

**SECTION 1 – DEMOGRAPHICS**

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
1.1	Does the provider provide IO waiver services?			
1.2	Were the following services reviewed? ( <b>check all that apply</b> ) <ul style="list-style-type: none"> <li>• IO HPC</li> <li>• Transportation</li> <li>• Day Waiver services</li> <li>• Supported Employment (Community Enclave)</li> <li>• Non- Medical Transportation</li> <li>• Adult Foster</li> <li>• Adult Family Living</li> <li>• Remote Monitoring</li> <li>• Remote Monitoring Equipment</li> </ul>			
1.3	Does the provider provide Level One Services?			
1.4	Were the following services reviewed? ( <b>check all that apply</b> ) <ul style="list-style-type: none"> <li>• Level One HPC</li> <li>• Transportation</li> <li>• Day Waiver</li> <li>• Supported Employment (Community Enclave)</li> <li>• Non-Medical Transportation</li> <li>• Community Respite</li> <li>• Remote Monitoring</li> <li>• Remote Monitoring Equipment</li> </ul>			
1.5	Does the provider provide TDD Services?			

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1.6	Were the following services reviewed? <ul style="list-style-type: none"> <li>• Personal Care Aide</li> <li>• Waiver Nursing</li> <li>• Supplemental Transportation Services</li> <li>• Adult Day Health Center (includes PCA &amp; nursing) Agencies Only</li> <li>• Home Delivered Meals</li> <li>• Emergency Response Services</li> <li>• Supplemental Adaptive and Assistive Devices</li> <li>• Home Modifications</li> </ul>			
1.7	Does the provider provide SELF Waiver Services?			
1.8	Were the following services reviewed? ( <b>check all that apply</b> ) <ul style="list-style-type: none"> <li>• Support Broker</li> <li>• Community Inclusion</li> <li>• Integrated Employment</li> <li>• Non-Medical Transportation</li> <li>• Remote Monitoring</li> <li>• Remote Monitoring Equipment</li> <li>• Adult Day Support</li> <li>• Vocational Habilitation</li> <li>• Residential Respite</li> <li>• Community Respite</li> </ul>			

SECTION 2 – SERVICE PLANNING

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction
2.1	<p>Does the assessment process consider</p> <ul style="list-style-type: none"> <li>• What is important to the individual</li> <li>• What is important for the individual</li> <li>• Known and likely risk</li> <li>• Place on the path to employment</li> <li>• Desired community employment outcome</li> <li>• What is working and not working</li> </ul> <p>5123:2-1-11; 5123:2-2-05</p>	<ul style="list-style-type: none"> <li>• Assessment considers the individual’s skills</li> <li>• Important to promotes satisfaction</li> <li>• Important for promotes health and welfare</li> </ul> <p>There are four places on the path to community employment:</p> <ul style="list-style-type: none"> <li>• Place One: has a job; needs support to maintain or move up</li> <li>• Place Two: would like a job; needs support to find one</li> <li>• Place Three: not sure about employment; needs support to identify career options</li> <li>• Place Four: Does not express a desire to work; needs support to make an informed choice</li> </ul>		
2.2	<p>Using person centered planning, has the plan been developed based on the results of the assessment as it relates to:</p> <ul style="list-style-type: none"> <li>• Ensure health and welfare,</li> <li>• Assist the individual to engage in meaningful activities</li> <li>• Support community connections</li> <li>• Assist in improving self-advocacy skills</li> <li>• Ensure achievement of outcomes</li> <li>• Identify risks include supports to prevent or minimize risks</li> <li>• Are employment services consistent with the individual’s identified</li> </ul>	<ul style="list-style-type: none"> <li>• ISP promotes:                             <ul style="list-style-type: none"> <li>○ Rights</li> <li>○ Self-determination</li> <li>○ Physical well-being</li> <li>○ Emotional well-being</li> <li>○ Material well-being</li> <li>○ Personal development</li> <li>○ Interpersonal relationships</li> <li>○ Social inclusion</li> </ul> </li> <li>• Provider has communicated unmet/change in needs</li> </ul>		

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	employment outcome? 5123:2-1-11; 5123:2-2-05			
2.3	Does the service plan identify the individual's path to employment?  <ul style="list-style-type: none"> <li>Clearly defined activities, services, and supports necessary for the individual to achieve or maintain community employment, job improvement, or career advancement.</li> </ul> 5123:2-1-11; 5123:2-2-05			
2.4	Was the service plan reviewed annually? 5123:2-1-11			
2.5	Was the service plan revised based on the changes in the individuals needs/wants? 5123:2-1-11	<ul style="list-style-type: none"> <li>Consider life changes such as moving, changing providers, a new medical condition or deleting services the individual doesn't want</li> <li>Provider has communicated unmet/change in needs</li> <li>County Board has revised plan once aware of new needs</li> </ul>		
2.6	Did the individual decide who would participate in the service planning process? 5123:2-1-11; 5123:2-9-40	<ul style="list-style-type: none"> <li>No written documentation required.</li> <li>SELF WAIVER –with the assistance of the Support Broker, if needed</li> </ul>		
2.7	Did the provider receive a copy of the individual service plan at least fifteen calendar days in advance of implementation? 5123:2-1-11	<ul style="list-style-type: none"> <li>This is required unless extenuating circumstances make fifteen-day advance copy impractical and with agreement by the individual and his or her providers.</li> </ul>		
2.8	Does the <b>ISP</b> specify the provider type, frequency, and funding source for each service and activity?			

