

**COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER**

<b>SECTION 1</b>	<b>ADMINISTRATION &amp; OPERATION</b>	
<b>Question #</b>	<b>Question</b>	<b>Guidance/Additional Information</b>
1.001	If the ICF/IID is operating over their licensed capacity, is there a rule waiver from the Department? 5123-3-01	<ul style="list-style-type: none"> <li>Look at the census of the facility to ensure that the facility is not serving more individuals than their licensed capacity.</li> <li>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.</li> </ul>
1.002	Is the ICF/IID following all applicable local, state, and federal rules and regulations?  5123-3-01	<p>DODD Group Manager contact/approval is required.</p> <p>Citation must include the specific rule/regulation reference that is being cited</p>
1.003	Was the ICF/IID providing ONLY ICF/IID services and, if applicable, institutional respite or supported employment either in the ICF/IID or on the grounds of the ICF/IID? CMS 2296-F	<ul style="list-style-type: none"> <li>HCBS waiver funded services may not be provided in or on the grounds of an ICF/IID unless the individual is receiving employment services as an employee of the ICF/IID</li> <li>Institutional respite may be provided in an ICF/IID</li> </ul>
1.004	When there is a swimming pool on the grounds, is the pool only used in the presence of a person with a; <ul style="list-style-type: none"> <li>American Red Cross or equivalent lifeguarding certificate</li> <li>Shallow water lifeguarding certificate for pools less than 5 feet deep</li> </ul> 5123-3-01	<ul style="list-style-type: none"> <li>Required for ICF/IIDs that have pools unless the individuals' ISP indicate otherwise</li> <li>Check for rule waivers</li> </ul>

<b>SECTION 2</b>	<b>PERSONNEL</b>	
<b>Question #</b>	<b>Question</b>	<b>Guidance/Additional Information</b>
2.001	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"> <li>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</li> <li>Ask for the Administrator's date of hire. The ICF/IID should be able to provide evidence of a new Administrator Approval from DODD if they were hired on or after 10/1/16.</li> <li>Verify through interview the frequency of Administrator presence in the facility.</li> </ul>

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		<ul style="list-style-type: none"> <li>• Verify through interview and documentation the process by which the Administrator is overseeing provision of services.</li> <li>• <b>Report issues to DODD Group Manager</b></li> </ul>
2.002	<p>Did the Administrator annually complete:</p> <ul style="list-style-type: none"> <li>• Two hours of department-provided training</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Four hours of training selected by the Administrator</li> </ul> <p>5123-3-01</p>	<p>Applies to annual training obtained by the Administrator starting in 2023.</p> <p>Training selected by the Administrator must be in topics relevant to services provided and individuals served by the ICF/IID and/or management of the ICF/IID</p>
2.003	<p>Did the ICF/IID complete the following <u>initial</u> database checks for applicants for direct service positions prior to employment?</p> <ul style="list-style-type: none"> <li>• Inspector General’s Exclusion List</li> <li>• Sex Offender and Child Victim Offenders Database</li> <li>• U.S. General Services Administration System for Award Management Database</li> <li>• Database of Incarcerated and Supervised Offenders</li> <li>• Abuser Registry</li> <li>• Nurse Aide Registry</li> <li>• Ohio Dept of Medicaid Exclusion and Suspension List</li> </ul> <p>5123-2-02</p>	<p><b>Prior to employment means on or before the date the employee is in paid status.</b></p> <p><a href="#">Required checks with clickable links</a></p> <ul style="list-style-type: none"> <li>• Ohio Dept of Medicaid Exclusion and Suspension List required for those hired after 7/1/19.</li> <li>• The Nurse Aide Registry and Database of Incarcerated/ Supervised Offenders may not be automatically disqualifying.</li> <li>• Persons on the other 5 databases cannot be employed to provide direct services.</li> <li>• Providers using ARCS must manually complete the SAM check separate from ARCS</li> <li>• Database checks must be run ONLY using Name/Date of Birth/SSN information.</li> </ul> <p>If the date does not print on registry results, providers should make a notation of the date the check was completed.</p> <p>Mark as non-compliant if initial checks were:</p> <ul style="list-style-type: none"> <li>• not completed at all, or</li> <li>• completed late</li> </ul>

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2.004	<p>Did the ICF/IID complete the following database checks no less than once every five years for DSPs?</p> <ul style="list-style-type: none"> <li>• Inspector General’s Exclusion List</li> <li>• Sex Offender and Child Victim Offenders Database</li> <li>• U.S. General Services Administration System for Award Management Database</li> <li>• Database of Incarcerated and Supervised Offenders</li> <li>• Abuser Registry</li> <li>• Nurse Aide Registry</li> <li>• Ohio Dept of Medicaid Exclusion and Suspension List</li> </ul> <p>5123-2-02</p>	<ul style="list-style-type: none"> <li>• If DSPs 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</li> <li>• Database checks must be run ONLY using Name/Date of Birth/SSN information</li> <li>• 5-year checks must be run within 5 years from the date of the previous check, not 5 calendar years</li> </ul> <p>Mark as non-compliant if <u>5-year checks</u> were:</p> <ul style="list-style-type: none"> <li>• not completed at all</li> <li>• completed late</li> </ul>
2.005	<p>Did the ICF/IID 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; ORC109.572</p>	<p>Prior to employment means on or before the date the employee is in paid status</p> <ul style="list-style-type: none"> <li>• Those with an “In lieu of” conviction prior to 7/1/19 are grandfathered and able to work</li> <li>• Those with an “active” in lieu of conviction for a disqualifying offense hired after 7/1/19 cannot provide direct services</li> <li>• If the applicant has not been an Ohio resident for the 5 years previous to hire, the agency shall request that the BCII additionally obtain information from the FBI as part of the criminal records check</li> <li>• Reports from BCII/FBI are valid for one year</li> <li>• Reference BCII Reason Code document for a list of acceptable reason codes.</li> </ul> <p>Mark as non-compliant if initial checks were:</p> <ul style="list-style-type: none"> <li>• not completed at all</li> <li>• completed using the incorrect reason code/title</li> <li>• completed late</li> </ul>

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2.006	<p>Did the ICF/IID request the BCII/FBI check no less than once every five years for DSPs who:</p> <ul style="list-style-type: none"> <li>• are not enrolled in Rapback or</li> <li>• require FBI check?</li> </ul> <p>5123-2-02</p>	<ul style="list-style-type: none"> <li>• Those with an “In lieu of” conviction prior to 7/1/19 are grandfathered and able to work</li> <li>• Those with an “active” in lieu of conviction for a disqualifying offense hired after 7/1/19 cannot provide direct services</li> <li>• Mark as non-compliant if the 5-year checks were: <ul style="list-style-type: none"> <li>○ not completed at all</li> <li>○ completed using the incorrect reason code/title</li> <li>○ completed late</li> </ul> </li> <li>• 5-year checks must be run 5 years after the date of the initial check, not 5 calendar years.</li> <li>• Reference BCII Reason Code document for a list of acceptable reason codes</li> <li>• Rapback does NOT include the FBI check</li> <li>• FBI check required if employee has not been an Ohio resident for the 5 previous years</li> <li>• 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.</li> </ul>
2.007	<p>Did the ICF/IID enroll all employees in direct service positions in Rapback and were they enrolled in a timely manner?</p> <p>5123-2-02</p>	<p>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</p> <p>Mark as non-compliant if employee</p> <ul style="list-style-type: none"> <li>• Is not enrolled in Rapback or</li> <li>• Was enrolled late</li> </ul> <p>DSPs hired prior to October 1, 2016, should have been enrolled in Rapback at the point of their five-year BCII.</p> <p>DSPs are to be enrolled within 14 calendar days of receiving the criminal records check results or within 14 calendar days of hire; whichever is later.</p>

