| **SECTION 1** |  |  | **SERVICE PLANNING** |  |  |  |
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| **SECTION** | **SUB SECTION** | **Question #** | **Question** | **Guidance/Additional Information** | **Compliant**  **Yes/No** | **Plan of Correction** |
| CORE | Serv Plan | 1.001\* | Using person centered planning, has the plan been developed based on the results of the assessment as it relates to:   * Ensure health and welfare, * Assist the individual to engage in meaningful activities * Support community connections * Assist in improving self-advocacy skills * Ensure achievement of outcomes * Identify risks include supports to prevent or minimize risks * Are employment services consistent with the individual’s identified employment outcome?   5123:2-1-11; 5123:2-2-05 | ISP promotes:   * Rights * Self-determination/individual choice * Physical well-being * Emotional well-being * Material well-being * Personal development * Interpersonal relationships * Community inclusion * Provider has communicated unmet/change in wants/needs * Identified risks related to a noted trend of unusual incidents and/or major unusual incidents   Assessment considers:   * The individual’s skills * Important to promote satisfaction * Important for promotes health and welfare * Trends of unusual incidents * Major unusual incident review * Serious chronic medical conditions   There are four places on the path to community employment:   * Place One: has a job; needs support to maintain or move up * Place Two: would like a job; needs support to find one * Place Three: not sure about employment; needs support to identify career options * Place Four: Does not express a desire to work; needs support to make an informed choice |  |  |
| CORE | Serv Plan | 1.002\* | Was the service plan reviewed annually?  5123:2-1-11 |  |  |  |
| CORE | Serv Plan | 1.003\* | Was the service plan revised based on the changes in the individuals needs/wants?  5123:2-1-11 | * Consider life changes such as changing jobs, moving, changing providers, a new medical condition or deleting services the individual doesn’t want * Provider has communicated unmet/change in needs * County Board has revised plan once aware of new needs |  |  |
| CORE | Serv Plan | 1.004\* | Does the ISP specify the provider type, frequency, and funding source for each service and activity and specify which provider will deliver each service or support across all settings?  5123:2-1-11 | * The cost projection tool is a part of the plan as it relates to frequency of the service and should be utilized as such. |  |  |
| CORE | Serv Plan | 1.005 | Does the ISP include supports to access the full community?  5123:2-1-11; 5123:2-9-02 | * Opportunities to access community activities as desired * Activities chosen by the individual * Activities are available to persons with and without disabilities * Activities are individualized * Community access is related to achieving outcomes |  |  |
| CORE | Serv Plan | 1.006 | Does the service plan identify services and/or supports for day waiver services that are consistent with working toward the expected result of the specific day waiver service?  5123-9-13; 5123:2-9-14; 5123:2-9-15; 5123:2-9-16; 5123:2-9-17 | **See the rule for the day service being reviewed**.   * **Adult Day Support**- development of skills that lead to greater independence, community membership, relationship building, self-direction and self-advocacy * **Group Employment**- paid employment and work experience leading to career development and competitive integrated employment. Occurs in either dispersed enclave or mobile work crew. * **Vocational Habilitation**- advancement on the path to community employment and achievement of competitive integrated employment. Individuals need to have community employment in a service plan to receive this service. This service is intended to be time limited. * **Individual Employment Support**- The expected outcome of this service is to support someone in competitive, integrated employment. See definition of competitive, integrated employment below. * **Career Planning**- The expected outcome is the individual’s achievement of competitive integrated employment and/or career advancement in competitive integrated employment.   Competitive, integrated employment is defined as the following:   * Employment is full time, part time, or self-employment. * Compensation- individual is compensated at min. wage or higher. * Benefits- individual is eligible for similar benefits of employees in similar positions * Integrated- work location allows person to interact with persons without disabilities to the same extent as employees who are not receiving home and community-based waiver services. |  |  |
| CORE | Serv Plan | 1.007 | When the provider is responsible with assisting the individual with managing their personal funds, does the service plan include parameters for management based on the areas of focus?  5123:2-2-07 | As appropriate/needed based on the service need:   * The dollar amount anticipated to be available to the individual up request for personal spending. * The specific type of supports to be provided * The maximum dollar amount that the individual may independently manage at one time. * The maximum dollar amount that the provider may spend on behalf of the individual for any one expenditure without guardian, payee, and/or team approval * The name of the person or entity responsible for providing payee services. * Receipts |  |  |

| **SECTION 2** |  |  | **MEDICATION ADMINISTRATION** |  |  |  |
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| **SECTION** | **SUB SECTION** | **Question #** | **Question** | **Guidance/Additional Information** | **Compliant**  **Yes/No** | **Plan of Correction** |
| CORE | Med Admin | 2.001 | If it is believed that the individual is unable to self-administer their medications, was a self-medication administration assessment completed, reviewed annually, and revised as needed?  5123:2-6-02; 5123:2-3-04 | * The presumption is that everyone is able to self-administer their medications. Therefore, individuals identified as self-administering may not have an assessment. * Anyone familiar with the individual can complete the assessment * A new assessment must be done at least every 3 years or if there has been a change |  |  |
| CORE | Med Admin | 2.002\* | If the individual’s assessment indicates that they are unable to self-administer, does the Individual service plan address their medication administration needs?  5123:2-1-11; 5123:2-3-04 | * An individual is presumed to be able to self –medicate. Assessment should be completed only if the team believes the individual is unable to safely self-medicate. |  |  |
| CORE | Med Admin | 2.003 | If the individual is unable to self-administer their medications, is the medication stored in a secure location based on the needs of the individual and their living environment?  5123:2-6-06; 5123:2-3-04 | * Secured doesn't have to mean locked. It means secured based on the individual's needs |  |  |
| CORE | Med Admin | 2.004 | If the individual is unable to self-administer their medications, is the medication in a pharmacy labeled container?  5123:2-6-06; 5123:2-3-04 | * Pill minders, including electronic minders, can only be filled by the individual or a nurse or pharmacy * Staff are not permitted to administer medications from any type of pill minder * If an individual is able to self-medicate with assistance and only needs physical assistance to get pills out of a pill minder, a staff is permitted to provide that needed physical assistance by getting pills for the individual from a pill minder, as long as it was filled by the individual, a nurse, or pharmacy |  |  |
| CORE | Med Admin | 2.005 | If delegated nursing is identified in the plan, is there a statement of delegation, evidence of on-going assessment, and annual staff skills checklist?  5123:2-6-01; 5123:2-6-03; 5123:2-3-04 | * Day service locations serving 17 or more individuals must have delegated nursing. * Residential facilities with 6 or more beds must have delegated nursing * Delegation is required for G/J tube medication administration, insulin injection or pump and administration of nutrition by G/J tube. |  |  |

| **SECTION 3** |  |  | **BEHAVIOR SUPPORT** |  |  |  |
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| **SECTION** | **SUB SECTION** | **Question #** | **Question** | **Guidance/Additional Information** | **Compliant Yes/No** | **Plan of Correction** |
| CORE | Beh Support | 3.001 | If the service plan includes restrictive measures, did the Human Rights Committee review and approve the plan prior to implementation?  5123:2-2-06; 5123:2-3-04 | * Cite if the plan includes restrictive measures, but there is no HRC approval |  |  |
| CORE | Beh Support | 3.002 | Is the provider implementing restrictive measures that are not in the plan and/or approved by Human Rights Committee?  5123:2-2-06; 5123:2-3-04 | * Examples: house rules, dietary restrictions, imposed bedtimes, locked cabinets, visitor limitations, etc. It is not permissible for these restrictions to be outside of the restrictive measure requirements. * Criminal court orders are not required to be approved by the HRC. * Restrictive measures include rights restrictions. |  |  |
| CORE | Beh Support | 3.003 | If the service plan includes time out or restraint, are the interventions being implemented only when risk of harm is evidenced?  5123:2-2-06; 5123:2-3-04 | * There must be a direct and serious risk of physical harm to the individual or another person. The individual must be capable of causing physical harm to self or others and the individual must be causing physical harm or very likely to begin causing physical harm. |  |  |
| CORE | Beh Support | 3.004 | If the service plan includes rights restrictions, are the interventions being implemented only when risk of harm or likelihood of legal sanction are evidenced?  5123:2-2-06; 5123:2-3-04 | * There must be a direct and serious risk of physical harm to the individual or another person. The individual must be capable of causing physical harm to self or others and the individual must be causing physical harm or very likely to begin causing physical harm. Legal sanction is met when the person's actions are very likely to result in eviction, arrest, or incarceration. |  |  |
| CORE | Beh Support | 3.005 | If the service plan includes a restrictive measure, are behavioral supports employed with sufficient safeguards?  5123:2-2-06; 5123:2-3-04 | * Has staff been trained? * Was supervision available that ensured health, welfare, and rights of the individual? |  |  |
| CORE | Beh Support | 3.006 | Are restrictive strategies person-centered and interwoven into a single plan?  5123:2-2-06; 5123:2-3-04 | * There should be no separate behavior support plans. Restrictive strategies should be included in a manner similar to all other support strategies. |  |  |
| CORE | Beh Support | 3.007 | 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)?  5123:2-2-06; 5123:2-3-04 |  |  |  |
| COUNTY BOARD | Beh Support | 3.008 | If the plan includes a restrictive measure, is there evidence that the Restrictive Measure Notification was submitted prior to implementation?  5123:2-2-06; 5123:2-3-04 | * Could be evidenced by copy of email submission, support staff verification, or viewing on the RMN system |  |  |
| COUNTY BOARD | Beh Support | 3.009 | If the plan has behavioral strategies that include restrictive measures, is there evidence that the strategy was reviewed by the individual and the team at least every 90 days to determine the effectiveness of the strategy?  5123:2-2-06; 5123:2-3-04 | * If decision was made to continue did the up to date information indicate risk or harm or likelihood of legal sanction is still present. |  |  |
| COUNTY BOARD | Beh Support | 3.010 | If the plan includes restrictive measures, is there evidence of an assessment within the past twelve months that clearly describes risk of harm or likelihood of legal sanction?  5123:2-2-06; 5123:2-3-04 | For restrictive behavior support strategies to be developed, assessment must clearly describe:   * + Behavior that poses risk of harm or likelihood of legal sanction   + Level of harm or type of legal sanction that could occur with behavior   + When behavior is likely to occur   + Individual factors (medical, environment etc.) that may be contributing |  |  |
| COUNTY BOARD | Beh Support | 3.011 | Is there evidence that the person conducting assessments and developing behavioral strategies that include restrictive measures have required credentials?  5123:2-2-06; 5123:2-3-04 | * Hold a professional license or certification issued by Ohio board of psychology: the state medical board of Ohio: or the Ohio counselor, social worker, and marriage and therapist OR * Hold a certificate to practice as a certified Ohio behavior analyst pursuant to section 4783.04 of Revised code OR * Hold minimum of bachelor’s degree and 3 years paid full time experience developing and/or implementing behavior support strategies |  |  |
