

COMPLIANCE REVIEW TOOL: AGENCY PROVIDER

| | | | SERVICE PLANNING | Citations issued in this section are issued to the applicable County Board that authored the applicable ISP |
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| SECTION 1 | SUB SECTION | Question # | Question | Guidance/Additional Information |
| CORE | Service Planning | 1.001* | <p>Using person centered planning, has the plan been developed based on the results of the assessments?</p> <p>5123-4-02</p> | <p>The individual service plan should identify supports that promote the individual's:</p> <ul style="list-style-type: none"> ● Communication (expressing oneself and understanding others); ● Advocacy and engagement (valued roles and making choices, responsibility, and leadership); ● Safety and security (safety and emergency skills; behavioral wellbeing; emotional well-being; supervision considerations); ● Social and spirituality (personal networks, activities, and faith; friends and relationships); ● Daily life and employment (school and education; employment; finance); ● Community living (life at home; getting around); and ● Health living (medical and dental care; nutrition; <u>Primary Working Copy of Agency Review Tool.docx</u> wellness) |

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| SECTION 1 | SUB SECTION | Question # | Question | Guidance/Additional Information |
| COUNTY BOARD | Serv Plan | 1.001*^ | <p>Using person centered planning, has the plan been developed based on the person's assessed needs?</p> <p>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</p> <p>Consider the following:</p> <ul style="list-style-type: none"> ● 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 assurance 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 | <p>Person-Centered Requirements:</p> <ul style="list-style-type: none"> ● 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 | <p>The CB must revise the plan when aware of new or unmet needs when reported by the <u>individual</u>, <u>provider</u>, or other team members.</p> <p>Consider life changes such as a new job, new medical conditions, changing providers, moving, or deleting unwanted services.</p> <p><u>Revisions should occur within 30 calendar days of request or identified need</u></p> |
| CORE | Service Planning | 1.004* | <u>Was the plan:</u> <ul style="list-style-type: none"> • <u>Reviewed at least annually</u> • <u>Agreed to with written consent of the individual (and/or guardian if applicable) and providers responsible for implementation?</u> <p><u>5123-4-02; CFR 441.725</u> <u>Was the ISP reviewed at least annually?</u> <u>5123-4-02; CFR 441.725</u> <u>Mui</u></p> | <p><u>For minors, the plan should be approved by the parent/legally responsible person.</u></p> <p><u>Written approval can include DocuSign or e-signatures.</u></p> |

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| CORE | Service Planning | 1.005 | <p>Does the service plan identify day waiver services and supports that are consistent with the specific authorized day waiver service?</p> <p>5123-0-13; 5123-0-14; 5123-0-15; 5123-0-16; 5123-0-17; 5123-2-05; 5123-4-02</p> | <p><u>Adult Day Support</u>- development of skills that lead to greater independence, community membership, relationship building, self-direction and self-advocacy.</p> <p><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</p> <p><u>Vocational Habilitation</u>- advancement on the path to community employment and achievement of competitive integrated employment; intended to be time limited.</p> <p><u>Individual Employment Support</u>- supports competitive integrated employment.</p> <p><u>Career Planning</u>- achievement of competitive integrated employment and/or career advancement in competitive integrated employment</p> <p><u>Competitive integrated employment</u>-</p> <ul style="list-style-type: none"> • 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. <p><u>ISP Requirements for Employment First (Path to Employment)</u></p> <ul style="list-style-type: none"> • For individuals on place I or place II of the path to competitive integrated employment, include the integrated employment outcome and related action steps. • For individuals on place III of the path to competitive integrated employment, the ISP will describe the activities that will occur to advance the individual on the path • For individuals on place IV, document the information and support offered within the most recent twelve month period about career options, employment opportunities, impact of the individual's decision, and outcomes centered |
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| | | | | <p>around the individual's capabilities and successes of engaging in meaningful activities within the community</p> <ul style="list-style-type: none"> • If the individual receives employment services and the written progress report demonstrates no progress on the path to competitive integrated employment, the ISP should be amended to identify barriers and action steps to overcome the barriers |
| CORE | Service Planning | 1.006 | <p>If the individual's assessment indicates that they are unable to self-administer, does the ISP address their medication administration needs?</p> <p>5123-6-02</p> | <p>This includes:</p> <ul style="list-style-type: none"> • Family Delegation • This includes Delegated Nursing when based on person's need; <ul style="list-style-type: none"> ○ Not needed when due to requirements of the setting |

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| CORE | Service Planning | 1.007 | <p>If the assessment indicates the individual needs assistance with managing personal funds, does the ISP include all necessary parameters?</p> <p>5123-2-07</p> | <p>The ISP should include, as needed:</p> <ul style="list-style-type: none"> • The name of the responsible provider; • The name of the payee, when applicable • The dollar amount to be available to the individual upon request for personal spending; • The maximum dollar amount the individual is able to independently manage at one time; • The maximum dollar amount the provider may spend on behalf of the individual for any one expenditure without team approval; and • Specific supports to be provided such as when/if receipts need to be kept, bill-paying, shopping, budgeting, increasing the individual's independence, etc. <p>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.</p> |
| CORE | Service Planning | 1.008 | <p>Does the ISP address the protocol to be followed should the individual request that remote support equipment be turned off?</p> <p>5123-9-35</p> | |
| CORE | Service Planning | 1.009 | <p>Are restrictive strategies person-centered and interwoven into a single plan?</p> <p>5123-2-06</p> | <p>There should be no separate behavior support plans. Restrictive strategies should be included in a manner similar to all other support strategies.</p> |
| CORE | Service Planning | 1.010 | <p>If the individual service plan contains behavior support strategies, do the strategies state how and when the guardian is to be notified when a chemical restraint, manual restraint, or time-out are used?</p> <p>5123-2-06</p> | |

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| | | | MEDICATION ADMINISTRATION | |
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| SECTION 2 | SUB SECTION | Question # | Question | Guidance/Additional Information |
| CORE | Med Admin | 2.001 | <p>If the individual is unable to self-administer their medications, is the medication:</p> <ul style="list-style-type: none"> • Stored in a secure location based on the needs of the individual and their living environment? • Is the medication in a pharmacy labeled container? <p>5123-6-06</p> | <p>“Secure” is based on the individual's needs.</p> <p>Use of <u>pill minders</u><u>medication dispensers</u>:</p> <ul style="list-style-type: none"> • <u>Staff DSPs</u> are not permitted to administer medications from any type of <u>pill minder</u><u>medication dispenser</u>. • <u>Medication dispensers can only be filled by the individual who is self-administering; family as natural support; licensed healthcare professional – RN, LPN, Pharmacist</u> • <u>Pill minders can be filled only by the individual, nurse, or pharmacy (including electronic minders)</u>. • <u>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)</u> • <u>If individual can self-administer with assistance and needs only physical assistance to get pills out of the pill minder, staff is permitted to do so only if the minder was filled by the individual, nurse, or pharmacy</u>. |
| CORE | Med Admin | 2.002 | <p>If <u>delegated nursing</u><u>nursing delegation</u> is required, is there:</p> <ul style="list-style-type: none"> • A statement of delegation, • Evidence the nurse provided individual-specific training to <u>staff DSPs</u> 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 <p>5123-6-01; 5123-6-03</p> | <p><u>Delegated nursing</u><u>Nursing delegation</u> is required for:</p> <ul style="list-style-type: none"> • Medication administration and 13 health related activities in Day service locations <u>serving where</u> 17 or more individuals <u>have been authorized to receive day services</u>; • 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. |

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| SECTION 2 | SUB SECTION | Question # | Question | Guidance/Additional Information |
| | | | | <ul style="list-style-type: none"> ● Any nursing task as defined in OAC 4723-13-01 ● Reassessment must include determination that: <ul style="list-style-type: none"> ○ 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 <u>delegated nursing</u> <u>nursing delegation</u> is required, is the delegating nurse available to supervise the performance of delegated tasks? 5123-6-03; OAC 4723-13-07 | <ul style="list-style-type: none"> ● 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 | <u>Are orders for 'as needed' (PRN) medications</u> <u>Did the provider ensure that all administered 'as needed' (PRN) medication orders were</u> written in a manner that precludes independent judgment by <u>DD personnel</u> <u>DSPs</u> ? 5123-6-06 | <p><u>Orders must have clear instructions that describe under what circumstances and conditions the PRN should be administered and how much/how often</u></p> <p><u>Until updated orders are received, the prn medication should only be administered by a nurse or family member/natural support</u></p> <p><u>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.</u></p> |

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| | | BEHAVIOR SUPPORT | | |
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| SECTION 3 | SUB SECTION | Question # | Question | Guidance/Additional Information |
| CORE | Behavior Support | 3.001^ | <p>If the service plan includes restrictive measures, did the Human Rights Committee review and approve the plan prior to implementation?</p> <p>5123-2-06</p> | <p>Cite if the plan includes restrictive measures, but there is no HRC approval.</p> <p><u>Citations issued for this question are issued to the applicable County Board that authored the applicable ISP.</u></p> <p>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 are chemical restraints.</p> <p>Medications prescribed for the treatment of a physical or psychiatric condition in accordance with the standards of treatment for that condition are presumed to not be chemical restraints</p> <p>"Chemical restraint" does not include a medication that is routinely prescribed in conjunction with a medical procedure for patients without developmental disabilities.</p> <p>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</p> |
| CORE | Behavior Support | 3.002^ | <p>Is the provider implementing restrictive measures that are not in the plan and/or approved by the Human Rights Committee?</p> <p>5123-2-06</p> | <p>Cite if the provider is implementing restrictive measures that have not been recognized as being restrictive.</p> <p>Examples of rights restrictions that cannot be used outside of the requirements for restrictive measures:</p> <ul style="list-style-type: none"> • Imposed bedtimes, • Locked cabinets, • Visitor limitations, • Dietary restrictions and/or • Limitations related to technology or community |