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2.008	<p>Did the ICF/IID ensure DSPs were not conditionally employed for more than 60 days without the results of the BCII/FBI records checks?</p> <p>5123-2-02</p>	<ul style="list-style-type: none"> <li>Employees cannot provide direct services after 60 days 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</li> </ul>
2.009	<p>Did the ICF/IID ensure that direct services are only provided by persons who do not have a disqualifying offense and who are not included on any of the databases identified in rule?</p> <p>5123-2-02;</p>	<ul style="list-style-type: none"> <li>Those with an “In lieu of” conviction prior to 7/1/19 are grandfathered and able to work</li> <li>Those with an “active” in lieu of conviction for a disqualifying offense hired after 7/1/19 cannot provide direct services</li> <li>Exclusionary periods do not start until person is fully discharged from imprisonment, probation, and parole.</li> <li>Multiple disqualifying convictions have longer exclusionary periods. Refer to 5123-2-02 E (2) for info</li> <li>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 <a href="#">here</a>.</li> <li>Only issue citation if a DSP with a disqualifying offense or on a registry is currently employed and working with individuals.</li> </ul>
2.010	<p>Did the DSPs, prior to employment, sign a statement:</p> <ul style="list-style-type: none"> <li>attesting that the DSP will notify the ICF/IID 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</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>attesting that the DSP has not been convicted of, pleaded guilty to, or been found eligible for intervention in lieu of conviction for a disqualifying offense</li> </ul> <p>5123-2-02</p>	<ul style="list-style-type: none"> <li>Sample attestation form is available on DODD’s website found <a href="#">here</a></li> <li>Attestation statements not required to include in lieu of convictions for those hired prior to 7/1/19</li> </ul>

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2.011	<p>Does the DSP have:</p> <ul style="list-style-type: none"> <li>• Current CPR certification and</li> <li>• Current first aid certification?</li> </ul> <p>5123-3-01</p>	<ul style="list-style-type: none"> <li>• Required for all DSPs who work in the ICF/IID, including nurses                             <ul style="list-style-type: none"> <li>○ Currently licensed RNs and LPNs are not required to have first aid certification.</li> </ul> </li> <li>• <b>For licensed facilities:</b> required within 60 days of hire. During those 60 days, DSPs without certification cannot work alone.</li> <li>• Current EMT certification is acceptable for first aid and CPR.</li> <li>• CPR/First Aid training must include an in-person skills demonstration. Virtual skills demonstrations do not meet this requirement.</li> </ul>
2.012	<p>If the DSP is responsible for the following, do they have the appropriate certification for:</p> <ul style="list-style-type: none"> <li>• Oral or topical medications (Category 1)</li> <li>• Health related activities (Category 1)</li> <li>• G-tube/J-tube (Category 2)</li> <li>• Insulin injections (Category 3)</li> </ul> <p>AND</p> <p>Do they have a high school diploma/GED?</p> <p>5123-6-03; 5123-6-06</p>	<p><b>Certification must be verified using MAIS.</b></p> <ul style="list-style-type: none"> <li>• Category 2 and Category 3 certifications require a valid Category 1 certification to be valid</li> <li>• Insulin and injectable treatments can only be administered for metabolic glycemc disorders such as diabetes, hypo/hyperglycemia, etc.</li> <li>• 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.</li> <li>• 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</li> <li>• Evidence of college enrollment/credit is sufficient to evidence HSD/GED</li> </ul>
2.013	<p>Does the DSP have training, including individual specific training, to perform the tasks/use the following devices:</p> <ul style="list-style-type: none"> <li>• Vagus nerve stimulator,</li> <li>• Epinephrine auto-injector,</li> </ul>	<ul style="list-style-type: none"> <li>• These tasks can be performed by trained DSPs who do not have medication administration certification and DSPs who do not have a HSD/GED.</li> <li>• DSPs with Cat 1 certification still need training specific to these topics</li> </ul>

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	<ul style="list-style-type: none"> <li>Administration of topical over-the counter medication for the purpose of cleaning, protecting, or comforting the skin, hair, nails, teeth, or oral surfaces?</li> </ul> <p>5123-6-05</p>	<ul style="list-style-type: none"> <li>DSPs must complete training prior to using the device or administering epinephrine or the topical OTC medication and annually thereafter.</li> <li>Training must be provided by a licensed nurse, or DSPs with health-related activities and prescribed medication administration certification.</li> <li>Training must be the department-approved curriculum.</li> <li>Training must include individual specific information as well as a return demonstration of skills.</li> </ul>
2.014	<p>For ICF/IID employees who are responsible for transporting individuals, did the provider:</p> <ul style="list-style-type: none"> <li>Ensure the ICF/IID employee has a valid driver's license,</li> <li>Ensure each vehicle used to transport individuals is covered by valid personal or corporate liability insurance;</li> <li>Ensure that a driver's abstract was completed prior to transporting individuals;</li> <li>Ensure that only staff with 5 or fewer points on their driver's abstract transport individuals, and</li> </ul> <p>5123-2-02; 5123-3-04; ORC 4510.12</p>	<ul style="list-style-type: none"> <li>An initial abstract is required for all DSPs who transport individuals and any DSP with six points or more on their driver's license is ineligible to transport individuals.</li> <li>An unofficial abstract from the BMV is acceptable.</li> <li>The abstract must be obtained no earlier than 14 calendar days prior to the date of initial employment as a driver.</li> <li>The abstract should come from the state where the employee's license was issued.</li> <li>DSPs are ineligible to provide transportation if they have a suspended license, even if they have permission to drive for work purposes.</li> <li>Ohio law requires liability insurance on all vehicles.</li> </ul>
2.015	<p>Prior to providing direct services, did the ICF/IID ensure each DSP successfully completed the following:</p> <p>1. Training provided or arranged by the operator in:</p> <ol style="list-style-type: none"> <li>Mission, vision, values, and organizational structure of the agency or residential facility</li> <li>Agency policies, procedures, and work rules</li> <li>Overview of services provided by the facility</li> <li>Service documentation that supports billing</li> <li>Overview of fire safety and emergency procedures</li> </ol>	<p>These topics are required for DSPs hired after 3/1/23</p>

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	<p>2. Training provided by DODD or using DODD’s curriculum in:</p> <p>(a) Empathy-based care                      (b) Role of a DSP including "National Alliance for Direct Support Professionals" code of ethics                      (c) Rights of individuals                      (d) Implementation of ISPs and service outcomes                      (e) Recognizing and reporting MUIs and UIs                      (f) Universal precautions</p> <p>AND</p> <p>3. Training specific to the ISP of each individual the DSP will support?</p> <p>5123-3-01</p>	<p>Look for ISP training</p> <ul style="list-style-type: none"> <li>• When there is a new DSP,</li> <li>• When someone works with new individuals, and</li> <li>• When there is a significant change in support needs.</li> </ul> <p>ISP training should include what is important to the individual and what is important for the individual (examples include but are not limited to: health and safety; community integration; employment goals; behavioral support strategy; management of the individual's funds; or medication administration/delegated nursing needs</p>
2.016	<p>Did the ICF/IID ensure that <b>within thirty days of hire</b>, each DSP completed training provided or arranged by the ICF/IID in:</p> <ul style="list-style-type: none"> <li>• Person-centered planning and provision of services</li> <li>• Facilitating community participation and integration for individuals served</li> <li>• Provisions of rule 5123-17-02 of the Administrative Code relevant to the DSP’s duties including a review of health and welfare alerts issued by the department</li> <li>• Empathy-based care</li> <li>• Specific to each ICF/IID in which the DSP works, training in fire safety, operation of fire safety equipment and warning systems, and the ICF/IID’s fire safety and emergency response plan</li> </ul> <p>5123-3-01</p>	<p>Required for DSPs hired after 3/1/23</p> <p>Until the DSP receives training on the last item, 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>
2.017	<p>Did each DSP annually complete:</p> <ul style="list-style-type: none"> <li>• Two hours of training provided by the Department or by an entity using department-provided curriculum</li> </ul>	<p>Applies to annual training obtained in ICF/IIDs starting in 2023.</p>