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	5123:2-1-11			
2.9	For individuals receiving employment services, did the team review the progress report to determine if services provided are consistent with the individuals' identified employment outcome and the individual has obtained employment or is advancing on the path? 5123:2-2-05			

## SECTION 3 – MEDICATION ADMINISTRATION

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction
3.1	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	<ul style="list-style-type: none"> <li>Secured doesn't have to mean locked. It means secured based on the individual's needs</li> <li>TDD N/A: Medications are only administered by nurses or natural supports</li> </ul>		
3.2	If the individual is unable to self-administer their medications, is the medication in a pharmacy labeled container? 5123:2-6-06	<ul style="list-style-type: none"> <li>TDD N/A: Medications are only administered by nurses or natural supports</li> </ul>		
3.3	If it is believed that the individual is unable to self-administer their medications, was a self-medication administration assessment completed? 5123:2-6-02	<ul style="list-style-type: none"> <li>TDD N/A: Medications are only administered by nurses or natural supports</li> </ul>		
3.4	If the individual is unable to self-administer medications has the assessment been reviewed annually, and revised as-needed? 5123:2-6-05	<ul style="list-style-type: none"> <li>A new assessment must be done at least every 3 years or if there has been a change</li> <li>TDD N/A: Medications are only administered by nurses or natural supports</li> </ul>		
3.5	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	<ul style="list-style-type: none"> <li>REFERENCE DELEGATED NURSING GRID</li> <li>Day services locations must have delegated nursing</li> <li>TDD N/A: Delegation does not apply</li> </ul>		

## SECTION 4 – BEHAVIOR SUPPORT

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
4.1	If the service plan includes aversive interventions (including rights restrictions), did the Behavior Support/Human Rights Committees review and approve the plan prior to implementation? 5123:2-1-02	<ul style="list-style-type: none"> <li>County board responsibility</li> </ul>		
4.2	If the service plan includes time out and restraint, are the interventions being implemented only when the identified behaviors are destructive to the individual or others? 5123:2-1-02	<ul style="list-style-type: none"> <li>County board responsibility</li> </ul>		
4.3	If the service plan includes aversive interventions, are behavior support methods employed with sufficient safeguards? 5123:2-1-02	<ul style="list-style-type: none"> <li>Prone restraints are prohibited. See rule for other prohibited actions</li> <li>Does the plan have clear procedures</li> <li>Has staff been trained</li> <li>Are restraint and time outs used in safe areas</li> </ul>		
4.4	If the plan includes time out and/or restraint, is there evidence that DODD was notified within 5 working days of approval of the plan? 5123:2-1-02	<ul style="list-style-type: none"> <li>Form must be submitted annually within 5 days of approval</li> <li>N/A if provider is not responsible for submission</li> <li>County board responsibility</li> </ul>		
4.5	If the plan includes aversive interventions, is there evidence that status reports were completed and communicated at least every thirty days? 5123:2-1-02	<ul style="list-style-type: none"> <li>Determine if the provider has received or is responsible for sending reports to others</li> <li>County board responsibility</li> </ul>		
4.6	Were all aversive interventions, including rights restrictions, addressed in the plan and approved by the Behavior Support/Human	<ul style="list-style-type: none"> <li>Examples: house rules, dietary restrictions, imposed bedtimes, locked cabinets, door alarms, etc...</li> </ul>		

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	Rights Committee? 5123:2-1-02			
4.7	Did the individual/guardian give informed consent to the BSP prior to implementation? 5123:2-1-02	<ul style="list-style-type: none"> <li>• Informed consent for aversive interventions included:                             <ul style="list-style-type: none"> <li>○ risks</li> <li>○ benefits</li> <li>○ alternatives</li> <li>○ consequences of not providing</li> </ul> </li> <li>• County board responsibility</li> </ul>		
4.8	Does the provider/county board have a human rights committee that includes the following? <ul style="list-style-type: none"> <li>• Parent or Guardian</li> <li>• Agency staff member</li> <li>• Individual receiving services from the provider</li> <li>• Member with no direct involvement in provider's services</li> <li>• Qualified person who has either experience or training in contemporary practices to support behaviors of individuals with developmental disabilities</li> </ul> 5123:2-1-02	<ul style="list-style-type: none"> <li>• N/A if the provider does not have their own committee</li> <li>• A committee can serve more than one county board or provider</li> </ul>		

## SECTION 5 – MONEY MANAGEMENT

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
5.1	Does the provider ensure that individuals have access to their funds as stipulated in the service plan? 5123:2-2-01; 5123:2-3-14	<ul style="list-style-type: none"> <li>Licensed providers, personal allowance must be given within 5 days</li> </ul>		
5.2	Does the provider reconcile accounts at least every 60 days by someone who does NOT handle the individual funds as stipulated in the service plan? 5123:2-3-14	<ul style="list-style-type: none"> <li>This is a requirement in licensed settings only</li> <li>Licensed providers should have ledgers or documents to list financial activity for each type of account the individual has</li> </ul>		
5.3	Does the provider assist with money management as required by the individual's ISP? <ul style="list-style-type: none"> <li>Bill paying</li> <li>Banking</li> <li>Shopping</li> <li>Receipts</li> </ul> 5123:2-2-01; 5123:2-3-14			
5.4	Does the provider ensure that the account transaction records/ledgers include individual or staff signatures for withdrawals? 5123:2-3-14	<ul style="list-style-type: none"> <li>This is a requirement in licensed settings only</li> </ul>		
5.5	Does the provider ensure that the account transaction records/ledgers include individual or staff signatures for deposits? 5123:2-3-14	<ul style="list-style-type: none"> <li>This is a requirement in licensed settings only</li> </ul>		
5.6	Does the provider ensure that the account transaction records/ledgers include descriptions for each withdrawal and deposit? 5123:2-3-14	<ul style="list-style-type: none"> <li>This is a requirement in licensed settings only</li> </ul>		
5.7	Does the provider ensure that the account	<ul style="list-style-type: none"> <li>This is a requirement in licensed settings</li> </ul>		

