there evidence that the provider notified the County Board about the below listed incidents within 4 hours of discovery? - Unexplained or unanticipated death - Abuse (Emotional, Physical, and Sexual), - Exploitation, - Misappropriation, - Neglect, - Media Inquiry, - Peer to peer acts, and - Prohibited sexual relations. 5123-17-02	Notifications should be by means that the CB has identified. Notifications should be documented with time and person notified.
CORE	MUI	6.010	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 becomes aware of a potential or determined major unusual incident? 5123-17-02	Notifications should be by means that the CB has identified. Evidence may be in the form of a fax receipt, email message or receipt, or notation on the incident report.
CORE	MUI	6.011	Is there evidence that the provider has submitted the completed Appendix Review Form to the County Board contact or designee by three p.m. on the first working day following the day the provider becomes aware of a potential or determined major unusual incident for law enforcement, unanticipated hospitalizations, and unapproved behavioral support. 5123-17-02	Forms located here Appendix C-Law Enforcement Appendix D-Unanticipated Hospitalization Appendix E-Unapproved Behavioral Supports

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SECTION 6	SUB SECTION	Question #	MUI/UI Question	Guidance/Additional Information
CORE	MUI	6.012	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: • Guardian or another person whom the individual has identified, • SSA, • Other providers of services as necessary to ensure continuity of care and support for the individual, DSPs, • Children Services for allegations of abuse and neglect, • Law Enforcement (for allegations of a crime), AND • Agency Director of Operations or Licensed Facility Administrator within 1 working day following becoming aware of MUI involving misappropriation, neglect, physical or sexual abuse. 5123-17-02	All notifications or efforts to notify those listed above must be documented. • 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. Did the residential provider notify the day program provider of an MUI they need to be aware of and vice versa?
CORE	MUI	6.013	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 the deadline? 5123-17-02	Sample Annual Analysis and Analysis Tips are available on the DODD website. Annual MUI Report Template can be found here. The annual analysis is required to be completed by January 31, and submitted to the County Board by February 28 Report must include: • Date of review,

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			MUI/UI	
SECTION 6	SUB SECTION	Question #	Question	Guidance/Additional Information
				• Name of person completing review, • Time period of review, • 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.

			PERSONNEL AND POLICY	
SECTION 7	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Personnel	7.001	Is the Director of Operations (DOO) listed in Provider Service Management and approved by DODD Certification, and is the DOO directly and actively involved in the day-to-day operations of the agency? 5123-2-08	N/A for Licensed Residential Facilities For all agency DOOs: • Obtain the names of the DOO and designee listed in PSM before going onsite. • Change of DOO must be submitted and approved via PSM. • DOO must report in writing to DODD within 14 days when they designate another person to be responsible for administration of the agency. • DOOs do not have to be in Ohio if they are directing the day-to-day operations via technology, etc. Report issues to DODD Group Manager

COMPLIANCE REVIEW TOOL: AGENCY PROVIDER

PERSONNEL AND POLICY				
SECTION 7	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Personnel	7.002	Is the provider's current physical address, telephone number, and electronic mail address identified in PSM? 5123-2-08	Due to difficulties with updating primary contact information, providers should have the current information identified in PSM on at least one of the contact options Resources for updating demographics can be found here and here
CORE	Personnel	7.003	Did the provider complete the following <u>initial</u> database checks for applicants for direct service positions prior to employment: • 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, and • The Ohio Dept of Medicaid Exclusion and Suspension List? 5123-2-02	Prior to employment means on or before the date the employee is in paid status. Required checks with clickable links • Ohio Dept of Medicaid Exclusion and 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. • Persons on the other 5 databases cannot be employed to provide direct services. • Providers using ARCS must manually complete the SAM check separate from ARCS • Database checks must be run ONLY using Name/Date of Birth/SSN information. If the date does not print on registry results, providers should make a notation of the date the check was completed. Mark as non-compliant if initial checks were: • not completed at all, or • completed late.
CORE	Personnel	7.004	Did the provider complete the following database checks no less than once every five years for employees in direct services positions: • Inspector General's Exclusion List, • Sex Offender and Child Victim Offenders Database,	• If employees in direct services positions are verified as having been maintained as permanent employees in ARCS, the 5-year recheck is not required except for SAM, which must be run manually by the provider