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	<ul style="list-style-type: none"> <li>Six hours of training provided or arranged by the agency provider</li> </ul> <p>5123-3-01</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"> <li>MUI and UI requirements</li> <li>Review of health and welfare alerts issued by the department since previous year's training</li> <li>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</li> <li>specific to ICF/IID in which the DSP works, training in fire safety, operation of fire safety equipment and warning systems, and the ICF/IID's fire safety and emergency response plan</li> </ul>
2.018	<p>Did DSPs receive annual notification explaining conduct for which a DD employee may be included on the Abuser Registry?</p> <p>5123-3-01</p>	<p>The Annual Abuser Registry Notice can be found on DODD's website <a href="#">here</a>.</p> <ul style="list-style-type: none"> <li>Signature from the DSP is not required. ICF/IID must be able to demonstrate they have a procedure for providing this written notice to DSPs on an annual basis</li> <li>Required once annually during calendar year, not every 365 days.</li> </ul>

SECTION 3	PHYSICAL ENVIRONMENT	
Question #	Question	Guidance/Additional Information
3.001	<p>Does the ICF/IID have:</p> <ul style="list-style-type: none"> <li>An emergency response and fire safety plan,</li> <li>Documentation that the individual(s) participated in training on the emergency response and fire safety plan within thirty calendar days of residency</li> </ul>	<p>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</p>

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	<p>and at least once during every twelve-month period thereafter.</p> <p>AND</p> <ul style="list-style-type: none"> <li>Has the provider completed emergency drills (tornado and fire) and completed a written record of each drill?</li> </ul> <p>5123-3-02</p>	<p>Fire drills:</p> <ul style="list-style-type: none"> <li>Licensed Facility- 3 within 12 months (at least 1 in am, 1 in pm and 1 sleep drill)</li> </ul> <p>Tornado drills:</p> <ul style="list-style-type: none"> <li>Licensed Facility- 1 within 12 months</li> </ul> <p>Plan of improvement identified in drill analysis/ISP should address refusals to participate in drills and special assistance needs when applicable</p>
3.002	<p>Does the ICF/IID have:</p> <ul style="list-style-type: none"> <li>Appropriate and comfortable equipment, furniture and appliances that are in good condition to meet the needs and preferences of the individuals,</li> <li>Entrances, hallways, corridors, and ramps that are clear and unobstructed, and</li> <li>Interior, exterior and grounds of the building that are maintained in good repair and in a clean and sanitary manner?</li> </ul> <p>5123-3-02</p>	<ul style="list-style-type: none"> <li>Furniture and equipment should be safe.</li> <li>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.</li> <li>Good repair and sanitary means the building is free from danger or hazard to the health of the person [s] occupying it as well as, free from strong odors, pests, and mold.</li> <li>Opened doors and windows must be screened</li> <li>The home should have the necessary equipment based on the needs of the individuals served (i.e.: grab bars, ramps, visual fire alarms, etc.).</li> </ul>
3.003	<p>Does the ICF/IID have bathing facilities at a ratio of 1:4?</p> <p>5123-3-02</p>	<p>For every four beds the ICF/IID is licensed for, there must be one toilet and one tub or shower. Ex. 12-bed facility must have 3 toilets and 3 tubs or showers per facility.</p>
3.004	<p>Was the individual able to independently get around his/her home and have unrestricted access to all areas of the home and grounds unless otherwise indicated in the IP?</p> <p>5123-3-02</p>	<ul style="list-style-type: none"> <li>Look to see that doors are wide enough for wheelchairs and ramps when needed.</li> <li>Only staff quarters, bedrooms of other individuals and boiler/mechanical areas may be off-limits to individuals.</li> <li>Ensure that thermostats are not locked unless included in the IP as a restrictive measure.</li> <li>Ensure that individuals are able to enter and exit home and grounds independently</li> </ul>

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3.005	Did the facility ensure that no bedroom was shared by individuals of the opposite sex unless consenting adults? 5123-3-02	If you find members of the opposite sex sharing a bedroom <ul style="list-style-type: none"> <li>• Look for if the individual is their own guardian; confirm via interview</li> <li>• Look for if the individual has a guardian; look for evidence of guardian consent</li> </ul>
3.006	Did the facility ensure that individuals under the age of 18 do not share a bedroom with individuals over the age of 18? 5123-3-02	
3.007	Did the licensed facility annually obtain a fire inspection and, if applicable, a water and sewer inspection? 5123-3-02	Water and sewer inspections required if the ICF/IID is not on city water/sewer

<b>SECTION 4</b>	<b>PERSON-CENTERED PLANNING</b>	
<b>Question #</b>	<b>Question</b>	<b>Guidance/Additional Information</b>
4.001	Using person centered planning, does the ISP: <ul style="list-style-type: none"> <li>• Identify a continuous active treatment program;</li> <li>• Identify opportunities for independence, choice, and self-management;</li> <li>• Identify needed developmental, behavioral, and health interventions and supports;</li> <li>• Identify and promote opportunities for community participation; and</li> <li>• Identify and support preservation and development of interpersonal relationships (e.g., social contacts, relationships, and emotional supports)</li> <li>• The individual’s unique strengths, interests, abilities, preferences, resources, and desired outcomes as they relate to community employment?</li> </ul> 5123-3-03	Person-Centered Requirements: <ul style="list-style-type: none"> <li>• Cultural considerations</li> <li>• Plain language and accessible</li> <li>• Support is given for person to make informed choices</li> <li>• Person leads and is supported to direct the process to the maximum extent possible</li> <li>• People chosen by the person are included</li> <li>• Process timely and occurs at convenience of the person</li> <li>• The plan based on needs and assessments that will prevent any unnecessary or inappropriate services &amp; supports</li> <li>• Opportunity to seek employment and work in competitive integrated settings</li> <li>• Engage in community life</li> <li>• Control personal resources</li> </ul>

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Question #	Question	Guidance/Additional Information
4.002	<p>Does the assessment consider;</p> <ul style="list-style-type: none"> <li>• What is important to the individual to satisfaction and achievement of desired outcomes</li> <li>• What is important for the individual to maintain health and welfare</li> <li>• Known and likely risks</li> <li>• Place on the path to employment</li> <li>• The individual’s skills and abilities</li> </ul> <p>5123-3-03; 5123-2-05</p>	<ul style="list-style-type: none"> <li>• Assessment considers the individual’s skills</li> <li>• The team may prioritize the assessed needs of the individual based on what is important to/important for the individual.</li> <li>• Important to promote satisfaction</li> <li>• Including provider/staff selection</li> <li>• Important for promotes health and welfare</li> <li>• Trends of unusual incidents</li> <li>• Major unusual incident review</li> <li>• Serious chronic medical conditions</li> </ul> <p>ISP Requirements for Employment First (Path to Employment)</p> <ul style="list-style-type: none"> <li>• For individuals on place I or place II of the path to competitive integrated employment, include the integrated employment outcome and related action steps.</li> <li>• 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</li> <li>• 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 around the individual’s capabilities and successes of engaging in meaningful activities within the community</li> </ul>
4.003	<p>Was the ISP:</p> <ul style="list-style-type: none"> <li>• Developed within 30 days of admission and reviewed at least annually thereafter?</li> <li>• Agreed to with written consent of the individual (and/or guardian if applicable) and providers responsible for implementation?</li> </ul> <p>5123-3-03</p>	<ul style="list-style-type: none"> <li>• For minors, the plan should be approved by the parent/legally responsible person.</li> <li>• Consent must be written, not just verbal. When an attendance sheet is used, it must specifically identify that the signature is documenting both attendance and consent or have a separate space for consent.</li> <li>• If consent could not be obtained, did the QIDP offer alternative services or activities to the individual</li> </ul>

**COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER**

SECTION 4	PERSON-CENTERED PLANNING	
Question #	Question	Guidance/Additional Information
4.004	Was the IP revised based on the changes in the individual’s needs/wants?  5123-3-03	<ul style="list-style-type: none"> <li>• Written approval can include DocuSign or e-signatures.</li> <li>• The ICF/IID must revise the ISP when aware of new or unmet needs when reported by the individual, DSPs, or other team members.</li> <li>• Consider life changes such as a new job, new medical conditions, changing providers, moving, or deleting unwanted services.</li> <li>• Revisions should occur within 30 calendar days of request or identified need</li> </ul>
4.005	Does the ISP reflect meaningful planning for the individual’s discharge from the ICF/IID that; <ul style="list-style-type: none"> <li>• Identifies supports and services necessary for the individual’s transition to an integrated community setting and specifies who is responsible for ensuring necessary supports and services are provided; and</li> <li>• Includes strategies for meeting the challenges for a successful transition to an integrated community setting</li> </ul> 5123-3-03	<ul style="list-style-type: none"> <li>• This means the team s discussing and the ISP reflects what is needed and skills to be developed for future transition, not that there is a planned date for discharge</li> </ul>
4.006	Did the ICF/IID complete Annual Options Counseling, providing the individual with information about the services and supports available to an individual residing in an ICF/IID and the supports and services available to an individual enrolled in a home and community-based services waiver?  5123-3-03	<ul style="list-style-type: none"> <li>• Individuals should be aware of the availability of multiple day activities in the community, both paid and unpaid, including volunteer opportunities, paid work opportunities, leisure/rec opportunities, alternative day service providers, etc.</li> <li>• Individuals should be aware of the availability of HCBS Waiver services</li> </ul>
4.007	Does the ISP include supports to access the full community?  5123-3-03; 5123-3-04	<ul style="list-style-type: none"> <li>• Are the activities similar to those available to people without disabilities?</li> <li>• On-going access to the community</li> <li>• Individualized vs group opportunities</li> <li>• Achieving desired outcomes in the area of community integration</li> <li>• Do activities involve people with and without disabilities?</li> </ul>

**COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER**

SECTION 4	PERSON-CENTERED PLANNING	
Question #	Question	Guidance/Additional Information
		<ul style="list-style-type: none"> <li>• Are activities meaningful to the individual (of their choice/based on their interests)?</li> </ul>
4.008	<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:</p> <ul style="list-style-type: none"> <li>• The name of the responsible provider,</li> <li>• The name of the payee, when applicable</li> <li>• The name of the person responsible for the estate of the individual in the event of the person’s death and when applicable, the name of the person or entity assigned as guardian of the estate,</li> <li>• The dollar amount to be available to the individual upon request for personal spending,</li> <li>• The maximum dollar amount the individual is able to independently manage at one time</li> <li>• The maximum dollar amount the provider may spend on behalf of the individual for any one expenditure without team approval, and</li> <li>• Specific supports to be provided such as when/if receipts need to be kept, bill-paying, shopping, budgeting, increasing the individual's independence, etc.</li> </ul> <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>
4.009	<p>If the IP contains behavior support strategies, does the behavior support strategy 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>	
4.010	<p>Do all individuals residing in the ICF have an OhioISP in the DODD online system?</p> <p>5123-3-03</p>	<p>All facilities were required to be in compliance by 1/1/25</p>

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<b>SECTION 5</b>	<b>PROVISION OF SERVICES/IP IMPLEMENTATION</b>	
<b>Question #</b>	<b>Question</b>	<b>Guidance/Additional Information</b>
5.001	<p>Are medications, treatments, health related activities and dietary orders being followed as indicated in the IP?</p> <p>5123-3-04; 5123-6-03</p>	<ul style="list-style-type: none"> <li>• Info may come from the medication administration record (MAR), doctor's orders, OT/PT and speech plans and unusual incidents</li> </ul>
5.002	<p>Is the ISP being implemented as written?</p> <p>5123-3-04</p>	<ul style="list-style-type: none"> <li>• Implementation of services can be verified using observation, interview, and documentation review.</li> </ul>
5.003	<p>Was the individual actively participating in activities throughout the review and are services provided in a manner which supports individual choice, preferences, and needs?</p> <p>5123-3-04</p>	<ul style="list-style-type: none"> <li>• Ensure that the individual has been offered activities and chooses not to participate.</li> <li>• If individual is choosing not to participate, follow up on what other options have been explored/offered.</li> <li>• Individuals actively participate in the planning process to the extent of their capabilities and preferences.</li> <li>• Individuals participate in decisions related to selecting activities, meals, etc. to the extent of their capabilities and preferences.</li> <li>• Individuals are afforded their privacy during personal care and medication administration.</li> </ul>
5.004	<p>Does the individual participate in day programming that fosters community participation and provides for a variety of activities and is at least 200 feet from the ICF/IID?</p> <p>5123-3-04</p>	<ul style="list-style-type: none"> <li>• An individual may choose to participate in activities and programs through virtual support if it does not have the effect of isolating the individual from the community or preventing the individual from interacting with people with or without disabilities; the use of virtual support is agreed to by the individual and their team and specified in the ISP, and the use of virtual support complies with applicable laws regarding the person's right to privacy and PHI</li> <li>• This should be marked compliant if the person typically attends day program but was home on the day of the review.</li> <li>• If an individual does not go to a community-based day program, check IP, MAR, or other documentation to ensure that there is evidence that off-site day activity is contraindicated.</li> <li>• The individual should have opportunities throughout the day to participate in varied activities both at the day services site as well as in the community.</li> </ul>

## COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER

SECTION 5		
PROVISION OF SERVICES/IP IMPLEMENTATION		
Question #	Question	Guidance/Additional Information
		<ul style="list-style-type: none"> <li>All individuals should be attending an off-site day activity setting unless otherwise indicated in the IP as contraindicated for the individual.</li> <li>An ICF/IID who was providing on-site day activity services prior to 7/1/05 may continue to do so.</li> </ul>
5.005	Is staff available based on the assessed needs of the individual? 5123-3-01	<ul style="list-style-type: none"> <li>Are supervision levels being met?</li> <li>Are there adequate staff on each shift to meet the supervision levels of each individual (i.e., for evacuation; to implement behavior support interventions; to ensure safety, etc.)</li> </ul>

SECTION 6		
MEDICATION ADMINISTRATION		
Question #	Question	Guidance/Additional Information
6.001	<p>If the individual(s) being served are unable to self-administer:</p> <ul style="list-style-type: none"> <li>Is the medication stored in a secure location?</li> <li>Is the medication in a pharmacy labeled container?</li> </ul> <p>5123-6-02;-5123-6-06; 5123-3-04</p>	<ul style="list-style-type: none"> <li>All medications must be secured in an ICF/IID. Individuals assessed as being able to self-administer medications may maintain their own medication in a secured lockbox or other secured manner in their bedroom or personal space.</li> <li>This may include a pharmacy pill bottle or pharmacy blister pack.</li> </ul> <p>Use of medication dispensers:</p> <ul style="list-style-type: none"> <li>DSPs are not permitted to administer medications from any type of medication dispenser</li> <li>Medication dispensers can only be filled by the individual who is self-administering; family as natural support; licensed healthcare professional – RN, LPN, Pharmacist</li> <li>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)</li> </ul>
6.002	If it is believed that the individual is unable to self-administer their medications, was a self-administration assessment completed, reviewed annually, and revised as needed?	<ul style="list-style-type: none"> <li>The presumption is that everyone is able to self-administer their medications. Assessment should be completed only if the team believes the individual is unable to safely self-administer. Therefore, individuals</li> </ul>

**COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER**

SECTION 6	MEDICATION ADMINISTRATION	
Question #	Question	Guidance/Additional Information
	5123-6-02	identified as self-administering may not have an assessment. If required, the ICF/IID must utilize the department-approved self-administration assessment <ul style="list-style-type: none"> <li>• Anyone familiar with the individual can complete the assessment, except the assessment for individuals with G/J tube and/or insulin must be completed by a licensed nurse</li> <li>• A new assessment must be done at least every 3 years or if there has been a change</li> <li>• A medication assessment is not required for minors 17 and younger</li> </ul>
6.003	If the individual’s assessment indicates that they are unable to self-administer, does the ISP address their medication administration needs?  5123-6-02	<ul style="list-style-type: none"> <li>• This includes Delegated Nursing when based on person’s need                             <ul style="list-style-type: none"> <li>○ Not needed when due to requirements of the setting</li> </ul> </li> </ul>
6.004	If nursing delegation is required, is there: <ul style="list-style-type: none"> <li>• A statement of delegation,</li> <li>• Evidence the nurse provided individual-specific training to DSPs prior to the performance of delegated tasks.</li> <li>• Evidence of ongoing reassessment but at least annually</li> <li>• Step-by-step-written instructions of the task</li> <li>• Nurse observed and documented a satisfactory return demonstration of the nursing task</li> </ul> 5123-6-01; 5123-6-03	Nursing delegation is required for: <ul style="list-style-type: none"> <li>• Medication administration and 13 health related activities in Day service locations serving 17 or more individuals,</li> <li>• Residential facilities with 6 or more beds,</li> <li>• G/J tube medication administration,</li> <li>• Administration of Glucagon</li> <li>• Administration of insulin by injection/pump/inhalant and injectable treatments for metabolic glycemc disorders</li> <li>• Administration of nutrition by G/J tube.</li> <li>• Any nursing task as defined in OAC 4723-13-01</li> </ul> Reassessment must include determination that: <ul style="list-style-type: none"> <li>• Nursing delegation continues to be necessary;</li> <li>• The individual and circumstances continue to adhere to standards and conditions for nursing delegation; and</li> <li>• The developmental disabilities personnel continue to demonstrate the skill to accurately perform the nursing tasks, health-related activities, and prescribed medication administration being delegated.</li> </ul>
6.005	If nursing delegation is required, is the delegating nurse available to supervise the performance of delegated tasks?	<ul style="list-style-type: none"> <li>• Ask the ICF/IID how delegated staff can contact the nurse if there are questions or concerns</li> </ul>

## COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER

SECTION 6	MEDICATION ADMINISTRATION	
Question #	Question	Guidance/Additional Information
	5123-6-03; OAC 4723-13-07	<ul style="list-style-type: none"> <li>During the site visit, ask delegated staff if they know how to contact the nurse and has the nurse been available when needed</li> </ul>
6.006	<p>Did the ICF/IID ensure that all administered 'as needed' (PRN) medication orders were written in a manner that precludes independent judgment by DSPs?</p> <p>5123-6-06</p>	<p>Orders must have clear instructions that describe under what circumstances and conditions the PRN should be administered and how much/how often</p> <p>Until updated orders are received, the prn medication should only be administered by a nurse or family member/natural support</p> <p>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.</p>

SECTION 7	BEHAVIOR SUPPORT	
Question #	Question	Guidance/Additional Information
7.001	<p>If the ISP includes restrictive measures, did the Human Rights Committee review and approve the ISP prior to implementation?</p> <p>5123-2-06</p>	Cite if the ISP includes restrictive measures, but there is no HRC approval.
7.002	<p>Is the ICF/IID implementing restrictive measures that are not in the ISP?</p> <p>5123-2-06</p>	<p>Cite if the provider is implementing restrictive measures that are not included in the ISP</p> <p>Examples of rights restrictions that cannot be used outside of the requirements for restrictive measures:</p> <ul style="list-style-type: none"> <li>Imposed bedtimes,</li> <li>Locked cabinets,</li> <li>Visitor limitations,</li> <li>Dietary restrictions and/or</li> <li>Limitations related to technology or community</li> <li>Limitations related to alcohol, sex, and/or romantic relationships</li> </ul> <p>Does not apply to restrictive measures implemented in an emergency situation and properly reported as an Unapproved Behavior Support.</p>

**COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER**

SECTION 7	BEHAVIOR SUPPORT	
Question #	Question	Guidance/Additional Information
7.003	<p>If the ISP includes:</p> <ul style="list-style-type: none"> <li>• Time out or manual or mechanical restraint, are the interventions implemented only when there is risk of harm?</li> <li>• 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?</li> <li>• Rights restrictions, are the interventions being implemented only when risk of harm OR likelihood of legal sanction are evidenced?</li> </ul> <p>5123-2-06</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 <u>are</u> 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 <u>not be</u> 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>
7.004	<p>If the ISP includes a restrictive measure, are behavioral supports employed with</p> <ul style="list-style-type: none"> <li>• Sufficient safeguards and</li> <li>• Sufficient supervision to ensure health, welfare, and rights?</li> </ul> <p>5123-2-06</p>	<p>This includes but is not limited to:</p> <ul style="list-style-type: none"> <li>• Are “time away” procedures voluntary or mandatory?</li> <li>• If time-out rooms are used, are all safety requirements in place?</li> </ul>
7.005	<p>If the ISP includes a restrictive measure, have DSPs been trained on the approved interventions?</p> <p>5123-2-06</p>	<p>DSPs must be trained on the approved restrictive behavioral support strategies prior to working with a person who has restrictive measures in their ISP</p>
7.006	<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>
7.007	<p>Did the ICF/IID share the record of restrictive measures that were implemented with the individual or the individual's guardian, as applicable, and the individual's</p>	<p>The provider is required to share the record of the restrictive measure implementation with the team for the purpose of the 90-day review</p>

**COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER**

SECTION 7	BEHAVIOR SUPPORT	
Question #	Question	Guidance/Additional Information
	team whenever the individual's behavioral support strategy is being reviewed or reconsidered? 5123-2-06	
7.008	Is there a provider record of the date, time, duration, and antecedent factors regarding each use of a restrictive measure other than a restrictive measure that is not based on antecedent factors (e.g., bed alarm or locked cabinet)? 5123-2-06	Duration is only applicable for a manual restraint or a mechanical restraint
7.009	Did the provider notify the individuals guardian as outlined in the ISP regarding any uses of chemical restraints, manual restraints, or time-out? 5123-2-06	
7.010	If the ISP includes a restrictive measure, is there evidence that the Restrictive Measure Notification was submitted: <ul style="list-style-type: none"> <li>• After securing approval and prior to implementation of a behavioral support strategy that includes restrictive measures and/or</li> <li>• When a restrictive measure is discontinued?</li> </ul> 5123-2-06	Access RMN system via DODD applications to review
7.011	If the ISP has behavioral strategies that include restrictive measures, is there evidence that the strategy is reviewed by the individual and the individual's team: <ul style="list-style-type: none"> <li>• At least every ninety calendar days OR more frequently when specified by the human rights committee to determine and document the effectiveness of the strategy and whether the strategy should be continued, discontinued, or revised?</li> </ul> AND <ul style="list-style-type: none"> <li>• If a manual restraint has been used within the past 90 days, did the review include seeking the</li> </ul>	The review shall consider: <ul style="list-style-type: none"> <li>• Numeric data on changes in the severity or frequency of behaviors that had been targeted for reduction due to a threat to safety or wellbeing;</li> <li>• New skills that have been developed which have reduced or eliminated threats to safety or wellbeing;</li> <li>• The individual's self-report of overall satisfaction in achieving desired outcomes and pursuing interests; and</li> <li>• Observations by paid staff and/or natural supports as they relate to safety or wellbeing and the individual's achievement of desired outcomes and pursuit of interests</li> </ul>

**COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER**

SECTION 7	BEHAVIOR SUPPORT	
Question #	Question	Guidance/Additional Information
	<p>perspective of the person and at least one DSP involved in the use of the manual restraint regarding why the manual restraint occurred and what could be done differently in the future to avoid manual restraint?</p> <p>5123-2-06</p>	
7.012	<p>If the ISP includes restrictive measures, is there evidence of an assessment within the past twelve months that clearly describes the behavior that poses risk of harm or likelihood of legal sanction or the individual’s engagement in a precisely-defined pattern of behavior that is very likely to result in risk of harm?</p> <p>5123-2-06</p>	<p>For restrictive behavior support strategies, the assessment must clearly describe:</p> <ul style="list-style-type: none"> <li>• Behavior posing risk of harm or likelihood of legal sanction or the individual's engagement in a precisely-defined pattern of behavior that is very likely to result in risk of harm;</li> <li>• Possible level of harm or type of legal sanction</li> <li>• When the behavior is likely to occur</li> <li>• Individual contributing factors (medical, environmental, traumatic experiences, etc).</li> <li>• Nature and degree of risk to the individual if the restrictive measure is implemented.</li> <li>• Precisely-defined pattern of behavior (a documented and predictable sequence of actions that if left uninterrupted will very likely result in physical harm to self or others)                             <ul style="list-style-type: none"> <li>• Only chemical restraints may be implemented for engagement in a precisely-defined pattern of behavior</li> </ul> </li> </ul>
7.013	<p>Is there evidence that the person conducting assessments and developing behavioral strategies that include restrictive measures have required credentials?</p> <p>5123-2-06</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Hold a valid license issued by the Ohio board of psychology;</li> <li>• Hold a valid license issued by the Ohio counselor, social worker and marriage and family therapist board;</li> <li>• Hold a valid physician license issued by the state medical board of Ohio</li> </ul>

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SECTION 7	BEHAVIOR SUPPORT	
Question #	Question	Guidance/Additional Information
7.014	<p>Is there evidence that informed consent was received from the individual or guardian prior to the restrictive strategies being submitted to the HRC for approval?</p> <p>5123-2-06</p>	<ul style="list-style-type: none"> <li>• “Informed consent” means a documented written agreement to allow a proposed action, treatment, or service after full disclosure provided in a manner an individual (or guardian as applicable) understands of the relevant facts necessary to make a decision.</li> </ul> <p>Relevant facts include:</p> <ul style="list-style-type: none"> <li>• The risks and benefits of the actions, treatment, or service</li> <li>• The risks and benefits of the alternatives to the action, treatment, or service</li> <li>• The right to refuse the actions, treatment, or service</li> </ul> <p>An electronic signature is acceptable and the individual or guardian as applicable) may withdraw informed consent at any time</p>
7.015	<p>Does the ICF/IID have a human rights committee that includes the following?</p> <ul style="list-style-type: none"> <li>• At least 4 people</li> <li>• At least 1 individual who receives or is eligible to receive specialized services</li> <li>• Qualified persons with training or experience in contemporary practices of Behavior Support</li> </ul> <p>Reflect a balance of:</p> <ul style="list-style-type: none"> <li>• Individuals who receive or are eligible to receive specialized services or family members or guardians of individuals who receive or are eligible to receive services</li> <li>• County boards or providers</li> </ul> <p>AND</p> <p>Did all members of the Human Rights Committee receive initial and annual training?</p> <p>5123-2-06</p>	<ul style="list-style-type: none"> <li>• Ensure that authors of restrictive measures who sit on the HRC do not “vote” on the measures they wrote.</li> <li>• A committee can serve more than one ICF/IID</li> <li>• An ICF/IID may refer to their HRC as a specially constituted committee as used in 483.440 (f)(3).</li> <li>• ICFs and county boards may jointly establish HRCs</li> <li>• ICF/IIDs must receive approval of their own trainings or utilize DODD trainings.</li> </ul> <p>Initial topics required within 3 months of appointment:</p> <ul style="list-style-type: none"> <li>• Rights of individuals with disabilities,</li> <li>• Person-centered planning,</li> <li>• Informed consent,</li> <li>• Confidentiality,</li> <li>• The requirements of 5123-2-06.</li> </ul> <p>Annual topics required once during the calendar year beginning the second year of appointment may include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Self-advocacy and self-determination,</li> <li>• Role of guardians and section 5126.043 of the Revised Code,</li> </ul>

**COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER**

SECTION 7	BEHAVIOR SUPPORT	
Question #	Question	Guidance/Additional Information
		<ul style="list-style-type: none"> <li>• Effect of traumatic experiences on behavior,</li> <li>• Court-ordered community controls and the role of the court, the CB, and the human rights committee.</li> </ul>
7.016	<p>Did each ICF/IID complete an annual analysis of behavioral support strategies that include restrictive measures for the preceding year and present the data and analysis to their Human Rights Committee by March 15 of each year?</p> <p>5123-2-06</p>	<p>Data compiled and analyzed is to be extracted from the department’s RMN application and must include:</p> <ul style="list-style-type: none"> <li>• Nature and frequency of risk of harm or likelihood of legal sanction that triggered development of strategies that included restrictive measures</li> <li>• Number of strategies that include restrictive measures reviewed, approved, rejected, and re-authorized by type of restrictive measure (manual restraint, mechanical restraint, rights restriction, etc.)</li> <li>• Number of restrictive measures implemented by type of restrictive measure (manual restraint, mechanical restraint, rights restriction, etc.)</li> <li>• Number of strategies that include restrictive measures that have been discontinued and the reasons for discontinuing the strategies AND</li> <li>• An in-depth review and analysis of either:               <ul style="list-style-type: none"> <li>○ Trends and patterns regarding strategies that include restrictive measures for the purpose of determining methods for enhancing risk reduction efforts and outcomes, reducing the frequency of restrictive measures, and identifying technical assistance and training needs; OR</li> <li>○ A sample of implemented strategies that include restrictive measures for purposes of ensuring that strategies are developed, implemented, documented, and monitored in accordance with the rule</li> </ul> </li> </ul>
7.017	<p>Was the individual or guardian:</p> <ul style="list-style-type: none"> <li>• Notified 72 hours in advance of the Human Rights Committee meeting AND</li> <li>• Provided the right to present information to the HRC AND</li> </ul>	<p>A request for reconsideration of rejection by the HRC of a strategy that includes restrictive measures must be submitted in writing within fourteen calendar days of being informed of the rejection</p>

**COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER**

<b>SECTION 7</b>	<b>BEHAVIOR SUPPORT</b>	
<b>Question #</b>	<b>Question</b>	<b>Guidance/Additional Information</b>
	<ul style="list-style-type: none"> <li>If a restrictive measure was rejected by the HRC, provided information related to the rejection so they could seek reconsideration?</li> </ul> 5123-2-06	
7.018	Does the ICF/IID's Human Rights Committee review emergency requests for behavioral support strategies that include restrictive measures as required by rule?  5123-2-06	An emergency request shall consist of: <ul style="list-style-type: none"> <li>A description of the restrictive measures;</li> <li>Documentation of risk of harm or legal sanction which demonstrates the situation is an emergency;</li> <li>A description of positive measures that have been implemented and proved ineffective or infeasible;</li> <li>Any medical contraindications; and</li> <li>Informed consent by the individual or the individual's guardian, as applicable.</li> </ul> The behavior support strategy approved via the emergency request process may be in place for a period not to exceed forty-five calendar days.  Prior to implementing strategy submitted via the emergency request process, the strategy must be approved by a quorum of members of the human rights committee

<b>SECTION 8</b>	<b>UI/MUI</b>	
<b>Question #</b>	<b>Question</b>	<b>Guidance/Additional Information</b>
8.001	Is there evidence that the Incident Report contains the following required elements? <ul style="list-style-type: none"> <li>Individual's name;</li> <li>Individual's address;</li> <li>Date of incident;</li> <li>Location of incident;</li> <li>Description of incident;</li> <li>Type and location of injuries;</li> </ul>	Sample Incident Report form available on the DODD website <a href="#">here</a>

**COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER**

SECTION 8	UI/MUI	
Question #	Question	Guidance/Additional Information
	<ul style="list-style-type: none"> <li>• Immediate actions taken to ensure health and welfare of individual involved and any at-risk individuals;</li> <li>• Name of primary person involved and his or her relationship to the individual;</li> <li>• Names of witnesses;</li> <li>• Statements completed by persons who witnessed or have personal knowledge of the incident;</li> <li>• Notifications with name, title, and time and date of notice;</li> <li>• Further medical follow-up; and</li> <li>• Name and signature of person completing the incident report.</li> </ul> <p>5123-17-02</p>	
8.002	<p>Upon identification of an unusual incident, is there evidence that the ICF/IID took the following immediate actions as appropriate:</p> <ul style="list-style-type: none"> <li>• Report was made to the designated person</li> <li>• The UI report was made within 24 hours of the incident and</li> <li>• Notifications made to other providers of services as necessary to ensure continuity of care</li> </ul> <p>5123-17-02</p>	<p>Immediate actions may include:</p> <ul style="list-style-type: none"> <li>• Checking for injuries</li> <li>• Providing first aid</li> <li>• Securing medications</li> <li>• Contacting the pharmacist, physician</li> </ul> <p>Did the residential provider notify the day program provider of an incident they need to be aware of?</p> <p>Designated Person - Person designated by the agency provider who can initiate proper action</p>
8.003	<p>Is there evidence that the unusual incident was investigated by the ICF/IID?</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"> <li>• Examples of Immediate Actions: assessing for injuries, First Aid, separating individual, calling 911, Notifying Law Enforcement, removing PPI from schedule.</li> </ul>

## COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER

SECTION 8	UI/MUI	
Question #	Question	Guidance/Additional Information
		<ul style="list-style-type: none"> <li>• The cause and contributing factors should try to identify why or what caused the incident</li> <li>• The prevention plan should address the cause of the incident and should be specific</li> </ul>
8.004	<p>Did the ICF/IID maintain a log that contains the unusual incidents defined in rule and must include the following:</p> <ul style="list-style-type: none"> <li>• Name of Individual</li> <li>• Description of Incident</li> <li>• Identification of Injuries</li> <li>• Time/Date of Incident</li> <li>• Location of Incident</li> <li>• Cause and Contributing Factors</li> <li>• Preventative Measures</li> </ul> <p>5123-17-02</p>	<p>Sample UI Log available on DODD website.</p> <p>The log should only contain:</p> <ul style="list-style-type: none"> <li>• dental injuries;</li> <li>• falls;</li> <li>• an injury that is not a significant injury</li> <li>• med errors without a likely risk to health and welfare;</li> <li>• overnight relocation due to a fire, natural disaster, or mechanical failure;</li> <li>• an incident of peer-to-peer ac that is not a major unusual incident</li> <li>• rights code violations or unapproved behavioral supports without a likely risk to health and welfare</li> <li>• emergency room or urgent care treatment center visits;</li> <li>• program implementation incidents</li> </ul>
8.005	<p>Is there evidence that the ICF/IID 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>	<ul style="list-style-type: none"> <li>• Review of UIs at least monthly is required, even when no incidents occur.</li> <li>• Evidence can be through signature on UI Log, administrative meeting, etc.</li> </ul>
8.006	<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>
8.007	<p>Is there evidence that the ICF/IID ensured that risks associated with UIs/MUIs were addressed in the ISP for each individual affected?</p> <p>5123-17-02</p>	<p>Members of an individual's team shall ensure that risks associated with UIs and MUIs are addressed in the individual plan or ISP of each individual affected.</p>

**COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER**

SECTION 8	UI/MUI	
Question #	Question	Guidance/Additional Information
		<p>Members of an individual's team shall collaborate on the development of preventive measures to address the causes and contributing factors to the major unusual incident. The team members shall jointly determine what constitutes reasonable steps necessary to prevent the recurrence of major unusual incidents.</p> <ul style="list-style-type: none"> <li>• Are choking and falls risks addressed in ISP?</li> <li>• Available training and resources for choking and falls prevention located on DODD’s website.</li> <li>• Look for patterns of choking incidents, med refusals, falls, etc. to ensure that risks are addressed in ISP</li> </ul>
8.008	<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"> <li>• What action was taken by the ICF/IID if their (DD) employee did not cooperate with the MUI investigation?</li> <li>• When the ICF/IID conducts an internal review, they must submit results (statements and documents) within 14 calendar days</li> <li>• Check MUI ITS, fax cover sheet or provider documents.</li> <li>• Developmental Centers are required to make documents available upon request to the DODD MUI Office</li> </ul>
8.009	<p>Upon identification of a MUI, is there evidence that the ICF/IID took the following immediate actions as appropriate:</p> <ul style="list-style-type: none"> <li>• Immediate and on-going medical attention as appropriate</li> <li>• 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</li> <li>• Other necessary measures to protect the health and welfare of at-risk individuals</li> </ul> <p>5123-17-02</p>	<ul style="list-style-type: none"> <li>• Providers are responsible for making sure that immediate actions are appropriate and adequately protect any “at risk” individuals.</li> <li>• The ICF/IID must ensure that when a staff person is not removed from direct contact that the staff person has no unsupervised contact with the alleged victim or any other individual who may be considered at risk.</li> <li>• The provider is responsible for notifying the county board when there are changes in protective actions (i.e., returning employee to duty, change in supervision levels, etc.)</li> </ul>

## COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER

SECTION 8	UI/MUI	
Question #	Question	Guidance/Additional Information
8.010	<p>Is there evidence that the ICF/IID notified the County Board about the below listed incidents within 4 hours of discovery?</p> <ul style="list-style-type: none"> <li>• Accidental/Suspicious Death</li> <li>• Abuse (Physical, Sexual and Verbal)</li> <li>• Exploitation</li> <li>• Misappropriation</li> <li>• Neglect</li> <li>• Media Inquiry</li> <li>• Peer to peer acts</li> <li>• Prohibited sexual relations</li> </ul> <p>5123-17-02</p>	<ul style="list-style-type: none"> <li>• Notifications should be by means that the county board has identified</li> <li>• Notifications should be documented with time and person notified</li> <li>• <b>Does not apply to developmental centers</b></li> </ul>
8.011	<p>Is there evidence that the ICF/IID 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?</p> <p>5123-17-02</p>	<ul style="list-style-type: none"> <li>• Evidence may be in the form of a fax receipt, email message or receipt, or notation on the incident report.</li> <li>• DCs are required to submit the written incident report by 3 p.m. to DODD MUI Office via OITMS</li> </ul>
8.012	<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"> <li>• Guardian or another person whom the individual has identified,</li> <li>• SSA, if applicable,</li> <li>• Other providers of services as necessary to ensure continuity of care and support for the individual,</li> <li>• DSPs or family living at the individual's residence who have responsibility for individual's care,</li> <li>• Children's Services for allegations of abuse and neglect), and</li> <li>• Law Enforcement (for allegations of a crime)?</li> </ul>	<p>All notifications or efforts to notify those listed above must be documented.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Any allegation of abuse or neglect under 2151.03 and 2151.031 for children under 21 years should be reported to CSB and documented.</li> <li>• Any allegation of a criminal act must be immediately reported to Law Enforcement.</li> </ul>

## COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER

SECTION 8	UI/MUI	
Question #	Question	Guidance/Additional Information
	5123-17-02	<ul style="list-style-type: none"> <li>○ 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.</li> </ul> <p>Did ICF/IID notify the day program provider of an MUI they need to be aware of?</p>
8.013	Is there evidence that the team, including the ICF/IID, collaborated on the development of a prevention plan to address the causes and contributing factors identified in the MUI investigation? 5123-17-02	The prevention plan is at the end of the final MUI report. Refer to OITMS for this information if necessary. Not all prevention plans require IP revisions.
8.014	Is there evidence that the provider conducted an in-depth review and analysis of MUI trends and patterns during the preceding calendar year, compiled an annual report containing required elements, and submitted it to the County Board for all programs in the county by the deadline?  5123-17-02	<p>Sample Annual Analysis and Analysis Tips are available on the DODD website. Annual MUI Report Template can be found <a href="#">here</a>.</p> <ul style="list-style-type: none"> <li>• Report must include:                             <ul style="list-style-type: none"> <li>○ Date of review;</li> <li>○ Name of person completing review;</li> <li>○ Time period of review;</li> <li>○ Comparison of data for previous three years;</li> <li>○ Explanation of data;</li> <li>○ Data for review by major unusual incident category type;</li> <li>○ 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);</li> <li>○ Specific trends by residence, region, or program;</li> <li>○ Previously identified trends and patterns; and</li> <li>○ Action plans and preventive measures to address noted trends and patterns</li> </ul> </li> <li>• <b>N/A for Developmental Centers</b></li> </ul>
8.015	Is there evidence that the ICF/IID employing a primary person involved notified the department when they are aware that the primary person involved worked for another provider? 5123-17-02	<ul style="list-style-type: none"> <li>• ICF/IIDs (excluding DCs) are required to provide information to County Boards</li> </ul>

**COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER**

SECTION 8	UI/MUI	
Question #	The following questions <u>will not</u> be asked during ICF/IID Licensure Reviews, but will only be reviewed during DODD MUI Quality Assurance reviews at Developmental Centers	Guidance/Additional Information
8.016	Is there evidence that the Developmental Center entered preliminary information regarding the incident in Ohio Incident Tracking and Monitoring System (OITMS) and in the manner prescribed by the department by five p.m. on the working day following notification by the provider or of becoming aware of the major unusual incident? 5123-17-02	Mark as non-compliant if CB's conformance rate is below 95%.
8.017	Is there evidence that investigative agent completed a report of the administrative investigation and submitted it for closure in the OITMS within thirty working days unless the Developmental Center requested, and the department granted an extension for good cause? 5123-17-02	Mark as non-compliant if CB's conformance rate is below 95% or there is a documented pattern of late cases that are overdue by 30 days.
8.018	Have questions posted in OITMS been responded to timely? 5123-17-02	Mark as non-compliant if CB's conformance rate is below 95%
8.019	<b>INVESTIGATION INTAKE:</b> 1. Is there evidence that the MUI was incorrectly coded? 2. Does the MUI contain adequate information for appropriately categorizing it under Appendix A, B, or C? 3. Is there evidence that a separate investigation should have occurred? 4. Is there evidence of law enforcement notification and follow up? 5. Is there evidence of timely initiation of investigation? 5123-17-02	
8.020	<b>INTERVIEWS:</b> 1. Is there evidence of the individual being interviewed no later than 3 working days for Appendix A MUIs? 2. Is there evidence of the PPI being interviewed?	

**COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER**

SECTION 8	UI/MUI	
Question #	The following questions <u>will not</u> be asked during ICF/IID Licensure Reviews, but will only be reviewed during DODD MUI Quality Assurance reviews at Developmental Centers	Guidance/Additional Information
	3. Did the IA identify and interview the reporter, witnesses, and all relevant others based upon information collected from incident reports, documentation, and investigation interviews? 4. Is there evidence of written statements? 5. Was there any other documentation of interviews? 6. Were follow-up interviews conducted? 5123-17-02	
8.021	<b>RELEVANT HISTORY / RELATIVE CREDIBILITY:</b> 1. Was the relevant history of the individual, PPI, reporter, witnesses, and others evaluated? 2. Did the investigation report provide evidence that the relative credibility of the individual, PPI, witnesses, and all other relevant parties was evaluated? 5123-17-02	
8.022	<b>DOCUMENTATION/EVIDENCE COLLECTION AND REVIEW:</b> 1. Is there evidence that the incident report and all other documentation from the reporter of the incident was gathered? 2. Is there evidence that information regarding the individual (e.g., ISP, bank statements, inventory, medical conditions) was gathered and reviewed? 3. Is there evidence that documentation was gathered and reviewed of injuries, medical attention, and the possible cause of injury from a medical professional? 4. Were relevant photos taken, audio and/or video recordings gathered, and documented? 5. Is there evidence that all relevant documentation (e.g., training records, nursing notes, schedules) was gathered and reviewed? 6. Is there documentation of a scene assessment? 5123-17-02	
8.023	<b>MUI APPENDICIES AND INCIDENT SPECIFIC REQUIREMENTS</b> 1. Does the investigation report provide all documentary evidence in a clear, complete, and non-ambiguous manner?	

**COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER**

SECTION 8	UI/MUI	
Question #	The following questions <u>will not</u> be asked during ICF/IID Licensure Reviews, but will only be reviewed during DODD MUI Quality Assurance reviews at Developmental Centers	Guidance/Additional Information
	2. Does the investigation report address the incident specific questions of all MUIs? Appendix A, B, or C. 5123-17-02	
8.024	<b>FINDINGS AND CONCLUSIONS/CAUSE AND CONTRIBUTING FACTORS:</b> 1. Does the investigation report include a succinct and well-reasoned analysis of the evidence that clearly indicates the rationale for substantiation or un-substantiation of the allegation(s)? 2. Does the investigation report include evidence that the IA collected sufficient information to include a well-reasoned determination of the cause and contributing factors of the incident? 5123-17-02	
8.025	<b>MUI RULE REPORT FORMAT REQUIREMENTS</b> 1. Does the investigative report include sections for: A. Initial allegation B. List of persons interviewed/documents reviewed C. Summary of each interview Findings and Conclusion section with CCF and supporting facts	
8.026	<b>PRELIMINARY FINDINGS:</b> 1. Is there evidence the IA endeavored to reach a preliminary finding regarding allegations of physical abuse and sexual abuse (except when law enforcement or children’s services agency is conducting an investigation) and notify the individual or individual’s guardian and the provider of the preliminary finding with 14 working days? 2. When not possible to reach a preliminary finding within 14 working days, is there evidence the IA notified the individual or individual's guardian and provider of the status of the investigation? 5123-17-02	

**COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER**

SECTION 9	PERSONAL FUNDS	
Question #	Question	Guidance/Additional Information
9.001	<p>If responsible for assisting with personal funds, did the ICF/IID maintain account records that include:</p> <ul style="list-style-type: none"> <li>• A ledger with all required elements,</li> <li>• Evidence of reconciliation at the frequency required, signed and dated by the person conducting the reconciliation, and completed by someone other than the person who provides direct assistance with personal funds or the person who maintains the ledger</li> <li>• Receipts as required in the ISP?</li> </ul> <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"> <li>• Individual’s name,</li> <li>• Source, amount, and date of all funds received,</li> <li>• Amount, recipient, and date of funds withdrawn,</li> <li>• Signature of person depositing funds to the account, unless electronically deposited, and</li> <li>• Signature of person withdrawing funds from the account unless electronically withdrawn</li> </ul> <p>An individual's team will determine, through development of the ISP, when a provider is required to maintain receipts for expenditures of the individual's personal funds.</p> <p>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.</p>
9.002	<p>If responsible for assisting with personal funds, did the ICF/IID ensure that individuals:</p> <ul style="list-style-type: none"> <li>• Has access to their funds, and</li> <li>• Is able to purchase items, goods, and services of their preference?</li> </ul> <p>5123-2-07</p>	<ul style="list-style-type: none"> <li>• This applies to any provider listed in the ISP as responsible for individual funds:</li> <li>• Deposits must be made within five days of receipt of funds,</li> <li>• Monies must be made available within three days of request of the individual, and</li> <li>• Individuals can control personal funds based on their abilities,</li> <li>• Access is based on the individual’s available resources.</li> </ul>
9.003	<p>If responsible for assisting with personal funds, did the ICF/IID 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"> <li>• Retain, safeguard, and securely account for the funds</li> <li>• Notify the team when personal funds exceed or are projected to exceed the maximum amount allowed to</li> </ul>

**COMPLIANCE REVIEW TOOL: ICF-IID PROVIDER**

<b>SECTION 9</b>	<b>PERSONAL FUNDS</b>	
<b>Question #</b>	<b>Question</b>	<b>Guidance/Additional Information</b>
		maintain eligibility for benefits or when an individual receives a lump sum payment (e.g., benefits back payment) or inheritance. <ul style="list-style-type: none"> <li>• Not co-mingle the individual's personal funds with the provider's funds;</li> <li>• 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</li> </ul>

<b>SECTION 10</b>	<b>Approval</b>	
<b>Question #</b>	<b>Question</b>	<b>Guidance/Additional Information</b>
<b>10.001</b>	<b>Manager Approval</b>	<b>For Internal ODH use Only</b>