| **Section 1** |  |  | **Service Planning** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 ake 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** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 | * 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 | * 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 | * 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 | * 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 | * 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** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 | * 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 | * 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 | * 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 | * 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 | * 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 | * 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 |  |  |  |

| **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
 |  |  |
| 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
 |  |  |

| **SECTION 5** |  |  | **SERVICE DELIVERY & DOCUMENTATION** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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? 5123:2-9-0242 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 | **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 | 5.016 | **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** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 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 | 6.002 | 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 | 6.003 | Is there evidence that the independent provider completed an unusual incident report, notify theindividual's guardian or another person whom the individual has identified, asapplicable, and forward the unusual incident report to the service and support administrator or county board designee on the first working day following the day the unusual incident is discovered.5123~~-~~17-02 |  |  |  |
| CORE | MUI | 6.004 | Did the provider/ maintain a log that contains only 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 act 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 | 6.005 | 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 | 6.006 | **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 | 6.007 | **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 | 6.008 | **UI and MUI**Is there evidence that the provider 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 |  |  |  |
| CORE | MUI | 6.009 | 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
* 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.
* The provider is responsible for notifying the county board or department when there are changes in protective actions (i.e. returning employee to duty, change in supervision levels, etc.)
* When an independent provider is alleged to have been involved in physical or sexual, the County Board and the independent provider must coordinate on immediate actions.
* What is the backup plan identified in person’s plan?
 |  |  |
| CORE | MUI | 6.010 | 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 | 6.011 | 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 | 6.012 | 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 | 6.013 | 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 act must be immediately reported to Law Enforcement
* The provider shall document the time, date, and name of person notified of the alleged criminal act. The county board shall ensure that the notification has been made.
 |  |  |
| CORE | MUI | 6.014 | Is there evidence that the provider conducted an in-depth review and analysis of MUI trends and patterns during the preceding calendar year, compiled an annual report containing required elements, and submitted it to the County Board for all programs in the county by 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
 |  |  |

| **SECTION 7** |  |  | **PERSONNEL** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION** | **SUB- SECTION** | **Question #** | **Question** | **Guidance/Additional Information** | **Compliant****Yes/No** | **Plan of Correction** |
| CORE | Personnel | 7.001 | Does the provider have: * Current CPR certification and
* Current first aid certification?

5123:2-2-01 | * Certification requires in-person skills assessment (online training must be supplemented with skills assessment).
* N/A for money management provider
* N/A SELF Support Brokers
* 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 | 7.002 | 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; 5123-9-13; 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
* **See service rules for specifics**
 |  |  |
| CORE | Personnel | 7.003\* | 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 | * **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 | 7.004 | Does the provider 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
 |  |  |
| TRANSP | Personnel | 7.005 | For providers who are responsible for transporting individuals, does the provider have a valid driver's license? 5123:2-9-18; 5123-9-24 |  |  |  |
| TRANSP | Personnel | 7.006 | 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
 |  |  |
| CORE | Personnel | 7.007 | When selected by an individual did the independent provider meet with a representative of the county board prior to providing services?5123:2-2-01 | * Effective 10/1/15 when a provider is selected by a waiver recipient
 |  |  |
| CORE | Personnel | 7.008 | Did the independent provider complete the following training within 60 days of first providing services? Service documentation and billing for services.5123:2-2-01 | * Only required at initial certification
* Does not apply to providers certified prior to 10/1/15
 |  |  |
| CORE | Personnel | 7.009 | Prior to providing services to an individual, did the provider 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 nursing5123:2-2-01 | * Individual specific training should occur prior to providing services to an individual and when there is a significant change in support needs
* Ask the provider how they are updated when there are significant changes to an individual’s plan
 |  |  |
| CORE | Personnel | 7.010 | Did the provider 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  | * Once during each calendar year
* Not required to be within 365 days
* Annual training to begin during the second year of certification (initial training required for certification covers first year)
 |  |  |
| CORE | Personnel | 7.011 | 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.
 |  |  |
| DAY SERV | Personnel | 7.012 | **For Career Planning or Individual Employment Supports**, did the provider annually complete 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

5123:2-9-13; 5123:2-9-15 | * Once during each calendar year, starting in the second year
* Not required to be within 365 days
 |  |  |

| **SECTION 8** |  |  | **TRANSPORTATION** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 Vehicle1) A vehicle with a capacity of 9 passengers or more, excluding the driver OR2) 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 |  |  |

| **SECTION 9** |  |  | **PHYSICAL ENVIRONMENT** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION** | **SUB- SECTION** | **Question #** | **Question** | **Guidance/Additional Information** | **Compliant****Yes/No** | **Plan of Correction** |
| CORE | Phys Env | 9.001 | 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 | 9.002 | 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 | 9.003 | In all residential waiver settings, does the individual have the freedom to:select roommatesprivacy and security including locks and keys to living unit decorate living unitto have visitors of choosing at any timecontrol schedule and activitiesaccess food at any time5123:2-9-02; 42 CFR 441.301(4)(vi) | * All should be available to the individual, unless otherwise specified in the ISP.
 |  |  |