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SECTION 7	SUB SECTION	Question #	PERSONNEL AND POLICY	
			Question	Guidance/Additional Information
			• U.S. General Services Administration System for Award Management Database, • Database of Incarcerated and Supervised Offenders, • Abuser Registry, • Nurse Aide Registry, and • The Ohio Dept of Medicaid Exclusion and Suspension List? 5123-2-02	• 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. Mark as non-compliant if five-year checks were: • not completed at all or • completed late
CORE	Personnel	7.005	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? 5123-2-02	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 exempted 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 • If the applicant has not been an Ohio resident for the 5 years before hire, the agency shall request that the BCII additionally obtain information from the FBI as part of the criminal records check. • Reports from BCII/FBI are valid for one year. • Refer to BCII Reason Code document for list of acceptable reason codes. Mark as non-compliant if initial checks were: • not completed at all, • completed using the incorrect reason code/title, or • completed late.
CORE	Personnel	7.006	Did the provider request the BCII/FBI check no less than once every five years for employees in direct services positions who:	• Those with an “In lieu of” conviction prior to 7/1/19 are exempted and able to work.

COMPLIANCE REVIEW TOOL: AGENCY PROVIDER

SECTION 7	SUB SECTION	Question #	PERSONNEL AND POLICY	
			Question	Guidance/Additional Information
			• Are not enrolled in Rapback or • Require FBI check? 5123-2-02	• Those with an active “in lieu of” conviction for a disqualifying offense hired after 7/1/19 cannot provide direct services. • FBI check required if employee has not been an Ohio resident for the 5 previous years. • 5-year checks must be run 5 years after the date of initial check, not 5 calendar years. • Rapback does NOT include the FBI check. • Refer to BCII Reason Code document for a list of acceptable reason codes. • 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. Mark as non-compliant if the 5-year checks were: • not completed at all • completed using the incorrect reason code/title • completed late
CORE	Personnel	7.007	Did the provider enroll all employees in direct service positions in Rapback and were they enrolled in a timely manner? 5123-2-02	The only acceptable reason for an employee in a direct services position to not be enrolled in Rapback is if readable fingerprints cannot be obtained and the background check is run using SSN Mark as non-compliant if employee • Is not enrolled in Rapback or • Was enrolled late Employees in direct services positions are to be enrolled within 14 calendar days of receiving the criminal records check results or within 14 calendar days of hire, whichever is later.

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SECTION 7	SUB SECTION	Question #	PERSONNEL AND POLICY	Guidance/Additional Information
			Question	
				Employees in direct services positions hired prior to October 1, 2016, should have been enrolled in Rapback at the point of their five-year BCII.
CORE	Personnel	7.008	Did the provider ensure that employees in direct services positions were not conditionally employed for more than 60 days without the results of the BCII/FBI records checks? 5123-2-02	Employees in direct services positions cannot provide direct services after 60 days without results of BCI/FBI checks. Provider is only able to preliminarily employ a person for up to 60 days pending the results of the BCII/FBI check(s) if they have obtained the attestation/criminal notification statement, completed the required database checks, and requested the BCII/FBI check(s) prior to employment
CORE	Personnel	7.009	Did the provider ensure that direct services are only provided by persons who do not have a disqualifying offense and who are not included on any of the databases identified in rule? 5123-2-02	- Those with an “In lieu of” conviction prior to 7/1/19 are exempted 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 person is fully discharged from imprisonment, probation, and parole. - Multiple disqualifying convictions have longer exclusionary periods. Refer to 5123-2-02 E (2) for info. - One of the only ways a person can be employed prior to the completion of their disqualifying period is if they do not have a Tier One conviction and they have been granted a Certificate of Qualification for Employment (CQE) Information can be found here. - Issue a citation only if a DSP with a disqualifying offense, or on a registry, is currently employed and working with individuals.
CORE	Personnel	7.010	Did the provider ensure employees in direct services positions, prior to employment, sign a statement: Attesting that the DSP will notify the provider within 14 days if charged with, is convicted of, pleads guilty to, or	Sample attestation form is available on DODD’s website found here