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| | | | | <ul style="list-style-type: none"> • <u>Limitations related to alcohol, sex, and/or romantic relationships</u> • <u>Does not apply to restrictive measures implemented in an emergency situation and properly reported as an Unapproved Behavior Support.</u> <p>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 are chemical restraints.</p> <p>Medications prescribed for the treatment of a physical or psychiatric condition in accordance with the standards of treatment for that condition are presumed to not be chemical restraints.</p> <p>"Chemical restraint" does not include a medication that is routinely prescribed in conjunction with a medical procedure for patients without developmental disabilities.</p> <p>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 to determine if it should be regarded as a chemical restraint</p> |
| 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? 5123-2-06 | There must be a direct and serious risk of physical harm to the individual or another person. They must be capable of causing physical harm to self or others and must be causing physical harm or very likely to begin causing physical harm. |
| CORE | Behavior Support | 3.004 | If the service plan includes 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 | "Precisely-defined pattern of behavior" means a documented and predictable sequence of actions that if left uninterrupted, will very likely result in physical harm to self or others. |

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| SECTION 3 | SUB SECTION | Question # | Question | Guidance/Additional Information |
| | | | 5123-2-06 | <p>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 are chemical restraints.</p> <p>Medications prescribed for the treatment of a physical or psychiatric condition in accordance with the standards of treatment for that condition are presumed to not be chemical restraints</p> <p>"Chemical restraint" does not include a medication that is routinely prescribed in conjunction with a medical procedure for patients without developmental disabilities.</p> <p>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</p> |
| CORE | Behavior Support | 3.005 | If the service plan includes rights restrictions, are the interventions being implemented only when risk of harm OR likelihood of legal sanction are evidenced? 5123-2-06 | <p>These conditions must be met:</p> <ul style="list-style-type: none"> • There must be a direct and serious risk of physical harm to the individual or another person. • The individual must be capable of AND must be causing physical harm or very likely to begin causing physical harm. • Likelihood of legal sanction means the person's actions are very likely to result in eviction, arrest, or incarceration. |
| CORE | Behavior Support | 3.003 | If the ISP includes: <ul style="list-style-type: none"> • Time out or manual or mechanical restraint, are the interventions implemented only when there is risk of harm? | <p>Citations issued for this question are issued to the applicable County Board that authored the applicable ISP.</p> <p>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 are chemical restraints.</p> |

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| SECTION 3 | SUB SECTION | Question # | Question | Guidance/Additional Information |
| | | | <ul style="list-style-type: none"> ● <u>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?</u> ● <u>Rights restrictions, are the interventions being implemented only when risk of harm OR likelihood of legal sanction are evidenced?</u> <p><u>5123-2-06</u></p> | <p><u>suppression of behavior) OR for the purpose of treating sexual offending behavior are chemical restraints.</u></p> <p><u>Medications prescribed for the treatment of a physical or psychiatric condition in accordance with the standards of treatment for that condition are presumed to not be chemical restraints</u></p> <p><u>"Chemical restraint" does not include a medication that is routinely prescribed in conjunction with a medical procedure for patients without developmental disabilities.</u></p> <p><u>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</u></p> |
| CORE | Behavior Support | <u>3.0063.004</u> | If the <u>service plan</u> <u>ISP</u> includes a restrictive measure, are behavioral supports employed with: <ul style="list-style-type: none"> ● <u>sufficient safeguards?</u> ● <u>Sufficient supervision to ensure health, welfare, and rights?</u> <p><u>5123-2-06</u></p> | <p>This includes but is not limited to:</p> <ul style="list-style-type: none"> ● <u>Was sufficient supervision available to ensure health, welfare, and rights?</u> ● Are "time away" procedures voluntary or mandatory? ● If time-out rooms are used, are all safety requirements in place? ● <u>Has staff been trained?</u> ● <u></u> |
| CORE | <u>Behavior Support</u> | <u>3.005</u> | If the <u>ISP</u> includes a restrictive measure, have DSPs been trained on the approved interventions? <u>5123-2-06</u> | <u>DSPs must be trained on the approved restrictive behavioral support strategies prior to working with a person who has restrictive measures in their plan</u> |
| CORE | Behavior Support | <u>3.0073.006</u> | 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)? <u>AND</u> | *Duration is only applicable for a manual restraint or a mechanical restraint |

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| SECTION 3 | SUB SECTION | Question # | Question | Guidance/Additional Information |
| | | | <p><u>Did the provider notify the individual's guardian as outlined in the ISP regarding any uses of chemical restraints, manual restraints, or time-out?</u></p> <p>5123-2-06</p> | |
| CORE | <u>B</u> ehavior <u>S</u> upport | 3.007 | <p><u>Did the provider notify the individual's guardian as outlined in the ISP regarding any uses of chemical restraints, manual restraints, or time-out?</u></p> <p>5123-2-06</p> | |
| CORE | Behavior Support | 3.008 | <p>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?</p> <p>5123-2-06</p> | <p><u>The provider is required to share the record of the restrictive measure implementation with the team for the purpose of the 90-day review</u></p> |

| | | PERSONAL FUNDS | | |
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| SECTION 4 | SUB SECTION | Question # | Question | Guidance/Additional Information |
| CORE | Personal Funds | 4.001 | <p><u>If responsible for assisting with personal funds while providing a paid waiver service, Does/did the provider ensure that individuals:</u></p> <ul style="list-style-type: none"> • Have access to their funds, and • Are able to purchase items, goods, and services of their preference? <p>5123-2-07</p> | <p>This applies to any provider listed in the plan as responsible for individual funds:</p> <ul style="list-style-type: none"> • 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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| | | | | 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 | <p>If responsible for assisting with personal funds while providing a paid waiver service, Does did the provider ensure that maintain account records that include?</p> <ul style="list-style-type: none"> • 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 staff person who handle personal funds provides the direct assistance with personal funds or the person who maintains the ledger • Receipts as required in the plan. <p>5123-2-07</p> | <p>Bank accounts should be reconciled using the most recent bank statement.</p> <p>Food stamp, gift card, and other cash accounts maintained by the provider should be reconciled every 30 days. Food stamp ledgers should be reconciled to the EBT statement.</p> <p>Required elements:</p> <ul style="list-style-type: none"> • 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 | <p>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?</p> <p>5123-2-07</p> | <p>Providers who assist with personal funds must:</p> <ul style="list-style-type: none"> • 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 |

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| | | | | <p>individual receives a lump sum payment (e.g., benefits back payment) or inheritance.</p> <ul style="list-style-type: none"> • 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 | <p>If the individual lives in a licensed facility, <u>does did</u> the provider ensure the individual <u>receives retained one hundred dollars (\$100.00 monthly in personal allowance?</u> from their <u>unearned income?</u></p> <p>5123-3-11</p> | <p><u>"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.</u></p> <p><u>Food stamps, although unearned income, will not be applied toward the personal funds to be retained by the individual.</u></p> |
| LIC FAC | <u>Personal Funds</u> | <u>4.005</u> | <u>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?</u> | <u>"Earned income" means wages and net earnings from employment or self-employment.</u> |
| LIC FAC | Personal Funds | 4.005 4.006 | <p>If the individual lives in a licensed facility, <u>does did</u> 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?</p> <p>5123-3-11</p> | <u>If the individual has earned income, the provider shall ensure they receive the first \$100 and half of any income over \$100.</u> |

| | | | SERVICE DELIVERY and DOCUMENTATION | |
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| SECTION 5 | SUB SECTION | Question # | Question | Guidance/Additional Information |
| CORE | Serv Del Doc | 5.001 | <p>Does service delivery documentation include the following elements?</p> <ul style="list-style-type: none"> • Date of service, • Individual's name, • Individual's Medicaid number, | <p>See service specific rules for documentation requirements.</p> <ul style="list-style-type: none"> • Required elements may be maintained on multiple documents but claims for payment a provider submits |

