

SECTION 1 – ADMINISTRATION & OPERATION

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
1.001	Is the ICF operating at its licensed capacity? 5123:2-3-01	<ul style="list-style-type: none"> Look at the census of the facility to ensure that the facility is not serving more individuals than their licensed capacity. If more individuals are residing in the facility, ensure that a waiver of licensed capacity is in place that covers the date of the survey. 		
1.002	Is the ICF following all applicable local, state, and federal rules and regulations? 5123:2-3-01	<ul style="list-style-type: none"> Any citations for this question must be approved by a manager prior to use. 		
1.003	Was the ICF providing ONLY ICF services and, if applicable, institutional respite or supported employment either in the ICF-IID or on the grounds of the ICF-IID? CMS 2296-F	<ul style="list-style-type: none"> HCBS waiver funded services may not be provided in or on the grounds of an ICF-IID unless the individual is receiving supported employment as an employee of the ICF-IID Institutional respite may be provided in an ICF 		
1.004	When there is a swimming pool on the grounds, is the pool only used in the presence of staff with a; <ul style="list-style-type: none"> American Red Cross or equivalent lifeguarding certificate Shallow water lifeguarding certificate for pools less than 5 feet deep 5123:2-3-01	<ul style="list-style-type: none"> Required for ICFs that have pools unless the individuals' plans indicate otherwise Check for rule waivers 		
1.005	Does the facility have an Administrator directly involved in the day to day operations and the oversight of service provision? 5123:2-3-01	<ul style="list-style-type: none"> Licensed facility only Verify through interview the frequency of administrator presence in the facility. 		

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Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
		<ul style="list-style-type: none"> Verify through interview and documentation the process by which the administrator is overseeing provision of services. 		
1.006	Does the ICF/IID have policies and procedures regarding vehicle accessibility, vehicle maintenance, and requirements for vehicle drivers? 5123:2-3-04	<ul style="list-style-type: none"> No set format for policies and procedures 		
1.007	Does the ICF/IID have general liability insurance?	<ul style="list-style-type: none"> Must be at least \$500,000 		

SECTION 2 - PERSONNEL

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
2.001	Did the ICF/IID complete a valid initial BCII/FBI check for direct service employees? 5123:2-2-02; 5160-45-07; ORC109.572, 5123:2-3-01	<ul style="list-style-type: none"> Mark as non-compliant if the initial checks were not completed at all or were completed using the incorrect reason code/reason title <ul style="list-style-type: none"> FBI check required if employee hasn't been an Ohio resident for 5 yrs. previous to hire 		
2.002	Did the ICF/IID complete a valid BCII/FBI check every 5 years for direct service employees? 5123:2-2-02; 5160-45-07; ORC109.572, 5123:2-3-01	<ul style="list-style-type: none"> Mark as non-compliant if the 5 year checks were not completed at all or the incorrect reason code was used BCII recheck not required if employee is enrolled in Rapback; Rapback does NOT include the FBI recheck FBI check required if employee hasn't been an Ohio resident for 5 yrs. 		
2.003	Are all ICF staff enrolled in RAPBACK within 30 days of his or her initial criminal records check by the bureau of criminal investigation 5123:2-2-01, 5123:2-3-01	<ul style="list-style-type: none"> Effective October 1, 2016 If hired prior to 10/1/16, employee must be enrolled in RAPBACK at time of next 5 year check. If an employee is not able to get a BCII via fingerprints they cannot be enrolled in Rapback. The provider agency must continue to complete the 5 year BCII/FBI 		
2.004	Did the ICF/IID complete the initial and 5 year BCII/FBI checks in a timely manner? 5123:2-2-02; 5160-45-07; ORC109.572, 5123:2-3-01	<ul style="list-style-type: none"> Mark as non-compliant if either the initial or 5 year checks were completed late, DO NOT mark non-compliant to this question if the checks were not done at all. 		

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2.005	<p>Did the ICF/IID complete the following <u>initial</u> database checks for employees?</p> <ul style="list-style-type: none"> • Inspector General's Exclusion List • Sex Offender and Child Victim Offenders Database • U.S. General Services Administration System for Award Management Database • Database of Incarcerated and Supervised Offenders • Abuser Registry • Nurse Aide Registry <p>5123:2-2-02, 5123:2-3-01</p>	<ul style="list-style-type: none"> • Mark as non-compliant if checks were not completed at all • Applies to employees hired after 1/1/13 • Persons on the data base may not be employed to provide services to individuals • For ICF-IIDs, this is not required for staff hired prior to January 1, 2013 until December 31, 2014. 		
2.006	<p>Did the ICF/IID complete the following database checks every five years for employees?</p> <ul style="list-style-type: none"> • Inspector General's Exclusion List • Sex Offender and Child Victim Offenders Database • U.S. General Services Administration System for Award Management Database • Database of Incarcerated and Supervised Offenders • Abuser Registry • Nurse Aide Registry <p>5123:2-2-02, 5123:2-3-01</p>	<ul style="list-style-type: none"> • Mark as non-compliant if checks were not completed at all • If employees are verified as enrolled in ARCS, the 5 year recheck is not required. • Beginning 1/1/13. 		
2.007	<p>Did the ICF/IID complete the initial and 5 year database checks in a timely manner?</p>	<ul style="list-style-type: none"> • Mark as non-compliant if either the initial or 5 year checks were completed late 		