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SECTION 7	SUB SECTION	Question #	PERSONNEL AND POLICY	Guidance/Additional Information
			Question	
			is found eligible for intervention in lieu of conviction for a disqualifying offense, AND Attesting that the DSP 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	Attestation statements are not required to include “in lieu of” convictions for those hired prior to 7/1/19.
CORE	Personnel	7.011	If providing waiver nursing, waiver nursing delegation, and/or delegating nursing tasks, does the LPN/RN have a current nursing license AND If an LPN, are they being directed by an RN? 5123-9-37; 5123-9-39; 5123-6-01; 5123-6-03; OAC 4723-13-05	An RN may delegate a nursing task to an LPN. An LPN can delegate to an unlicensed person only at the direction of an RN and when certain conditions are met. An expired nursing license or an LPN completing nursing tasks without being directed by an RN is an immediate citation and reviewer should contact DODD Group Manager
CORE	Personnel	7.012	Does the DSP have: - Current CPR certification AND - Current first aid certification? 5123-2-08 5123-3-01	Non-licensed waiver DSPs: required prior to working with individuals. For licensed facilities: required within 60 days of hire. During those 60 days, DSPs without certification cannot work alone. - N/A for Money Management providers, SELF Support Brokers, and Remote Support providers who are conducting remote support monitoring only. - Check service rules for participant directed services. - Current RN/LPN license is acceptable for first aid requirement (not CPR). - Current EMT certification is acceptable for first aid and CPR. - CPR/First Aid training must include an in-person skills demonstration. Virtual skills demonstrations do not meet this requirement.

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PERSONNEL AND POLICY				
SECTION 7	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Personnel	7.013	If the DSP is responsible for the following, do they have the appropriate certification for: • Oral or topical medications (Category 1), • Health related activities (Category 1), • G-tube/J-tube (Category 2), and • Insulin injections (Category 3)? AND Do they have a high school diploma/GED? 5123-6-03; 5123-6-06	• Certification must be verified using MAIS. • Category 2 and Category 3 certifications require a valid Category 1 certification to be valid • Family members who reside with the individual are permitted to administer medication without medication administration certification • Insulin and injectable treatments can only be administered for metabolic glycemic disorders such as diabetes, hypo/hyperglycemia, etc. • Individual Specific Training as it pertains to medication administration and health related activities is required prior to providing these supports to each individual. This is not the same as the ISP training. • If the DSP does not have a high school diploma or GED, this is an immediate citation, and reviewers must contact the DODD Group manager for guidance • Evidence of college enrollment/credit is sufficient to evidence HSD/GED
CORE	Personnel	7.014	If required by a person the DSP supports, does the DSP have training, including individual specific training, to perform the tasks/use the following devices: • Vagus nerve stimulator, • Prescribed epinephrine either by autoinjector or intranasally • Administration of topical over-the counter medication for the purpose of cleaning, protecting, or comforting the skin, hair, nails, teeth, or oral surfaces? 5123-6-05; ORC 5123-42	• All DSPs who work with a person who requires one of these items must have the applicable training • These tasks can be performed by trained DSPs who do not have medication administration certification and DSPs who do not have a HSD/GED. • DSPs with Cat 1 certification still need training specific to these topics • DSPs must complete training prior to using the device or administering epinephrine or the topical OTC medication and annually thereafter. • Training must be provided by a licensed nurse, or DSPs with health-related activities and prescribed medication administration certification. • Training must be the department-approved curriculum.

