

Waiting List

_____ County Board of MRDD

Item #	Requirements	ID #:	ID #:	ID #:	ID #:	S/P/N/NA
1.	<p>Does the county board have one of the following?</p> <p><i>Check One</i></p> <p><input type="checkbox"/> Long Term Registry</p> <p><input type="checkbox"/> Waiting List</p> <p><input type="checkbox"/> Service Substitution list</p>					
2.	<p>Did the county board notify the individual or guardian about their place on the waiting list?</p> <p>OAC 5123: 2-1-08 (C)(15)</p> <p><i>Does this occur as a part of the planning process?</i></p>	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
3.	<p>Does the county board place all individuals on the waiting list when requested?</p> <p>5123:2-1-08(C)(4)</p> <p><i>Note: Individuals that request Medicaid services shall receive the service in 90 days</i></p>	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
4.	<p>Does the county board document the date and time of the request? OAC 5123:2-1-08(C)(4)(c)</p>	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
5.	<p>When a service is not available is the individual or family informed of alternatives to that service?</p> <p>5123:2-1-08 (C)(4)(a)</p>	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	

Reviewer's Name _____ *Date* _____

Legend: S=Substantial Compliance ~ P= Partial Compliance ~ N= Non-Compliance ~ NA= Not Applicable ~Level 1=Level One Waiver
~I.O.=Individual Options

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6.	Did the county board complete a reassessment of the individuals needs at least annually? OAC 5123: 2-1-08 (C)(15)	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	

Reviewer's Name _____ Date _____

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