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	<ul style="list-style-type: none"> Inspector General's Exclusion List Sex Offender and Child Victim Offenders Database U.S. General Services Administration System for Award Management Database Database of Incarcerated and Supervised Offenders Abuser Registry Nurse Aide Registry <p>5123:2-2-02, 5123:2-3-01</p>	<ul style="list-style-type: none"> Staff hired before 1/1/13 - the first recheck is due 5 years from the date of the last check; as long as the previous check included the BCII, Abuser Registry, Nurse Aide, and FBI as applicable 		
2.008	<p>Did the ICF/IID 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?</p> <p>5123:2-2-02; 5123:2-3-01</p>	<ul style="list-style-type: none"> Please refer to Section G of the background check rule for employees with Tier 4 offenses who were hired prior to 1/1/13. 		
2.009	<p>Did the ICF-IID staff, while under final consideration for employment, sign a statement attesting that the staff person would notify the ICF-IID within 14 days if they are ever charged with, plead guilty to, or are convicted of a disqualifying offense?</p> <p>5123:2-2-02; 5123:2-3-01</p>			
2.010	<p>Did the ICF-IID staff, while under final consideration for employment, sign a statement attesting that the staff person has never plead guilty to or been convicted of a disqualifying offense?</p>			

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	5123:2-2-02; 5123:2-3-01			
2.011	For ICF-IID staff members who are responsible for transporting individuals, did the ICF-IID ensure that a Driver's Abstract was completed prior to transporting individuals? 5123:2-2-02; 5123:2-3-01	<ul style="list-style-type: none"> An unofficial abstract document is acceptable. The abstract should come from the state where the employee lives. 		
2.012	For ICF-IID staff members who are responsible for transporting individuals, does the staff person have a valid driver's license? 5123:2-2-02; 5123:2-3-01	<ul style="list-style-type: none"> Ask provider how they ensure a valid driver's license. 		
2.013	If the staff person was hired after 2/1/2000 and is administering medications, does the staff person have a high school diploma or GED? 5123:2-3-04; 5123:2-3-04	<ul style="list-style-type: none"> Review with the provider their system to verify a high school diploma or GED only when it has been determined that the staff person in the sample is administering medications via Medication Administration or Delegation 		
2.014	If the staff person administers medication does the person have the appropriate certification for: <ul style="list-style-type: none"> Oral/topical medication (Category 1) G-tube/J-tube (Category 2) Insulin injections (Category 3) 5123:2-3-04; 5123:2-3-04	<ul style="list-style-type: none"> Certification can be verified online. This only applies when it has been determined that the staff person in the sample is administering medications via Medication Administration. 		
2.015	Does professional staff have required licenses/certifications? 5123:2-3-01; 5123:2-3-04	<ul style="list-style-type: none"> Includes nursing license, social work licenses, OT/PT licenses, etc. 		
2.016	Did the ICF-IID staff have current CPR certification? 5123:2-3-01	<ul style="list-style-type: none"> Required for all staff who work alone in the ICF-IID including nurses. 		

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		<ul style="list-style-type: none"> • Must be obtained within 60 calendar days of hire and must work with another staff with CPR until then • Look at proof that if CPR training is taken online, there is verification of hands-on return demonstration. • ICF with 24 hour nursing may request a rule waiver. 		
2.017	Did the ICF-IID staff have current first aid certification? 5123:2-3-01	<ul style="list-style-type: none"> • Required for all staff who work alone in the ICF-IID • Must be obtained within 60 calendar days of hire and must work with another staff with FA until then • Licensed nurses are not required to have first aid certification. • Look at proof that if FA training is taken online, there is verification of hands-on return demonstration. 		
2.018	Did the direct service 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 including the health and welfare alerts issued by the department.	<ul style="list-style-type: none"> • Look for initial training only for staff hired after 10/1/16 • Training must occur prior to providing direct services 		