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SECTION 7	SUB SECTION	Question #	PERSONNEL AND POLICY	Guidance/Additional Information
			Question	
				• Training must include individual specific information as well as a return demonstration of skills. • If the provider can demonstrate that epi-pen training is included with DSPs' First Aid training, they do not need to take the stand-alone training, and the epi-pen training is valid for as long as the FA certification is valid (i.e. two years instead of required annually)
Core	Personnel	7.015	For agency employees who are responsible for transporting individuals, did the provider: • Ensure the agency employee has a valid driver's license, • Ensure that a driver's abstract was completed prior to transporting individuals, • Ensure that only agency employees with 5 or fewer points on their driver's abstract transport individuals, and • Obtain a new driver's abstract every 3 years to ensure the agency employee continues to have 5 or fewer points on their license? 5123-2-02; 5123-9-18; 5123-9-24, ORC 4510.12	• An initial abstract is required for all DSPs who transport individuals and any DSP with six points or more on their driver's license is ineligible to transport individuals, even if a transportation service is not billed. • An unofficial abstract from the BMV is acceptable. • The abstract must be obtained no earlier than 14 calendar days prior to the date of initial employment as a driver. • The abstract should come from the state where the employee's license was issued. • Providers billing for transportation are required to obtain an abstract within 3 years of the completion date of the previous abstract, not 3 calendar years. • DSPs are ineligible to provide transportation if they have a suspended license, even if they have permission to drive for work purposes.
TRANSP	Personnel	7.016	Are all vehicles used to transport individuals covered by a current insurance policy? 5123-9-18; 5123-9-24, ORC 4509.101	Ohio law requires liability insurance on all vehicles.

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PERSONNEL AND POLICY				
SECTION 7	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Personnel	7.017	Prior to providing direct services, did the provider ensure each DSP successfully completed the following: 1. Training <u>provided or arranged by the agency/operator</u> in: (a) Mission, vision, values, and organizational structure of the agency or residential facility (b) Agency policies, procedures, and work rules (c) Overview of services provided by the agency/facility (d) Service documentation that supports billing (e) Overview of fire safety and emergency procedures (licensed facility only) 2. Training <u>provided by DODD or using DODD's curriculum</u> in: (a) Empathy-based care (b) Role of a DSP including "National Alliance for Direct Support Professionals" code of ethics (c) Rights of individuals (d) Implementation of ISPs and service outcomes (e) Recognizing and reporting MUIs and UIs (f) Universal precautions AND 3. Training specific to the ISP of each individual the DSP will support? 5123-2-08; 5123-3-01	These topics are required for DSPs hired after 1/1/22 in non-licensed settings and 3/1/23 in licensed facilities See 5123-2-08 Appendix B for services excluded from initial training requirements. Look for ISP training: • When there is a new DSP, • When someone works with new individuals, and • When there is a significant change in support needs. ISP training should include what is important to the individual and what is important for the individual (examples include but are not limited to: health and safety; community integration; employment goals; behavioral support strategy; management of the individual's funds; or medication administration/delegated nursing needs)
CORE	Personnel	7.018	Did the provider ensure that within thirty days of hire, each DSP completed training provided or arranged by the provider in: • Person-centered planning and provision of services	Required for DSPs hired after 1/1/22 in non-licensed settings and 3/1/23 in licensed facilities. The final item is only required in licensed settings and until the DSP completes this piece of the training, they can only

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SECTION 7	SUB SECTION	Question #	PERSONNEL AND POLICY	Guidance/Additional Information
			Question	
			- Facilitating community participation and integration for individuals served - Provisions of rule 5123-17-02 of the Administrative Code relevant to the DSP's duties including a review of health and welfare alerts issued by the department - Empathy-based care - For licensed facilities only and specific to each licensed facility in which the DSP works, training in fire safety, operation of fire safety equipment and warning systems, and the licensed facility's fire safety and emergency response plan 5123-2-08; 5123-3-01	work when there is another DSP who has completed the training present. This is a second required training on empathy-based care arranged and/or provided by the agency.
DAY SERV	Personnel	7.019	For day waiver services, did the provider ensure that within thirty calendar days after hire, all DSPs received training in: - Supports that comprise the service (i.e., adult day support, vocational habilitation, group employment support etc.), including the intent of the service - Signs and symptoms of illness or injury and procedure for response - Site/building specific emergency response plans - Program specific transportation safety AND During the first year of employment did the provider ensure that all DSPs with less than a year experience were provided with: - A mentor, and - Eight hours of training specific to the day waiver service.	These requirements for a mentor and first year trainings are: - In addition to the required trainings for all providers of waiver services and - Are separate from training required by the certification rule. Please see rule reference for specific waiver service requirements. The mentor and first year training (specific to day waiver service) are not required for DSPs who at the time of hire, had one year of experience providing the specific day waiver service. <u>Adult Day Support</u>- development of skills that lead to 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