| COUNTY BOARD | Beh Support | 3.012 | 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?  5123:2-2-06; 5123:2-3-04 | * Informed consent must be written. A scanned signature submitted electronically is acceptable |  |  |
| COUNTY BOARD | Beh Support | 3.013 | Does the provider/county board have a human rights committee that includes the following?   * At least 4 people * At least 1 individual who receives or is eligible to receive specialized services * Qualified persons with training or experience in contemporary practices of Behavior Support   Reflect a balance of:   * 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 * County boards or providers   5123:2-2-06; 5123:2-3-04 | * Community representatives do not account on either side of the balance. * Ensure that authors of restrictive measures who sit on the HRC do not “vote” on the measures they wrote. |  |  |
| COUNTY BOARD | Beh Support | 3.014 | Does the county board have a policy which reflects requirements of the rule?  5123:2-2-06; 5123:2-3-04 | * The Policy and Procedure should not contain any standards not permissible per the rule * The Policy and Procedure may additionally address: HRC quorums, age appropriateness, crisis program usage, etc. |  |  |
| COUNTY BOARD | Beh Support | 3.015 | Did all members of the Human Rights Committee receive department approved training within three months of appointment to the committee in:  rights of individuals with disabilities, person-centered planning, informed consent, confidentiality, and the requirements of 5123:2-2-06?  5123:2-2-06; 5123:2-3-04 | * County boards are responsible for all committees operating on their behalf * County boards/ICFs can share committees with other entities * The county board or provider can have received approval of their own trainings or utilized the department trainings. * Department online trainings that meet the 5 required areas are:   + Behavioral Support Strategies that Include Restrictive Measures,   + Human Rights Committee, and   + Rights of People with Developmental Disabilities |  |  |
| COUNTY BOARD | Beh Support | 3.016 | Did all members of the Human Rights Committee receive department approved annual training in relative topics which may include but are not limited to: self-advocacy and self-determination; role of guardians and section 5126.043 of the Revised Code; effect of traumatic experiences on behavior; and court-ordered community controls and the role of the court, the county board, and the human rights committee.  5123:2-2-06 | * County boards are responsible for all committees operating on their behalf * County boards/ICFs can share committees with other entities * The county board or provider can have received approval of their own trainings or utilized the department trainings. * Annual trainings are once during the calendar year beginning the second calendar year of committee appointment. |  |  |
| COUNTY BOARD | Beh Support | 3.017 | Did each county board complete an analysis of behavioral support strategies that include restrictive measures?  5123:2-2-06 | * County boards are responsible for all committees operating on their behalf * Should be completed at least annually * Must be shared with their HRC * Must include but is not limited to:   + Nature and frequency of risk of harm or likelihood of legal sanction that triggered development of strategies that include restrictive measures;   + Nature and number of strategies reviewed, approved, rejected, and reauthorized by the HRC;   + Nature and number of restrictive measures implemented;   + Duration of strategies that include restrictive measures implemented;   + Effectiveness of strategies that include restrictive measures in terms of increasing or decreasing behaviors as intended. |  |  |

| **SECTION 4** |  |  | **PERSONAL FUNDS** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION** | **SUB SECTION** | **Question #** | **Question** | **Guidance/Additional Information** | **Compliant**  **Yes/No** | **Plan of Correction** |
| CORE | Personal Funds | 4.001 | Does the provider ensure that individuals have access to their funds?  5123:2-2-07 | * This applies to any provider listed in the service plan as responsible for individual funds. * Deposits must be made within 5 days of receipt of funds. * Monies must be made available within 3 days of request of the individual. * Individuals are able to control personal funds based on their abilities |  |  |
| CORE | Personal Funds | 4.002 | Did someone other than the staff who handle personal funds, complete reconciliations at the frequencies required?  5123:2-2-07 | * Bank accounts should be reconciled using the most recent bank statement. * Food stamp, gift card, and other cash accounts maintained by the provider should be reconciled every 30 days. |  |  |
| CORE | Personal Funds | 4.003 | If the provider is responsible for assisting the individual with managing their personal funds, does the provider ensure that the account transaction records/ledgers include the required elements?   * The individual’s name * The source, amount, and date of all funds received * The purpose, amount, recipient, and date of funds withdrawn * The signature of the person depositing funds to the account, unless electronically deposited   The signature of the person withdrawing funds from the account unless electronically withdrawn.  5123:2-2-07 |  |  |  |
| CORE | Personal Funds | 4.004 | Is there evidence that the individual is able to purchase items, goods, and services of his/her preference?  5123:2-2-07 | * Based on the individual’s available resources * Licensed waiver facilities are NOT required to purchase individual items unless included in the Room & Board agreement, or covered by the waiver reimbursement |  |  |
| CORE | Personal Funds | 4.005\* | If the individual lives in a setting that is provider owned or controlled, does the individual have a lease or other legally enforceable agreement?  5123:2-9-02 | Provider owned setting means a licensed residential facility  Provider controlled setting means a residence where the landlord is:   * An entity that is owned in whole or part by the individual’s independent provider or an immediate family member of the provider or the owner or a management employee of the agency provider * Affiliated with the individual’s agency provider * A member of the board of the provider, or has a member of the provider agency serving on the landlord’s board |  |  |
| CORE | Personal Funds | 4.006 | If the provider is responsible for assisting the individual with managing their personal funds, did the provider develop and implement a written policy regarding management of individual funds and train all responsible staff on the rule and the policy?  Required elements:   * Includes a system to account for and safeguard funds * Prohibits co-mingling of funds * Prohibits the provider from using one person’s money to supplement another person’s money. * Describes how the provider will ensure access to funds and make available financial summaries upon request. * Outlines the system for reportingMUIs.   5213:2-2-07 | * Training must occur prior to providing assistance with personal funds |  |  |
| LIC FAC | Personal Funds | 4.007 | If the individual lives in a licensed facility, does the provider ensure the individual receives $100.00 monthly in personal allowance?  5123:2-3-11 |  |  |  |
| LIC FAC | Personal Funds | 4.008 | If the individual lives in a licensed facility, does the provider ensure that the individual is paying his/her room and board costs or receiving excess funds as required by the room and board contract?  5123:2-3-11 | If the individual has earned income, the provider shall ensure they receive the first $100 and 1/2 of any income over $100 |  |  |

| **SECTION 5** |  |  | **SERVICE DELIVERY & DOCUMENTATION** |  |  |  |
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| **SECTION** | **SUB SECTION** | **Question #** | **Question** | **Guidance/Additional Information** | **Compliant Yes/No** | **Plan of Correction** |
| CORE | Serv Del Doc | 5.001 | Does service delivery documentation include the following elements below?   * Date of service; * Individual's name; * Individual's Medicaid #; * Provider name; * Provider # * Signature or initials of person delivering the service   5123-9-06; 5123-9-40; 5123:2-9-37; 5123:2-9-39; 5123-9-20 | * While required elements may be maintained on multiple documents/forms. Billing forms are not acceptable to reflect these requirements. * Review service specific rule for documentation requirements. |  |  |
| CORE | Serv Del Doc | 5.002 | Does the waiver service delivery documentation for all waiver billing codes include the place of service?  5123-9-06; 5123-9-40; 5123:2-9-37; 5123:2-9-39; 5123-9-20 | * While required elements may be maintained on multiple documents/forms. Billing forms are not acceptable to reflect these requirements. * Review service specific rule for documentation requirements. * Place of service in NMT is the vehicle license plate number * For HPC Transportation, this is origination/destination points |  |  |
| CORE | Serv Del Doc | 5.003\* | Does the waiver service delivery documentation for all waiver codes include the type of service?  5123-9-06; 5123-9-40; 5123:2-9-37; 5123:2-9-39; 5123-9-20 | * While required elements may be maintained on multiple documents/forms. Billing forms are not acceptable to reflect these requirements. * Review service specific rule for documentation requirements. * NMT: requires type of NMT service – per-trip or per-mile |  |  |
| CORE | Serv Del Doc | 5.004\* | Does the waiver service delivery documentation for all waiver billing codes include the number of units (amount) provided?  5123-9-06; 5123-9-40; 5123:2-9-37; 5123:2-9-39; 5123-9-20 | * While required elements may be maintained on multiple documents/forms. Billing forms are not acceptable to reflect these requirements. * Review service specific rule for documentation requirements. * Not required for services billed using a daily rate except adult day services * For NMT, this is total number of miles as indicated by the odometer readings * For HPC Transportation, this is total number of miles. |  |  |
| CORE | Serv Del Doc | 5.005\* | Does the waiver service delivery documentation for all waiver billing codes include scope?  5123-9-06; 5123-9-40; 5123:2-9-39; 5123:2-9-37 | * Scope- the definition of each waiver service must describe in concrete terms the goods and services that will be provided to waiver participants, including any conditions that apply to the provision of the service * N/A for NMT, Transportation * N/A for money management provider |  |  |
| CORE | Serv Del Doc | 5.006 | Does the waiver service delivery documentation include group size?  5123-9-06; 5123:2-9-39 | * While required elements may be maintained on multiple documents/forms. Billing forms are not acceptable to reflect these requirements * Review service specific rule for documentation requirements. |  |  |
| CORE | Serv Del Doc | 5.007\* | Does the waiver service documentation for *applicable* waiver services include the times the delivered services started and stopped?  5123-9-06; 5123-9-40; 5123-9-20; 5123:2-9-39; 5123:2-9-37 | * While required elements may be maintained on multiple documents/forms, billing forms are not acceptable to reflect these requirements * Review service specific rule for documentation requirements. |  |  |
| TRANSP | Serv Del Doc | 5.008 | Does the waiver service delivery documentation for non-medical transportation include the names of all other passengers/riders including paid staff and volunteers who were in the vehicle during any portion of the trip and/or commute?  5123:2-9-18 | * **NMT ONLY** |  |  |
| CORE | Serv Del Doc | 5.009 | Are medication, treatments, health related activities, and dietary orders being followed?  5123:2-2-01; 5123:2-1-11, 5123:2-6-03; 5123:2-9-39 | * Info may come from the medication administration record (MAR), doctor's orders, OT/PT, and speech plans. |  |  |
| CORE | Serv Del Doc | 5.010 | Is the service plan and/or plan of care being implemented as written?  5123:2-2-01; 5123:2-9-39; 5123:2-9-37 | * Implementation of services can be verified using observation, interview, and documentation review. |  |  |
| CORE | Serv Del Doc | 5.011 | Does the individual’s plan of care (485) include:   * The current certification periods * Provider’s name including all RNs and LPNs providing service. * All sections of Plan of Care are completed * Medication list and MAR   5123:2-9-39, 5123:2-9-37 | * Required for home health agencies * Verbal orders on the plan of care can be worked under for two weeks * Referred to as the 485 |  |  |
| CORE | Serv Del Doc | 5.012 | Does the nursing documentation include clinical notes or progress notes and documentation of the face to face visits?  5123:2-9-39 |  |  |  |