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	transaction records/ledgers include dates of each withdrawal and deposit? 5123:2-3-14	only		
5.8	Is there a personal inventory of items with a value of \$50.00 or more? 5123:2-3-14	<ul style="list-style-type: none"> <li>This is a requirement in licensed settings only</li> </ul>		
5.9	If the individual lives in a licensed facility does the provider ensure the individual receives \$75.00 in personal allowance? 5123:2-3-18	<ul style="list-style-type: none"> <li>This is a requirement in licensed settings only</li> </ul>		
5.10	If the individual lives in a licensed facility does the provider ensure that the individual is paying his/her room and board costs or receiving excess funds as required by the room and board contract? 5123:2-3-18	<ul style="list-style-type: none"> <li>This is a requirement in licensed settings only</li> <li>SEE ROOM &amp; BOARD CALCULATION SHEET</li> <li>If the individual has earned income, the provider shall ensure they receive the first \$100 and 1/2 of any income over \$100</li> </ul>		

## SECTION 6- WAIVER ADMINISTRATION ACTIVITIES

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
6.1	Was the individual assessed for the behavior or medical add-on? 5123:2-9-06	<ul style="list-style-type: none"> <li>County Board Only</li> <li>CB should have a process in place to ensure that every individual is assessed</li> <li>No specific form is required</li> <li>If criteria are met add-on must be applied</li> </ul>		
6.2	Was the ODDP revised when significant changes occurred? 5123:2-9-06	<ul style="list-style-type: none"> <li>County Board Only</li> <li>Examples: changes in living situation, natural supports, behavior, medical or mobility needs, etc.</li> <li>Not all changes require ODDP revision</li> </ul>		
6.3	If this individual is above their funding range, did the county board assist them with the prior authorization process? 5123:2-9-07	<ul style="list-style-type: none"> <li>County Board Only</li> <li>CB does not have to agree with the request for prior authorization but does have to assist the individual with the process and CB cannot deny</li> </ul>		
6.4	Were needs identified in nursing quality assurance reviews addressed? 5123:2-1-11	<ul style="list-style-type: none"> <li>County Board Only</li> </ul>		
6.5	Was the individual's PLOC/LOC reviewed at least annually and/or based on changes in the individual's needs? 5123:2-1-11	<ul style="list-style-type: none"> <li>Determine through documents, interview and observation</li> <li>Issue citations only to the county board</li> <li>If major changes occur, the LOC should be revised</li> </ul>		
6.6	Was the "Freedom of Choice" form for this individual reviewed on an annual basis? 5123:2-1-11	<ul style="list-style-type: none"> <li>Determine through document, interview and observation. Issue citations only to the county board</li> <li>Signed by the individual and the guardian annually</li> </ul>		
6.7	Were due process rights provided? 5123:2-1-11	<ul style="list-style-type: none"> <li>Determine through documents, interview and observation. Issue citations only to</li> </ul>		

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		<p>the county board</p> <ul style="list-style-type: none"> <li>• CB is required to provide the individual and the guardian their due process rights each time a waiver service is approved, denied, reduced or terminated</li> </ul>		
6.8	<p>Did the county board implement a continuous review process (monitoring) tailored to the individual?</p> <p>5123:2-1-11</p>	<ul style="list-style-type: none"> <li>• Determine through documents, interview and observation. Issue citations only to the county board</li> <li>• No specific frequency is required</li> <li>• The level of monitoring should be based on the individual's needs and circumstances</li> <li>• Look closely here if significant negative outcomes for the individual are found during the review</li> </ul>		
6.9	<p>Did the county board comply with Free Choice of Provider requirements?</p> <p>5123:2-1-11; 5123:2-9-11</p>	<ul style="list-style-type: none"> <li>• Determine through documents, interview and observation. Issue citations only to the county board</li> <li>• SSA should objectively facilitate assisting the individual in choosing providers</li> </ul>		
6.10	<p>Did the county board comply with the outcome/results of the Medicaid due process hearing?</p> <p>5123:2-1-17</p>	<ul style="list-style-type: none"> <li>• County Board Only</li> <li>• Look for evidence that specific recommendations from the hearing report were implemented</li> </ul>		
6.11	<p>Did the appropriately trained county board staff complete eligibility determinations using the OEDI/COEDI process?</p> <p>5123:2-1-02</p>	<ul style="list-style-type: none"> <li>• County Board Only</li> <li>• Cite here only after consulting with a manager</li> </ul>		
6.12	<p>Were all waiting list requirements met?</p> <p>5123:2-1-08</p>	<ul style="list-style-type: none"> <li>• County Board Only <ul style="list-style-type: none"> <li>○ Annual notification</li> <li>○ Date and time of request</li> <li>○ Alternative services</li> <li>○ Annual reassessment of needs</li> </ul> </li> </ul>		
6.13	<p>Were all administrative resolution of complaint requirements met?</p>	<ul style="list-style-type: none"> <li>• County Board Only</li> <li>• Cite here only after consulting with a</li> </ul>		

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	5123:2-1-17	manager		
6.14	Does the county board maintain an on-call system that is available 24 hours a day and 7 days a week?  5123:2-1-11; 5123:2-17-02	<ul style="list-style-type: none"> <li>• Determine through documents, interview and observation</li> <li>• Issue citations only to the county board</li> <li>• Training requirements for on-call person</li> <li>• Skills to identify problems                             <ul style="list-style-type: none"> <li>○ Assure health and welfare</li> <li>○ Determine what immediate response is needed</li> <li>○ Identify contact persons to take immediate action</li> </ul> </li> <li>• County board responsibility</li> </ul>		
6.15	If the individual is enrolled on the <b>SELF</b> waiver as a <b>child</b> with Intensive Behavioral Needs, was the Intensive Behavior Checklist completed? 5123:2-9-40	<ul style="list-style-type: none"> <li>• County only</li> </ul>		
6.16	Was the Pre-Screen Tool completed as part of determining eligibility for the <b>SELF</b> Waiver? 5123:2-9-40	<ul style="list-style-type: none"> <li>• County only</li> </ul>		
6.17	Was the full ISP developed within 30 days of enrollment on the <b>SELF</b> waiver? SELF Waiver document	<ul style="list-style-type: none"> <li>• SELF only</li> </ul>		
6.18	Does the CB have a local Employment First policy which clearly identifies community employment as the desired outcome? 5123:2-2-05			
6.19	Does the CB's strategic plan outline strategies/benchmarks to increase individuals of working age in community employment services? 5123:2-2-05	<ul style="list-style-type: none"> <li>• Did you see evidence of CB's collaboration with workforce development agencies, vocational rehabilitation, mental health and schools to improve employment outcomes?</li> <li>• Does the CB share information with families and community partners about work incentives programs? (ex: Medicaid</li> </ul>		

