

**Level 1 /IO Waiver  
Adult Day Services**

\_\_\_\_\_ County Board of MRDD

<b>Item #</b>	<b>Question</b>	<b>Reviewer Guidelines</b>	<b>ID#</b>	<b>ID#</b>	<b>ID#</b>	<b>ID#</b>	<b>S/P/N/NA</b>
1.	Was the Protective Level of Care (PLOC) completed?	There is an Attached worksheet to assist with reviewing the Protective Level of Care.	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
2.	Was the PLOC reviewed annually?		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
3.	Was the ICF/MR Level of Care completed? OAC 5101: 3-3-07 (C)(5)(b)		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
4.	Was the ICF/MR Level of Care reviewed annually? OAC 5101: 3-3-07 (C)(5)(b)		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
5.	Did the ICFMR Level of Care confirm substantial functional limitations in three or more of the following major life areas for individuals age sixteen and older?  OAC 5101: 3-3-07 (C)(5)(b)	There is an Attached worksheet to assist with reviewing the ICFMR Level of Care.	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
6.	Did the county board recommend the continued need for ICF/MR LOC by completing the annual Re-Determination form?  OAC 5123: 2-1-11(I)(2) OAC 5101:3-3-15.5	Look for: <ul style="list-style-type: none"> <li>• Re-determination/No Significant Change of Condition Form</li> </ul> <b>or</b> <ul style="list-style-type: none"> <li>• Significant Change of Condition Form.</li> </ul>	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	

**Reviewer's Name** \_\_\_\_\_ **Date** \_\_\_\_\_

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7.	Did the county board complete the Freedom of Choice form?  OAC 5123: 2-1-11 (H)(3)		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant																					
8.	Did the county board complete initial and annual assessments?  OAC 5123:2-1-11 (I)		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant																					
9.	Was the individual involved in the planning process and development of the ISP?  OAC 5123:2-1-11 (J)(1)	Examples/evidence of participation: <ul style="list-style-type: none"> <li>meeting participation sign in sheet</li> <li>case notes, etc.</li> </ul> <table border="1" data-bbox="701 865 1150 992"> <thead> <tr> <th>ID#</th> <th>(a)</th> <th>(b)</th> <th>(c)</th> <th>(d)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	ID#	(a)	(b)	(c)	(d)																Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
ID#	(a)	(b)	(c)	(d)																							
10.	Was the ISP approved by the SSA, SSA supervisor or designated CB staff prior to implementation?  OAC 5123:2-1-11 (J)(2)																										
11.	Did the SSA review and revise the ISP as appropriate under any of the following circumstances?	<ul style="list-style-type: none"> <li>Changes to the ISP were made as indicated by a-d and there is a system that assures that substantial</li> </ul>	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant																					

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	<ul style="list-style-type: none"> <li>○ At the request of the individual or a member of the individual's team;</li> <li>○ Whenever the individual's assessed needs circumstances or status changes.</li> <li>○ As a result of ongoing monitoring of ISP implementation, quality assurance reviews, and/or identified trends and patterns of unusual incidents or major unusual incidents; or</li> <li>○ When a service is reduced, denied, or terminated by the department or ODJFS.</li> </ul> <p>OAC 5123:2-1-11 (J)(3)</p>	<p>changes can be made when needed or desired.</p> <ul style="list-style-type: none"> <li>● Look for case notes, meeting notes, medical reports, MUIs, etc. that recommend a change.</li> <li>● If it is determined that a change was recommended, look for a revised ISP.</li> </ul> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">ID#</th> <th style="width: 10%;">(a)</th> <th style="width: 10%;">(b)</th> <th style="width: 10%;">(c)</th> <th style="width: 10%;">(d)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p><b>Interview</b></p> <p>An interview with the individual and/or guardian can help determine if the desires of the individual/guardian were addressed through a revision to the ISP.</p>	ID#	(a)	(b)	(c)	(d)																				
ID#	(a)	(b)	(c)	(d)																							
<b>12.</b>	Did the individual consent to the ISP? OAC 5123: 2-1-11(B)(1)	Look for the individual/guardian's signed and dated consent on the ISP.	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant																					