| CORE | Serv Del Doc | 5.013 | Are waiver services delivered in a manner which supports each individual’s full participation in the greater community, considering their individual choices, preferences, and needs?  5123:2-9-02  42 CFR 441.301 (c) (4-6); 441.701 (a) (1-2) | * Are opportunities to access inclusive settings in the community being offered (refusals should be documented) * Are the activities meaningful, age appropriate, and similar to those without disabilities? * Ask providers and individuals how activities are selected and scheduled. |  |  |
| CORE | Serv Del Doc | 5.014 | Is the provider/facility following all applicable local, state and federal rules and regulations? | * Manager contact/approval is required. |  |  |
| DAY SERV | Serv Del Doc | 5.015 | **For providers of Adult Day Support and Vocational Habilitation only:**  If the provider is billing the community integration rate modification, are the following conditions met?   1. Staff providing the service have successfully completed a department approved program of instruction in community integration. 2. The service is provided in integrated settings in groups of four or fewer individuals.   5123:2-9-14; 5123:2-9-17 | * Community Integration rate modification only applies when the ADS/Voc Hab service is billed in 15-minute units. * Community integration training is found within the DSP 8 hour training on DODD My Learning. It can be watched individually or as the entire 8 hour DSP training. |  |  |
| DAY SERV | Serv Del Doc | 5.016 | **Providers of Career Planning only:**  When the provider is billing the Career Planning service for any of the components listed below, does the documentation include a description and details sufficient to demonstrate achievement of the desired outcomes?   * Benefits education and analysis * Career discovery * Employment/self-employment plan * Situational observation and assessment   5123-9-13 | * This question only applies to the Career Planning components listed in the question. This does **NOT** apply to: * Career exploration * Job development * Self-employment launch * Worksite accessibility * Please review the Career Planning rule for information on each of the service components. |  |  |
| DAY SERV | Serv Del Doc | 5.017 | **Providers of Employment Services only:**  For providers of employment services, (vocational habilitation, group employment supports, career planning and individual employment supports) was a written progress report submitted to the individual’s team at least once every twelve months to show progress towards desired employment outcome?  5123:2-2-05 | * No formal template/form is required * The written progress report shall outline the following: * Desired employment outcome * Place on path to community employment * Anticipated time-frame and progress towards reaching desired outcome * Barriers identified * Steps to address barriers or revised employment outcome |  |  |

| **SECTION 6** |  |  | **MUI/UI** |  |  |  |
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| **SECTION** | **SUB SECTION** | **Question #** | **Question** | **Guidance/Additional Information** | **Compliant Yes/No** | **Plan of Correction** |
| CORE | MUI | 6.001 | **Unusual Incident Section**  Is there evidence that the agency provider developed and implemented a written unusual incident policy and procedure that:   * Identifies what is to be reported as an unusual incident which shall include unusual incidents as defined in this rule; * Requires an employee who becomes aware of an unusual incident to report it to the person designated by the agency provider who can * Initiate proper action;   • Requires the report to be made no later than twenty-four hours after the occurrence of the unusual incident; and  • Requires the agency provider to investigate unusual incidents, identify the cause and contributing factors when applicable, and develop preventive measures to protect the health and welfare of any at-risk individuals.  5123-17-02 | * Includes County Board |  |  |
| CORE | MUI | 6.002 | Is there evidence that the Incident Report contains the following required elements?   * 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.   5123-17-02 | * Sample Incident Report form available on the DODD website |  |  |
| CORE | MUI | 6.003 | Upon identification of an unusual incident, is there evidence that the provider took the following immediate actions as appropriate:   * Report was made to the designated person * The UI report was made within 24 hours of the incident * Investigate unusual incidents, identify the cause and contributing factors when applicable, and develop preventive measures to protect the health and welfare of any at-risk individuals.   5123-17-02 |  |  |  |
| CORE | MUI | 6.004 | Is there evidence that the provider providing services when unusual incident occurred, notified other providers of services as necessary to ensure continuity of care?  5123-17-02 |  |  |  |
| CORE | MUI | 6.005 | Is there evidence that the unusual incident was investigated by the Provider?  5123-17-02 | UI INVESTIGATIONS should include what happened including immediate actions, identify cause and contributing Factors and what was done (prevention plan).   * Examples of Immediate Actions: assessing for injuries, First Aid, separating individual, calling 911, Notifying Law Enforcement. * The cause and contributing factors should try to identify why or what caused the incident   Prevention Plan addresses the cause of the incident and be specific |  |  |
| CORE | MUI | 6.006 | Did the provider/County Board maintain a log that contains the unusual incidents defined in rule and must include the following:   * Name of Individual * Description of Incident * Identification of Injuries * Time/Date of Incident * Location of Incident * Cause and Contributing Factors * Preventative Measures   5123-17-02 | Sample UI Log available on DODD website.  The log should only contain:   * dental injuries; * falls; * an injury that is not a significant injury * med errors without a likely risk to health and welfare; * overnight relocation due to a fire, natural disaster, or mechanical failure; * an incident of peer-to-peer ac 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 | 6.007 | Is there evidence that the provider reviewed all unusual incidents as necessary but no less than monthly to ensure appropriate preventative measure have been implemented and trends and patterns identified and addressed?  5123-17-02 | * Review of UIs at least monthly is required, even when no incidents occur. * Evidence can be through signature on UI Log, administrative meeting, etc. |  |  |
| CORE | MUI | 6.008 | **UI and MUI**  During the review, was there evidence of any unreported incidents that should have been reported as either an Unusual Incident or a Major Unusual Incident?  5123-17-02 | * Ensure that the incident meets the definition of a UI or MUI in the rule before issuing citation |  |  |
| CORE | MUI | 6.009 | **UI and MUI**  Is there evidence that the individual’s team ensured that risks associated with incidents (MUIs and UIs) were addressed in the service plan for each individual affected and, for MUIs, collaborated on the development of a prevention plan to address the causes and contributing factors identified in the investigation?  5123-17-02 | * If there is no SSA, team, qualified intellectual disability professional, or agency provider involved with the individual, a county board designee shall ensure that reasonably possible preventive measures are fully implemented. * Are choking and falls risks addressed in service plan? * Available training and resources for choking and falls prevention located on DODD’s website * Look for patterns of choking incidents, med refusals, falls, etc. to ensure that risks are addressed in plan. |  |  |
| CORE | MUI | 6.010 | **UI and MUI**  Is there evidence that all DD employees cooperated with the investigation of MUIs, including timely submission of requested information? Did the provider make the unusual incident report, documentation of patterns and trends, and corrective actions available to the CB and Department upon request?  5123:17-02 | * What action was taken by provider if their employee (DD) employee did not cooperate with the MUI investigation?   For County Boards:   * Have questions posted in ITS been responded to timely? |  |  |
| CORE | MUI | 6.011 | Upon identification of a MUI, is there evidence that the provider took the following immediate actions as appropriate:   * Immediate and on-going medical attention as appropriate * Removal of an employee from direct contact with any individual when the employee is alleged to have been involved in physical or sexual abuse until such time as the provider has reasonably determined that such removal is no longer necessary * 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 adequately protect any “at risk” individuals. * Providers may choose to remove an employee from direct contact for allegations other than those listed in rule. * The provider is responsible for notifying the county board when there are changes in protective actions (i.e. returning employee to duty, change in supervision levels, etc.) |  |  |
| CORE | MUI | 6.012 | Is there evidence that the provider notified the County Board about the below listed incidents within 4 hours of discovery?   * Accidental/Suspicious Death * Abuse (Physical, Sexual and Verbal) * Exploitation * Misappropriation * Neglect * Media Inquiry * Peer to peer acts * Prohibited sexual relations   5123-17-02 | * Notifications should be by means that the county board has identified * Notifications should be documented with time and person notified |  |  |
| CORE | MUI | 6.013 | 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. |  |  |
| CORE | MUI | 6.014 | Is there evidence that notifications were made on the same day of the incident when the major unusual incident or discovery of the major unusual incident occurs to the following as applicable:   * Guardian or other person whom the individual has identified * SSA * Other providers of services as necessary to ensure continuity of care and support for the individual * Staff or family living at the individual’s residence who have responsibility for individual’s care   5123-17-02 | * Notifications or efforts to notify those listed above were documented * Notifications were made to the individuals’ guardians and other person whom the individuals have identified in a peer to peer act unless such notifications could jeopardize the health and welfare of an involved individual. * No notification should be made to the PPI, spouse or significant other of PPI’s or when such notification could jeopardize the health and welfare of an Individual involved. |  |  |
| CORE | MUI | 6.015 | If applicable, were appropriate notifications made to other agencies?   * Children’s Services for allegations of abuse and neglect) * Law Enforcement (for allegations of a crime)   5123-17-02 | * 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 actmust be immediately reported to Law Enforcement * The provider shall document the time, date, and name of person notified of the alleged criminal act. The county board shall ensure that the notification has been made. |  |  |
| CORE | MUI | 6.016 | Is there evidence that the agency provider has a written procedure for the internal review of all major unusual incidents and shall be responsible for taking all reasonable steps necessary to prevent the recurrence of major unusual incidents. The written procedure shall require senior management of the agency provider to be informed within two working days following the day staff become aware of a potential or determined major unusual incident involving misappropriation, neglect, physical abuse, or sexual abuse.  5123-17-02 |  |  |  |
| CORE | MUI | 6.017 | 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 2/28?  5123-17-02 | * Report must be completed by 1/31 and submitted to the county board by 2/28 of the subsequent year. * Sample Annual Analysis and Analysis Tips are available on the DODD website * Report must include:   + 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 |  |  |
| COUNTY BOARD | MUI | 6.018 | Is there evidence that the provider or CB employing a primary person involved notified the department when they are aware that the primary person involved worked for another provider?  5123-17-02 |  |  |  |
| COUNTY BOARD | MUI | 6.019 | Is there evidence that the county board reviewed provider analysis and ensured that all issues have been reasonably addressed to prevent recurrence?  5123-17-02 | * Does the County Board have a system for collecting independent and agency providers’ analyses? |  |  |
| COUNTY BOARD | MUI | 6.020 | Is there evidence that the County Boards that provide specialized services sent the Dept an annual report for all programs operated by the County Board by 2/28.  5123-17-02 |  |  |  |
| COUNTY BOARD | MUI | 6.021 | Is there evidence that each county board or as applicable, each council of governments to which county boards belong, has a committee that reviews trends and patterns of major unusual incidents. The committee is made up of a reasonable representation of the county board(s), providers, individuals who receive services and their families, and other stakeholders deemed appropriate by the committee.  5123-17-02 |  |  |  |