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	(v) Initial MUI training 5123:2-3-01			
2.019	For direct service staff, did the staff person receive annual training prior to providing services that included: (i) The role and responsibilities of direct services staff with regard to services including person-centered planning, community integration, self-determination, and self-advocacy; (ii) Rights training including the health and welfare alerts issued by the department. (iii) MUI training 5123:2-3-01	<ul style="list-style-type: none"> • Training is in compliance if it is received during each calendar year (not required to be within 365 days). 		
2.020	For all direct service staff, did the staff person, prior to implementation, receive training on the individual's IP/BSP? 5123:2-3-01	<ul style="list-style-type: none"> • Verify by reviewing documents and interviews with direct care staff. • Staff training on BSPs is required for all aversive Behavioral Support Plans. <p>What system does the provider have to assure all staff understands each individual plan (IP)?</p>		
2.021	For all direct service staff, did the staff person, have initial training on the actions to take in the event of a fire or other emergency? 5123:2-3-01	<ul style="list-style-type: none"> • Training must occur prior to providing direct services and be specific to each setting in which the employee works alone. • Training must specifically cover actions to take in the event of a fire and tornado. 		

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2.022	Did the ICF-IID staff have annual training in fire and emergency response? 5123:2-3-01	<ul style="list-style-type: none"> • Training must be received during each calendar year (not required to be within 365 days) and be specific to each setting in which the employee works alone. • Training must specifically cover actions to take in the event of a fire or tornado. 		
2.023	Did the ICF-IID staff have annual notification explaining conduct for which a DD employee may be included on the Abuser Registry? 5123:2-17-02. 5123:2-3-01	<ul style="list-style-type: none"> • This may be included in the annual MUI training. • Review with the provider their system to verify how they provide annual notification to staff. 		
2.024	Did the Administrator have annual training in facility roles and responsibilities, including <ul style="list-style-type: none"> • Person Centered Planning • Community Participation and Integration • Self-determination • Self-advocacy • Individual Rights • MUI, including review of health and welfare alerts 	<ul style="list-style-type: none"> • For administrators hired prior to 10/1/16, first annual training must occur by 9/30/17. 		
2.025	Does the ICF staff, who provide direct services, have a high school diploma or GED? 5123:2-3-01	<ul style="list-style-type: none"> • Direct care staff hired prior to 10/1/16 are exempt from the requirement • Direct care staff hired after 10/1/16 must have at time of hire 		
2.026	Did the provider ensure that only staff with fewer than 6 points on their driver's abstract provided transportation services? 5123:2-2-02; 5123:2-9-58	<ul style="list-style-type: none"> • 		

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2.027	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	<ul style="list-style-type: none"> New supervisory staff hired after 10/1/2016. 		
2.028	Was there evidence the Administrator completed the new Administrator Orientation?	<ul style="list-style-type: none"> For administrators hired after 10/1/16 Training found on DODD website 		

SECTION 3 – PHYSICAL ENVIRONMENT

3.001	Has the ICF-IID completed emergency drills (tornado and fire) and completed a written record of each drill which addresses individual specific needs based on the outcome of these drills? 5123:2-3-02	<p>Fire Drills:</p> <ul style="list-style-type: none"> 3 per 12 mos. (at least 1 in a.m., 1 in p.m. and 1 during sleep hours). <p>Tornado Drills:</p> <ul style="list-style-type: none"> 1 per 12 mos. <p>Plan of improvement identified in drill analysis/IP should address refusals to participate in drills and special assistance needs when applicable</p>		
3.002	Did the ICF ensure that each individual participated in initial fire safety and emergency response training? 5123:2-3-02	<ul style="list-style-type: none"> Must be received within 30 days of admission Different than a drill, this is actually training on RACE, Fire Safety skills, where to go in case of fire, tornado, disaster, etc. 		
3.003	Did the ICF ensure that each individual participated in annual fire safety and emergency response training? 5123:2-3-02	<ul style="list-style-type: none"> Training is in compliance if it is received during each calendar year (not required to be within 365 days). Different than a drill, this is actually training on RACE, Fire Safety skills, where to go in case of fire, tornado, disaster, etc. 		
3.004	Are the interior, exterior and grounds of the building maintained in good repair and in a clean and sanitary manner? 5123:2-3-02	<ul style="list-style-type: none"> Good repair and sanitary means the building is free from danger or hazard to the health of the person(s) occupying it as well as, free from strong odors, pests and mold. All windows and doors that open should have screens or screen doors in good repair in order to keep out pests. 		
3.005	Are there appropriate and comfortable equipment, furniture and appliances in good condition except for normal wear and tear	<ul style="list-style-type: none"> Furniture and equipment should be safe. 		

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	adequate to meet the needs and preferences of the individual? 5123:2-3-02	<ul style="list-style-type: none"> 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.) 		
3.006	Does the facility have bathing facilities at a ratio of 1:4?	<ul style="list-style-type: none"> If facility does not meet bathroom requirements, they must have a plan to come into compliance by 10/1/17. 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. 		
3.007	<p>If a time out room is used:</p> <ul style="list-style-type: none"> 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 <p>5123:2-2-06</p>	<ul style="list-style-type: none"> Ensure that lighting and ventilation are properly working <ul style="list-style-type: none"> View inside the time out room/area View the room from the individual's perspective. 		
3.008	Was the individual able to independently get around his/her home and have unrestricted access to all areas of the home and grounds unless otherwise indicated in the IP?	<ul style="list-style-type: none"> Look to see that doors are wide enough for wheelchairs, and ramps when needed. 		