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		Buy-In) <ul style="list-style-type: none"> <li>• Did the CB submit employment outcome data for individuals who receive non-Medicaid employment services or who are employed with no paid employment supports through the web-based data collection system maintained by the Department?</li> </ul>		

## SECTION 7- SERVICE DELIVERY &amp; DOCUMENTATION

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
7.1	Does service delivery documentation include the following elements below? <ul style="list-style-type: none"> <li>• Date of service;</li> <li>• Individual's name;</li> <li>• Individual's Medicaid #;</li> <li>• Provider name;</li> <li>• Provider #; (N/A for TDD)</li> <li>• Signature or initials of person delivering the service</li> <li>• *Signature or initials of the <b>person receiving services or their representative</b> – TDD Only</li> </ul> 5123:2-9-06; 5123:2-9-40; 5123:2-9-50	<ul style="list-style-type: none"> <li>• May be maintained on multiple documents/forms</li> <li>• Review service specific rule for documentation requirements</li> </ul>		
7.2	Does the waiver service delivery documentation for all waiver billing codes include the place of service? 5123:2-9-06; 5123:2-9-40; 5123:2-9-50	<ul style="list-style-type: none"> <li>• Place of service in NMT is the vehicle license plate number</li> <li>• For Transportation (HPC), this is origination/destination points</li> <li>• Not required for TDD however; services may not be provided in the provider's home under TDD</li> </ul>		
7.3	Does the waiver service delivery documentation for all waiver codes include the type of service? 5123:2-9-06; 5123:2-9-40; 5123:2-9-50	<ul style="list-style-type: none"> <li>• Review service specific rule for documentation requirements</li> <li>• Not required for TDD</li> </ul>		
7.4	Does the waiver service delivery documentation for all waiver billing codes include the number of units (amount) provided? 5123:2-9-06; 5123:2-9-40; 5123:2-9-50	<ul style="list-style-type: none"> <li>• Not required for services billed using a <b>daily rate except adult day services</b></li> <li>• Documentation may be maintained on multiple documents/forms</li> <li>• Review service specific rule for documentation requirements</li> <li>• For Transportation (HPC, NMT, and SELF),</li> </ul>		

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		<p>this is total number of miles</p> <ul style="list-style-type: none"> <li>TDD units are typically reflected documentation of time in and time out</li> </ul>		
7.5	Does the waiver service delivery documentation for all waiver billing codes include the group size in which the services were delivered? 5123:2-9-06; 5123:2-9-40;	<ul style="list-style-type: none"> <li>Not required for services that are billed using a <b>daily rate</b> such as Daily Billing Unit HPC, Adult Family Living, Adult Foster Care, etc.</li> <li>N/A for TDD</li> </ul>		
7.6	Does the waiver service delivery documentation include the beginning and end times of the delivered service? 5123:2-9-06; 5123:2-9-40; 5123:2-9-50	<ul style="list-style-type: none"> <li>Not required for services billed using a <b>daily rate</b> such as Daily Billing Unit HPC, Adult Family Living, Adult Foster Care, etc.</li> <li>TDD requires in ADHC the arrival and departure times of the individual</li> </ul>		
7.7	Does the waiver service delivery documentation for all waiver billing codes include scope? 5123:2-9-06; 5123:2-9-40; 5123:2-9-50	<ul style="list-style-type: none"> <li>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</li> </ul>		
7.8	Does the waiver service delivery documentation for all waiver billing codes include frequency? 5123:2-9-06; 5123:2-9-40; 5123:2-9-50	<ul style="list-style-type: none"> <li>How often a service will be furnished. The number of times the service is offered</li> </ul>		
7.9	Does the waiver service delivery documentation for all waiver billing codes include duration? 5123:2-9-06; 5123:2-9-40; 5123:2-9-50	<ul style="list-style-type: none"> <li>The length of time that a service will be provided</li> <li>A limit on the duration of services means that the service will no longer be provided after a specified period of time or, after a specified period of time, the necessity for the service is subject to review and reauthorization</li> </ul>		
7.10	If applicable, does the waiver service delivery documentation include the name of the individual's employer, the number of hours worked and the hourly wage? 5123:2-9-06; 5123:2-9-44	<ul style="list-style-type: none"> <li>Applies to SELF Integrated Employment and IO/L1 Supported Employment-Community and Enclave only</li> </ul>		