| COUNTY BOARD | MUI | 6.022 | Is there evidence that:   * The role of the committee shall be to review and share the county or council of government’s aggregate data prepared by the county board or council of governments to identify trends, patterns, or areas for improving the quality of life for individuals served in the county or counties. * The committee met each March to review and analyze data for the preceding calendar year. * The county board or council of governments shall send the aggregate data prepared for the meeting to all participants at least ten calendar days in advance of the meeting. * The county board or council of governments-maintained minutes of each meeting, distribute the minutes to members of the committee, and make the minutes available to any person upon request. * The CB implemented follow-up actions identified by the   committee  5123-17-02 |  |  |  |
| COUNTY BOARD | MUI | 6.023 | Did the CB immediately upon notification or receipt of a report an allegation.   * Ensured that all reasonable measures necessary to protect the health and welfare of at-risk individuals have been taken; * Determined if additional measures are needed; * Notified the department if the circumstances in paragraph (I) (1) of this rule that require a department-directed administrative investigation are present. Such notification shall take place on the first working day the county board becomes aware of the incident.   5123-17-02 |  |  |  |
| COUNTY BOARD | MUI | 6.024 | Is there evidence that the county board entered preliminary information regarding the incident in ITS 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%. |  |  |
| COUNTY BOARD | MUI | 6.025 | Is there evidence that investigative agent completed a report of the administrative investigation and submitted it for closure in the Incident Tracking System within thirty working days unless the county board 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. |  |  |
| COUNTY BOARD | MUI | 6.026 | Does the investigation report follow the format prescribed by the Department and include:   * Initial Allegation * A list of persons interviewed, and documents reviewed * A summary of each interview and documents reviewed * A Findings and Conclusion section which includes the causes and contributing factors to the incident that support the findings and conclusions   5123-17-02 |  |  |  |
| COUNTY BOARD | MUI | 6.027 | Is there evidence that no later than five working days following the county boards, developmental centers, or department's recommendation for closure via the Incident Tracking System the county board, developmental center, or department shall provide a written summary of the administrative investigation of each category A or category B major unusual incident, including the allegations, the facts and findings, including as applicable, whether the case was substantiated or unsubstantiated, and preventive  measures implemented in response to the major unusual incident to the following;   * The individual, individual's guardian, or other person whom the individual has identified, as applicable; in the case of a peer-to-peer act, both individuals, individuals' guardians, or other persons whom the individuals have identified, as applicable, shall receive the written summary; * The licensed or certified provider and provider at the time of the major unusual incident; and * The individual's SSA and Support Broker   5123-17-02 | * Notification a family of death is not required if already aware of the death. |  |  |
| COUNTY BOARD | MUI | 6.028 | Is there evidence that the County Board made a reasonable attempt to provide written notice to the Primary Person involved when a DD employee or a guardian, no later than five working days following the recommended closure of a case.  5123-17-02 |  |  |  |
| COUNTY BOARD | MUI | 6.029 | **INVESTIGATION INTAKE:**   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 documentation of a scene assessment? 6. Is there evidence of timely initiation of investigation?   5123-17-02 |  |  |  |
| COUNTY BOARD | MUI | 6.030 | **INTERVIEWS:**   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? 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 |  |  |  |
| COUNTY BOARD | MUI | 6.031 | **DOCUMENTATION:**   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?   5123-17-02 |  |  |  |
| COUNTY BOARD | MUI | 6.032 | **DOCUMENTATION REVIEW AND INCIDENT SPECIFIC QUESTIONS:**   1. Does the investigation report provide all documentary evidence in a clear, complete, and non-ambiguous manner? 2. Does the investigation report address the incident specific questions of all MUIs: Appendix A, B, or C.   5123-17-02 |  |  |  |
| COUNTY BOARD | MUI | 6.033 | **RELEVANT HISTORY / RELATIVE CREDIBILITY:**   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 |  |  |  |
| COUNTY BOARD | MUI | 6.034 | ANALYSIS AND CAUSE AND CONTRIBUTING FACTORS:   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 |  |  |  |

| **SECTION 7** |  |  | **PERSONNEL** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION** | **SUB SECTION** | **Question #** | **Question** | **Guidance/Additional Information** | **Compliant Yes/No** | **Plan of Correction** |
| CORE | Personnel | 7.001 | Is the CEO listed in PSM and approved by DODD Certification?  5123:2-2-01 | * Have the name of the CEO listed in PSM before going onsite * Changes of CEO must be submitted and approved via PSM * Notify DODD Review Manager |  |  |
| CORE | Personnel | 7.002 | Is the agency CEO or DODD approved designee directly and actively involved in the day to day operations and oversight of service provision?  5123:2-2-01 (D)(2) | * The provider agency shall report in writing to the department within fourteen days when the CEO designates another person to be responsible for the administration of the agency provider. |  |  |
| LIC FAC | Personnel | 7.003 | Does the facility have an Administrator directly involved in the day to day operations and the oversight of service provision?  5123:2-3-01 | **LICENSED FACILITY ONLY**   * 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. |  |  |
| DAY SERV | Personnel | 7.004 | Did the provider of adult day support or vocational habilitation notify the department within fourteen 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 support takes place.  5123:2-9-14; 5123:2-9-17 | * Check PSM for a listing of all locations |  |  |
| CORE | Personnel | 7.005 | Has the provider agency established an internal compliance program that ensures compliance with (1) provider certification, (2) background checks, (3) service delivery, service documentation and billing?  5123:2-2-01; 5123:2-3-01 | * Does the provider have an assigned internal compliance manager or committee? * Does the provider have policies as required in rule and for certification requirements, background checks and service delivery, documentation and billing? * Do the outcomes of this review indicate that the provider’s internal compliance program is working? |  |  |
| CORE | Personnel | 7.006 | Did the provider complete the following initial database checks for applicants for direct service positions prior to employment?   * Inspector General’s Exclusion List * Sex Offender and Child Victim Offenders Database * U.S. General Services Administration System for Award Management Database * Database of Incarcerated and Supervised Offenders * Abuser Registry * Nurse Aide Registry * Ohio Dept of Medicaid Exclusion and Suspension List   5123-2-02; 5123:2-3-01 | * **Prior to employment means on or before the date the employee is in paid status** * Mark as non-compliant if initial checks were:   + not completed at all   + completed late * Applies to employees hired after 1/1/13 * Ohio Dept of Medicaid Exclusion & 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 * Database checks must be run ONLY using Name/Date of Birth/SSN information |  |  |
| CORE | Personnel | 7.007 | Did the provider complete the following database checks every five years for employees?   * 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 * Ohio Dept of Medicaid Exclusion and Suspension List   5123-2-02; 5123:2-3-01 | * Mark as non-compliant if 5-year checks were: * not completed at all * completed late * If employees are verified as enrolled in ARCS, the 5-year recheck is not required. * 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 |  |  |
| CORE | Personnel | 7.008 | Did the provider request that the Bureau of Criminal Identification conduct a criminal record check (BCII/FBI) prior to employing an applicant for a direct service position?  5123-2-02; 5160-45-07; 5123:2-3-01; ORC109.572 | * **Prior to employment means on or before the date the employee is in paid status** * **Those with an “In lieu of” conviction prior to 7/1/19 are grandfathered 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** * Mark as non-compliant if initial checks were: * not completed at all * completed using the incorrect reason code/title * completed late * Reports from BCII/FBI are valid for one year * Reference BCII Reason Code document for a list of acceptable reason codes. * 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. |  |  |
| CORE | Personnel | 7.009 | Did the provider request the BCII/FBI check every 5 years for direct service employees who?   * are not enrolled in Rapback * require FBI check     5123-2-02; 5160-45-07; 5123:2-3-01; ORC109.572 | * **Those with an “In lieu of” conviction prior to 7/1/19 are grandfathered 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** * Mark as non-compliant if the 5-year checks were:   + not completed at all   + completed using the incorrect reason code/title   + completed late * 5-year checks must be run 5 years after the date of initial check, not 5 calendar years. * Reference BCII Reason Code document for a list of acceptable reason codes * Rapback does NOT include the FBI check * FBI check required if employee has not been an Ohio resident for the 5 previous years |  |  |
| CORE | Personnel | 7.010 | Are SSAs or staff in direct service positions enrolled in Rapback?  5123:2-2-01, 5123:2-3-01; 5123-2-02 | * 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. * Staff hired prior to October 1, 2016 must be enrolled in Rapback at the point of their next five-year BCII. * Employees are to be enrolled within 14 calendar days of receiving the criminal records check or within 14 calendar days of hire; whichever is later. |  |  |
| CORE | Personnel | 7.011 | Did the provider ensure that staff did not provide direct services for more than 60 days after employment without the results of the BCII/FBI records checks?  5123-2-02; 5160-45-07 | * Employees cannot provide direct services after 60 days |  |  |
| CORE | Personnel | 7.012 | Did the provider ensure that direct services are only provided by employees who do not have a disqualifying offense and who are not included on any of the databases identified in rule?  5123-2-02; 5160-45-07; 5123:2-3-01 | * **Those with an “In lieu of” conviction prior to 7/1/19 are grandfathered and able to work** * **Those with an “active” in lieu of conviction for a disqualifying offense hired after 7/1/19 cannot provide direct services** * Exclusionary periods do not start until employee is fully discharged from imprisonment, probation, and parole. * Multiple disqualifying convictions have longer exclusionary periods. Refer to 5123-2-02 E(2) for info * Only issue citation if a direct support staff with a disqualifying offense or on a registry is currently employed and working with individuals. |  |  |
| CORE | Personnel | 7.013 | Did the provider staff, prior to employment, sign a statement:  1. attesting that the staff person 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 and  2. attesting that the staff person has not been convicted of, pleaded guilty to, or been found eligible for intervention in lieu of conviction for a disqualifying offense  5123-2-02; 5160-45-07; 5123:2-3-01 | * Sample attestation form is available on DODD’s website under Forms * Attestation statements not required to include in lieu of convictions for those hired prior to 7/1/19 |  |  |
| CORE | Personnel | 7.014 | Did the agency provider verify that the staff person has a high school diploma, GED or a rule waiver from the department?  5123:2-2-01; 5123:2-3-01 | * Review with provider their system to verify a high school diploma or GED. * Staff enrolled in college are considered to meet this requirement. |  |  |
| CORE | Personnel | 7.015 | Does the professional staff have required licenses/certifications?  5123:2-6-04; 5123:2-6-06; 5123-9-25; 5123:2-9-28; 5123-9-29; 5123:2-9-36; 5123:2-9-38; 5123-9-41; 5123-9-43; 5123-9-46; 5123:2-9-39; 5123:2-3-01; 5123-9-13; 5123:2-9-37; 5123:2-9-20; 5123:2-9-37; 5123-9-12 | * Includes nursing licenses, social work licenses, OT/PT licenses, etc.   + Nursing: an expired nursing license will be an immediate citation; the CB and Nursing Board should be advised.   + Reviewer should contact manager * Career Planning * Assistive Technology * See service rules for specifics |  |  |