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| SECTION 5 | SUB SECTION | Question # | Question | Guidance/Additional Information | | |
| | | | <ul style="list-style-type: none"> • Provider name, • Provider number, • Signature or initials of person delivering the service, • Place of service, and • Group size? <p>5123-9-06; 5123-9-40; 5123-9-37; 5123-9-39; 5123-9-20; 5123-9-24</p> | <p>to the department for services delivered shall not be considered service documentation.</p> <ul style="list-style-type: none"> • Place of service and group size are not required for all services. • <u>For routine transportation place of service is the origination/destination points.</u> • <u>As of 2/1/2020, number of individuals transported is required for routine transportation.</u> • <u>For non-medical and routine transportation, location is the license plate number of the vehicle used to provide the service</u> | | |
| CORE | Serv Del Doc | 5.002* | <p>Does the waiver service delivery documentation for all waiver codes include the type of service?</p> <p>5123-9-06; 5123-9-40; 5123-9-37; 5123-9-39; 5123-9-20</p> | <p>See service specific rules for documentation requirements.</p> <ul style="list-style-type: none"> • 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* | <p>Does the waiver service delivery documentation for all waiver billing codes include the number of units (amount) provided?</p> <p>5123-9-06; 5123-9-40; 5123-9-37; 5123-9-39; 5123-9-20; 5123-9-18; 5123-9-24</p> | <p>See service specific rules for documentation requirements.</p> <ul style="list-style-type: none"> • 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. • For <u>PER MILE NMT</u>, <u>routine transportation and per mile NMT</u>, units are the number of miles in each distinct <u>trip/commute</u>, as indicated by beginning and ending odometer numbers or <u>via tracking or</u> mapping by GPS. <u>For routine transportation, units are total number of miles.</u> • Number of units OR continuous amount of uninterrupted time during which the service was | | |

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| | | | | 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 Det Doc | 5.004* | 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 <u>Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided.</u> <u>For waiver nursing delegation, documentation must include the name of the unlicensed person for whom a supervisory visit was performed.</u> |
| CORE | Serv Del Doc | 5.0045* | 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. |
| 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 | <u>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.</u> |
| 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 | <u>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.</u> |

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| <u>CORE</u> | <u>Serv Del Doc</u> | 5.007 | <p><u>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:</u></p> <ul style="list-style-type: none"> • <u>The name and address of the individual's employer</u> • <u>The number of miles in each one-way trip</u> <p><u>5123-9-18</u></p> | <p><u>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.</u></p> |
| CORE | Serv Del Doc | 5.00 <u>86</u> | <p>Are medication, treatments, health related activities, and dietary orders being followed?</p> <p>5123-2-08; 5123-4-02, 5123-6-03; 5123-9-39</p> | <p>Info may come from the medication administration record (MAR), doctor's orders, OT/PT, and speech plans.</p> |
| <u>CORE</u> | <u>Serv Del Doc</u> | 5.009 | <p><u>Does the waiver service delivery documentation for all waiver billing codes include scope?</u></p> <p><u>5123-9-06; 5123-9-40; 5123-9-39; 5123-9-37</u></p> | <p><u>NA for NMT, transportation, and money management</u></p> <p><u>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.</u></p> <p><u>For waiver nursing delegation, documentation must include the name of the unlicensed person for whom a supervisory visit was performed.</u></p> |
| CORE | Serv Del Doc | <u>5.007</u> <u>5.010</u> | <p>Is the service plan and/or plan of care being implemented as written? 5123-2-08; 5123-9-39; 5123-9-37</p> | <p>Implementation of services can be verified using observation, interview, and documentation review.</p> |
| CORE | Serv Del Doc | 5.0 <u>1108</u> ⁸ | <p>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?</p> <p>5123-9-02 42 CFR 441.301 (c)(4)(i) 42 CFR 441.710 (a)(1)(I)</p> | <ul style="list-style-type: none"> • 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 |

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| <u>CORE</u> | <u>Serv Del Doc</u> | <u>5.012^</u> | <p><u>Is the non-residential waiver service setting integrated in and does it support access to the greater community?</u></p> <p>-</p> <p>-</p> <p><u>42 CFR 441.301 (c)(4)(i)</u></p> <p>-</p> | <p><u>specific qualities and conditions must be supported with a specific assessed need and justified in the person-centered service plan.</u></p> <p><u>There is opportunity for Access. The setting/provider has policies and practices in place that give individuals opportunities to:</u></p> <ul style="list-style-type: none"> - <u>Seek employment and work in competitive integrated settings if receiving vocational services</u> - <u>Engage in community life</u> - <u>Receive services in the community to the same degree as others not receiving HCBS services</u> <p><u>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.</u></p> <ul style="list-style-type: none"> • <u>Examples of evidence showing compliance may include but are not limited to:</u> • <u>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.</u> • <u>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.</u> • <u>Training curriculum (for DSPs and people being supported) concerning calendar-building and including people being supported as a part of the process.</u> | | |

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| | | | | <ul style="list-style-type: none"> • 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 |
| CORE | Serv Del Doc | 5.013^ | <p>Does the non-residential waiver service setting ensure a person's rights are protected?</p> <p>- 42 CFR 441.301 (c)(4)(iii)</p> <p>-</p> | <p>There are opportunities to ensure rights are exercised and protected. The setting/provider has policies and practices in place that ensure individuals have</p> <ul style="list-style-type: none"> • Privacy • Respect • Freedom from intimidation • Freedom from restraint <p>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.</p> |
| CORE | Serv Del Doc | 5.014^ | <p>Does the non-residential waiver service setting optimize, without controlling, personal initiative and independence in life choices?</p> <p>- 42 CFR 441.301 (c)(4)(iv)</p> | <p>There are opportunities for Independence. The setting/provider has established a program that facilitates a person's ability to independently choose:</p> <ul style="list-style-type: none"> • Daily activities |

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| | | | | <ul style="list-style-type: none"> ● <u>Between different types of environments and activities; e.g., inside/outside, calming/stimulating, alone/with different groups of their choice</u> ● <u>Choice in with whom to interact</u> <p><u>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.</u></p> <p><u>Examples of evidence showing compliance may include but are not limited to:</u></p> <ul style="list-style-type: none"> ○ <u>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</u> ○ <u>Training curriculum (for DSPs and people being supported) concerning calendar-building and including people being supported as a part of the process</u> ○ <u>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</u> ○ <u>Evidence that individuals have input into calendar-building, and expressing their choices for community access experiences</u> ○ <u>Any other method of interview, documentation, observation, etc. Demonstrating compliance</u> |
| <u>CORE</u> | <u>Serv Del Doc</u> | <u>5.015^</u> | <u>Does the non-residential waiver service setting facilitate personal choice regarding services and supports and who provides them?</u> - | <u>There are opportunities for choice. The setting/provider gives individuals opportunities to make informed choices, specifically</u> |

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| | | | <p><u>42. CFR 441.301 (c)(4)(v)</u></p> <p>-</p> | <ul style="list-style-type: none"> • <u>A choice about direct support professional (DSP) (express preferences of who they like to work with)</u> • <u>An informed choice about whether and how to access available services, supports, and providers.</u> <p><u>The provider also ensures that individuals are:</u></p> <ul style="list-style-type: none"> • <u>Understood and listened to – DSPs know the person’s capabilities, interests, preferences, and needs.</u> • <u>Able to fully exercise individuality.</u> • <u>Allowed to change or update their preferences at any time.</u> <p><u>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.</u></p> |
| CORE | Serv Del Doc | <u>5.0095.016</u> | <p>For providers of waiver nursing, does the individual’s plan of care (485) include:</p> <ul style="list-style-type: none"> • <u>The current certification period;</u> • <u>Provider’s name including all RNs and LPNs providing service;</u> • <u>All sections of Plan of Care completed, and</u> • <u>Medication list and MARs?</u> • <u>Type, frequency, scope and duration of waiver nursing services performed</u> • <u>When waiver nursing is performed by an LPN, the plan of care (485) will document the RN has reviewed the plan of care with the LPN</u> • <u>Plan of care certified by the treating physician physician’s assistant, or Advanced Practice Registered Nurse initially and annually</u> <p>5123-9-39; 5123-9-37</p> | <p><u>Required in addition to the service delivery documentation requirements outlined in rule for waiver nursing and waiver nursing delegation</u></p> <p>This is required for all providers of waiver nursing services, including home health agencies.</p> <p>Verbal orders on the Plan of Care can be used for two weeks.</p> |

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| CORE | Serv Del Doc | 5.01710 | For providers of waiver nursing, does the nursing documentation include clinical notes or progress notes and documentation of the face-to-face visits? 5123-9-39 | Required in addition to the service delivery documentation requirements outlined in rule for waiver nursing and waiver nursing delegation |
| CORE | Serv Del Doc | 5.01811 | Is the provider/ licensed facility following all applicable local, state, and federal rules and regulations? | DODD Review-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 Will not cite until December 2025 | EVV is required for RN Assessment, Waiver Nursing, and 15-minute HPC 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 | 5.02012 | Adult Day Support and Vocational Habilitation only: If the provider is billing the community integration rate, is the service provided; <ul style="list-style-type: none"> • 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. in integrated settings • 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 |

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| DAY SERV | Serv Del Doc | 5.02113 | <p>Providers of Employment Services only (vocational habilitation, group employment support, career planning and individual employment support):</p> <p>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?</p> <p>5123-2-05</p> | <p>No formal template/form is required.</p> <p>The written progress report will include the following:</p> <ul style="list-style-type: none"> • Anticipated timeframe and progress towards reaching desired outcome, • Individual's annual wage earnings |
| DAY SERV | Serv Del Doc | 5.014 | <p>If the provider of adult day support and vocational habilitation provided virtual support, are the following conditions met?</p> <ul style="list-style-type: none"> • Virtual support does not isolate an individual from the community or prevent interactions with people with or without disabilities • Virtual support has been agreed to by an individual and the individual's team and is specified in the service plan • Virtual support complies with laws governing right to privacy and protected health information <p>5123-9-14; 5123-9-17</p> | <p>Not included in virtual support:</p> <ul style="list-style-type: none"> • Personal care including supports and supervision for personal hygiene, eating, communication, mobility, toileting, and dressing to ensure an individual's ability to experience and participate in community living; or • Assisting with self-medication or health-related activities or performing medication administration or health-related activities |
| Core | Serv Del Doc | 5.015 | <p>Does the waiver service delivery documentation for Non-Medical Transportation and routine transportation include the license plate number of the vehicle used to provide service?</p> <p>5123-9-18; 5123-9-24</p> | |
| Core | Serv Del Doc | 5.016 | <p>Does the waiver service delivery documentation for Non-Medical Transportation include the names of all other passengers/riders including paid staff and volunteers who</p> | NMT only |