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7.11	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	<ul style="list-style-type: none"> <li>NMT ONLY</li> </ul>		
7.12	Are medication, treatments and dietary orders being followed? 5123:2-2-01; 5123:2-2-11	<ul style="list-style-type: none"> <li>Info may come from the medication administration record (MAR), doctor's orders, OT/PT and speech plans and unusual incidents</li> </ul>		
7.13	Is the service plan and/or plan of care being implemented as written? 5123:2-2-01; 5123:2-9-50; 5123:2-9-54; 5123:2-9-57	<ul style="list-style-type: none"> <li>Info may come from service documentation and review of the frequency/duration of services delivered and/or observation. Documentation should match services in the plan</li> </ul>		
7.14	Is the provider/facility following all applicable local, state and federal rules and regulations?	<ul style="list-style-type: none"> <li>Must include rule cite</li> </ul>		
7.15	Does the individual's record include: <ul style="list-style-type: none"> <li>A copy of any existing advance directives including but not limited to a DNR</li> <li>A medical power of attorney</li> <li>Drug and food interactions,</li> <li>Allergies and dietary restrictions</li> <li>Physician's written orders</li> <li>Plan of Care</li> </ul> 5123:2-9-50; 5123:2-9-57	<ul style="list-style-type: none"> <li>TDD ONLY</li> <li>Required for agency nursing services</li> <li>Required for agency PCA services</li> <li>Must be signed and dated by the treating physician every 60 days</li> <li>Verbal orders on the plan of care can be worked under for two weeks</li> <li>Referred to as the 485</li> </ul>		
7.16	Does the nursing documentation include clinical notes or progress notes and documentation of the face to face visits? 5123:2-9-59	<ul style="list-style-type: none"> <li>TDD ONLY</li> <li>Agency RN: initial face to face with personal care aid to explain services</li> <li>Agency RN: (or LPN under supervision) face to face PCA and individual every 60 days</li> </ul>		

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7.17	For TDD Supplemental Transportation does the waiver service delivery documentation include: <ul style="list-style-type: none"> <li>• A log identifying the individual who was transported</li> <li>• The date of the service</li> <li>• Pick-up point</li> <li>• Destination point</li> <li>• Mileage for each trip</li> <li>• Signature of the individual or the individual's authorized representative</li> </ul> 5123:2-9-58	<ul style="list-style-type: none"> <li>• TDD ONLY</li> </ul>		
7.18	For providers of employment services (including prevocational services), 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	<ul style="list-style-type: none"> <li>• Ensure the employment outcome is outlined in progress report.</li> <li>• If Employment outcome was not met, does it explain barriers identified and steps to address barriers or revise employment outcome?</li> </ul>		
7.19	Did the provider submit employment outcome data for individuals who receive employment services through the web-based data collection system maintained by the Department? 5123:2-2-05	<ul style="list-style-type: none"> <li>• Was employment outcome data submitted at least once per year or more frequently as status changes occur?</li> <li>• Provider should have the data they submitted disseminated in a confidential manner based on services provided, how individuals obtained employment, hours worked, wages earned, and occupations. This is information you could request to see.</li> </ul>		

SECTION 8 – MUI/UI

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
8.1	<p>Upon identification of a MUI, is there evidence that the provider took the following immediate actions as appropriate:</p> <ul style="list-style-type: none"> <li>• Immediate and on-going medical attention</li> <li>• 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 provider has reasonably determined that such removal is no longer necessary</li> <li>• Other necessary measures to protect the health and welfare of at-risk individuals</li> </ul> <p>5123:2-17-02</p>	<ul style="list-style-type: none"> <li>• Providers are not required to remove staff from all direct contact with individuals</li> <li>• Providers are responsible for making sure that the staff person is not in a situation where another individual is at risk</li> </ul>		
8.2	<p>Is there evidence that the provider notified the County Board about the below listed incidents within 4 hours of discovery?</p> <ul style="list-style-type: none"> <li>• Abuse (Physical, Sexual and Verbal)</li> <li>• Exploitation</li> <li>• Misappropriation</li> <li>• Neglect</li> <li>• Suspicious/Accidental Death</li> <li>• Media Inquiry</li> <li>• Peer to peer acts</li> </ul> <p>5123:2-17-02</p>			
8.3	<p>Is there evidence that the provider has submitted a written incident report to the county board contact or designee no later than three p.m. the next working day following initial</p>			

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	knowledge of a potential or determined major unusual incident? 5123:2-17-02			
8.4	Is there evidence that when a provider has placed an employee on leave or otherwise taken protective action pending the outcome of the administrative investigation, they notified the county board or department, as applicable, of any changes regarding the protective action? 5123:2-17-02	<ul style="list-style-type: none"> <li>• If the provider places the employee on leave is the employee working in another home.</li> </ul>		
8.5	Is there evidence that notifications were made on the same day of the incident to the following as applicable: <ul style="list-style-type: none"> <li>• Guardian or other person whom the individual has identified</li> <li>• Residential Provider (licensed or certified)</li> <li>• SSA</li> <li>• Staff or Family living at the individual's residence who have responsibility for individual's care</li> <li>• Support Broker</li> </ul> 5123:2-17-02	<ul style="list-style-type: none"> <li>• Applies to notifications for MUIs only, not UIs</li> <li>• Notification to the Residential Provider only applies when the incident happens at a location operated by an agency provider that is not the residential provider</li> <li>• Notifications or efforts to notify those listed above were documented</li> <li>• 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.</li> </ul>		
8.6	If applicable, were appropriate notifications made to other agencies? <ul style="list-style-type: none"> <li>• Children's Services</li> <li>• Law Enforcement (for allegations of a crime)</li> </ul> 5123:2-17-02	<ul style="list-style-type: none"> <li>• Children under 21 years</li> <li>• 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</li> <li>• Notifications or efforts to notify those listed above were documented</li> </ul>		

