

COMPLIANCE REVIEW TOOL: INDEPENDENT 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
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 individual service plan 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.

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SECTION 1	SUB SECTION	Question #	Question	Guidance/Additional Information
				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/legal responsible person. Written approval can include DocuSign or e-signatures.

			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)

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SECTION 2	SUB SECTION	Question #	MEDICATION ADMINISTRATION Question	Guidance/Additional Information
CORE	Med Admin	2.002	If nursing delegation is required, is there: • A statement of delegation, • Evidence the nurse provided individual-specific training to staff 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 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 Independent Provider how they 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 independent provider ensure that all administered 'as needed' (PRN) medication orders were written in a manner that precludes independent judgment? 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

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			MEDICATION ADMINISTRATION	
SECTION 2	SUB SECTION	Question #	Question	Guidance/Additional Information
				If the PRN order lacks the specificity to meet the requirement in rule and has not been administered, can give TA but advise 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 independent provider implementing restrictive measures that are not in the plan and/or approved by the Human Rights Committee? 5123-2-06	Cite if the independent provider is implementing restrictive measures that have not been recognized as being restrictive. 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 situation and properly reported as an Unapproved Behavior Support.

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SECTION 3	SUB SECTION	Question #	BEHAVIOR SUPPORT	Guidance/Additional Information
			Question	
CORE	Behavior Support	3.003	If the service plan 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
CORE	Behavior Support	3.004	If the service plan includes a restrictive measure, are behavioral supports employed with - Sufficient safeguards - Sufficient supervision to ensure health, welfare, and rights? 5123-2-06; 5123:2-3-04	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 service plan 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

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SECTION 3	SUB SECTION	Question #	BEHAVIOR SUPPORT Question	Guidance/Additional Information
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 independent 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 independent 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?	The independent provider is required to share the record of the restrictive measure implementation with the team for the purpose of the 90-day review

SECTION 4	SUB SECTION	Question #	PERSONAL FUNDS Question	Guidance/Additional Information
CORE	Personal Funds	4.001	If responsible for assisting with personal funds while providing a paid waiver service, did the independent 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.

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PERSONAL FUNDS				
SECTION 4	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Personal Funds	4.002	If responsible for assisting with personal funds while providing a paid waiver service, did the independent provider ensure that account records include: • A ledger with all required elements, • Evidence of reconciliation at the frequency required signed and dated by the person conducting the reconciliation? 5123-2-07	Bank accounts should be reconciled using the most recent bank statement. Food stamp, gift card, and other cash accounts maintained by the independent provider should be reconciled every 30 days. Food stamp ledgers should be reconciled to the EBT statement. Reconciliations are still required, but IPs may reconcile the accounts themselves 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. 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 independent 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

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			PERSONAL FUNDS	
SECTION 4	SUB SECTION	Question #	Question	Guidance/Additional Information
				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

			SERVICE DELIVERY and DOCUMENTATION	<u>Service Delivery Documentation Crosswalk</u>
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; 5123-9-39; 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.

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SECTION 5	SUB SECTION	Question #	SERVICE DELIVERY and DOCUMENTATION	Service Delivery Documentation Crosswalk
			Question	Guidance/Additional Information
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. - Units are not required for services billed using a daily rate, except adult day services. - 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. - For routine transportation and per mile NMT , units are the number of miles in each distinct commute, as indicated by beginning and ending odometer numbers or via tracking or mapping by GPS.
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	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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			SERVICE DELIVERY and DOCUMENTATION	Service Delivery Documentation Crosswalk
SECTION 5	SUB SECTION	Question #	Question	Guidance/Additional Information
Core	Serv Del Doc	5.006	Does the waiver service delivery documentation for non-medical transportation and routine transportation include the origination and destination points of transportation provided? 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.
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	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.
Core	Serv Del Doc	5.008	Are medications, treatments, health related activities, and dietary orders being followed? 5123-2-09; 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? 5123-2-09; 5123-9-39; 5123-9-37	Implementation of services can be verified using observation, interview, and documentation review.