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| | | | <p>were in the vehicle during any portion of the trip and/or commute?</p> <p>5123-9-18</p> | |

| MUI/UI | | | | |
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| SECTION 6 | SUB SECTION | Question # | Question | Guidance/Additional Information |
| CORE | MUI | 6.001 | <p>Is there evidence that the Incident Report contains the required elements?</p> <p>5123-17-02</p> | <p>Sample Incident Report form available on the DODD website here</p> <p>Sample Incident Report form available on the DODD website</p> <p>Required elements are:</p> <ul style="list-style-type: none"> • Individual's name, • Individual's address, • Date 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. |

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| CORE | MUI | 6.002 | Question | Guidance/Additional Information |
| | | | <p>Upon identification of an unusual incident, is there evidence that the provider took the following immediate actions as appropriate:</p> <ul style="list-style-type: none"> • Report was made to the designated person, <u>and</u> • The UI report was made within 24 hours of the incident, <u>and</u> • <u>Notifications made to other providers of services as necessary to ensure continuity of care</u> • <p>5123-17-02</p> | <p>Immediate actions may include:</p> <ul style="list-style-type: none"> • Checking for injuries • Providing first aid • Securing medications • Contacting the pharmacist, physician <p><u>Did the residential provider notify the day program provider of an incident they need to be aware of and vice versa?</u></p> <p>Designated Person - Person designated by the agency provider who can initiate proper action</p> |
| CORE | MUI | 6.003 | <p><u>Is there evidence that the provider providing services when the unusual incident occurred notified other providers of services as necessary to ensure continuity of care?</u></p> <p>5123-17-02</p> | <p><u>Did provider notify other providers/day program/ County Board?</u></p> |
| CORE | MUI | 6.003 ⁴ | <p>Is there evidence that the unusual incident was investigated by the provider?</p> <p>5123-17-02</p> | <p>UI INVESTIGATIONS should include what happened including immediate actions, identify cause and contributing factors and what was done (prevention plan).</p> <ul style="list-style-type: none"> • Examples of immediate actions are assessing for injuries, First Aid, separating individuals, calling 911, notifying Law Enforcement, <u>removing PPI from schedule</u>. • 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 | 6.005 ⁴ | <p>Did the provider maintain a log that contains the unusual incidents defined in rule with the following elements:</p> <ul style="list-style-type: none"> • Name of individual, • Description of incident, • Identification of injuries, | <p>Sample UI log is available on DODD website.</p> <p>The log should contain:</p> <ul style="list-style-type: none"> • Dental injuries, • Falls, |

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| | | | Question | |
| | | | <ul style="list-style-type: none"> • Time/date of incident, • Location of incident, • Cause and contributing factors, and • Preventative measures. <p>5123-17-02</p> | <ul style="list-style-type: none"> • 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. |
| CORE | MUI | 6.00 ⁵⁶ | <p>Is there evidence that the provider/County Board 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?</p> <p>5123-17-02</p> | <p>Review of UIs is required at least monthly, even when no incidents occur.</p> <p>Evidence can be through signature on UI Log, administrative meeting, etc.</p> |
| CORE | MUI | 6.00 ⁷⁶ | <p>UI and MUI</p> <p>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?</p> <p>5123-17-02</p> | <p>Ensure that the incident meets the definition of a UI or MUI in the rule before issuing citation.</p> |
| CORE | MUI | 6.00 ⁷⁸ | <p>UI and MUI</p> <p>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?</p> <p>5123-17-02</p> | <ul style="list-style-type: none"> • What action was taken by the provider if their DD employee did not cooperate with the MUI investigation? • Check MUI ITS, fax cover sheet, or provider documents. |

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| CORE | MUI | 6.00 <u>89</u> | MUI Upon identification of a MUI, is there evidence that the provider took the following immediate actions as appropriate: <ul style="list-style-type: none"> • 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 • Other necessary 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 for adequately protecting any “at risk” individuals. <ul style="list-style-type: none"> • 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 there are changes in protective actions (i.e., returning employee to duty, change in supervision levels, etc.) |
| CORE | MUI | 6.0 <u>0910</u> | Is there evidence that the provider notified the County Board about the below listed incidents within 4 hours of discovery? <ul style="list-style-type: none"> • Accidental/Suspicious Death, • Abuse (Physical, Sexual and Verbal), • 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 | 6.01 <u>04</u> | 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 | Evidence may be in the form of a fax receipt, email message or receipt, or notation on the incident report. |

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| CORE | MUI | 6.0112 | <p>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:</p> <ul style="list-style-type: none"> • 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, • <u>Staff DSPs</u> 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)? <p>5123-17-02</p> | <p>All notifications or efforts to notify those listed above must be documented.</p> <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ 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. <p><u>Did the residential provider notify the day program provider of an MUI they need to be aware of and vice versa?</u></p> <p><u>Did provider notify other providers/day program/County Board?</u></p> |
| CORE | MUI | 6.0123 | <p>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?</p> <p>5123-17-02</p> | <p><u>Sample Annual Analysis and Analysis Tips are available on the DODD website. Annual MUI Report Template can be found here.</u></p> <p><u>Sample Annual Analysis and Analysis Tips are available on the DODD website.</u></p> <p><u>DODD has granted an extension to providers and county boards for completion and submission of their 2022 annual MUI analysis. Check DODD communication for current extension dates.</u></p> |

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| | | | | | <p>The annual analysis is required to be completed by January 31 and submitted to the County Board by February 28</p> <p>Report must include:</p> <ul style="list-style-type: none"> • Date of review, • 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. |

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| CORE | Personnel | 7.001 | | <p>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?</p> <p>5123-2-08</p> | <p>For all agency DOOs:</p> <ul style="list-style-type: none"> • Obtain the names of the DOO and designee listed in PSM before going onsite. • Change of DOO must be submitted and approved via PSM. • <u>DOO must report in writing to DODD within 14 days when they designate another person to be responsible for administration of the agency.</u> • <u>DOOs do not have to be in Ohio if they are directing the day-to-day operations via technology, etc.</u> • |

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| | | | | <ul style="list-style-type: none"> Report issues to DODD Review Group Manager |
| CORE | Personnel | 7.002 | Is the provider's current physical address, telephone number, and electronic mail address identified in PSM? 5123-2-08 | <p>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</p> |
| CORE | Personnel | 7.003 | <p>Has the provider agency/licensed facility operator established an internal compliance program that ensures compliance with:</p> <ul style="list-style-type: none"> Provider certification or Residential Facility Requirements; Background investigations; Service delivery, service documentation and billing Management of individuals' funds? <p>5123-2-08; 5123-3-01</p> | <ul style="list-style-type: none"> Licensed facilities were required to have all components in place by 6/1/23 Do the outcomes of this review indicate that the provider's internal compliance program is working? |
| CORE | Personnel | 7.003 ⁴ | <p>Did the provider complete the following initial database checks for applicants for direct service positions prior to employment:</p> <ul style="list-style-type: none"> Inspector General's Exclusion List, Sex Offender and Child Victim Offenders Database, U.S. General Services Administration System for Award Management Database, Database of Incarcerated and Supervised Offenders, Abuser Registry, Nurse Aide Registry, and The Ohio Dept of Medicaid Exclusion and Suspension List? <p>5123-2-02;</p> | <p>Prior to employment means on or before the date the employee is in paid status.</p> <ul style="list-style-type: none"> 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. |

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| | | | | <ul style="list-style-type: none"> • <u>If the date does not print on registry results, providers should make a notation of the date the check was completed.</u> <p>Mark as non-compliant if initial checks were:</p> <ul style="list-style-type: none"> • not completed at all, or • completed late. <ul style="list-style-type: none"> • <u>Employees hired between 3/13/20-9/1/20 did not need database checks if the new employer had a statement from a current primary employer that background requirements were met.</u> • <u>If employment with the new employer continued after 9/1/20, then the new employer was responsible for running all database checks by 9/10/20</u> |
| CORE | Personnel | 7.0045 | <p>Did the provider complete the following database checks <u>no less than once</u> every five years for <u>employeesDSPs</u>:</p> <ul style="list-style-type: none"> • Inspector General's Exclusion List, • Sex Offender and Child Victim Offenders Database, • U.S. General Services Administration System for Award Management Database, • Database of Incarcerated and Supervised Offenders, • Abuser Registry, • Nurse Aide Registry, and • The Ohio Dept of Medicaid Exclusion and Suspension List? <p>5123-2-02</p> | <ul style="list-style-type: none"> • If <u>employeesDSPs</u> 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 • 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. <p>Mark as non-compliant if <u>initial five-year</u> checks were:</p> <ul style="list-style-type: none"> • not completed at all, or • completed late. |
| CORE | Personnel | 7.0056 | <p>Did the provider request that the Bureau of Criminal Identification conduct a criminal record check (BCII/FBI) prior to employing an applicant for a direct service position?</p> <p>5123-2-02</p> | <p><u>Prior to employment means on or before the date the employee is in paid status</u></p> <ul style="list-style-type: none"> • Those with an “In lieu of” conviction prior to 7/1/19 are exempted and able to work. |