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	5123:2-3-02	<ul style="list-style-type: none"> Only staff quarters, bedrooms of other individuals and boiler/mechanical areas may be off-limits to individuals. Ensure that thermostats are not locked unless included in the IP or BSP. <ul style="list-style-type: none"> Ensure that individuals have keys and are able to enter and exit home and grounds independently 		
3.009	Did the facility ensure that no bedroom was shared by individuals of the opposite sex unless consenting adults? 5123:2-3-02	<p>If you find members of the opposite sex sharing a bedroom</p> <ul style="list-style-type: none"> 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 		
3.010	Did the facility ensure that no more than two individuals share a bedroom?	<ul style="list-style-type: none"> If facility has more than 2 to a bedroom, they must have a plan to come into compliance by 7/1/2025 		
3.011	Did the facility ensure that individuals under the age of 18 do not share a bedroom with individuals over the age of 18?	<ul style="list-style-type: none"> This is only acceptable with a rule waiver from DODD. 		

SECTION 4 – PERSON-CENTERED PLANNING

4.001	<p>Did the ICF complete a Comprehensive Functional Assessment (CFA) that included;</p> <ul style="list-style-type: none"> • A General Health Evaluation • A General Dental Health Evaluation • An Adaptive Behavior Evaluation • A Social History • Other Evaluations as needed <p>5123:2-3-03</p>	<ul style="list-style-type: none"> • The CFA may address other areas as well 		
4.002	<p>Using person centered planning, has the plan been developed based on the results of the Comprehensive Functional Assessment (CFA) as it relates to:</p> <ul style="list-style-type: none"> • 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 • Ensure employment services that are consistent with the individual's identified employment outcome <p>5123:2-1-11; 5123:2-2-05</p>	<ul style="list-style-type: none"> • 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 		
4.003	<p>Does the assessment/planning process consider;</p> <ul style="list-style-type: none"> • What is important to the individual • What is important for the individual • Known and likely risk • Place on the path to employment • Desired community employment outcome • What is working and not working 	<ul style="list-style-type: none"> • Assessment considers the individual's skills • The team may prioritize the assessed needs of the individual based on what is important to/important for the individual. • Important to promotes satisfaction • Including provider/staff selection 		

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	5123:2-3-03	<ul style="list-style-type: none"> • Important for promotes health and welfare • Trends of unusual incidents • Major unusual incident review • Serious chronic medical conditions <p>There are four places on the path to community employment:</p> <ul style="list-style-type: none"> • 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 • As of 4/1/17 – Paths 3 and 4 are not required to have a vocational outcome, may have a community integration outcome for the individual 		
4.004	Was the IP developed within 30 days of admission? 5123:2-3-03			
4.005	Was there evidence that the QPID provided the individual with information about the services and supports available in the ICF and the services and supports available to individual enrolled on an HCBS Waiver? 5123:2-3-03	<ul style="list-style-type: none"> • Look for a policy/procedure, signed document • Interview the individual or if possible, a guardian to confirm 		
4.006	Did the individual or guardian give consent to the IP prior to implementation? 5123:2-3-03	<ul style="list-style-type: none"> • Consent must be written, not just verbal. When an attendance sheet is used, it must specifically identify that the signature is documenting both attendance and consent or have a separate space for consent. 		

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		<ul style="list-style-type: none"> Of consent could not be obtained, did the QPID offer alternative services or activities to the individual 		
4.007	Was the plan reviewed annually? 5123:2-3-03	<ul style="list-style-type: none"> The review should be done to correspond with the 365-day IP span unless the span is being adjusted. 		
4.008	Was the IP revised based on the changes in the individuals needs/wants? 5123:2-3-03	<ul style="list-style-type: none"> Consider significant life changes such as moving, changing providers or roommates, a change in the BSP, or the addition of a rights restriction. Was there an update to the comprehensive functional assessment during the plan year and if so, was the IP updated accordingly? 		
4.009	Does the IP include a discharge plan that identifies; <ul style="list-style-type: none"> The supports and services necessary for the individual's transition to an integrated community setting Strategies for overcoming barriers to community integration 5123:2-3-03	<ul style="list-style-type: none"> This doesn't mean there is a planned date of discharge, just that the team is discussing and the plan reflects what is needed and skills to be developed for future transition 		
4.010	Did the ICF provide a copy of the IP to the individual and/or guardian? 5123:2-3-03	<ul style="list-style-type: none"> Look for a policy/procedure Interview the individual or if possible, a guardian to confirm 		
4.011	Did the ICF/IID provide the individual with information about opportunities for community inclusion and participation?	<ul style="list-style-type: none"> Individuals should be aware of the availability of multiple day activities in the community, both paid and unpaid, including volunteer opportunities, paid work opportunities, leisure/rec opportunities, alternative day service providers, etc. 		