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SECTION 7	SUB SECTION	Question #	PERSONNEL AND POLICY	
			Question	Guidance/Additional Information
			5123-9-13; 5123-9-14; 5123-9-15; 5123-9-16; 5123-9-17	<u>Vocational Habilitation</u>- advancement on the path to community employment and achievement of competitive integrated employment; intended to be time limited. <u>Individual Employment Support</u>- supports competitive integrated employment. <u>Career Planning</u>- achievement of competitive integrated employment and/or career advancement in competitive integrated employment <u>Competitive integrated employment</u>- • 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	Personnel	7.020	Did each DSP annually complete: • Two hours of training provided by the Department or by an entity using department-provided curriculum • Six hours of training provided or arranged by the agency provider 5123-2-08; 5123-3-01	Applies to annual training obtained in non-licensed settings starting in 2022 and in licensed settings starting in 2023. Provider needs to be able to demonstrate that DODD-provided curriculum was used if training is not directly from DODD Six Hour training must include: • MUI and UI requirements • Review of health and welfare alerts issued by the department since previous year's training • Additional training selected by the provider on topics that are relevant to services provided and people served by the agency provider in the areas of components of quality care, positive behavior support, or health and safety • For licensed facilities only and specific to each licensed facility in which the DSP works, training in fire safety, operation of fire safety equipment and warning systems,

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SECTION 7	SUB SECTION	Question #	PERSONNEL AND POLICY Question	Guidance/Additional Information
				and the licensed facility's fire safety and emergency response plan
CORE	Personnel	7.021	Did the Director of Operations/ Administrator annually complete: - Two hours of department-provided training AND - Four hours of training selected by the DOO/Administrator 5123-2-08; 5123-3-01	Applies to annual training obtained by the DOO starting in 2022 and by the Administrator starting in 2023. Training selected by the DOO/Administrator must be in topics relevant to services provided and individuals served by the agency provider/licensed facility and/or management of the agency provider/licensed facility
CORE	Personnel	7.022	Did DSPs receive annual notification explaining conduct for which a DD employee may be included on the Abuser Registry? 5123-2-08; 5123-3-01	The Annual Abuser Registry Notice can be found on DODD's website here. - Signature from the DSP is not required. Agency must be able to demonstrate they have a procedure for providing this written notice to DSPs on an annual basis - Required once during each calendar year, not every 365 days.
CORE	Personnel	7.023	If the provider is billing the competency rate modification, did the provider maintain documentation that verifies the DSP met the following criteria: - At least two years full-time or equivalent part-time paid work providing direct services to individuals, AND - Holds a "Professional Advancement Through Training and Education in Human Services" or "DSPaths" certificate of initial or advanced proficiency, OR - Within the past 5 years has successfully completed at least 60 hours of competency-based training? 5123-9-30	Competency based training means: - Accredited by the "National Alliance for Direct Support Professionals" or is approved by the Department for purposes of the competency rate modification - Training routinely required by DODD, such as rights, MUI/UI, etc., DO NOT count toward the 60-hr. training requirement. - Once the 60-hour training requirement has been met, it does not have to be repeated. - Agencies can verify the training 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.

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PERSONNEL AND POLICY				
SECTION 7	SUB SECTION	Question #	Question	Guidance/Additional Information
DAY SERV	Personnel	7.024	Did the provider of Adult Day Support or Vocational Habilitation notify the department within 14 calendar days when there was a change in the physical address (i.e., adding a new location or closing an existing location) of any facility where Adult Day or Vocational Habilitation services take place? 5123-9-14; 5123-9-17	Addresses where virtual services are provided do not need entered in PSM Resources for updated demographics can be found here and here.