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| | | | | <ul style="list-style-type: none"> • 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. <p>Mark as non-compliant if initial checks were:</p> <ul style="list-style-type: none"> • not completed at all, • completed using the incorrect reason code/title, or • completed late. <ul style="list-style-type: none"> • Employees hired between 3/13/20–9/1/20 did not need a BCII check if the new employer had a statement from a current primary employer that background requirements were met. • If employment with the new employer continued after 9/1/20, then the new employer was responsible for completing the BCII/FBI check by 9/10/20 • Independent providers hired as DSP from 3/13/20–7/31/20 did not need BCII checks. Agency must have evidence DSP was active IP at the time of hire and then completed BCII after 7/31/20 if still employed by the agency. • For DSPs hired between 9/1/20–9/1/21, agencies had 10 days after hire to initiate a BCII check. • For DSPs hired between 9/1/20–9/1/21, agencies had 10 days after hire to initiate a BCII check. | |
| CORE | Personnel | 7.00 67 | Did the provider request the BCII/FBI check every 5 years no less than once every five years for DSPs direct service employees who: | <ul style="list-style-type: none"> • Those with an ‘In lieu of’ conviction prior to 7/1/19 are exempted and able to work. | |

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| | | | <ul style="list-style-type: none"> • Are not enrolled in Rapback, or • Require FBI check? <p>5123-2-02</p> | <ul style="list-style-type: none"> • 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. • <u>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.</u> • <p>Mark as non-compliant if the 5-year checks were:</p> <ul style="list-style-type: none"> • not completed at all • completed using the incorrect reason code/title • completed late |
| CORE | Personnel | 7.00 <u>78</u> | <p><u>Did the provider enroll all Are those employees in direct or direct service positions enrolled in Rapback and were they enrolled in a timely manner?</u></p> <p>5123-2-02</p> | <ul style="list-style-type: none"> • <u>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. The only acceptable reason for a DSP to not be enrolled in Rapback is if readable fingerprints cannot be obtained and the background check is run using SSN</u> <p><u>Mark as non-compliant if employee</u></p> <ul style="list-style-type: none"> • <u>Is not enrolled in Rapback or</u> • <u>Was enrolled late</u> • <u>Employees DSPs</u> are to be enrolled within 14 calendar days of receiving the criminal records check <u>results</u> or within 14 calendar days of hire, whichever is later. |

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| | | | | <ul style="list-style-type: none"> ● Staff DSPs hired prior to October 1, 2016, should have been enrolled in Rapback at the point of their five-year BCII. ● ● DSPs hired between 3/13/20-6/1/20 were not required to be entered in Rapback unless they maintained employment after 6/1/20 ● |
| CORE | Personnel | 7.009 | Did the provider take appropriate action when notified of Rapback hit? 5123-2-02 | <ul style="list-style-type: none"> ● Providers access to 'Entitled Rap Sheets' and should have evidence that all entitled rap sheets either did not involve a disqualifying offense or appropriate action was taken in response to the entitled rap sheets. ● N/A if provider had zero hits. ● Rapback is now called iRAP |
| CORE | Personnel | 7.008 ¹⁰ | Did the provider ensure that staff DSPs were not conditionally employed did not provide direct services for more than 60 days after employment without the results of the BCII/FBI records checks? 5123-2-02 | <p>Employees cannot provide direct services after 60 days without results.</p> <p><u>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</u></p> |
| CORE | Personnel | 7.009 ¹¹ | Did the provider ensure that direct services are only provided by employees persons who do not have a disqualifying offense and who are not included on any of the databases identified in rule? 5123-2-02 | <ul style="list-style-type: none"> ● 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. |

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| | | | | <ul style="list-style-type: none"> Exclusionary periods do not start until <u>employee person</u> is fully discharged from imprisonment, probation, and parole. Multiple disqualifying convictions have longer exclusionary periods. Refer to 5123-2-02 E (2) for info. <u>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.</u> Issue a citation only if a <u>direct support staff DSP</u> with a disqualifying offense, or on a registry, is currently employed and working with individuals. |
| CORE | Personnel | 7.0102 | <p>Did the <u>provider staff DSPs</u>, prior to employment, sign a statement:</p> <ul style="list-style-type: none"> Attesting that the <u>DSP staff person</u> will notify the provider within 14 days if charged with, is convicted of, pleads guilty to, or is found eligible for intervention in lieu of conviction for a disqualifying offense, <p>AND</p> <ul style="list-style-type: none"> Attesting that <u>the staff person the DSP</u> has not been convicted of, pleaded guilty to, or been found eligible for intervention in lieu of conviction for a disqualifying offense? <p>5123-2-02</p> | <p>Sample attestation form is available on DODD's website found here <u>website under Forms</u>.</p> <p>Attestation statements are not required to include "in lieu of" convictions for those hired prior to 7/1/19.</p> |
| CORE | Personnel | 7.013 | <p>Did the agency provider verify that the staff person has a high school diploma or GED?</p> <p>5123-2-08; 5123-3-01</p> | <p>ONLY VERIFY DIPLOMA/GED FOR DSPs CERTIFIED TO ADMINISTER MEDICATION</p> <p>Review with provider their system to verify high school diploma or GED for staff certified to administer medication.</p> |

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| | | | | <p>Staff enrolled in college are considered to meet this requirement.</p> <p>Effective 9/17/21, agencies can employ DSPs who don't meet the education requirements without requesting a rule waiver until further notice.</p> |
| CORE | Personnel | 7.014 | <p>Does the professional staff have required licenses/certifications?</p> <p>5123-6-04; 5123-6-06; 5123-9-25; 5123-9-28; 5123-9-29; 5123-9-36; 5123-9-38; 5123-9-41; 5123-9-43; 5123-9-46; 5123-9-39; 5123-3-01; 5123-9-13; 5123-9-20; 5123-9-12; 5123-9-37</p> | <p>See service rules for specific requirements regarding:</p> <ul style="list-style-type: none"> • Nursing; • OT/PT; • Social work; • Career Planning, and • Assistive Technology <p>An expired nursing license will be an immediate citation.</p> <ul style="list-style-type: none"> • Reviewer should contact DODD Review Manager; • CB and Nursing Board should be advised <p>For behavioral strategies with restrictive measures, assessor and author must:</p> <ul style="list-style-type: none"> • Hold a bachelor's or graduate-level degree from an accredited college or university and have at least three years of paid, full-time (or equivalent part-time) experience in developing and/or implementing behavioral support and/or risk reduction strategies or plans; • Hold a valid license issued by the Ohio board of psychology; • Hold a valid license issued by the Ohio counselor, social worker and marriage and family therapist board; • Hold a valid physician license issued by the state medical board of Ohio |

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| CIRE | Personnel | 7.0137.01 1 | <p>If providing waiver nursing, waiver nursing delegation, and/or delegating nursing tasks, does the LPN/RN have a current nursing license</p> <p>And</p> <p>If an LPN, are they being supervised by an RN?</p> <p>5123-9-37; 5123-9-39; 5123-6-01; 5123-6-03</p> | <p>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.</p> <p>An expired nursing license or an LPN completing nursing tasks without being supervised by an RN is an immediate citation and reviewer should contact DODD Group Manager</p> |
| CORE | Personnel | 7.0125 | <p>Does provider staff the DSP have:</p> <ul style="list-style-type: none"> • Current CPR certification and • Current first aid certification? <p>5123-2-08 5123-3-01</p> | <ul style="list-style-type: none"> • Non-licensed waiver staff DSPs: required prior to working with individuals. • For licensed facilities: required within 60 days of hire. <u>During those 60 days, Staff DSPs</u> without certification cannot work alone. • N/A for Money Management providers, SELF Support Brokers, and Remote Monitoring Support providers who don't provide direct support backup, are conducting remote support monitoring only. • Check service rules for participant directed services. • Current <u>nursing RN/LPN</u> 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. |
| CORE | Personnel | 7.0136 | <p>If the provider/staff person DSP is responsible for the following, do they have the appropriate certification for:</p> <ul style="list-style-type: none"> • Oral or topical medications (Category 1), • Health related activities (Category 1), • G-tube/J-tube (Category 2), and • Insulin injections (Category 3)? <p>AND</p> | <ul style="list-style-type: none"> • 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 |