SECTION 5 – PROVISION OF SERVICES/IP IMPLEMENTATION

5.001	Are medication, treatments and dietary orders being followed as indicated in the IP? 5123:2-3-04	<ul style="list-style-type: none"> This information may come from the review of the Medication Administration Record (MAR), doctor's order, OT/PT and Speech Plans, consultation forms, nurse's notes, unusual incidents, observation and interview. 		
5.002	Is the IP being implemented as written? 5123:2-3-04	<ul style="list-style-type: none"> This information may come from review of the documentation, review of the frequency/duration of services delivered, interview, and observation. Also, verify that services addressed in the plan match the service documentation. 		
5.003	Is there evidence that the provider took action on an individual's need/want, when they were aware of it? 5123:2-3-03	<ul style="list-style-type: none"> A citation is issued only when there is evidence that the provider was aware of the need/want, but did not take any action. If a new need/want is identified during the course of the review, a citation will not be issued 		
5.004	Was the individual actively participating in activities throughout the review? 5123:2-3-04	<ul style="list-style-type: none"> Ensure that the individual has been offered activities and chooses not to participate. If individual is choosing not to participate, follow up on what other options have been explored/offered. 		
5.005	Does the individual participate in day programming that fosters community participation and provides for a variety of activities? 5123:2-3-04	<ul style="list-style-type: none"> This should be marked compliant if the person typically attends day program but was home on the day of the review. If an individual does not go to a community based day program, check IP, MAR, or other documentation to ensure that there is evidence that off-site day activity is contraindicated. 		

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		<ul style="list-style-type: none"> • The individual should have opportunities throughout the day to participate in varied activities both at the day services site as well as in the community. • If this is not being done, they provider must have a plan for how they will come into compliance by 10/1/17 		
5.006	Were individuals attending day programming at a building at least 200 feet from the ICF-IID? 5123:2-3-04	<ul style="list-style-type: none"> • All individuals should be attending an off-site day activity setting unless otherwise indicated in the IP as contraindicated for the individual. • Off-site is defined as any building that is located at least 200 feet from the ICF-IID. • A provider who was providing on-site day activity services prior to 7/1/05 may continue to do so. 		
5.007	Does the ICF-IID ensure that individuals have access to their funds as stipulated in the IP? 5123:2-2-07	<ul style="list-style-type: none"> • Individual funds must be deposited within 5 days of receipt and made available to the individual within 3 days of request. • This includes all monies such as personal allowance, employment, gifts, income tax refunds and food stamps. • The IP will specify the level of independence the individual has to handle money and any types of assistance to be provided. 		
5.008	If the IP includes assistance with money management, are the individual's monies being managed as indicated in the plan? 5123:2-2-07	<ul style="list-style-type: none"> • Bill Paying • Banking • Shopping • Inventories • Ensure that burial funds are managed properly and certificates are maintained. 		

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5.009	When the individual receives assistance with money management does the IP include parameters for management based on the areas of focus? 5123:2-2-07	<ul style="list-style-type: none"> • 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 		
5.010	Were records maintained in a confidential manner and available upon request? 5123:2-3-04	<ul style="list-style-type: none"> • This includes signs/notes visible to visitors. 		
5.011	Does the ICF ensure that records related to the provision of services are maintained by the provider for a minimum of six years? 5123:2-3-04	<ul style="list-style-type: none"> • These records can be stored electronically. 		
5.012	Is staff available based on the assessed needs of the individual? 5123:2-3-01	<ul style="list-style-type: none"> • Are supervision levels being met? • Are there adequate staff on each shift to meet the supervision levels of each individual (i.e. for evacuation; to implement behavior support interventions; to ensure safety, etc.) 		