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LIC FAC	Personnel	7.025	Is the Licensed Residential Facility's Administrator listed on the facility's record in Provider Service Management and is the Administrator directly and actively involved in the day-to-day operations and oversight of the facility? 5123-3-01	- Operators of Licensed Residential Facilities must employ an administrator. - An Administrator may be over multiple facilities and/or also be the DOO of a certified agency, but is identified separately on each licensed residential facility's record with DODD - The approval of facility Administrators is similar to but a separate approval process and identified in a different place than a certified agency provider's Director of Operations - Facility Administrator is listed under the 'Facility Contacts' tab of the facility listing in PSM. - Check on the facility's record in PSM for who is identified as the Administrator. If the facility identifies a different person as their Administrator than what is in PSM, contact the DODD Group Manager for direction. - Verify through interview the frequency of administrator presence in the facility. - Verify through interview and documentation the process by which the administrator is overseeing provision of services.
CORE	Personnel	7.026	If the agency utilizes direct support assistants, do they: Ensure the DSP Assistants do not: - Provide intimate personal care - Operate a vehicle to transport an individual - Provide any care or perform any task for an individual expressly forbidden by the individual - Implement any restrictive measures - Provide services to an individual who does not consent to having services provided by a DSP Assistant AND	"Direct support assistant" means a person who is sixteen or seventeen years of age employed by an agency provider to provide limited duties while in the company of a direct support professional DSP Assistants have the same background checks and training requirements as DSPs

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			• Ensure DSP Assistants always work in the company of an employee who is: ○ Physically present at the location where the DSP Assistant is providing services ○ Meets all background check and training requirements for DSPs	
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SECTION 8	SUB SECTION	Question #	TRANSPORTATION Question	Guidance/Additional Information
CORE	Trans	8.001	If the provider is responsible for providing any type of transportation, do vehicles used to transport individuals appear safe? 5123-2-08; 5123-9-24; 5123-9-18	Specific examples include but are not limited to cracks in windshield that impair line of sight, bald tires, ramps and lifts that are needed but not functioning, etc.
CORE	Trans	8.002	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: • 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? 5123-9-18	• 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.
CORE	Trans	8.003	If the provider is responsible for providing routine transportation in a modified vehicle, were daily inspections completed? 5123-9-24	This question references transportation provided in line with 5123-9-24 and is not applicable to non-medical transportation. Daily inspection requirements apply to routine transportation when a modified vehicle is used: • Permanent fasteners, • Safety harnesses or belts, and • Access ramp or hydraulic lift

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PHYSICAL ENVIRONMENT				
SECTION 9	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Phys Env	9.001**^	If the individual lives in a setting that is provider controlled, does the individual have a lease that: - Includes a statement that the residence is provider-controlled - Explains the relationship between the landlord and provider of waiver services - Includes a statement that the individual may choose any provider to deliver waiver services? 5123-9-02; 42 CFR 441.301(c)(4)(vi)	- Except for the acceptable provider-owned settings listed in the next question below, the entity acting as the provider cannot also provide the residence. - This includes the practice of a provider signing a lease with the landlord and then subleasing to the individual(s). Provider controlled setting means a residence where the landlord is: - 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, or an immediate family member of the individual's agency provider; or - An owner or a management employee of the individual's agency provider The lease cannot impose rights restrictions on roommate selection, privacy, security, decorating, visitors, control of schedule and activities, and access to food unless indicated in the ISP. Provider Owned-Controlled Decision Tree
CORE	Phys Env	9.002^	If the individual lives in a licensed facility or provider-owned setting, does the individual have a residency agreement that includes: An explanation of the relationship between the landlord and the provider,	Residency agreement is not required if the Shared Living provider is related to the individual Provider owned setting means: A setting where shared living is provided;

