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| **Policies** |
| **⃝ 3.014 behavior (CB only) ⃝ 4.006 indiv funds ⃝ 6.001 UI ⃝ 6.016 MUI ⃝ 8.005 Vehicles (Lic only) ⃝ 11.001 EI (CB only)** |

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| **ALL PROVIDERS** | | | **LICENSED SETTINGS ONLY** | | | **DAY SERVICES ONLY** | | |
| **7.001** CEO is listed in PSM and approved by DODD Cert – if not, call manager | |  | **7.003** Administrator is directly involved in operations and oversight of service delivery | |  | **7.004** Provider notified DODD within 14 days of any change in physical address | |  |
| **7.002** CEO/designee is involved in operations & oversight of service delivery | |  | **7.039** Administrator had annual training in facility roles and responsibilities | |  | **COUNTY BOARD ONLY** | | |
| **7.005** Internal compliance program for cert, background checks, service delivery/doc/billing | |  | **9.002/9.010** Provider has fire and emergency plan/individuals have had annual training | |  | **7.037** TheCB employs or contracts with a Business Manager | |  |
| DATE/PROVIDER/COUNTY  OTHER NOTES | | | | | | NAME / DOH  JOB TITLE | NAME / DOH  JOB TITLE | |
| 7.006  Initial  7.007  5-year | Initial database checks prior to employment and every 5 years   1. Inspector General’s Exclusion List (~oig.hhs.gov) 2. Sex Offender and Child Victim Offenders Database (~icrimewatch.net) 3. U.S. General Services Admin SAM Database (sam.gov) 4. Database of Incarcerated and Supervised Offenders (drc.ohio.gov) 5. 5) Abuser Registry 6. 6) Nurse Aide Registry   7) Ohio Dept of Medicaid Exclusion and Suspension List (added for DOH after 7/1/19) (https://medicaid.ohio.gov/provider/EnrollmentandSupport/ProviderExclusionandSuspensionList)  *ARCS can be used for all 7 checks. ARCS is free and optional, with ongoing feedback.* | | | | | 1)  2)  3)  4)  5)  6)  7) | 1)  2)  3)  4)  5)  6)  7) | |
| 7.008 | Request for BCII/FBI check prior to employment  FBI check required if not Ohio resident for previous 5 years  BCII 5123.081 (owner 5123.169); FBI 5126.28  Other codes: 173.27, 173.38, 3701.881, 5164.34, 5164.341, 5164.342  *All settings, all services FBI checks have ICN# in header of letter* | | | | |  |  | |
| 7.009 | Request for BCII/FBI check every 5 years if (1) not enrolled in Rapback OR if (2) FBI check is needed | | | | |  |  | |
| 7.010 | SSAs and direct service staff enrolled in Rapback within 14 days of receipt of BCII check or within 14 days of employment, whichever is later. | | | | |  |  | |
| 7.011 | Staff did not provide direct services for more than 60 days without results of the BCII/FBI checks | | | | |  |  | |
| 7.012 | Direct services only if no disqualifying offense and not on databases  *Look at “in lieu of” details, exact exclusionary periods, and multiple disqualifying offenses* | | | | |  |  | |
| 7.013 | Attestations signed prior to employment:  1. Will notify 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 and  2. Has not been convicted of, pleaded guilty to, or been found eligible for intervention in lieu of conviction for a disqualifying offense | | | | |  |  | |
| 7.031 | Annual notification explaining conduct for which a DD employee may be included on the Abuser Registry *Signature not required; what is provider’s system?* | | | | |  |  | |
| 7.014 | High school diploma, GED, or rule waiver from DODD | | | | |  |  | |
| 7.015 | Professional staff have required licenses/certifications. | | | | |  |  | |
| 7.016 | Current CPR and first aid certification with skills demonstration  *NA for some services; first aid NA for nurses* | | | | |  |  | |
| 7.017  Perf.  measure | If applicable, certification for:   1. Oral/topical meds & health related activities (Category 1) 2. G-tube/J-tube (Category 2) 3. Insulin injections (Category 3)Family delegation is not permitted for agency providers.   *Verify certification via MAIS. LPNs can administer meds only with cert or RN supervisor*. | | | | | 1)  2)  3) | 1)  2)  3) | |