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
8.7	Is there evidence: <ul style="list-style-type: none"> <li>That no notifications were made to the PPI, spouse of PPI or significant other of the PPI</li> </ul> 5123:2-17-02			
8.8	Is there evidence that the provider or CB employing a primary person involved notified the department when they are aware that the primary person involved worked for another provider? 5123:2-17-02			
8.9	Is there evidence that when an agency provider (excluding an intermediate care facility) that conducted an internal review of an incident for which a major unusual incident has been filed, has submitted the results of its internal review of the incident, including statements and documents, to the county board within fourteen calendar days of the agency provider becoming aware of the incident. 5123:2-17-02			
8.10	Is there evidence the provider cooperated with the investigation of MUIs? Timely submission of requested information? 5123:2-17-02			
8.11	Is there evidence that the individual's team including the provider, collaborated on the development of a prevention plan to address the causes and contributing factors identified in the investigation, and that the individual's service plan was revised if necessary? 5123:2-17-02	<ul style="list-style-type: none"> <li>Not all prevention plans have to be in the ISP, consider the circumstances before citing</li> </ul>		
8.12	Is there evidence that the Provider: <ul style="list-style-type: none"> <li>Conducted a semi-annual and annual analysis and implemented follow up</li> </ul>	<ul style="list-style-type: none"> <li>Pattern and Trends Analyses are due: August thirty-first of each year for the semi-annual review and by February</li> </ul>		

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	actions <ul style="list-style-type: none"> <li>• Sent the analysis and follow up to the County Board for all programs operated in the County by 8/31 (semi-annual) and by 2/28 (annual)</li> </ul> 5123:2-17-02	twenty-eighth of each year for the annual review <ul style="list-style-type: none"> <li>• All reviews and analysis shall be completed within 30 calendar days following the end of the review period.</li> </ul>		
8.13	Is there evidence that the Pattern and Trends Analysis report contains the following required elements: <ul style="list-style-type: none"> <li>• Date of review;</li> <li>• Name of person completing review;</li> <li>• Time period of review;</li> <li>• Comparison of data for previous three years;</li> <li>• Explanation of data;</li> <li>• Data for review by major unusual incident category type;</li> <li>• 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);</li> <li>• Specific trends by residence, region, or program;</li> <li>• Previously identified trends and patterns; and</li> <li>• Action plans and preventive measures to address noted trends and patterns</li> </ul> 5123:2-17-02	<ul style="list-style-type: none"> <li>• Sample Analysis Tips are available on the Health and Safety Tool kit</li> <li>• 5 MUI of any kind within 6 months, 10 MUI 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; action plans and preventive measures to address noted trends and patterns</li> <li>• The CB shall ensure that trends &amp; patterns of MUIs are included and addressed in the ISP of each individual affected</li> </ul>		
8.14	<b>This begins UI Section</b> Is there evidence that the unusual incident was investigated by the Provider? 5123:2-17-02	UI INVESTIGATIONS should include what happened including immediate actions, identify cause and contributing Factors and what was done (prevention plan).		

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
		<ul style="list-style-type: none"> <li>• Examples of Immediate Actions: assessing for injuries, First Aid, Separating individual, calling 911, Notifying Law Enforcement.</li> <li>• The cause and contributing factors should try to identify why or what caused the incident</li> <li>• Prevention Plan addresses the cause of the incident and be specific</li> </ul>		
8.15	<p>Is there evidence that the Incident Report contains the following required elements?</p> <ul style="list-style-type: none"> <li>• Individual's name;</li> <li>• Individual's address;</li> <li>• Date of incident;</li> <li>• Location of incident;</li> <li>• Description of incident;</li> <li>• Type and location of injuries;</li> <li>• Immediate actions taken to ensure health and welfare of individual involved and any at-risk individuals;</li> <li>• Name of primary person involved and his or her relationship to the individual;</li> <li>• Names of witnesses;</li> <li>• Statements completed by persons who witnessed or have personal knowledge of the incident;</li> <li>• Notifications with name, title, and time and date of notice;</li> <li>• Further medical follow-up; and</li> <li>• Name of signature of person completing the incident report.</li> </ul> <p>5123:2-17-02</p>	<ul style="list-style-type: none"> <li>• Sample Incident Report in Health and Safety Tool Kit</li> </ul>		
8.16	Is there evidence that the provider reviewed all unusual incidents as necessary but no less than			

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	monthly to ensure appropriate preventative measure have been implemented and trends and patterns identified and addressed? 5123:2-17-02			
8.17	Did the provider make the unusual incident report, documentation of patterns and trends and corrective actions available to the CB and Department upon request? 5123:2-17-02			
8.18	Did the provider/County Board maintain a log of unusual incidents which includes: <ul style="list-style-type: none"> <li>Name of Individual</li> <li>Description of Incident</li> <li>Identification of Injuries</li> <li>Time/Date of Incident</li> <li>Location of Incident</li> <li>Preventative Measures</li> </ul> 5123:2-17-02	<ul style="list-style-type: none"> <li>Sample UI Log Available on Health and Safety Toolkit</li> <li>Best practice would include Immediate Actions, Cause and Contributing Factors</li> </ul>		
8.19	Is there evidence that the agency provider and the county board ensured that trends and patterns of unusual incidents are included and addressed in the individual service plan of each individual affected? 5123:2-17-02			
8.20	Upon identification of an unusual incident, is there evidence that the provider took the following immediate actions as appropriate: <ul style="list-style-type: none"> <li>Report was made to the designated person</li> <li>The UI report was made within 24 hours of the incident</li> <li>Investigate unusual incidents, identify the cause and contributing factors when applicable, and develop preventive measures to protect the</li> </ul>	<ul style="list-style-type: none"> <li>If the provider is non-compliant with this question ask to see there procedures.</li> </ul>		

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	health and welfare of any at-risk individuals. 5123:2-17-02			
8.21	<p>COUNTY BOARDS ONLY: Did the CB immediately upon notification or receipt of a report an allegation.</p> <ul style="list-style-type: none"> <li>• Ensured that all reasonable measures necessary to protect the health and welfare of at-risk individuals have been taken;</li> <li>• Determined if additional measures are needed;</li> <li>• Notified the department if the circumstances in paragraph (I) (1) of this rule that require a department-directed administrative investigation are present. Such notification shall take place on the first working day the county board becomes aware of the incident.</li> </ul> 5123:2-17-02	<ul style="list-style-type: none"> <li>• THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</li> </ul>		
8.22	<p>COUNTY BOARDS ONLY: Is there evidence that the county board entered preliminary information regarding the incident in ITS and in the manner prescribed by the department by three p.m. on the working day following notification by the provider or of becoming aware of the major unusual incident.</p> 5123:2-17-02	<ul style="list-style-type: none"> <li>• THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</li> </ul>		
8.23	<p>COUNTY BOARD ONLY:</p> <p>Is there evidence that the agency provider developed and implemented a written unusual incident policy and procedure that:</p> <ul style="list-style-type: none"> <li>• Identifies what is to be reported as an unusual incident which shall include</li> </ul>			