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			SERVICE DELIVERY and DOCUMENTATION	Service Delivery Documentation Crosswalk
SECTION 5	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Serv Del Doc	5.011^	Are waiver services delivered in a manner which supports each individual's full participation in the greater community, 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 opportunities to access inclusive settings in the community being offered (refusals should be documented) - 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	For providers of waiver nursing, does the individual's plan of care (485) include: All requirements specified in 5123-9-39(B)(17) 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 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	5.013	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:	Required in addition to the service delivery documentation requirements outlined in rule for waiver nursing and waiver nursing delegation

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			SERVICE DELIVERY and DOCUMENTATION	Service Delivery Documentation Crosswalk
SECTION 5	SUB SECTION	Question #	Question	Guidance/Additional Information
			• 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	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	5.014	Is the independent provider 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
DAY SERV	Serv Del Doc	5.015	Providers of Employment Services only (vocational habilitation, group employment support, career planning and individual employment support): Did the independent 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
CORE	Serv Del Doc	5.016	If required, is the independent provider using EVV? 5160-1-40 Will not cite until December 2025	EVV is required for RN Assessment, Waiver Nursing, and 15-minute HPC

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			SERVICE DELIVERY and DOCUMENTATION	Service Delivery Documentation Crosswalk
SECTION 5	SUB SECTION	Question #	Question	Guidance/Additional Information
				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.

			MUI/UI	
SECTION 6	SUB SECTION	Question #	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

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SECTION 6	SUB SECTION	Question #	MUI/UI Question	Guidance/Additional Information
				Name and signature of person completing the incident report.
CORE	MUI	6.002	Is there evidence that the independent provider: - Completed an unusual incident report, - Notified the individual's guardian or another person whom the individual has identified, as applicable, - Notified other providers of services as necessary to ensure continuity of care, and - Forwarded the unusual incident report to the service and support administrator or county board designee on the first working day following the day the unusual incident is discovered? 5123-17-02	Did the residential provider notify the day program provider of an incident they need to be aware of?
CORE	MUI	6.003	Did the independent 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	6.004	Is there evidence that the independent 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	6.005	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	6.006	Is there evidence that the independent provider cooperated with the investigation of MUIs, including timely submission of requested information? Did the independent 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	Check OhioITMS, fax cover sheet or provider documents.
CORE	MUI	6.007	Upon identification of a MUI, is there evidence that the independent provider took the following immediate actions as appropriate: - Immediate and on-going medical attention as appropriate - Other reasonable measures to protect the health and welfare of at-risk individuals. 5123-17-02	Providers are responsible for - Making sure that immediate actions are appropriate and adequately protect any “at risk” individuals and - When an independent provider is alleged to have been involved in physical or sexual, the County Board and the independent provider must coordinate on immediate actions. - What is the backup plan identified in person’s plan?

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SECTION 6	SUB SECTION	Question #	MUI/UI Question	Guidance/Additional Information
CORE	MUI	6.008	Is there evidence that the independent provider notified the County Board about the below listed incidents within 4 hours of discovery? • Unexplained or unanticipated death • Abuse (Physical, Sexual and Emotional), • 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	6.009	Is there evidence that the independent 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 independent provider becomes aware of a potential or determined major unusual incident? 5123-17-02	Evidence may be in the form of a fax receipt, email message or receipt, or notation on the incident report.
CORE	MUI	6.010	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
CORE	MUI	6.011	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:	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

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SECTION 6	SUB SECTION	Question #	MUI/UI Question	Guidance/Additional Information
			- Guardian or other person whom the individual has identified, - SSA, - Other providers of services as necessary to ensure continuity of care and support for the individual, - DSPs or family living at the individual's residence who have responsibility for individual's care, - Children's Services for allegations of abuse and neglect), and - Law Enforcement (for allegations of a crime)? 5123-17-02	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?

SECTION 7	SUB SECTION	Question #	PERSONNEL AND POLICY Question	Guidance/Additional Information
CORE	Personnel	7.001	Does independent provider have: - Current CPR certification AND - Current first aid certification? 5123-2-09	- 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.