SECTION 6 – MEDICATION ADMINISTRATION

6.001	If the individual(s) being served are unable to self-medicate, is the medication stored in a secure location? 5123:2-6-02; 5123:2-3-04	<ul style="list-style-type: none"> All medications must be secured in an ICF-IID. Individuals assessed as being able to self-administer medications may maintain their own medication in a secured lockbox or other secured manner in their bedroom or personal space. 		
6.002	If the individual(s) being served are unable to self-medicate, is the medication in a pharmacy labeled container? 5123:2-6-02; 5123:2-3-04	<ul style="list-style-type: none"> This may include a pharmacy pill bottle or pharmacy blister pack. 		
6.003	If the individual(s) being served are unable to self-medicate, was a self-medication assessment completed? 5123:2-6-02; 5123:2-3-04	<ul style="list-style-type: none"> An ICF-IID may utilize the DODD med admin assessment, or utilize their own assessment which includes the same elements as the DODD form. A new self-medication assessment must be completed every 3 years or if there has been a change in the needs of the individual. The person completing the form must know the individual. 		
6.004	If the individual's assessment indicates that they are unable to self-medicate, does the IP address their medication administration needs? 5123:2-1-11; 5123:2-3-04	<ul style="list-style-type: none"> 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. 		
6.005	If the individual is not self-medicating has the assessment been reviewed annually, and revised as-needed? 5123:2-6-02; 5123:2-3-04	<ul style="list-style-type: none"> A new assessment must be done every 3 years at a minimum, with an annual review each year end between. 		
6.006	If delegated nursing is identified in the plan, is there a statement of delegation, evidence of on-going assessment, and annual skills checklist? 5123:2-3-04	<ul style="list-style-type: none"> ICF-IIDs of 1-5 individuals may provide medication administration without delegation. ICF-IIDs of 6 or more may provide delegated nursing services. 		

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		• Reference Delegated Nursing Grid		
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SECTION 7 – BEHAVIOR SUPPORT

7.001	If the service plan includes a restrictive measure, are behavioral supports employed with sufficient safeguards? 5123:2-2-06; 5123:2-3-04	<ul style="list-style-type: none"> • Has staff been trained? • Was supervision available that ensured health, welfare, and rights of the individual? 		
7.002	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	<ul style="list-style-type: none"> • If decision was made to continue did the up to date information indicate risk or harm or likelihood of legal sanction is still present. 		
7.003	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	<ul style="list-style-type: none"> • For behavior support strategies to be developed, assessment must clearly describe: <ul style="list-style-type: none"> ○ 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 is behavior likely to occur ○ Individual factors (medical, environment etc.) that may be contributing 		
7.004	Were all restrictive measures addressed in the plan and approved by the Human Rights Committee? 5123:2-2-06; 5123:2-3-04	<ul style="list-style-type: none"> • 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 		
7.005	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	<ul style="list-style-type: none"> • 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 		

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		<ul style="list-style-type: none"> • 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 		
7.006	Are restrictive strategies person-centered and interwoven into a single plan? 5123:2-2-06; 5123:2-3-04	<ul style="list-style-type: none"> • There should be no separate behavior support plans. Restrictive strategies should be included in a manner similar to all other support strategies. 		
7.007	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	<ul style="list-style-type: none"> • Informed consent must be written. • A scanned signature submitted electronically is acceptable 		
7.008	Is the behavior support strategy directed at: 1. Mitigating risk of harm or legal sanction 2. Reducing and eliminating need for restrictive measures 3. Ensuring the environment includes preferred activities so individuals are less likely to engage in unsafe actions due to behavior 5123:2-2-06; 5123:2-3-04	<ul style="list-style-type: none"> • Is the person's preferences considered? • Is there achievable success criteria in the strategies? • Is there a plan to reduce or eliminate the restrictive measures? 		
7.009	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			
7.010	Does the provider/county board have a human rights committee that includes the following? <ul style="list-style-type: none"> • At least 4 people • At least 1 individual who receives or is eligible to receive specialized services • Qualified persons with training or experience 	<ul style="list-style-type: none"> • A committee can serve more than one county board or provider • Community representatives do not account on either side of the balance. 		

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	<p>in contemporary practices of Behavior Support</p> <ul style="list-style-type: none"> • Reflect a balance of: <ul style="list-style-type: none"> o 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. o County boards or providers <p>5123:2-2-06; 5123:2-3-04</p>	<ul style="list-style-type: none"> • Ensure that authors of restrictive measures who sit on the HRC do not “vote” on the measures they wrote. 		
7.011	<p>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?</p> <p>5123:2-2-06; 5123:2-3-04</p>	<ul style="list-style-type: none"> • ICFs can share committees with other entities • The ICF can have received approval of their own trainings or utilized the department trainings. • Department online trainings of: <ul style="list-style-type: none"> o Behavioral Support Strategies that Include Restrictive Measures, o Human Rights Committee, and o Rights of People with Developmental Disabilities <p>meet the 5 required areas above.</p>		
7.012	<p>If the service plan includes restrictive measures, did the Human Rights Committee review and approve the plan prior to implementation?</p> <p>5123:2-2-06; 5123:2-3-04</p>			
7.013	<p>If the service plan includes time out or restraint, are the interventions being implemented only when risk of harm is evidenced?</p> <p>5123:2-2-06; 5123:2-3-04</p>	<ul style="list-style-type: none"> • There must be a direct and serious risk of physical harm to the individual or another person. The individual must be capable of causing physical harm to self or others and the individual must be causing physical harm or very likely to begin causing physical harm. 		
7.014	<p>If the service plan includes rights restrictions, are the interventions being implemented only when risk of harm or likelihood of legal sanction are evidenced?</p>	<ul style="list-style-type: none"> • There must be a direct and serious risk of physical harm to the individual or another person. The individual must be capable of 		