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| | | | <p><u>Does</u> they have a high school diploma/GED?</p> <ul style="list-style-type: none"> ● 5123-6-03; 5123-6-06 | <ul style="list-style-type: none"> ● <u>Insulin and injectable treatments can only be administered for metabolic glycemic disorders such as diabetes, hypo/hyperglycemia, etc.</u> ● <u>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.</u> ● <u>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</u> ● <u>Evidence of college enrollment/credit is sufficient to evidence HSD/GED</u> ● ● |
| CORE | Personnel | 7.01 ⁴⁷ | <p>Does the <u>provider/direct care staff</u><u>DSP</u> have training, including individual specific training, to perform the tasks/use the following devices:</p> <ul style="list-style-type: none"> ● Vagus nerve stimulator, ● Epinephrine auto-injector, ● Administration of topical over-the counter medication for the purpose of cleaning, protecting, or comforting the skin, hair, nails, teeth, or oral surfaces? <p>5123-6-05</p> | <ul style="list-style-type: none"> ● These tasks can be performed by trained <u>staff</u><u>DSPs</u> who do not have medication administration certification <u>and</u> <u>DSPs who do not have a HSD/GED</u>. ● <u>Staff</u><u>DSPs</u> with Cat 1 certification still need training specific to these topics ● <u>Staff</u><u>DSPs</u> must complete training prior to using the device or administering <u>epinephrine</u> or the topical OTC medication and annually thereafter. ● Training must be provided by a licensed nurse, or <u>by</u><u>DD</u> <u>personnel</u><u>DSPs</u> with health-related activities and prescribed medication administration certification. ● Training must be the department-approved curriculum. ● Training must include individual specific information <u>as well as a return demonstration of skills</u>. |
| Core | Personnel | 7.01 ⁵⁸ | <p>For <u>provider</u><u>staff</u><u>members</u><u>agency</u><u>employees</u> who are responsible for transporting individuals, did the provider:</p> <ul style="list-style-type: none"> ● Ensure the <u>staff</u><u>person</u><u>agency</u><u>employee</u> has a valid driver's license, ● Ensure that a driver's abstract was completed prior to transporting individuals, | <ul style="list-style-type: none"> ● An initial abstract is required for all <u>staff</u><u>DSPs</u> who transport individuals <u>and</u> <u>any</u><u>DSP</u><u>with</u><u>six</u><u>points</u><u>or</u><u>more</u><u>on</u><u>their</u><u>driver's</u><u>license</u><u>is</u><u>ineligible</u><u>to</u><u>transport</u><u>individuals</u>, even if a transportation service is not billed. ● An unofficial abstract from the BMV is acceptable. |

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| | | | <ul style="list-style-type: none"> Ensure that only <u>staff agency employees</u> 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 <u>staff person agency employee</u> continues to have 5 or fewer points on their license? <p>5123-2-02; 5123-9-18; 5123-9-24, <u>ORC 4510.12</u></p> | <ul style="list-style-type: none"> <u>A driver is ineligible to transport individuals if they have six points or more on their abstract.</u> 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. <u>DSPs are ineligible to provide transportation if they have a suspended license, even if they have permission to drive for work purposes.</u> — |
| CORE | Personnel | 7.016 | <p><u>Are all vehicles used to transport individuals covered by a current insurance policy?</u></p> <p>5123-9-18; 5123-9-24, <u>ORC 4509.101</u></p> | <p>Ohio law requires liability insurance on all vehicles.</p> <ul style="list-style-type: none"> — |
| CORE | Personnel | 7.020 | <p>Did the provider develop a written training plan for its DOO/Administrator, supervisors of DSPs, and DSPs, and when applicable, support staff, and/or volunteers that:</p> <ul style="list-style-type: none"> Is consistent with the needs of individuals, best practice, and requirements of 5123-02-8 Appendix A and Appendix C or 5123-3-01 Appendices A-D Describes the method to be used to establish competency of DSP supervisors and DSPs in areas of training Is updated every 12 months and identifies who is responsible for arranging or providing the training and projected timelines for completion of training <p>5123-2-08; 5123-3-01</p> | <p>Required for non-licensed providers starting 1/1/22 and for licensed facilities starting 1/1/23.</p> <p>Required for volunteers who provide more than forty hours of service working directly with individuals served by the agency provider or residents of the licensed facility during a calendar year</p> <p>Required for support staff in licensed facilities only. Support staff means employees who are based in or routinely are in the residential facility who are not direct support professionals, such as those in human resources positions, secretaries, clerks, housekeepers, maintenance workers, and laundry workers.</p> |
| CORE | Personnel | 7.017 ²⁴ | Prior to providing direct services, did the provider ensure each DSP successfully completed the following: | These topics are required for DSPs hired after 1/1/22 in non-licensed settings and 3/1/23 in licensed facilities |

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| | | | <p>1. Training provided or arranged by the agency/operator in:</p> <p>(a) Mission, vision, values, and organizational structure of the agency or residential facility</p> <p>(b) Agency policies, procedures, and work rules</p> <p>(c) Overview of services provided by the agency/facility</p> <p>(d) Service documentation that supports billing</p> <p>(e) Overview of fire safety and emergency procedures (licensed facility only)</p> <p>2. Training provided by DODD or using DODD's curriculum in:</p> <p>(a) Empathy-based care</p> <p>(b) Role of a DSP including "National Alliance for Direct Support Professionals" code of ethics</p> <p>(c) Rights of individuals</p> <p>(d) Implementation of ISPs and service outcomes</p> <p>(e) Recognizing and reporting MUIs and UIs</p> <p>(f) Universal precautions</p> <p><u>AND</u></p> <p><u>3. Training specific to the ISP of each individual the DSP will support?</u></p> <p>5123-2-08; 5123-3-01</p> | <p>See 5123-2-08 Appendix B for services excluded from initial training requirements.</p> <p>• DSPs hired between 3/13/20 and 12/31/21 were only required to receive the following initial training:</p> <p class="list-item-l1">a. Training to recognize and report major unusual incidents (MUIs) and unusual incidents (UIs);</p> <p class="list-item-l1">b. Universal precautions and</p> <p class="list-item-l1">c. Individual specific training.</p> <p>For DSPs in licensed facilities hired between 1/1/22 and 2/28/23, only verify initial training in:</p> <p class="list-item-l1">• Rights of individuals</p> <p class="list-item-l1">• Recognizing and reporting MUIs and UIs</p> <p class="list-item-l1">• Universal Precautions</p> <p class="list-item-l1">• Overview of fire safety and emergency procedures (within 30 days of hire)</p> <p>• Employees hired between 3/13/20-9/1/20 could skip initial training if the new employer had a statement from the primary employer that training requirements were met. DSP still needed person-specific training and site-specific emergency response training (where applicable).</p> <p><u>• Look for ISP training</u></p> <ul style="list-style-type: none"> <u>• When there is a new DSP,</u> <u>• When someone works with new individuals, and</u> <u>• When there is a significant change in support needs.</u> <p><u>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;</u></p> |

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| | | | | <u>management of the individual's funds; or medication administration/delegated nursing needs</u> |
| CORE | Personnel | 7.022 | <p>Prior to providing direct services, did the DSP receive individual specific training for each individual the DSP will support regarding what is important to the individual and important for the individual?</p> <p>5123-2-08; 5123-3-01</p> | <p>Look for this training:</p> <ul style="list-style-type: none"> • When there is a new staff person; • When someone works with new individuals; and • When there is a significant change in support needs. |
| CORE | Personnel | 7.18023 | <p>Did the provider ensure that within thirty days of hire, each <u>direct support professional</u><u>DSP</u> completed training provided or arranged by the provider in:</p> <ul style="list-style-type: none"> • Person-centered planning and provision of services • Facilitating community participation and integration for individuals served • Provisions of rule 5123-17-02 of the Administrative Code relevant to the <u>direct support professional's</u><u>DSP's</u> duties including a review of health and welfare alerts issued by the department • Empathy-based care • For licensed facilities only and specific to each <u>residential</u><u>licensed</u> facility in which the DSP works, training in fire safety, operation of fire safety equipment and warning systems, and the <u>residential</u><u>licensed</u> facility's fire safety and emergency response plan <p>5123-2-08; 5123-3-01</p> | <p>Required for DSPs hired after 1/1/22 in non-licensed settings and 3/1/23 in licensed facilities.</p> <p>The final item is only required in licensed settings and until the DSP completes this piece of the training, they can only work when there is another DSP who has completed the training present.</p> <p>This is a second required training on empathy-based care arranged and/or provided by the agency.</p> |
| DAY SERV | Personnel | 7.01924 | For day waiver services, did the provider ensure that within thirty calendar days after hire , all <u>direct support professionals</u> <u>DSPs</u> received training in: | <p><u>Adult Day Waiver</u> These requirements for a mentor and first year trainings are:</p> <ul style="list-style-type: none"> • In addition to the required trainings for all providers of waiver services and |

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| SECTION 7 | SUB SECTION | Question # | PERSONNEL AND POLICY | Guidance/Additional Information |
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| | | | Question | |
| | | | <ul style="list-style-type: none"> • 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 <p>AND</p> <p>During the first year of employment <u>direct service staff</u> <u>did the provider ensure that all DSPs</u> with less than a year experience were provided with:</p> <ul style="list-style-type: none"> • A mentor, and • Eight hours of training specific to the day waiver service. <p>5123-9-13; 5123-9-14; 5123-9-15; 5123-9-16; 5123-9-17</p> | <ul style="list-style-type: none"> • Are separate from training required by the certification rule. <p>Please see rule reference for specific waiver service requirements.</p> <p>The mentor and first year training (specific to day waiver service) are not required for <u>staff DSPs</u> who at the time of hire, had one year of experience providing the specific day waiver service.</p> <p><u>Adult Day Support</u>- development of skills that lead to greater independence, community membership, relationship building, self-direction and self-advocacy.</p> <p><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</p> <p><u>Vocational Habilitation</u>- advancement on the path to community employment and achievement of competitive integrated employment; intended to be time limited.</p> <p><u>Individual Employment Support</u>- supports competitive integrated employment.</p> <p><u>Career Planning</u>- achievement of competitive integrated employment and/or career advancement in competitive integrated employment</p> <p><u>Competitive integrated employment</u>-</p> <ul style="list-style-type: none"> • 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. |