| 7.018 | If applicable, staff without med admin certification have training for:  1) Vagus nerve stimulator 2) Epi-pen 3) Topical OTC med  *Training by nurse or staff with Cert 1; must include individual-specific information* | | | | |  |  | |
| 7.019 | Driver’s abstract prior to transporting | | | *All 5 apply to anyone who transports individuals.* | |  |  | |
| 7.020 | Driver’s abstract every 3 years | | |  |  | |
| 7.022 | 5 or fewer points on driver’s abstract | | |  |  | |
| 7.021 | Valid driver’s license | | |  |  | |
| 7.023 | All vehicles covered by current insurance policy | | |  |  | |
| 7.024 | Per Trip NMT: signed form regarding physical qualification to provide NMT | | | | |  |  | |
| 7.025 | NMT: testing for controlled substances and drug free prior to providing services | | | | |  |  | |
| 7.026 | Initial training prior to providing services:  (i) Overview of serving individuals with DD including implementation of ISP  (ii) Role and responsibility of DSP (PCP, community integration, self-determination, and self-advocacy)  (iii) Universal precautions  (iv) Rights  (v) MUI including health/welfare alerts | | | | | (i)  (ii)  (iii)  (iv)  (v) | (i)  (ii)  (iii)  (iv)  (v) | |
| 7.030 | Annual training:   1. MUI/UI and health/welfare alerts from previous year 2. Rights of Individuals with DD 3. PCP, community integration, self-determination, and self-advocacy | | | | | 1)  2)  3) | 1)  2)  3) | |
| 7.027 | Prior to providing services, training specific to each individual:  (i) what is important to and important for the individual  (ii) support needs (behavioral support strategy, mgt of funds, and med admin/del nursing) | | | | | (i)  (ii) | (i)  (ii) | |
| 4.006 | Training on personal funds rule and agency policy | | | | |  |  | |
| 7.028 | Supervisory staff training within 90 days of becoming a supervisor: service documentation; billing for services; management of funds | | | | |  |  | |
| 7.029  **LIC** | All DSPs had initial fire/emergency training within 30 days. | | | | |  |  | |
| 7.032  **DAY** | For day waiver services, orientation in first 90 days:   * Agency organizational background * Components of quality care for individuals served * Health and safety * Positive behavior support * Services that comprise the specific waiver service | | | | |  |  | |
| 7.033  **DAY** | For day waiver services, within first year of employment:   * A mentor * Training specific to the day waiver service | | | | |  |  | |
| 7.034  **DAY** | For day waiver services, annual training:   * Roles and responsibilities (PCP, community integration, self-determination, and self-advocacy) * Rights * MUI * Role in behavior supports * Best practices for the specific waiver service | | | | |  |  | |
| 7.035  **CB** | SSAs completed orientation within the **first 90 days:**   * Agency organizational background * Components of quality care for individuals served * Health and safety • Positive behavior support * Services that comprise the specific service and support administration | | | | |  |  | |
| 7.036  **CB** | SSAs completed, no later than **one year after hire**:   * Eligibility determination • Establishing individual budget * Effective service coordination • Management of Individual funds * Self determination | | | | |  |  | |
| 7.038  **CB** | SSAs completed DODD web-based training in:   * Developing person-centered ISPs • Coordinating services * Enhancing team effectiveness • Understanding Medicaid * Targeted Case Management • Employment navigation | | | | |  |  | |
| 7.040 | **Money Management** provider: 8 hours of annual training to enhance skills and competencies *8 hours includes MUI and rights* | | | | |  |  | |