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13.	<p>Did the county board provide the following?</p> <ul style="list-style-type: none"> <li>A complete copy of the ISP to the individual or his or her guardian</li> </ul> <p>and</p> <ul style="list-style-type: none"> <li>A copy of relevant sections of the ISP to the individual's providers.</li> </ul> <p>OAC 5123:2-1-11(J)(4)</p>	<p><b><u>Documentation</u></b> Look for evidence of cover letters, cc's, case notes, etc.</p> <p><b><u>Interview</u></b> Ask the individual/guardian if they received a copy of their plan.</p>	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
14.	<p>Does the county board ensure that individuals are given the opportunity to select service providers from all willing and qualified providers?</p> <p>OAC 5123:2-1-11(L)(1)(2)</p>	<ul style="list-style-type: none"> <li>Note: Rule effective date is 7-1-05</li> <li>The county board must demonstrate how it ensures state wideeness of individual choice, (e.g. Provider Certification on the ODMR/DD website) and free choice of provider, including day habilitation and supported employment providers.</li> <li>Assist individuals, as necessary, to work with their provider(s) to resolve concerns involving the direct support staff assigned</li> </ul>	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	

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		to work with them. <ul style="list-style-type: none"> <li>Was the statewide website used?</li> </ul>					
15.	Does the county board ensure that SSAs do not conduct quality assurance reviews for individuals on their caseloads? OAC 5123: 2-1-11(O)(2)		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
16.	Does the SSA monitor services to verify: <ul style="list-style-type: none"> <li>The health, safety and welfare of individuals</li> <li>Consistent implementation of services</li> <li>Achievement of the desired outcomes for the individual, as stated in the ISP?</li> </ul> OAC [5123:2-1-11(N)(a-c)].		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
17.	<b>Waiver Assurances</b> Did the county board ensure that health and safety needs were assured and continuously met. Waiver Document [Version 06-95 Section 1915(c) Attachment C-1 3/1/04].	See attached Waiver Assurances Form	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
18.	Does the county board provide service and support administration directly? <i>or</i> Do they contract it out, and if so, to who? OAC 5123:2-1-11 (E)		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
19.	<b>Are SSA(s) in a union?</b> <ul style="list-style-type: none"> <li>Yes</li> </ul>		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	

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	<p align="center">o No</p> <p><b>If in a union:</b> Are the SSA(s) for these individuals in the same in a union with other individuals that perform duties that are not administrative? OAC 5123:2-1-11 (E)(3)</p>						
20.	Are SSA(s) assigned responsibilities within the county board for implementing any services other than SSA duties? OAC 5123:2-1-11 (E)(5)	This applies not only to the county where the SSA is employed, but also to all counties.	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
21.	<p>Did individuals receive due process rights?</p> <ul style="list-style-type: none"> <li>o Annual plan approvals</li> <li>o Plan revisions</li> <li>o Reduction, denial or termination of services</li> </ul> <p><b>OAC 5123:2-1-11 (S)</b></p>		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	

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**WAIVER ASSURANCES**

<b>Assurance that the following services will be offered:</b>	<b>Forms to be used:</b>
<p>This is for reference. If a county board is not in compliance with all of these areas, then 11a is a citation.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> All individuals on a Waiver will have Protective and ICF/MR level of care.</li> <li><input type="checkbox"/> Health and safety needs are assured and continuously met.</li> <li><input type="checkbox"/> Home and community based services include: respite, habilitation including supported employment, environmental accessibility adaptations, transportation, specialized medical/adaptive/assistive equipment and supplies. Other services: HPC, Social Work, Interpreter, Nutrition, home delivered meals.</li> <li><input type="checkbox"/> Insure that adequate standards exist for each provider of service.</li> <li><input type="checkbox"/> ISP developed by qualified individuals and periodically reviewed, and are consistent with LOC (identified needs).</li> <li><input type="checkbox"/> Waiver services will not be furnished to individuals who are inpatients of hospital, NF, or ICF/MR.</li> <li><input type="checkbox"/> Annual evaluation of the need for a LOC.</li> <li><input type="checkbox"/> Eligible individuals are informed of alternatives to waiver services and Freedom of Choice.</li> <li><input type="checkbox"/> Opportunity for fair hearings related to denial of HCBS and denial of provider of choice.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Current LOC Assessment (select from a-c below)</li> <li><input type="checkbox"/> Functional Assessment by age group</li> <li><input type="checkbox"/> Assessments</li> <li><input type="checkbox"/> Freedom of Choice and Fair Hearing Home and Community Based Services (HCBS) Waiver.</li> <li><input type="checkbox"/> Explanation of State Hearing Procedures.</li> <li><input type="checkbox"/> Prior Notice About Your Welfare Benefits.</li> <li><input type="checkbox"/> Notice of Approval of Your Application For Assistance.</li> <li><input type="checkbox"/> Notice of Denial of Your Application For Assistance.</li> <li><input type="checkbox"/> PAWS.</li> </ul>