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| SECTION 7 | SUB SECTION | Question # | Question | Guidance/Additional Information |
| CORE | Personnel | 7-025 | <p>Did the supervisory staff of DSPs complete training on all relevant duties and responsibilities of being a supervisor within 90 days of becoming a supervisor?</p> <p>5123-2-08; 5123-3-01</p> | <p>Required in non-licensed settings for supervisors hired after 9/1/21 and in licensed settings for supervisors hired after 3/1/23</p> <ul style="list-style-type: none"> It is up to the agency to determine relevant duties and responsibilities |
| CORE | Personnel | 7.0207 | <p>Did each <u>direct support professional</u>DSP annually complete:</p> <ul style="list-style-type: none"> 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 <p>5123-2-08; 5123-3-01</p> | <p>Applies to annual training obtained in non-licensed settings starting in 2022 and in licensed settings starting in 2023.</p> <p>Provider needs to be able to demonstrate that DODD-provided curriculum was used if training is not directly from DODD</p> <p>Six Hour training must include:</p> <ul style="list-style-type: none"> 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 <u>residential licensed</u> facility in which the DSP works, training in fire safety, operation of fire safety equipment and warning systems, and the <u>residential licensed</u> facility's fire safety and emergency response plan <p><u>Agency board members must have training on MUI reporting requirements</u></p> |

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| SECTION 7 | SUB SECTION | Question # | Question | Guidance/Additional Information |
| CORE | Personnel | 7.02 ¹⁸ | <p>Did the Director of Operations/ Administrator annually complete:</p> <ul style="list-style-type: none"> • Two hours of department-provided training AND • Four hours of training selected by the DOO/Administrator <p><u>5123-2-08: 5123-3-01</u></p> | <p>Applies to annual training obtained by the DOO starting in 2022 and by the Administrator starting in 2023.</p> <p>Training selected by the DOO/Administrator must be in topics relevant to services provided and individuals served by the agency provider/<u>residential licensed</u> facility and/or management of the agency provider/<u>residential licensed</u> facility</p> |
| CORE | Personnel | 7.02 ²⁹ | <p>Did <u>those in a direct service position</u>DSPs have receive annual notification explaining conduct for which a DD employee may be included on the Abuser Registry?</p> <p>5123-2-08; 5123-3-01</p> | <p>The Annual Abuser Registry Notice can be found on DODD's website <u>under Health and Welfare/Tool Kit/Abuser Registry</u>here.</p> <ul style="list-style-type: none"> • <u>Staff signature</u>Signature from the DSP is not required. <u>Agency must be able to demonstrate they have a procedure for providing this written notice to DSPs on an annual basis</u> • Required once during each calendar year, not every 365 days. • <u>The agency must have a process in place.</u> |
| CORE | Personnel | 7.02 ³³⁺ | <p>If the provider is billing the competency rate modification, did the provider maintain documentation that verifies the <u>direct support professional</u>DSP met the following criteria:</p> <ul style="list-style-type: none"> • At least two years full-time or equivalent part time paid work providing direct services to individuals, <p>AND</p> <ul style="list-style-type: none"> • Holds a "Professional Advancement Through Training and Education in Human Services" or "DSPPaths" certificate of initial or advanced proficiency, <p>OR</p> <ul style="list-style-type: none"> • Within the past 5 years has successfully completed at least 60 hours of competency-based training? <p>5123-9-30</p> | <p>Competency based training means:</p> <ul style="list-style-type: none"> • Accredited by the "National Alliance for Direct Support Professionals" or is approved by the Department for purposes of the <u>staff</u>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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| SECTION 7 | SUB SECTION | Question # | Question | Guidance/Additional Information |
| DAY SERV | Personnel | 7.02432 | 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 | <p>Check PSM for a listing of all locations.</p> <p>Addresses where virtual services are provided do not need entered in PSM</p> <p>Resources for updated demographics can be found here and here.</p> |
| TRANSP | Personnel | 7.033 | Are all vehicles used to transport individuals covered by a current insurance policy? 5123-9-18; 5123-9-24 | Ohio law requires liability insurance on all vehicles. |
| LIC FAC | Personnel | 7.02534 | Is the Administrator listed 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 | <ul style="list-style-type: none"> Facility Administrator is listed under the 'Facility Contacts' tab of the facility listing in PSM. It is a different approval process and identified differently than the Agency Director of Operations Ask for the Administrator's date of hire. Facility should be able to provide you with a new Administrator Approval from DODD. Applies if hired on or after 10/1/16. Report issues to DODD Review Group Manager. 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 | 7.036 | If the provider is responsible for assisting the individual with managing their personal funds, did the provider: <ul style="list-style-type: none"> • develop and implement a written policy regarding management of individual funds, and • train all responsible staff on the rule? 5123-2-07 | <p>Training must occur prior to providing assistance with personal funds.</p> <p>Policy must:</p> <ul style="list-style-type: none"> • Include system to account for and safeguard funds; • Prohibit co-mingling of funds; |

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| | | | | <ul style="list-style-type: none"> ● Prohibit using one person's money to supplement another person's money; ● Describe how the provider will ensure access to funds and make available financial summaries upon request, and ● Outline system for reporting MULs; ● |

| TRANSPORTATION | | | | |
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| SECTION 8 | SUB SECTION | Question # | 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 impairs 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: <ul style="list-style-type: none"> ● 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 | <ul style="list-style-type: none"> ● 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 |

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| | | | <p>Daily inspection requirements apply to routine transportation when a modified vehicle is used as of 2/1/2020:</p> <ul style="list-style-type: none">• Permanent fasteners,• Safety harnesses or belts, and• Access ramp or hydraulic lift. |
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| Physical Environment | | | | |
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| Section 9 | Sub Section | Question # | Question | Guidance/Additional Information |
| CORE | Phys Env | 9.001* [^] | <p>If the individual lives in a setting that is provider-owned or controlled, does the individual have a lease or residency agreement?</p> <p>If the individual lives in a setting that is provider controlled, does the individual have a lease that:</p> <ul style="list-style-type: none"> • 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? <p>5123-9-02 5123-9-02</p> | <ul style="list-style-type: none"> • A lease is required between individual and landlord for provider-controlled settings and must include a statement that indicates: <ul style="list-style-type: none"> ◦ The residence is provider-controlled and explanation of the relationship between the landlord and provider of waiver services ◦ The individual may choose any provider to deliver waiver services • A residency agreement is required in provider-owned settings (defined below) and must include: <ul style="list-style-type: none"> ◦ An explanation of the relationship between the landlord and the provider and a statement regarding whether or not the individual may choose a provider other than the residential facility or shared living provider to deliver waiver services ◦ Residency agreement is not required if the independent provider or Shared Living provider is related to the individual <p>Provider owned setting means:</p> <ul style="list-style-type: none"> • 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 residential facility • With the exception of the acceptable provider owned settings listed above, the entity acting as the provider cannot also provide the residence. <ul style="list-style-type: none"> ◦ This includes the practice of a provider signing a lease with the landlord and then subleasing to the individual(s). Guidance has been issued that providers have until August 31, 2023, to get out of this practice. <p>Provider controlled setting means a residence where the landlord is:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ◦ Employs a person who is also an owner or a management employee of the agency provider; or |

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| | | | <ul style="list-style-type: none"> ○ 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 <p>The lease/residency agreement cannot:</p> <ul style="list-style-type: none"> ● Impose rights restrictions on roommate selection, privacy, security, decorating, visitors, control of schedule and activities, and access to food unless indicated in the ISP. ● With the exception of the acceptable provider owned settings, the entity acting as the provider cannot also provide the residence. <ul style="list-style-type: none"> ○ This includes the practice of a provider signing a lease with the landlord and then subleasing to the individual(s). <p>Provider controlled setting means a residence where the landlord is:</p> <ul style="list-style-type: none"> ● 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: <ul style="list-style-type: none"> ○ 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 <p>The lease cannot</p> <p>Impose rights restrictions on roommate selection, privacy, security, decorating, visitors, control of schedule and activities, and access to food unless indicated in the ISP.</p> <ul style="list-style-type: none"> ● Provider Owned-Controlled Decision Tree |
| <u>CORE</u> | <u>Phys Env</u> | <u>9.002^</u> | <u>If the individual lives in a licensed facility or provider-owned setting, does the individual have a</u> |