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	5123:2-2-06; 5123:2-3-04	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.		
7.015	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	<ul style="list-style-type: none"> • Could be evidenced by copy of email submission, support staff verification, or viewing on the RMN system 		
7.016	Does the provider have a policy which reflect requirements of the rule? 5123:2-2-06; 5123:2-3-04	<ul style="list-style-type: none"> • 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... 		
7.017	Did all members of the ICF provider 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	<ul style="list-style-type: none"> • County boards/ICFs can share committees with other entities • The ICF 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. 		
7.018	Did each ICF provider complete an analysis of behavioral support strategies that include restrictive measures? 5123:2-2-06	<ul style="list-style-type: none"> • Should be completed at least annually • Must be shared with their HRC • Must include but is not limited to: 		

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		<ul style="list-style-type: none"> ○ 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. 		
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SECTION 8 – MUI/UI

8.001	<p>Upon identification of a MUI, is there evidence that the ICF-IID took the following immediate actions as appropriate:</p> <ul style="list-style-type: none"> • Immediate and on-going medical attention • Removal of an employee from direct contact with any at-risk individual when the employee is alleged to have been involved in abuse or neglect until such time as the ICF-IID/DD has reasonably determined that such removal is no longer necessary • Other necessary measures to protect the health and safety of at-risk individuals <p>5123:2-17-02</p>	<ul style="list-style-type: none"> • The ICF-IID must ensure that when a staff person is not removed from the direct contact that the staff person has no unsupervised contact with the alleged victim or any other individual who may be considered at risk. • 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.) 		
8.002	<p>Is there evidence that the ICF-IID notified the county board about the below listed incidents within 4 hours of discovery?</p> <ul style="list-style-type: none"> • Abuse (physical, sexual and verbal) • Exploitation • Misappropriation • Neglect • Suspicious/Accidental Death • Media Inquiry • Peer to Peer <p>5123:2-17-02</p>	<ul style="list-style-type: none"> • Ask how the provider documents the date and time of the initial notification. • Check MUI ITS, fax cover sheet or provider documents. • Every CB is required to have 24-hour availability. 		
8.003	<p>Is there evidence that the ICF-IID submitted a written incident report to the county board contact or designee no later than three p.m. the next working day following initial knowledge of a potential or determined major unusual incident?</p> <p>5123:2-17-02</p>			

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8.004	<p>If applicable, were appropriate notifications made to other agencies?</p> <ul style="list-style-type: none"> Children's Services (for allegations of abuse and neglect) Law Enforcement (for allegations of a crime) <p>5123:2-17-02</p>	<ul style="list-style-type: none"> Any allegation of abuse or neglect under 2151.03 and 2151.031 for children under 21 years Any allegation of exploitation, failure to report, misappropriation, neglect, peer to peer acts, physical abuse, sexual abuse, verbal abuse which may constitute a crime must be immediately reported to LE 		
8.005	<p>Is there evidence the ICF-IID cooperated with the investigation of MUIs? Timely submission of requested information</p> <p>5123:2-17-02</p>	<ul style="list-style-type: none"> When the ICF-IID conducts an internal review, they must submit results (statements and documents) within 14 calendar days (does not apply to developmental centers). Check MUI ITS, fax cover sheet or provider documents. 		
8.006	<p>Is there evidence that a prevention plan was identified, that the prevention plan addressed the causes and contributing factors identified in the investigation and that the individual's IP was revised if necessary?</p> <p>5123:2-17-02</p>	<ul style="list-style-type: none"> The prevention plan is at the end of the final MUI report. Refer to ITS for this information if necessary. Not all prevention plans require IP revisions. Make sure agency and ITS plans match. 		
8.007	<p>Upon identification of an unusual incident, is there evidences that the provider took the following immediate actions as appropriate:</p> <ul style="list-style-type: none"> Report was made to the designated person Report was made within 24 hours of the incident Appropriate actions were taken to protect the health and safety of the at-risk individual <p>5123:2-17-02</p>	<ul style="list-style-type: none"> Check UI report 		
8.008	<p>Did the ICF-IID conduct a monthly review of unusual incidents?</p>	<ul style="list-style-type: none"> Ensure all UI's are listed on the UI log. Provider needs to develop a systematic approach for reviewing UI's to determine if there are trends or patterns of 3 similar incidents in a week or 5 similar incidents 		