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	<p>unusual incidents as defined in this rule;</p> <ul style="list-style-type: none"> <li>• Requires an employee who becomes aware of an unusual incident to report it to the person designated by the agency provider who can</li> <li>• Initiate proper action;</li> <li>• Requires the report to be made no later than twenty-four hours after the occurrence of the unusual incident; and</li> <li>• 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.</li> </ul> <p>5123:2-17-02</p>			
8.24	<p>COUNTY BOARDS ONLY: Is there evidence that investigative agent completed a report of the administrative investigation and submitted it for closure in the incident tracking system within thirty working days unless the county board requested and the department granted an extension for good cause.</p> <p>5123:2-17-02</p>	<ul style="list-style-type: none"> <li>• THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</li> </ul>		
8.25	<p>COUNTY BOARDS ONLY: Does the investigation report follow the format prescribed by the Department and include:</p> <ul style="list-style-type: none"> <li>• Initial Allegation</li> <li>• A list of persons interviewed and documents reviewed</li> <li>• A summary of each interview and documents reviewed</li> </ul>	<ul style="list-style-type: none"> <li>• THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</li> </ul>		

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	<ul style="list-style-type: none"> <li>A Findings and Conclusion section which includes the causes and contributing factors to the incident that support the findings and conclusions</li> </ul> <p>5123:2-17-02</p>			
8.26	<p>COUNTY BOARDS ONLY:</p> <p>Is there evidence that no later than five working days following the county boards, developmental centers, or department's recommendation via the incident tracking system that the report be closed, the county board, developmental center, or department shall provide a written summary of the administrative investigation of each category A or category B major unusual incident, including the allegations, the facts and findings, including as applicable, whether the case was substantiated or unsubstantiated, and preventive measures implemented in response to the major unusual incident to the following unless the information in the written summary has already been communicated:</p> <ul style="list-style-type: none"> <li>The individual, individual's guardian, or other person whom the individual has identified, as applicable; in the case of a peer-to-peer act, both individuals, individuals' guardians, or other persons whom the individuals have identified, as applicable, shall receive the written summary;</li> <li>The licensed or certified provider and provider at the time of the major unusual incident; and</li> </ul>	<ul style="list-style-type: none"> <li>THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</li> <li>In the case of an individual's death, the written summary shall be provided to the individual's family only upon request by the individual's family.</li> <li>The county board shall provide a copy of its full report of the administrative investigation to the intermediate care facility. The department shall resolve any conflicts that arise.</li> </ul>		

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	<ul style="list-style-type: none"> <li>The individual's SSA and Support Broker</li> </ul> 5123:2-17-02			
8.27	COUNTY BOARDS ONLY: Was there evidence that the County Board made a reasonable attempt to notify the primary person involved as to whether the major unusual incident has been substantiated, unsubstantiated/insufficient evidence, or unsubstantiated/unfounded no later than five working days following the closure of a case. 5123:2-17-02	<ul style="list-style-type: none"> <li>THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</li> <li>The written summary shall not be provided to the primary person involved, the spouse of the primary person involved, or the significant other of the primary person involved.</li> </ul>		
8.28	COUNTY BOARD ONLY: Is there evidence that the County Board: <ul style="list-style-type: none"> <li>Conducted the analysis and implemented follow up actions for all programs operated by county board such as workshops, and transportation.</li> <li>Sent their analysis and follow up to the Department by 8/31 (semi-annual) and 2/28 (annual)</li> </ul> 5123:2-17-02	<ul style="list-style-type: none"> <li>THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</li> </ul>		
8.29	COUNTY BOARDS ONLY: Is there evidence that the county board ensured that trends and patterns of major unusual incidents are included and addressed in the individual service plan of each individual affected? 5123:2-17-02	<ul style="list-style-type: none"> <li>THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</li> </ul>		
8.30	COUNTY BOARDS ONLY: Is there evidence that each county board or as applicable, each council of governments to which county boards belong, has a committee that reviews trends and patterns	<ul style="list-style-type: none"> <li>THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</li> </ul>		

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	<p>of major unusual incidents. The committee is made up of a reasonable representation of the county board(s), providers, individuals who receive services and their families, and other stakeholders deemed appropriate by the committee. 5123:2-17-02</p>			
8.31	<p>COUNTY BOARDS ONLY: Is it evidence that</p> <ul style="list-style-type: none"> <li>• The role of the committee shall be to review and share the county or council of government’s aggregate data prepared by the county board or council of governments to identify trends, patterns, or areas for improving the quality of life for individuals served in the county or counties.</li> <li>• The committee met each September to review and analyze data for the first six months of the calendar year and each March to review and analyze data for the preceding calendar year.</li> <li>• The county board or council of governments shall send the aggregate data prepared for the meeting to all participants at least ten calendar days in advance of the meeting.</li> <li>• (c) The county board or council of governments maintained minutes of each meeting, distribute the minutes to members of the committee, and make the minutes available to any person upon request.</li> <li>• The CB implemented follow-up actions identified by the committee</li> </ul>	<ul style="list-style-type: none"> <li>• THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</li> </ul>		