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| | | | <p><u>residency agreement that includes:</u></p> <ul style="list-style-type: none"> • <u>An explanation of the relationship between the landlord and the provider,</u> • <u>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?</u> <p><u>5123-9-02</u></p> | <p>Provider owned setting means:</p> <ul style="list-style-type: none"> • <u>A setting where shared living is provided;</u> • <u>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</u> • <u>A licensed facility</u> • <u>With the exception of the acceptable provider owned settings listed above, the entity acting as the provider cannot also provide the residence.</u> <ul style="list-style-type: none"> ○ <u>This includes the practice of a provider signing a lease with the landlord and then subleasing to the individual(s).</u> <p>The lease/residency agreement cannot:</p> <p><u>Impose rights restrictions on roommate selection, privacy, security, decorating, visitors, control of schedule and activities, and access to food unless indicated in the ISP.</u></p> <ul style="list-style-type: none"> • <u>Provider Owned-Controlled Decision Tree</u> |
| CORE | Phys Env | 9.00 <u>32</u> [^] | 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 | <p>Contact and discuss with a DODD <u>Review Group</u> Manager.</p> <p><u>Excludes Individual Employment Support for maintaining Self-Employment.</u></p> |
| DAY | Phys Env | 9.00 <u>43</u> [^] | 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 | <p>Contact and discuss with a DODD <u>Review Group</u> Manager.</p> <p>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.</p> <p><u>Excludes Individual Employment Support for maintaining Self-Employment.</u></p> |
| CORE | Phys Env | 9.00 <u>54</u> [^] | In all residential waiver settings, does the individual have the freedom to: <ul style="list-style-type: none"> • Select roommates, | <p>All should be available to the individual, unless otherwise specified in the ISP.</p> <p>Homes where waiver services are delivered:</p> |

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| | | | <ul style="list-style-type: none"> • 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? <p>5123-9-02; 42 CFR 441.301(4)(iv)-(vi)(A-B)</p> | <p>Choice</p> <ul style="list-style-type: none"> • 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. <p>Control</p> <ul style="list-style-type: none"> • The person has control (when possible) over useful things/valuable supplies (time, money, food, belongings). <p>Independence and Access</p> <ul style="list-style-type: none"> • The person receives services in their <u>neighborhood</u><u>community</u>, or <u>a different neighborhood in a community</u> almost the same as people not receiving HCBS services. <p>Provider-owned or controlled residential setting:</p> <ul style="list-style-type: none"> • 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 |
| <u>CORE</u> | <u>Phys Env</u> | <u>9.006</u> | <u>Did the provider ensure that residential services are provided in an unlicensed residence with no more than four unrelated individuals with developmental disabilities?</u> <u>5126.01</u> | <u>Contact the DODD Group Manager prior to issuing this citation</u> <u>N/A for licensed facilities</u> |
| LIC FAC | Phys Env | 9.00 <u>76</u> | Does the <u>licensed</u> facility have: <ul style="list-style-type: none"> • An emergency response and fire safety plan, and • Documentation that the individual(s) participated in training on the emergency | 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 |

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| | | | <p>response and fire safety plan within thirty calendar days of residency and at least once during every twelve-month period thereafter.</p> <p><u>AND</u></p> <ul style="list-style-type: none"> • <u>Has the provider completed emergency drills (tornado and fire) and completed a written record of each drill?</u> <p>5123-3-02</p> | <p><u>Fire drills:</u></p> <ul style="list-style-type: none"> • <u>Licensed Facility- 3 within 12 months (at least 1 in am, 1 in pm and 1 sleep drill)</u> <p><u>Tornado drills:</u></p> <ul style="list-style-type: none"> • <u>Licensed Facility- 1 within 12 months</u> <p><u>Plan of improvement identified in drill analysis/ISP should address refusals to participate in drills and special assistance needs when applicable</u></p> |
| LIC FAC | Phys Env | 9.007 | <p><u>Has the provider completed emergency drills (tornado and fire), and completed a written record of each drill?</u></p> <p>5123-3-02</p> | <p><u>Fire drills:</u></p> <ul style="list-style-type: none"> • <u>Licensed Facility- 3 within 12 months (at least 1 in am, 1 in pm and 1 sleep drill)</u> <p><u>Tornado drills:</u></p> <ul style="list-style-type: none"> • <u>Licensed Facility- 1 within 12 months</u> |
| LIC FAC | Phys Env | 9.008 | <p>Does the <u>licensed</u> facility have:</p> <ul style="list-style-type: none"> • 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? <p>5123-3-02</p> | <ul style="list-style-type: none"> • 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 sanitation 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 equipment necessary based on the needs of the individuals served (i.e.: grab bars, ramps, visual fire alarms, etc.). |
| LIC FAC | Phys Env | 9.009 | <p><u>Did the facility ensure that:</u></p> | <p><u>If more than two individuals are sharing a bedroom, look for a rule waiver.</u></p> |

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| | | | <ul style="list-style-type: none"> • No more than two individuals share a bedroom; • No bedroom is shared by individuals of the opposite sex unless consenting adults; and • Individuals under the age of 18 are not sharing a bedroom with individuals over the age of 18. <p>5123-3-02</p> | <p>If two adults of the opposite sex are sharing a bedroom:</p> <ul style="list-style-type: none"> • Consider if the individuals are consenting adults. • If the individual has a guardian, ensure evidence of guardian consent. |
| LIC FAC | Phys Env | 9.010 | Does the facility have bathing facilities at a ratio of 1:4? 5123-3-02 | For every 4 beds, there must be one toilet and one tub or shower. Example, a 12-bed facility must have 3 toilets and 3 tubs or showers. |
| LIC FAC | Phys Env | 9.011 | If the facility is operating over their licensed capacity, is there a rule waiver from the Department? 5123-3-01 | <p>Look at the census of the facility to ensure that the facility is not serving more individuals than their licensed capacity.</p> <p>If more individuals are residing in the facility, ensure that a waiver of licensed capacity is in place that covers the date of the survey.</p> |
| 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 | <p>Water and sewer inspections required if the licensed facility is not on city water/sewer</p> <p>Sample inspection templates can be found here:</p> <ul style="list-style-type: none"> • Fire Inspection Form • Water Inspection Form • Septic Inspection Form |

| | | | REMOTE SUPPORT | |
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| SECTION 10 | SUB SECTION | Question # | Question | Guidance/Additional Information |
| REMOTE SUPPORT | Remote Support | 10.001 | Did remote monitoring support occur: <ul style="list-style-type: none"> • 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? <p>5123-9-35</p> | 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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| | | | | <p style="text-align: right;">:</p> <p>The monitoring base cannot be located at the residence of an individual receiving the remote monitoring service.</p> |
| REMOTE SUPPORT | Remote Support | 10.002 | <p>Did the remote support vendor provide the following initial and ongoing training:</p> <ul style="list-style-type: none"> • 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? <p>5123-9-35</p> | <p>It is the responsibility of the entity billing for the remote support service to provide this information during a compliance review <u>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.</u></p> <ul style="list-style-type: none"> • 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 | <p>Does the remote support vendor have an effective system for notifying emergency personnel?</p> <p>5123-9-35</p> | <p>It is the responsibility of the entity billing for the remote support service to provide this information during a compliance review, <u>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.</u></p> <p>:</p> <p>This includes police, fire, emergency medical services and psychiatric crisis response entities.</p> |
| REMOTE SUPPORT | Remote Support | 10.004 | <p>Do remote support staff have detailed and current written protocols for responding to an individual's needs as specified in the service plan?</p> <p>5123-9-35</p> | <p>It is the responsibility of the entity billing for the service to provide this information during a compliance review, <u>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</u></p> |

COMPLIANCE REVIEW TOOL: AGENCY PROVIDER

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| | | | | <p>evidencing any information required during a compliance review.</p> <p>Talk to the provider about how this is accessible by the remote support staff</p> <p>Includes contact info for the backup support person</p> |
| REMOTE SUPPORT | Remote Support | 10.005 | <p>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?</p> <p>5123-9-12</p> | |

| ASSISTIVE TECHNOLOGY | | | | |
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| SECTION 11 | SUB SECTION | Question # | Question | Guidance/Additional Information |
| ASSISTIVE TECH | Assistive Tech | 11.001 | <p>Did the assistive technology equipment provider:</p> <ul style="list-style-type: none"> • Deliver the equipment to the individual, • Assemble and set up the equipment, and • Coordinate as needed with a provider of assistive technology support to ensure the individual, and others identified by the individual, receive instruction in the use of the equipment? <p>5123-9-12</p> | |
| ASSISTIVE TECH | Assistive Tech | 11.002 | <p>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?</p> <p>5123-9-12</p> | |
| ASSISTIVE TECH | Assistive Tech | 11.003 | <p>Did the assistive technology provider provide maintenance, necessary repairs, and replacement of equipment prior to</p> | |

COMPLIANCE REVIEW TOOL: AGENCY PROVIDER

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| | | | <p style="color: green;">expiration of its useful life for any reason other than misuse or damage by the individual?</p> <p style="color: green;">5123-9-12</p> | |
| ASSISTIVE TECH | Assistive Tech | <u>11.002</u> | <p>If the provider has billed for assistive technology support, did they provide training on the use of the assistive technology equipment?</p> <p style="color: green;">5123-9-12</p> | <p>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</p> <ul style="list-style-type: none"> ● <u>THIS DOES NOT INCLUDE REMOTE SUPPORTS EQUIPMENT</u> <p>The provider who provides the assistive technology is responsible for providing the training.</p> |
| ASSISTIVE TECH | Assistive Tech | <u>11.003</u> | <p>If the provider has billed for assistive technology equipment, did they maintain a list of installed assistive technology equipment?</p> <p style="color: green;">5123-9-12</p> | <p>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</p> |
| ASSISTIVE TECH | Assistive Tech | <u>11.004</u> | <p>If the provider has billed for assistive technology consultation, did they maintain documentation showing</p> <ul style="list-style-type: none"> - 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. <p style="color: green;">5123-9-12</p> | |