| CORE | Personnel | 7.016 | Does provider staff have:   * Current CPR certification and * Current first aid certification?   5123:2-2-01; 5123:2-3-01 | * Certification requires in-person skills assessment (online training must be supplemented with skills assessment). * **Non-licensed waiver staff-** required prior to working with individuals * **For licensed facilities-** required within 60 days of hire; staff without certification cannot work alone. * N/A for money management provider * N/A SELF Support Brokers * N/A Remote Monitoring who don’t provide direct support backup * Check service rules for participant directed services * Current nursing license is acceptable to meet the First Aid requirement (not CPR) * Current EMT certification acceptable for First Aid and CPR |  |  |
| CORE | Personnel | 7.017\* | If the provider/staff person is responsible for the following, do they have the appropriate certification for:   * Oral or topical medications (Category 1) * Health related activities (Category 1) * G-tube/J-tube (Category 2) * Insulin injections (Category 3)Family delegation is not permitted for agency providers.   5123:2-6-03; 5123:2-3-01 | * **Certification must be verified using MAIS.** * Medication administration certification is not required when Family Delegation is identified in the ISP * Family Delegation cannot be used with agency staff except when the agency employee is a family member and lives with the individual |  |  |
| CORE | Personnel | 7.018 | Does the provider/direct care staff without med admin certification have training to perform the following tasks/use the following devices:   * 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.   5123:2-6-05 | * The tasks can be performed by trained staff that do not have medication administration certification. * Staff must complete training prior to using the device or administering the topical OTC medication * Training must be provided by the licensed nurse or DD personnel with health-related activities and prescribed medication administration certification * Training must be the department approved curriculum * Training must include individual specific information * These tasks can be family delegated |  |  |
| Core | Personnel | 7.019 | For provider staff members who are responsible for transporting individuals, did the provider ensure that a driver’s abstract was completed prior to transporting individuals? 5123-2-02; 5123:2-9-18; 5123-9-24 | * Abstract is required for all staff who transport individuals, even if transportation service is not billed * Unofficial abstract from BMV is acceptable * Driver is ineligible to drive if they have six points or more on their abstract * Abstract should come from the state where the employee lives * Required to be completed no more than 14 days prior to initial transportation of individuals |  |  |
| TRANSP | Personnel | 7.020 | Did staff providing transportation obtain a new driver's abstract every 3 years?  5123:2-9-18; 5123-9-24 | * Within 3 years of date initial abstract was completed, not 3 calendar years. * Unofficial abstract from BMV is acceptable |  |  |
| TRANSP | Personnel | 7.021 | For provider staff members who are responsible for transporting individuals, does the staff person have a valid driver's license?  5123:2-9-18; 5123-9-24 |  |  |  |
| Core | Personnel | 7.022 | Did the provider ensure that only staff with 5 or fewer points on their driver's abstract transport individuals?  5123-2-02 | * This includes driving individuals even when transportation is not billed. * Staff with 6 or more points cannot transport persons receiving waiver services. |  |  |
| TRANSP | Personnel | 7.023 | Are all vehicles used to transport individuals covered by a current insurance policy?  5123:2-9-18; 5123-9-24 | * Ohio law requires liability insurance on all vehicles |  |  |
| TRANSP | Personnel | 7.024 | If the provider is responsible for providing Per Trip Non-Medical Transportation, does the staff person have a signed form establishing the driver's physical qualification to provide non-medical transportation?  5123:2-9-18 | * This form must be completed and signed by a person who is licensed, certified, and/or registered in accordance with Ohio law to perform physical examinations. |  |  |
| TRANSP | Personnel | 7.025 | If the provider is responsible for providing Non-Medical Transportation, did the staff person receive testing for controlled substances and was the staff person found to be drug free prior to providing transportation services?  5123:2-9-18 | * Per trip and per mile Non-Medical Transportation * Drug testing must be from a lab, cannot be self-administered. * Reviewer must see the results of the testing, not just receipts. |  |  |
| CORE | Personnel | 7.026 | Did the staff person receive initial training prior to providing services that included:  (i) Overview of serving individuals with developmental disabilities including implementation of ISP  (ii) The role and responsibilities of direct services staff with regard to services including person-centered planning, community integration, self-determination, and self-advocacy;  (iii) Universal precautions  (iv) Initial rights training  (v) Initial MUI training including the health and welfare alerts issued by the department.  5123:2-2-01; 5123:2-3-01 | * Effective 10/1/15 for new hires * Some services are exempted from portions of the initial training. See service rules. |  |  |
| CORE | Personnel | 7.027 | Prior to providing services to an individual, did the direct care staff person receive training specific to each individual he/she supports that includes:  (i) on what is important to and important for the individual  (ii) the individual's support needs including, as applicable, behavioral support strategy, management of the individual’s funds, and medication administration/delegated nursing  5123:2-2-01; 5123:2-3-01 | Look for this requirement to be met when:   * There is a new staff person * Prior to working with new individuals * When there is a significant change in support needs |  |  |
| CORE | Personnel | 7.028 | Did the supervisory staff for direct services positions complete the following training within 90 days of becoming a supervisor? Service documentation; billing for services, management of individuals' funds  5123:2-2-01; 5123:2-3-01 | * New supervisory staff hired after 10/1/15 |  |  |
| LIC FAC | Personnel | 7.029 | Did all direct service staff have initial training on actions to take in the event of a fire or other emergencies?  5123:2-3-01 | * Must be completed within 30 days * Staff who have not completed this training cannot work alone. |  |  |
| CORE | Personnel | 7.030 | Did the provider staff have annual training on the following:   * MUI/UI requirements and health and welfare alerts from the previous year * Rights of Individuals with DD * Person-centered planning, community integration, self-determination, and self-advocacy   5123:17-02; 5123:2-2-01; 5123:2-3-01 | * Once during each calendar year * Not required to be within 365 days * Required for CEO and/or Administrators annually * Agency board members must have training on MUI reporting requirements |  |  |
| CORE | Personnel | 7.031 | Did the provider staff have annual notification explaining conduct for which a DD employee may be included on the Abuser Registry?  5123:2-2-01 | * Annual Abuser Registry Notice can be found on DODD’s website under Health & Welfare/Tool Kit/Abuser Registry * A staff signature is not required. * Agency must have a process to implement. * Required once annually during calendar year, not every 365 days. |  |  |
| DAY SERV | Personnel | 7.032 | For day waiver services, did the provider ensure that within the **first 90 days of employment**, direct services staff completed an orientation program that addresses:   * Agency organizational background * Components of quality care for individuals served * Health and safety * Positive behavior support * Services that comprise the specific waiver service   5123-9-13; 5123:2-9-14; 5123:2-9-15; 5123:2-9-16; 5123:2-9-17 | **Career Planning Service:**   * **Excludes** Career Planning components of benefits education and analysis and worksite accessibility |  |  |
| DAY SERV | Personnel | 7.033 | For day waiver services, did the provider ensure that **during the first year of employment** direct service staff were provided with:   * A mentor * Training specific to the day waiver service   5123-9-13; 5123:2-9-14; 5123:2-9-15; 5123:2-9-16; 5123:2-9-17 | * **Excludes** staff who at the time of hire, had one year of experience providing the specific waiver service. |  |  |
| DAY SERV | Personnel | 7.034 | For day waiver services, did the provider ensure that all direct service staff annually completed training that includes:   * Roles and responsibilities regarding services, including person centered planning, community integration, self-determination, and self-advocacy * Rights * MUI/UI * Role in providing behavioral supports to individuals served * Best practices related to the provision of the specific waiver service   5123-9-13; 5123:2-9-14; 5123:2-9-15; 5123:2-9-16; 5123:2-9-17 | * Once during each calendar year, starting in the second year * Not required to be within 365 days |  |  |
| COUNTY BOARD | Personnel | 7.035 | Did Service and Support Administrators complete an orientation program within the **first 90 days of employment** that addresses:   * 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.   5123:2-5-02 |  |  |  |
| COUNTY BOARD | Personnel | 7.036 | Did Service and Support Administrators complete, no later than one **year after hire**, training that includes:   * Eligibility Determination * Establishing Individual Budget * Effective service coordination * Management of Individual funds * Self Determination   5123:2-5-02 | * Service and support administrators who have at least one year of experience as a service and support administrator, at the point of hire, are excluded from this training requirement. |  |  |
| COUNTY BOARD | Personnel | 7.037 | Has the county board employed or contracted with a Business Manager who is responsible for budgeting, financial reporting, preparing cost reports, and advancing informed and strategic decision-making by the county board?  5123:5-08 |  |  |  |
| COUNTY BOARD | Personnel | 7.038 | Did the Service and Support Administrator successfully complete DODD provided web-based training in:   * Developing person-centered individual service plans * Coordinating services * Enhancing team effectiveness * Understanding Medicaid * Targeted case management * Employment navigation   5123:2-5-02 | * New SSAs must have within one year of hire date. Existing SSAs must complete prior to recertification process. |  |  |
| LIC FAC | Personnel | 7.039 | Did the Administrator have annual training in facility roles and responsibilities, including   * Person Centered Planning * Community Participation and Integration * Self-determination * Self-advocacy * Individual Rights * MUI, including review of health and welfare alerts   5123:2-3-01 |  |  |  |
| CORE | Personnel | 7.040 | Did the **Money Management** provider complete 8 hours of training annually on topics that enhance his or her skills and competencies relevant to providing money management.  5123:2-9-20 | * MUI/UI and Rights is included in the 8 hours. |  |  |

| **SECTION 8** |  |  | **TRANSPORTATION** |  |  |  |
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| **SECTION** | **SUB SECTION** | **Question #** | **Question** | **Guidance/Additional Information** | **Compliant Yes/No** | **Plan of Correction** |
| TRANSP | Transp | 8.001 | If the provider is responsible for providing any type of transportation, do vehicles used to transport individuals appear safe?  5123:2-2-01 | * Specific examples include but are not limited to cracks in windshield that impairs line of sight, bald tires, etc. |  |  |
| TRANSP | Transp | 8.002 | If the provider is responsible for providing Non-Medical Transportation, does the vehicle have a fire extinguisher and first aid kit?  5123:2-9-18 |  |  |  |
| TRANSP | Transp | 8.003 | If the provider is responsible for providing non-medical transportation, do all vehicles used to transport individuals have all required inspections?   * Daily vehicle inspections * Annual vehicle inspection by the state highway patrol or certified mechanic.   5123:2-9-18 | * Wheelchair ramp/ties; windshield wipers/washer; mirrors; horns; brakes; emergency equipment; and tires * Inspections by the State Highway Patrol or a certified mechanic are required every 12 months (not every calendar year). |  |  |
| TRANSP | Transp | 8.004 | If the provider is responsible for providing non-medical transportation, are they using the correct type of vehicle for the service they are billing?  5123:2-9-18 | * Per-Trip Billing: Type of Vehicle 1) A vehicle with a capacity of 9 passengers or more, excluding the driver OR 2) A modified vehicle designed to transport individuals using wheelchairs (with safety restraints for wheelchairs, stable ramp or lift and daily inspection of lift, ramp and restraints |  |  |