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PERSONNEL AND POLICY				
SECTION 7	SUB SECTION	Question #	Question	Guidance/Additional Information
				CPR/First Aid training must include an in-person skills demonstration. Virtual skills demonstrations do not meet this requirement.
Core	Personnel	7.002	Is the independent provider's current physical address, telephone number, and electronic mail address identified in PSM? 5123-2-09	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	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	7.004	If the independent provider 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)? 5123-6-03	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. - Medication administration certification is not required when Family Delegation is identified in the ISP.

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PERSONNEL AND POLICY				
SECTION 7	SUB SECTION	Question #	Question	Guidance/Additional Information
				HSD/GED required for med admin certification
CORE	Personnel	7.005	If required by a person the independent provider supports, does the independent provider 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 providers who work with a person who requires one of these items must have the applicable training - These tasks can be performed by trained independent providers who do not have medication administration certification. - independent providers with Cat 1 certification still need training specific to these topics - Independent providers 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 by DSP with health-related activities and prescribed medication administration certification. - Training must be the department-approved curriculum. - Training must include individual specific information as well as a return demonstration of skills. - These tasks can be family delegated. - If the provide can demonstrate that epi-pen training is included with their 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	7.006	For independent providers who are responsible for transporting individuals, does the independent provider have a valid driver's license? 5123-2-02; 5123-9-18; 5123-9-24	Independent Providers are ineligible to transport individuals if they have a suspended license, even if they have permission to drive for work purposes and even if a transportation service is not billed. Any person with six points or more on their driver's license is ineligible to transport individuals, even if a transportation service is not billed.
TRANSP	Personnel	7.007	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	7.008	After being selected by an individual but prior to providing services, did the independent provider meet with a county board representative to discuss: • Provider's responsibilities • Individual service plan, including what's important to and for the individual • Service documentation • Billing for services 5123-2-09	Effective 9/1/2021
CORE	Personnel	7.009	Beginning in 2022, did the independent provider annually complete: • Two hours of training provided by the Department or by an entity using department-provided curriculum • Six hours of training on topics selected by the independent provider that are relevant to services provided and people served in the areas of components of quality care, positive behavior support, or health and safety? 5123-2-09	Provider needs to be able to demonstrate that DODD-provided curriculum was used if training is not directly from DODD. Required once during each calendar year, not every 365 days.

TRANSPORTATION				
SECTION 8	SUB SECTION	Question #	Question	Guidance/Additional Information
CORE	Trans	8.001	If the independent provider is responsible for providing any type of transportation, do vehicles used to transport individuals appear safe? 5123-2-09; 5123-9-24; 5123-9-18	Specific examples include but are not limited to cracks in windshield that impairs line of sight, bald tires, ramps and lifts that are needed but not functioning, etc.
CORE	Trans	8.002	If the independent 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,

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SECTION 8	SUB SECTION	Question #	TRANSPORTATION Question	Guidance/Additional Information
CORE	Trans	8.003	If the independent 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	• Safety harnesses or belts, and • Access ramp or hydraulic lift • 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.

SECTION 9	SUB SECTION N	Question #	PHYSICAL ENVIRONMENT 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:

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SECTION 9	SUB SECTION N	Question #	PHYSICAL ENVIRONMENT	
			Question	Guidance/Additional Information
				○ 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, • 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)	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; • 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.

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SECTION 9	SUB SECTION N	Question #	PHYSICAL ENVIRONMENT	Guidance/Additional Information
			Question	
				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.
CORE	Phys Env	9.004^	In all residential waiver settings, does the individual have the freedom to: • Select roommates, • Privacy and security including locks and keys to living unit, • 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)	All should be available to the individual, unless otherwise specified in the ISP. Homes where waiver services are delivered: Choice • The person can make choices without unnecessary influence from others. The person can change their mind about services in and outside the house, who visits 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

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SECTION 9	SUB SECTION N	Question #	PHYSICAL ENVIRONMENT	
			Question	Guidance/Additional Information
CORE	Phys Env	9.005	Did the independent 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