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<b>I. Worksheet for Protective Level of Care (PLOC) OAC 5101:3-3-08</b>						<b>ID #</b>		
<b>PLOC:</b> 24 hour/day or less supervision to prevent harm (physical, emotional, psychological act that could be detrimental to self or others) due to cognitive impairment						<b>Yes</b>	<b>No</b>	<b>Comments:</b>
						<b>OR PLOC: Need (1) ADL and (3) IADL(s)</b>		
<b>PLOC Assessed Need</b>		<b>Matches other assessments</b>						
<b>Yes</b>		<b>No</b>		<b>Yes</b>		<b>No</b>		
<b>ADL(s) performed with or w/o the use of assistive devices on a regular basis that enables the individual to meet following needs:</b>								
<b>Bathing-</b> ability to cleanse body by showering, tub or sponge bath and perform w/u/o device								
<b>Transfer-</b> ability to move between surfaces								
<b>Toileting-</b> ability to eliminate and dispose of waste w/u/o device								
<b>Dressing-</b> ability to put on, fasten, take off clothing / prosthesis								
<b>Eating-</b> ability to feed self including food prep, getting food into mouth, chewing and swallowing								
<b>Grooming-</b> ability to perform oral hygiene, hair care and nail care (all three)								
<b>Mobility –</b> ability to move to/from bed, surfaces (chair, wheelchair, standing), and locomotion (ambulation)								
<b>OR PLOC: Medication Administration (ability to prepare and self-admin all forms of oc and prescription meds) and (3) IADL(s)</b>						<b>Yes</b>	<b>No</b>	<b>Yes</b>
Supervision of self-administration of medication								
<b>IADL(s) Need Assistance: Hands-on provision of help in initiation and/or completion</b>								
<b>Shopping-</b> ability to prepare a list and purchase groceries, clothing and household items								
<b>Meal Preparation-</b> ability to plan nutritional meals and cook any type of food								
<b>Personal Laundry-</b> ability to wash and dry clothing and household items by machine or by hand								
<b>Environmental Management –</b> ability to do house cleaning, heavy chores, yard work and/or maintenance.								
<b>Accessing community-</b> ability to make and answer phone, acquire/use transportation,								

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managing legal/financial affairs (pay bills, write checks, keep checkbook, benefits)							
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I. Worksheet for ICF/MR Level of Care OAC 5101:3-3-07 Age 16 and Above					ID #		
ICF/MR LOC Functional Limitations (FL) Individuals need 3 Functional Limitations to meet LOC	LOC Assessed Need		Matches other assessments		Functional Limitations in IP		Comments
	Yes	No	Yes	No	Yes	No	
<b>Capacity for Independent Living</b> (can perform all)-purchase groceries/clothing/household items, plan and prepare nutritious meals, respond to emergencies, chores, wash dry clothing, make/answer phone calls, use public transport							
<b>Communication</b> (can perform all)-express needs, understand communication							
<b>Economic self-sufficiency</b> (can perform at least two) obtain/engage in community employment, pay bills, manage money, access insurance/benefits							
<b>Learning</b> (can perform all)-acquire, retain an apply new knowledge/skills							
<b>Mobility</b> (can perform all)-transfer, move between locations							
<b>Personal Care</b> (can perform all)-bathe, oral hygiene/ hair/ nail care, toileting, dress, feed, self administer medications							
<b>Self-direction</b> (can perform all)-foresee outcome, choices, initiate activities, self-control							
<b>Other Assessed Needs (Medical, Generic Resources, Natural Supports and Other)</b>					<b>Assessed needs in ISP</b>		
					<b>Yes</b>	<b>No</b>	