| LIC FAC | Transp | 8.005 | Does the facility have policies and procedures regarding vehicle accessibility, vehicle maintenance, and requirements for vehicle drivers?  5123:2-3-04 | * No set format for policies and procedures |  |  |

| **SECTION 9** |  |  | **PHYSICAL ENVIRONMENT** |  |  |  |
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| **SECTION** | **SUB SECTION** | **Question #** | **Question** | **Guidance/Additional Information** | **Compliant Yes/No** | **Plan of Correction** |
| LIC FAC | Phys Env | 9.001 | Has the provider completed emergency drills (tornado and fire), and completed a written record of each drill which address individual specific needs based on the outcome of these drills?  5123:2-3-02 | Fire drills:   * + Licensed Facility – 3 within 12 months (at least 1 in a.m., 1 in p.m., 1 sleep drill)   + CB – 12 per year (1 each month)   Tornado drills:   * + Licensed Facility – 1 within 12 months   + CB – 4 per year April through July |  |  |
| LIC FAC | Phys Env | 9.002 | Does the provider have an emergency response/fire plan?  5123:2-3-02; 5123-4-01 |  |  |  |
| LIC FAC | Phys Env | 9.003 | When there is a swimming pool on the grounds, is the pool only used in the presence of staff with a;   * American Red Cross or equivalent lifeguarding certificate * Shallow water lifeguarding certificate for pools less than 5 feet deepRequired for licensed facilities and CB;   5123:2-3-01; 5123-4-01 | * **Check for rule waivers** |  |  |
| LIC FAC | Phys Env | 9.004 | Are the interior, exterior and grounds of the building maintained in good repair and in a clean and sanitary manner?  5123:2-3-02 |  |  |  |
| LIC FAC | Phys Env | 9.005 | Are there appropriate and comfortable equipment, furniture and appliances in good condition except for normal wear and tear adequate to meet the needs and preferences of the individual?  5123:2-3-02 | * Furniture and equipment should be safe. * Equipment also includes working smoke detectors and fire extinguishers on each floor and at least one carbon monoxide detector for homes with gas heat, dryers or stoves. * 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 | 9.006 | Are the entrances, hallways, corridors and ramps clear and unobstructed?  5123:2-3-02 |  |  |  |
| CORE | Phys Env | 9.007 | If a time out room is used:   * The door does not have a key lock, but may be held shut by a staff person or mechanism that requires constant physical pressure to keep the mechanism engaged * The room has adequate lighting and ventilation * The room is safe from hazardous conditions including, but not limited to, the presence of sharp corners or objects, uncovered light fixtures or uncovered electrical outlets * The individual is under constant visual supervision   5123:2-2-06 |  |  |  |
| CORE | Phys Env | 9.008 | Are waiver services being provided in a setting that is **NOT** in a publicly-operated or privately-operated facility that also provides inpatient institutionaltreatment **OR** in a building on the grounds of or adjacent to publicly operated facility that provides inpatient institutional treatment.  5123:2-9-02 | * Contact and discuss with a manager. |  |  |
| CORE | Phys Env | 9.009 | Are day waiver services provided in a non-residential setting?  5123-9-13; 5123:2-9-14; 5123:2-9-15; 5123:2-9-16; 5123:2-9-17; 5123:2-9-19 | * Contact and discuss with a manager. * Issue a citation if day waiver services are provided in a residential setting. * Excludes Individual Employment Support for maintaining Self-Employment |  |  |
| LIC FAC | Phys Env | 9.010 | Each individual shall participate in documented training of the residential facility’s fire safety plan and emergency response plan within thirty calendar days of residency and at least once during every twelve-month period thereafter.  5123:2-3-02 |  |  |  |
| LIC FAC | Phys Env | 9.011 | Did the facility ensure that no bedroom was shared by individuals of the opposite sex unless consenting adults?  5123:2-3-02 | If you find members of the opposite sex sharing a bedroom   * Look for if the individual is their own guardian; confirm via interview * Look for if the individual has a guardian; look for evidence of guardian consent |  |  |
| LIC FAC | Phys Env | 9.012 | Did the facility ensure that no more than two individuals share a bedroom?  5123:2-3-02 |  |  |  |
| LIC FAC | Phys Env | 9.013 | Did the facility ensure that individuals under the age of 18 do not share a bedroom with individuals over the age of 18?  5123:2-3-02 |  |  |  |
| LIC FAC | Phys Env | 9.014 | Does the facility have bathing facilities at a ratio of 1:4?  5123:2-3-02 | * For every four beds the facility 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. |  |  |
| CORE | Phys Env | 9.015 | In all residential waiver settings, does the individual have the freedom to:  select roommates  privacy and security including locks and keys to living unit  decorate living unit  to have visitors of choosing at any time  control schedule and activities  access food at any time  5123:2-9-02  42 CFR 441.301(4)(vi) | * All should be available to the individual, unless otherwise specified in the ISP. |  |  |
| LIC FAC | Phys Env | 9.016 | Is the facility operating over its licensed capacity without a rule waiver?  5123:2-3-01 |  |  |  |

| **SECTION 10** |  |  | **TITLE XX** |  |  |  |
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| **SECTION** | **SUB SECTION** | **Question #** | **Question** | **Guidance/Additional Information** | **Compliant Yes/No** | **Plan of Correction** |
| COUNTY BOARD | Title XX | 10.001 | Does the ISP identify individual services, supports, goals, and/or objectives related to Title XX services?  Title XX Contract | * Some individuals may be children with an IFSP |  |  |
| COUNTY BOARD | Title XX | 10.002 | Does the unit of service log (1017) contain the following items?   * Client name * Service code/service type * Duration (amount of time service provided) * Date and time of service * Initials of staff providing service   Title XX Contract | Providers are not required to use the 1017 form however content must be the same.   * 3.1 Units of Service. Grantee agrees to prepare and maintain documentation that supports the units of service billed to Title XX. The Grantee may develop a different form or report, but documentation must include all of the following required elements: * Individual Identifying Information:  1. Individual name; + 2. Individual Social Security Number (or Unique Identification Number so long as Grantee maintains a cross walk matching the Unique Identifier to the Social Security Number); \* 3. Individual date of birth; \*   Service Information:   1. Provider Name and Location; + 2. Service date; + 3. Service start and end times (excluding Transportation); +   Billing Preparation\*   1. Calculated service duration (per individual, per service, per day); \* 2. Number of units invoiced; \* 3. ­­­5-digit Title XX Service Billing Code; \*   \*For units billed to Special Services for Persons with Developmental Disabilities: Early Intervention, a unique ID is required, but it does not have to be a Social Security Number. |  |  |
| COUNTY BOARD | Title XX | 10.003 | Does the 1014-2 form (Certification of Proper Billing Form) contain the following elements?   * Contact Information * Date of CB eligibility determination * Title XX service name * Title XX billing code * Title XX national goals that correspond to the services billed * Response to the following questions:  1. Are services provided without regard to income? 2. Are the services provided included in the Grant Agreement?  * Assurance that services billed are not available via a DODD waiver, funded by another federal funding source or included in the list of limitations on the use of grants * Signature of appropriate representative | * Identifying information/contact information must match ISP (does not have to be the Social Security Number, but there must be a crosswalk matching the unique identifying number to the Social Security Number) * The board determines the appropriate representative or group of representatives to sign the 1014-2 * The 1014-2 does not need to be updated if there are no changes to an ISP/IFSP redetermination |  |  |

| **SECTION 11** |  |  | **EARLY INTERVENTION** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION** | **SUB SECTION** | **Question #** | **Question** | **Guidance/Additional Information** | **Compliant Yes/No** | **Plan of Correction** |
| COUNTY BOARD | EI | 11.001 | **Written EI Policy**  Does the county board have a written policy which describes:   * The CB’s role in the county’s EI system * How the CB will provide EI services on a year-round basis * The source of funds available for EI services, and * The specific role the CB has agreed to fulfill in the EI system   5123-4-01 | * May include: * Public awareness/child find * Evaluation to determine eligibility * Child and family assessment * Service coordination * EI services through an IFSP * Assurances for procedural safeguards * Review written policy, compare to practice * Is written policy consistent with DODD EI Consultant summary? |  |  |
| COUNTY BOARD | EI | 11.002 | **Parent Consent**  Is there evidence that informed consent was received from the parent prior to the following activities:   * Developmental screening (optional) * Evaluation and child assessment * Family Directed Assessment (FDA) * Provision of any EI service * Use of private or public insurance * Sharing PII * Sharing contact information with the Local Educational Agency (LEA)   5123-10-01 | * **N/A if CB does not provide service coordination** * The EISC is responsible for explaining each activity and securing informed consent * Each time an activity is explained, and consent is signed, the EISC needs to document it in case notes * Forms documenting consent include: * EI-01 – Dev’l Screening * EI-02 – Eval & Assessment * EI-03 – Family-Directed Assessment * EI-04 – IFSP (Section 5) * EI-05 – Use of Insurance * EI-06 – Release/Exchange of Information * EI-07 - Transition * The appropriate form must be signed by the parent prior to the applicable activity, indicating whether the parent consents, and must be signed and dated by the parent |  |  |
| COUNTY BOARD | EI | 11.003 | **Prior Written Notice (PWN)**  Do providers give Prior Written Notice to families before proposing or refusing to initiate or change the identification, evaluation, or placement or provision of services?  5123-10-01 | * PWN must be provided 10 days in advance; parents have the option of waiving the 10-day period by initialing and dating the waiver statement * Forms include: * EI-01 – Dev’l Screening * EI-02 – Eval & Assessment * EI-09 – Determination of Ineligibility * EI-10 – Exiting * EI-11 – Proposed Change to Services * Forms 01, 02, 09, & 10 are provided by the EISC * Form EI-11 applies to all providers |  |  |
| COUNTY BOARD | EI | 11.004 | **Parent Rights**  Is there evidence that parents have received a copy of the EI Parent Rights brochure and their rights have been explained to them?  5123-10-01  5123-10-02 | The EISC is responsible for explaining parent rights and providing the parent with the EI parent rights brochure minimally initially and annually  Each time the EISC explains parent’s rights and provides the parent with a copy of the parent’s rights brochure this should be documented in the EISC case notes.   * Other documentation includes: * EI-01 * EI-02 * EI-03 * EI-04 Section 5 * EI-06 * EI-07 * EI-08 * EI-11   ALL providers must use EI-11 when proposing changes to EI services.   * The CB needs to have a mechanism for addressing parent concerns and ensure parents are aware of how to file a complaint with the DODD if the dispute cannot be resolved locally. 5123-10-01 (I) |  |  |
| COUNTY BOARD | EI | 11.005 | **Developmental screening**  Does the CB provide developmental screenings to children referred to EI in accordance with the following requirements:   * Use of a department-approved tool * For any child suspected of having a delay, an evaluation and assessment are conducted * For any child not suspected of having a delay, an evaluation is conducted at parent request   5123-10-02 | * **N/A if CB does not offer/conduct a developmental screening** * ASQ & ASQ-SE are required screening tools * Consent and PWN are required * Completion of the tool should be documented in case notes * Any screenings must be conducted within 45 days of referral, except due to documented exceptional family reasons * Parents always have the right to an evaluation, regardless of the results of the screening tool |  |  |