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			A statement regarding whether or not the individual may choose a provider other than the licensed facility or shared living provider to deliver waiver services? 5123-9-02; 42 CFR 441.301(c)(4)(vi)	- A setting owned by an independent provider who is living in the setting and providing services to an individual who is living in the setting; or - A licensed facility Except for the acceptable provider owned settings listed above, the entity acting as the provider cannot also provide the residence. - This includes the practice of a provider signing a lease with the landlord and then subleasing to the individual(s). The residency agreement cannot impose rights restrictions on roommate selection, privacy, security, decorating, visitors, control of schedule and activities, and access to food unless indicated in the ISP. Provider Owned-Controlled Decision Tree
CORE	Phys Env	9.003^	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? 5123-9-02	Contact and discuss with a DODD Group Manager. Excludes Individual Employment Support for maintaining Self-Employment.
DAY	Phys Env	9.004^	Are in-person day waiver services provided in a non-residential setting? 5123-9-13; 5123-9-14; 5123-9-15; 5123-9-16; 5123-9-17; 5123-9-19	Contact and discuss with a DODD Group Manager. Issue a citation if day waiver services are provided in a residential setting that is actively being used as a residence, unless authorized as virtual services. Excludes Individual Employment Support for maintaining Self-Employment.
CORE	Phys Env	9.005^	In all residential waiver settings, does the individual have the freedom to: - Select roommates, - Privacy and security including locks and keys to living unit,	All should be available to the individual, unless otherwise specified in the ISP. Homes where waiver services are delivered: Choice

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			- Decorate their living unit, - Have visitors of their choosing at any time, - Control their schedule and activities, and - Access food at any time? 5123-9-02; 42 CFR 441.301(4)(iv)-(vi)(A-B)	- The person can make choices without unnecessary influence from others. The person can change their mind about services in and outside the house, who visit and when, and who they want to live with. Control - The person has control (when possible) over useful things/valuable supplies (time, money, food, belongings). Independence and Access - The person receives services in their community, or in a community almost the same as people not receiving HCBS services. Provider-owned or controlled residential setting: - 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
CORE	Phys Env	9.006	Did the provider ensure that residential services are provided in an unlicensed residence with no more than four unrelated individuals with developmental disabilities? 5126.01	Contact the DODD Group Manager prior to issuing this citation N/A for licensed facilities
LIC FAC	Phys Env	9.007	Does the licensed facility have: - An emergency response and fire safety plan, and - Documentation that the individual(s) participated in training on the emergency response and fire safety plan within thirty calendar days of residency and at least once during every twelve-month period thereafter. AND - Has the provider completed emergency drills (tornado and fire) and completed a written record of each drill?	The plan should, at a minimum, address the actions to be taken in the event of a fire, tornado, or other natural disaster and must be approved by the state/local authority Fire drills: - Licensed Facility- 3 within 12 months (at least 1 in am, 1 in pm and 1 sleep drill) Tornado drills: - Licensed Facility- 1 within 12 months

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			5123-3-02	Plan of improvement identified in drill analysis/ISP should address refusals to participate in drills and special assistance needs when applicable
LIC FAC	Phys Env	9.008	Does the licensed facility have: • Appropriate and comfortable equipment, furniture and appliances that are in good condition to meet the needs and preferences of the individual(s), • Entrances, hallways, corridors, and ramps that are clear and unobstructed, and • Interior, exterior and grounds of the building that are maintained in good repair and in a clean and sanitary manner? 5123-3-02	• Furniture and equipment should be safe. • Equipment also includes working smoke detectors and fire extinguishers on each floor, and at least one carbon monoxide detector for homes with gas heat, dryers, or stoves. • Good repair and sanitary means the building is free from danger or hazard to the health of the person [s] occupying it as well as free from strong odors, pests, and mold. • Opened doors and windows must be screened • The home should have the necessary equipment based on the needs of the individuals served (i.e.: grab bars, ramps, visual fire alarms, etc.).
LIC FAC	Phys Env	9.009	Did the licensed facility annually obtain a fire inspection and, if applicable, a water and sewer inspection? 5123-3-02	Water and sewer inspections required if the licensed facility is not on city water/sewer Sample inspection templates can be found here: • Fire Inspection Form • Water Inspection Form • Septic Inspection Form

REMOTE SUPPORT				
SECTION 10	SUB SECTION	Question #	Question	Guidance/Additional Information
REMOTE SUPPORT	Remote Support	10.001	Did remote support occur: • In real time by awake staff at a monitoring base, and • By staff with no other duties during the time they were providing the remote monitoring service? 5123-9-35	It is the responsibility of the entity billing for the remote support service to provide this information during a compliance review, regardless of whether they are the vendor or paid backup. Supporting documentation can be provided by the paid backup, but ultimately, the billing entity is responsible for evidencing any information required during a compliance review.