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	5123:2-17-02	in a month and that this is addressed by the team. The review may be kept electronically but must show monthly review		
8.009	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? 5123:2-17-02	<ul style="list-style-type: none"> Based on review of the MAR, nurses' notes, daily documentation and narrative staff notes, interviews, observation, compare with UI logs. Ensure that incident meets the definition of a UI or MUI. 		
8.010	<p>Is there evidence that the ICF-IDD developed and implemented a written unusual incident policy and procedure that:</p> <ul style="list-style-type: none"> 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. <p>5123:2-17-02</p>			
8.011	Did the ICF-IDD ensure that all staff were trained and knowledgeable regarding the unusual incident policy and procedure? 5123:2-17-02			

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8.012	<p>Is there evidence that the Incident Report contains the following required elements?</p> <ul style="list-style-type: none"> • Individual's name; • Individual's address; • Date of incident; • Location of incident; • Description of incident; • Type and location of injuries; • Immediate actions taken to ensure health and welfare of individual involved and any at-risk individuals; • Name of primary person involved and his or her relationship to the individual; • Names of witnesses; • Statements completed by persons who witnessed or have personal knowledge of the incident; • Notifications with name, title, and time and date of notice; • Further medical follow-up; and • Name of signature of person completing the incident report. <p>5123:2-17-02</p>			
8.013	<p>Is there evidence that the ICF-IDD 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?</p> <p>5123:2-17-02</p>			
8.014	<p>Did the ICF-IDD make the unusual incident report, documentation of patterns and trends and corrective actions available to the CB and Department upon request?</p> <p>5123:2-17-02</p>			
8.015	<p>Upon identification of an unusual incident, is there evidence that the ICF-IDD took the following immediate actions as appropriate:</p>			

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	<ul style="list-style-type: none"> • 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. <p>5123:2-17-02</p>			
8.016	<p>Did the ICF/IID maintain a log of unusual incidents which includes:</p> <ul style="list-style-type: none"> • Name of Individual • Description of Incident • Identification of Injuries • Time/Date of Incident • Location of Incident • Preventative Measures <p>5123:2-17-02</p>	<ul style="list-style-type: none"> • Sample UI Log Available on Health and Safety Toolkit • Required for Agency and Independents 		
8.017	<p>Did the facility report all allegations of mistreatment, abuse, neglect, as well as injuries of unknown sources to the administrator immediately?</p> <p>5123:2-17-02</p>	<ul style="list-style-type: none"> • Was administrator or designee notified on the same day the incident was identified? 		
8.018	<p>Is there evidence that the ICF-IDD completed an Incident Report for all unusual incidents?</p> <p>5123:2-17-02</p>	<ul style="list-style-type: none"> • Check UI report • This applies to all incidents that meet the definition of an unusual incident. 		

SECTION 9 – PERSONAL FUNDS

9.001	Does the ICF-IID ensure that individual funds are made available to the individual as required? 5123:2-2-07	<ul style="list-style-type: none"> Individual funds must be deposited within 5 days of receipt and made available to the individual within 3 days of request. This includes all monies such as personal allowance, employment, gifts, income tax refunds and food stamps. 		
9.002	Did someone other than the staff who handle personal funds, complete reconciliations at the frequencies required? 5123:2-2-07	<ul style="list-style-type: none"> Bank accounts should be reconciled using the most recent bank statement. Cash accounts maintained by the provider should be reconciled every 30 days. 		
9.003	Does the ICF-IID ensure that the account transaction records/ledgers include the following; <ul style="list-style-type: none"> The name of the individual The source, amount, and date of all funds received The purpose, amount, recipient, and date of all funds withdrawn Individual or staff signatures for withdrawals and deposits 5123:2-2-07	<ul style="list-style-type: none"> Ledger must include the individuals' signature, initials or mark unless the IP indicates otherwise. Ledger must include the staff signature or initials unless funds are electronically managed.. If initials are used, a legend must be available to know which staff person initialed the ledger. The electronic system must have a way to identify the staff to whom money was given for use on behalf of an individual. 		
9.004	Is there evidence that the individual is able to purchase items, goods, and services of his/her preference? 5123:2-2-07	<ul style="list-style-type: none"> Does the individual's room include personal items, decorations? Is there evidence that individual has what they want/need? If the individual is purchasing items typically provided by the licensee (food, clothing, hygiene supplies, adaptive equipment, etc.) does the IP indicate the individual/guardian's consent to the purchase? 		
9.005	Did the ICF/IID add any item with a purchase price of \$50 or more to the			

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	individual's record of personal belongings at the time of acquisition? 5123:2-2-07			
9.006	Did the ICF/IID develop and implement a written policy regarding management of individual funds? 5213:2-2-07	<ul style="list-style-type: none"> • 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. • Has to outline the system for reporting MUIs. 		
9.007	Did the ICF/IID ensure that all staff responsible for managing personal funds are trained on the rule and the policy? 5213:2-2-07	<ul style="list-style-type: none"> • Training must occur prior to providing assistance with personal funds. 		