| COUNTY BOARD | EI | 11.006 | **Eligibility via diagnosis**  If a child has been found eligible due to a diagnosis, is appropriate documentation on file?   * Documentation of the diagnosis from a health professional * Documentation of date received by the EISC * Completion of EI-04 (IFSP) Section 3A   5123-10-02 | * **N/A if CB does not provide service coordination** * If the child has a diagnosis listed on Appendix C of Rule 5123-10-02, there needs to be documentation on file from a health professional that includes the child’s name and the diagnosis (example discharge summary) * If the child has a diagnosis which is not listed in Appendix C, Form EI-12 must be completed by a health professional * In either situation, the EISC must document in case notes the date that the documentation was received from the health professional; this is the date of eligibility * Section 3A of the IFSP needs to accurately reflect the diagnosis and date received |  |  |
| COUNTY BOARD | EI | 11.007 | **Eligibility via evaluation**  If a child has been found eligible through evaluation, were all criteria met?   * Qualified personnel * Approved tool * At least one evaluator trained on tool * Multidisciplinary * Five domains * ICO used, as appropriate   5123-10-02 | * **N/A if CB does not participate in evaluations** * Evaluators meet criteria of Appendix B of Rule 5123-10-02 * Evaluation tool must be either the Bayley or Battelle * At least one of the evaluators must have current training on the tool used * The evaluator(s) must represent two or more separate disciplines (refer to contact info in Section 3E of IFSP) * Evaluation must include the child’s level of functioning in adaptive, cognitive, communication, physical (including fine and gross motor, vision, and hearing), and social and emotional development domains * Evaluators shall use Informed Clinical Opinion (ICO) when determining whether a child is eligible, even if the tool does not indicate a delay * Sections 3A and 3B of the IFSP must be completed to reflect the evaluation process * Evaluators must document evaluation process * See team meeting notes for how info was shared with the team |  |  |
| COUNTY BOARD | EI | 11.008 | **Eligibility timeline**  Is the eligibility process completed within 45 days of referral to EI?  5123-10-02 | * **N/A if CB does not participate in eligibility process** * Documentation of a qualifying diagnosis must be received within 45 days, as documented in case notes, on Section 3A of the IFSP and on EI-12 (as applicable) or * Completion of an evaluation must be documented on Sections 3A and 3B of the IFSP * If the date is after the 45-Day timeline, there must be documentation of an exceptional family reason in case notes. |  |  |
| COUNTY BOARD | EI | 11.009 | **Child assessment**  Is a functional child assessment completed within 45 days of referral?   * Qualified personnel * Multidisciplinary * 5 domains * Includes personal observation of child * Multiple methods   5123-10-02 | * **N/A if CB does not participate in child assessment process** * Assessors must meet criteria of Appendix B of Rule 5123-10-02 * The assessor(s) must represent two or more separate disciplines (refer to contact info in Section 3E of IFSP) * Assessment must include the identification of the child’s unique strengths and needs related to the child’s level of functioning in adaptive, cognitive, communication, physical (including fine and gross motor, vision, and hearing), and social and emotional development domains * Assessment must use multiple methods, including personal observation of the child * Completion of the child assessment must be documented on Section 3E of the IFSP * The completion date should be documented next to contact information in Section 3E of the IFSP and be within 45 days of referral, unless exceptional family reasons are documented in case notes. * See team meeting notes for how info was shared with the team |  |  |
| COUNTY BOARD | EI | 11.010 | **Family Directed Assessment**  Does the CB offer the family a voluntary, Family-Directed Assessment to identify families’ resources, priorities and concerns?  5123-10-02 | * **N/A if CB does not participate in FDA process** * The FDA is voluntary, but the EISC must offer the FDA to the family and document the date it was offered on EI-03 * If the family consents, the FDA must be completed within 45 days of referral (unless documented exceptional family reason) * The FDA must be conducted by qualified personnel (per Appendix B of Rule 5123-10-02) or by the EISC * A DODD approved tool is required (pending) (counties will have until 12/19 to obtain DODD FDA tool approval. * Completion of the FDA must be documented on Section 3C of the IFSP and in case notes |  |  |
| COUNTY BOARD | EI | 11.011 | **IFSP team**  Is the family’s IFSP developed and supported by a team that includes all required participants?  5123-10-02 | * The name of the assigned EISC must be listed in Section 2 of the IFSP * The EISC is responsible for providing written notice of the IFSP meeting (EI-13) to the parent and participants early enough to ensure they are able to attend * Initial and annual IFSP meetings must include: * Parent (physically present) * Other family members, as requested by the parent * EISC (physically present) * A member of the E&A team * Persons who may be providing EI services * Participants other than the parent and EISC may participate via alternative means, but their method of participation must be documented on the IFSP (Section 5) * The parent, EISC, and any interventionist who has agreed to provide services must sign and date the IFSP (Section 5) * *Best practice – Primary Service Provider (PSP) is systematically identified by the IFSP team to support outcomes* * *Best practice – core team is available to interventionists and families (EISC, OT, PT, ST, DS)* |  |  |
| COUNTY BOARD | EI | 11.012 | **IFSP outcomes**  Are IFSP outcomes measurable?  5123-10-02 | * The first part of Section 4 of the IFSP must include a measurable, functional outcome * *Best practice – outcomes meet 6-step criteria* * *Is the outcome necessary to meet this family’s priorities, concerns, needs?* * *Does the outcome reflect real-life settings-for example, mealtime, bathing, riding in the car, going out to eat are all examples of real-life contextualized settings.* * *Outcome are discipline free-the outcome should not be written as if the OT/DS/ST/PT (interventionist) is doing something but rather the outcome should have the child and family as the “active” learner.* * *Outcomes are jargon free. Words such as range of motion, oral motor, pincer grasp are examples of professional jargon. Anyone (including a parent) or a stranger should be able to read the outcome and know what success looks like.* * *Outcomes emphasize the positive of what the child or parent will accomplish. The outcome should tell us what the child/parent will do (i.e. Sarah will join her child care provider when mom drops her off at childcare in the morning) rather than what they won’t do (i.e. Sarah will not throw a tantrum when mom drops her off at daycare).* * *Outcomes should avoid passive words. (Passive words are typically descriptors of activities done to a child rather than encouraging a child’s active participation and engagement. Some passive words include increase, decrease, tolerate, improve, and maintain.* |  |  |
| COUNTY BOARD | EI | 11.013 | **Services on the IFSP**  Is an IFSP developed within 45 days of referral which identifies specific EI services the team has determined are necessary to meet the unique needs of the child and family to achieve the related outcome?  5123-10-02 | * Services on the grid in Section 4 of the IFSP must specify the EI service, length, duration, frequency, intensity, method of delivery, location, funding source, and projected start date and the outcome(s) the service will support. * If the location is not a natural environment, the IFSP must include steps that will be taken to move the service into a natural environment * IFSP services should be individualized for each child and family (reviewer should see a variety of outcomes, services, intensities when reviewing IFSP’s) * Services, identified by the team as needed but not yet coordinated must be listed in the “not yet coordinated” section of Section 4, along with steps the EISC will take to coordinate the needed services. (example, EISC needs to identify a provider and/or funding source) * Section 5 of the IFSP must be signed and dated by the parent prior to services starting * The IFSP development must be completed within 45 days of referral to the EI program, as evidenced by date of parent signature on Section 5, unless there are documented exceptional family reasons. |  |  |
| COUNTY BOARD | EI | 11.014 | **Funding of EI services**  Is there evidence that the EISC explains payment options for EI services to parents and coordinates funding in a timely manner?  5123-10-02  5123-10-03 | * **N/A if CB does not provide service coordination** * The EISC must explain Ohio’s EI System of Payments to the parent and determine the parent’s ability to pay prior to completing the IFSP, regardless of how many units of service are anticipated to be needed * EI-15 must indicate whether the parent has been determined able or unable to pay, and be signed and dated by the parent and EISC * Form EI-15 must be completed within 45 days of referral and within 45 days of each scheduled annual review of the IFSP, unless case note documents an exceptional family reason * When DODD will be the funding source, the EISC must complete EI-16, have the parent complete EI-05, and submit both forms to DODD within 30 days of parent signature on the IFSP |  |  |
| COUNTY BOARD | EI | 11.015 | **EI service delivery**  Is there evidence that service providers are delivering EI services as written on the IFSP and that the EISC is coordinating, facilitating, and monitoring service delivery?  5123-10-02 | * The EISC is responsible for coordinating, facilitating, and monitoring the delivery of EI services. (see EISC case notes) * EI service providers must document the specific EI service(s) provided, including the date, length, duration, frequency, intensity, method of delivery, location, and all activities related to IFSP outcomes (see provider case notes); in particular, service frequency and length should match the IFSP * Timely receipt of services is a federal requirement. This means that EI services must start no later than 30 days from the parent’s signed consent on the IFSP, except when the service provider has documented exceptional family reasons (reference IFSP section 5, provider case notes)   EI providers must respond to the EISC request for case notes or other records within 10 business days of a request |  |  |
| COUNTY BOARD | EI | 11.016 | **IFSP transition planning**  Has the IFSP team developed at least one transition outcome on the IFSP to support a smooth transition of the child from EI at age three? Specifically:   * The transition outcome must include steps & services * The outcome must be developed not fewer than 90 days, and not more than 9 months, prior to the child’s third birthday   5123-10-02 | The EI SC is responsible for coordinating and facilitating transition   * The outcome must specify steps, services, and activities on Section 4 of the IFSP that the team has determined are necessary to support the transition of the child * The box “outcome addresses transition” should be checked on section 4 of the IFSP. * The date the outcome and steps were developed (as documented on the top of the first page of the IFSP) should fall within the specified time period, unless exceptional family reasons are documented in case notes |  |  |
| COUNTY BOARD | EI | 11.017 | **Transition Planning Conference (TPC)**  Was a timely Transition Planning Conference held with the appropriate participants for any child whose parent signed consent?  5123-10-02 | * For a child who may be eligible for Part B preschool services, the EISC needs to coordinate a TPC that includes the local educational agency (LEA) (with parent consent) * For a child who is not potentially eligible for Part B preschool services, or if the parent has chosen not to share PII with the LEA, the EISC needs to coordinate a TPC (with parent consent) with participants identified by the team, such as community resources * See EI-07 for consent for a TPC * The TPC must occur during an IFSP meeting and be documented on the IFSP form, as well as in case notes. (Per guidance, EISC should write “TPC” next to appropriate date on the top of the first page) * If the parent consents to a TPC, it must occur not fewer than 90 days, and not more than 9 months, prior to the child’s third birthday (unless there is a documented exceptional family reason) |  |  |
| COUNTY BOARD | EI | 11.018 | **Service Coordination**  Does the EISC coordinate the provision of EI and other services based on the needs of the child and family?  Examples:  Resource based conversations with the team and family.  With parent consent making referrals for needed EI services and other services, (Home Visiting and other needed programs.  5123-10-02 | * **N/A if CB does not provide service coordination**   EISC Case notes should reflect these types of activities:  The EISC coordinated and monitored the provision of EI services identified on each family’s IFSP.  Coordinated other services (such as educational, social, financial, and medical services) that the child or family needs. |  |  |