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Worksheet for ICF/MR Level of Care OAC 5101:3-3-07 Age 6-15					ID #		
ICF/MR LOC Functional Limitations Individuals need 3 Functional Limitations to meet LOC	LOC Assessed Need		Matches other assessments		Functional Limitations in IP		Comments
	Yes	No	Yes	No	Yes	No	
<b>Capacity for Independent Living</b> (can perform all)  Snack ( <b>ages 6-8 is prepare simple snack</b> ), respond to ER, household chores, use neighborhood resource ( <b>ages 12-15 use public transportation</b> ), stay alone for at least 2 hrs ( <b>ages 6-11 stay alone w/a responsible adult in another part of house</b> ).							
<b>Communication</b> (can perform all) Express needs and wants in a manner understandable, understand such communication							
<b>Learning</b> (can perform all)- Acquire, retain and apply new information, skills and attitudes as appropriate to age							
<b>Mobility</b> (can perform all)- Transfer between surfaces (bed, chair/car/stairs, curbs)							
<b>Personal Care</b> (can perform all) bathe, oral hygiene, hair, toileting, dress, feed self							
<b>Self-direction</b> (can perform all)- foresee outcome, choices, adequate social skills, self-control.							
<b>Other Assessed Needs (Medical, Generic Resources, Natural Supports and Other)</b>					<b>Assessed needs in ISP</b>		
					<b>Yes</b>	<b>No</b>	

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1.	Is the provider capable of meeting the needs of the individuals receiving voc hab/ adult day support services, as identified in the ISPs?  Adult day support/Voc.Hab 5123:2-9-17(D)(14)  Supported Employment – 5123: 2-9-16 (D)(16) Supported Employment Community			Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant
2.	Is the provider, or any employee of the provider, providing services to his/her minor child or spouse?  Adult Day Support/Voc- hab - 5123:2-9-17(D)(17)  Supported Employment – 5123: 2-9-16 (D)(19) Supported Employment Community			Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant
3.	Is there evidence the provider is providing habilitation management as defined in the statute below? ORC 5126.14(A-C)			Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant
4.	Is there evidence the provider recognizes changes in the individual's physical condition and behavior, as well as exposure to safety hazards, and reports these changes to the SSA and notes the changes in the individual's written record?  Adult day support/Voc.Hab - 5123:2-9-17(C)(3)			Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant

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	Supported Employment – 5123: 2-9-16(C)(1)(c) Supported Employment Community					
5.	<p>Is there evidence that service delivery documentation for waiver services is in compliance with the waiver documentation requirements below?</p> <p>1) Date of service            2) Place of service            3) Name of the recipient            4) Medicaid identification # of the recipient            5) Name of the provider            6) Provider identifier/contract #            7) Signature of the person delivering service or initials of the person delivering the service if a signature and corresponding initials are on file with the provider            8) Type of service (for homemaker/personal care, type must include if routine, on-site/on-call, or level one emergency)            9) Number of units of the delivered service or continuous amount of uninterrupted time during which the service was provided            10) Group size in which the services were delivered as defined in paragraph (D)(12) of rule 5123:2-9-60 of the Administrative Code            11) Arrival and departure times of the provider of service’s site visit to the recipient’s location or of</p>			Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant

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	<p>the recipient's visit to the provider of service's location</p> <p>12) Description and details of the services delivered that directly relate to the services specified on the recipient's approved individual service plan as those services to be provided</p> <p>13) A notation made as least monthly indicating the response to services delivered</p> <p>14) Forms that identify, for the individual, the ISP service(s) to be delivered. The forms shall include all of the above and may be checked off and initialed by staff for each continuous period of service delivery time for each date of service. Any variation between the ISP requirements and actual staff to individual ratios, times of service delivery, group size, or type of service delivered shall be documented. Documentation shall reflect the actual staff to individual ratios and the time period of the variation.</p> <p>Adult Day Support/Voc- hab - 5123:2-9-17(C)(4)</p> <p>Supported Employment – 5123: 2-9-16(C)(1)(d) Supported Employment Community</p>					
6.	<p>Is the provider participating in the development of the individual's ISP for adult day support and/or vocational habilitation services?</p> <p>Adult Day Support/Voc- hab - 5123:2-9-17(C)(1)</p> <p>Supported Employment – 5123: 2-9-16(C)(1)(a) Supported Employment Community</p>					

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7.	Is the provider providing the services identified in the ISP?  Adult Day Support/Voc- hab - 5123:2-9-17(C)(2)(D)  Supported Employment – 5123: 2-9-16(C)(1)(b) Supported Employment Community					

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