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REMOTE SUPPORT	Remote Support	10.002	Did the remote support vendor provide the following initial and ongoing training: • Training to its staff on the use of the monitoring base system, and • Training to the individual on the use of the remote support system as specified in the service plan? 5123-9-35	It is the responsibility of the entity billing for the remote support service to provide this information during a compliance review regardless of whether they are the vendor or paid backup. Supporting documentation can be provided by the paid backup, but ultimately, the billing entity is responsible for evidencing any information required during a compliance review. • Remote support <u>vendor</u> means the agency supplying the monitoring base, the remote support staff who monitor from the monitoring base, and the equipment used in the delivery of remote support. • Remote support <u>provider</u> means the agency identified in the ISP as the provider of remote support. This can be either a remote support vendor with unpaid backup support or a HPC provider who acts as a remote support vendor or contracts with a vendor to provide paid backup support.
REMOTE SUPPORT	Remote Support	10.003	Does the remote support vendor have an effective system for notifying emergency personnel? 5123-9-35	It is the responsibility of the entity billing for the remote support service to provide this information during a compliance review, regardless of whether they are the vendor or paid backup. Supporting documentation can be provided by the paid backup, but ultimately, the billing entity is responsible for evidencing any information required during a compliance review. This includes police, fire, emergency medical services and psychiatric crisis response entities.
REMOTE SUPPORT	Remote Support	10.004	Do remote support staff have detailed and current written protocols for responding to an individual's needs as specified in the service plan? 5123-9-35	It is the responsibility of the entity billing for the service to provide this information during a compliance review, regardless of whether they are the vendor or paid backup. Supporting documentation can be provided by the paid backup, but ultimately, the billing entity is responsible for evidencing any information required during a compliance review.

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				Talk to the provider about how this is accessible by the remote support staff Includes contact info for the backup support person
REMOTE SUPPORT	Remote Support	10.005	Is assistive technology equipment used for remote support designed so that it may be turned off by the remote support vendor when requested by the person designated in the service plan? 5123-9-12	

ASSISTIVE TECHNOLOGY				
SECTION 11	SUB SECTION	Question #	Question	Guidance/Additional Information
ASSISTIVE TECH	Assistive Tech	11.001	Did the assistive technology equipment provider: • Deliver the equipment to the individual, • Assemble and set up the equipment 5123-9-12	
ASSISTIVE TECH	Assistive Tech	11.002	If the provider has billed for assistive technology support, did they provide training on the use of the assistive technology equipment? 5123-9-12	The assistive technology support provider is required to provide training to the individual, individual's family member, guardian, staff, or other persons who provide natural supports or paid services, employ the individual, or who are otherwise substantially involved in activities being supported by the assistive technology equipment THIS DOES NOT INCLUDE REMOTE SUPPORTS EQUIPMENT The provider who provides the assistive technology is responsible for providing the training.
ASSISTIVE TECH	Assistive Tech	11.003	If the provider has billed for assistive technology equipment, did they maintain a list of installed assistive technology equipment?	The equipment list is required to include the date each item of assistive technology equipment is installed, modified, repaired, or removed and the reasons therefore, and associated adjustments in cost

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			5123-9-12	
ASSISTIVE TECH	Assistive Tech	11.004	If the provider has billed for assistive technology consultation, did they maintain documentation showing • a description of the functional evaluation process and technologies considered to address the individual's needs and support desired outcomes? • A written recommendation that identifies the specific items and estimated cost of assistive technology equipment necessary to advance achievement of outcomes defined in the individual service plan. • The date the written recommendation was completed and submitted to the individual's service and support administrator. 5123-9-12	