| COUNTY BOARD | EI | 11.019 | **Documentation and Child Record**  Do providers maintain complete and accurate records for children served through EI?  5123-10-02 | * The EISC must maintain the following: * Copies of required forms * All EI program correspondence * Case notes for all EISC activities * Documentation of eligibility (IFSP section 3 A and B) * Signed IFSPs (IFSP section 5) * Service providers other than EISCs must maintain the following: * Documentation of eligibility * Child’s current IFSP (EI-04) * Copies of relevant forms * All EI program correspondence   Documentation of EI services provided, including the date, length, duration, frequency, intensity, method of delivery, location, and all activities related to IFSP outcomes (provider case notes) |  |  |
| COUNTY BOARD | EI | 11.020 | **Personnel requirements**  Do all EI personnel under CB oversight meet personnel requirements?  5123-10-02  5123-10-04 | * EISCs must hold an Early Intervention Service Coordinator credential * EISC supervisors must hold an Early Intervention Service Coordination Supervisor credential * EI evaluators, assessors, and service providers must meet requirements as described in Appendix B of 5123-10-02 |  |  |

| **SECTION 12** |  |  | **REMOTE SUPPORT** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION** | **SUB SECTION** | **Question #** | **Question** | **Guidance/Additional Information** | **Compliant Yes/No** | **Plan of Correction** |
| REMOTE SUPPORT | Remote Support | 12.001 | Is remote monitoring done in real time by awake staff at a remote monitoring base?  5123-9-35 | * The monitoring base cannot be located at the residence of an individual receiving the remote monitoring service |  |  |
| REMOTE SUPPORT | Remote Support | 12.002 | Is remote monitoring provided by staff with no other duties during the time they are providing the remote monitoring service?  5123-9-35 |  |  |  |
| REMOTE SUPPORT | Remote Support | 12.003 | If audio and/or video equipment is used, does the SSA have a copy of the consent forms for all individuals living in the home?  5123-9-35 | * Applies to monitoring that involves viewing or listening to activities or conversations in the home * SSA has to keep a copy of the consent with the ISP |  |  |
| REMOTE SUPPORT | Remote Support | 12.004 | Did the remote support vendor provide the following initial and ongoing training?   * Training to its staff on the use of the remote monitoring system * Training to the individual on the use of the remote support system as specified in the service plan   5123-9-35 | * Remote support vendor is required to provide initial and ongoing training to its staff on the use of the remote monitoring system * Remote support vendor 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 provider 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 | 12.005 | Does the remote support vendor have a back-up system in place?  5123-9-35 | * Provider is required to have a back-up power system (battery or generator) * The provider also has to have other back-up systems and additional safeguards in place that include contacting the backup support person in the event the remote monitoring system stops working |  |  |
| REMOTE SUPPORT | Remote Support | 12.006 | Does the remote support vendor have an effective system for notifying emergency personnel?  5123-9-35 | * This includes police, fire, emergency medical services and psychiatric crisis response entities |  |  |
| REMOTE SUPPORT | Remote Support | 12.007 | Do remote support staff have detailed and current written protocols for responding to an individual’s needs as specified in the service plan?  5123-9-35 | * Includes contact info for the backup support person |  |  |
| REMOTE SUPPORT | Remote Support | 12.008 | Does the ISP address the protocol to be followed should the individual request the remote support equipment be turned off?  5123-9-35 |  |  |  |

| **SECTION 13** |  |  | **ASSISTIVE TECHNOLOGY** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION** | **SUB SECTION** | **Question #** | **Question** | **Guidance/Additional Information** | **Compliant Yes/No** | **Plan of Correction** |
| ASSISTIVE TECH | Assistive Tech | 13.001 | Did the assistive technology equipment provider:   * Deliver the equipment to the individual * Assemble and set up the equipment * 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?   5123-9-12 |  |  |  |
| ASSISTIVE TECH | Assistive Tech | 13.002 | Is assistive technology equipment used for remote support designed so that it may be turned off by the remote support vendor when requested by the person designated in the service plan?  5123-9-12 |  |  |  |
| ASSISTIVE TECH | Assistive Tech | 13.003 | Did the assistive technology provider provide maintenance, necessary repairs, and replacement of equipment prior to expiration of its useful life for any reason other than misuse or damage by the individual?  5123-9-12 |  |  |  |

| **SECTION 14** |  |  | **WAIVER ADMINISTRATION ACTIVITIES** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION** | **SUB SECTION** | **Question #** | **Question** | **Guidance/Additional Information** | **Compliant Yes/No** | **Plan of Correction** |
| COUNTY BOARD | WAA | 14.001 | Was the ODDP revised when significant changes occurred?  5123-9-06 | * Examples: changes in living situation, natural supports, behavior, medical or mobility needs, etc. * Not all changes require ODDP revision |  |  |
| COUNTY BOARD | WAA | 14.002 | Were needs identified in nursing quality assurance reviews addressed?  5123:2-1-11 |  |  |  |
| COUNTY BOARD | WAA | 14.003 | Was the individual’s LOC reviewed at least annually and/or based on changes in the individual’s needs?   * Was the LOC submitted within 12 months of the previous LOC effective date? * Were notifications of individual change of status (NICS) submitted any time a person moves from waiver services to an ICF, hospital, NF, jail/prison, or other institutional setting   5123:2-1-11, 5123:2-8-01 | * Determine through documents, interview and observation * Issue citations only to the county board * If major changes occur, the LOC should be revised |  |  |
| COUNTY BOARD | WAA | 14.004 | Was the “Freedom of Choice” form for this individual reviewed on an annual basis?  5123:2-1-11 | * Determine through document, interview and observation. Issue citations only to the county board * Signed by the individual and the guardian annually |  |  |
| COUNTY BOARD | WAA | 14.005 | Were due process rights provided?  5123:2-1-11, 5160-48-01 | * Determine through documents, interview and observation. Issue citations only to the county board * CB is required to provide the individual and the guardian their due process rights each time a waiver service is approved, denied, reduced or terminated * Were appeal summaries provided to individual/BSH at least 10 days in advance of hearing? 5101:6 * Did the county board assist the individual with preparing for the hearing, if requested? |  |  |
| COUNTY BOARD | WAA | 14.006 | Did the county board implement a continuous review process (monitoring) tailored to the individual?  5123:2-1-11 | * Determine through documents, interview and observation. Issue citations only to the county board * No specific frequency is required * The level of monitoring should be based on the individual's needs and circumstances * Look closely here if significant negative outcomes for the individual are found during the review |  |  |
| COUNTY BOARD | WAA | 14.007\* | Did the county board comply with Free Choice of Provider requirements?  5123:2-1-11; 5123:2-9-11 | * County boards who continue as service providers because other providers are not available cannot accept any new individuals. * Determine through documents, interview and observation. Issue citations only to the county board. * SSA should objectively facilitate assisting the individual in choosing providers. * Applies to all waiver types, including exit, conversion, and diversion * Are people offered the choice of residences other than those with existing vacancies |  |  |
| COUNTY BOARD | WAA | 14.008 | Did the county board comply with the outcome/results of the Medicaid due process hearing?  5123:2-1-12 | * Look for evidence that specific recommendations from the hearing report were implemented |  |  |
| COUNTY BOARD | WAA | 14.009 | Were all waiting list requirements met?  5123:2-1-08 | * + Annual notification   + Date and time of request   + Alternative services   + Annual reassessment of needs |  |  |
| COUNTY BOARD | WAA | 14.010 | Were all administrative resolution of complaint requirements met?  5123:2-1-12This applies to CB reviews only.  Cite here only after consulting with a manager. | * Cite here only after consulting with a manager |  |  |
| COUNTY BOARD | WAA | 14.011 | Does the county board maintain an on-call system that is available 24 hours a day and 7 days a week?  5123:2-1-11; 5123:17-02 | * Determine through documents, interview and observation * Verify system for communicating   to individuals or their guardians as applicable, providers in their county and to the department.   * Issue citations only to the county board * Training requirements for on-call person * Skills to identify problems   + Assure health and welfare   + Determine what immediate response is needed   + Identify contact persons to take immediate action |  |  |
| COUNTY BOARD | WAA | 14.012 | Does the CB have a local Employment First policy which clearly identifies community employment as the desired outcome?  5123:2-2-05 |  |  |  |
| COUNTY BOARD | WAA | 14.013 | Does the CB’s strategic plan outline strategies/benchmarks to   * Recruit sufficient providers, and * increase individuals of working age in community employment services?   5123:2-2-05, 5123.4.01 | * Did you see evidence of CB’s collaboration with workforce development agencies, vocational rehabilitation, mental health and schools to improve employment outcomes? * Does the CB share information with families and community partners about work incentives programs? (ex: Medicaid Buy-In) * Did the CB submit employment outcome data for individuals who receive non-Medicaid employment services or who are employed with no paid employment supports through the web-based data collection system maintained by the Department? |  |  |
| COUNTY BOARD | WAA | 14.014 | Did all board members have the required trainings?  5123:2-1-13 | * Within 3 months of initial appointment: orientation addressing: Duties of CB, roles and requirements of board members, confidentiality and ethics laws of Ohio. Each calendar year of a board member's term: minimum of 4 hours of in-service training. If appointed after annual organizational meeting: On or before March 31: 4 hours. After March 31 but prior to July 1: 3 hours. After June 30 but prior to October 1: 2 hours. After September 30 but prior to succeeding January 1: 1 hour. * Must include MUI training after April 1, 2018 |  |  |
| COUNTY BOARD | WAA | 14.015 | Did the county board have a process for monitoring contracts?  5123:2-1-02  ORC 5126.05 | * The county board must demonstrate a process for ensuring that contracted entities are in compliance with rules and statute. |  |  |
| COUNTY BOARD | WAA | 14.016 | Did the provider receive a copy of the individual service plan at least fifteen calendar days in advance of implementation?  5123:2-1-11 | * This is required unless extenuating circumstances make fifteen-day advance copy impractical and with agreement by the individual and his or her providers. * Assessment information is part of the planning package. |  |  |
| COUNTY BOARD | WAA | 14.017 | Did the SSA establish and maintain contact with providers as frequently as necessary to ensure that each provider is trained on the individual service plan and has a clear understanding of the expectations and desired outcomes of the supports being provided?  5123:2-1-11 | * Secure commitments from providers to support the individual in achievement of his or her desired outcomes. * This may be found in provider documentation, SSA case notes and through interviews. |  |  |
| COUNTY BOARD | WAA | 14.018 | During the service planning process, did the team explore the least restrictive services and settings?  5123:2-1-11; 5123:2-9-02 | * Was the individual provided with a description of all services and service setting options available through the waiver in which the individual is enrolled? * Was the individual given the opportunity to choose a service or a combination of services and settings that address their assessed needs in the least restrictive manner, promote autonomy, and minimize their dependency on paid support staff? * Were service and setting options such as technology-based supports, intermittent or drop-in staffing, shared living, or integrated employment services explored based on the individual’s assessed needs, prior to congregate settings? |  |  |