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	5123:2-17-02			
8.32	<b>COUNTY BOARD ONLY:</b> Is there evidence the County Board developed a policy and procedure relative to unusual incidents? 5123:2-17-02	<ul style="list-style-type: none"> <li>THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</li> </ul>		
8.33	<p><b>COUNTY BOARD ONLY:</b></p> <p>Is there evidence that the county board reviewed, on at least a quarterly basis, a representative sample of provider logs, including logs where the county board is a provider, to ensure that:</p> <ul style="list-style-type: none"> <li>major unusual incidents have been reported,</li> <li>preventive measures have been implemented, and</li> <li>trends and patterns have been identified and addressed in accordance with this rule. The sample shall be made available to the department for review upon request.</li> </ul> <p>5123:2-17-02</p>	<ul style="list-style-type: none"> <li>THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</li> </ul>		
8.34	<p><b>COUNTY BOARD ONLY: INVESTIGATION INTAKE:</b> Is there evidence that the MUI was incorrectly coded? Is there evidence that a separate investigation should have occurred? Is there evidence of law enforcement notification and follow up? Is there evidence of a documented scene and visit? Is there evidence of timely initiation of investigation Is there evidence of a documented scene and visit? 5123:2-17-02</p>	<ul style="list-style-type: none"> <li>THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</li> </ul>		
8.35	<p><b>COUNTY BOARD ONLY:INDIVIDUAL INTERVIEW:</b> Is there evidence of interview, interview within</p>	<ul style="list-style-type: none"> <li>THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</li> </ul>		

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	3 days, documented injuries/medical attention, possible cause of injury from med professional, All other info regarding individual (ISP, bank statements, inventory, medical condition), Statement, Follow-up interviews; Document interviews 5123:2-17-02			
8.36	<b>COUNTY BOARD ONLY:</b> REPORTERS/WITNESSES/RELEVANT OTHERS: Is there evidence that <ul style="list-style-type: none"> <li>• Interview occurred, interview occurred within 24 hours;</li> <li>• A review of other documents was completed;</li> <li>• Evidence of witness statements</li> <li>• Follow up to interviews completed</li> <li>• IA identified and interviewed all witnesses/relevant others based upon information collected from incident reports, documentation, and investigation interviews?</li> </ul> 5123:2-17-02	<ul style="list-style-type: none"> <li>• THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</li> </ul>		
8.37	<b>COUNTY BOARD ONLY:</b> PRIMARY PERSON INVOLVED (PPI): Is there evidence that the PPI was interviewed, history and training reviewed, statement obtained, and follow up to interviews conducted 5123:2-17-02	<ul style="list-style-type: none"> <li>• THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</li> </ul>		
8.38	<b>COUNTY BOARD ONLY:</b> Investigation Intake: Did the investigation: <ul style="list-style-type: none"> <li>• Contain adequate information for appropriately categorizing Appendix B and C MUIs</li> <li>• Spot issues of incorrect coding</li> </ul>	<ul style="list-style-type: none"> <li>• THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</li> </ul>		

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	<ul style="list-style-type: none"> <li>• Spot issues of separate investigation</li> <li>• Have law enforcement notification / follow-up</li> <li>• Start on time</li> <li>• Document that the scene was visited if applicable and relevant information was obtained.</li> </ul> <p>5123:2-17-02</p>			
8.39	<p><b>COUNTY BOARD ONLY: INDIVIDUALS</b>                      Did the investigation contain the following:</p> <ul style="list-style-type: none"> <li>• Interview with individual; follow-up if needed</li> <li>• Interview of individual conducted within 3 days</li> <li>• Documentation of injuries / medical attention</li> <li>• Relevant information regarding the individual (ISP, bank statements, inventory, medical conditions, etc.</li> <li>• Written statement or other documentation of individual's interview</li> </ul> <p>5123:2-17-02</p>	<ul style="list-style-type: none"> <li>• THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</li> </ul>		
8.40	<p><b>COUNTY BOARD ONLY: Primary Person Involved (PPI)</b>                      Did the investigation include the following for the PPI:</p> <ul style="list-style-type: none"> <li>• Interview; follow-up if needed</li> <li>• History / Training / Relevant Documents</li> <li>• Written Statements</li> <li>• Document Interviews</li> </ul> <p>5123:2-17-02</p>	<p>THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</p>		
8.41	<p><b>COUNTY BOARD ONLY: Investigation Findings</b>                      Does the investigation:</p>	<p>THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</p>		

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	<ul style="list-style-type: none"> <li>• Does the investigation report provide evidence that the IA evaluated the relative credibility of the individual, PPI and all witnesses and documentary evidence in a clear, complete, and non-ambiguous manner?</li> <li>• Does the investigation report include a succinct and well-reasoned analysis of the evidence that clearly indicates the rationale for substantiation or unsubstantiation of the allegation(s)?</li> <li>• Does the investigation report provide evidence that the IA addressed incident-specific investigation questions?</li> </ul> <p>5123:2-17-02</p>			
8.42	<p><b>COUNTY BOARDS ONLY:</b> Cause and Contributing Factors</p> <p>Does the investigation report include evidence that the IA collected sufficient information to include a well-reasoned determination of the cause and contributing factors of the incident</p> <p>5123:2-17-02</p>	THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF		

SECTION 9 – PERSONNEL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
9.1	If the CEO has changed since the initial certification/renewal, was the new CEO approved by DODD? 5123:2-2-01	<ul style="list-style-type: none"> <li>Have the name of the CEO listed in PCW before going onsite</li> <li>Refer the provider to the 1-800 call center</li> <li><b>Notify DODD Review Manager</b></li> </ul>		
9.2	Is the service provider currently certified? 5123:2-2-01	Applies to : <ul style="list-style-type: none"> <li>Licensed waiver facilities</li> <li>Certified waiver providers</li> </ul>		
9.3	Did the provider complete the following <u>initial</u> database checks for employees?  <ul style="list-style-type: none"> <li>Inspector General’s Exclusion List</li> <li>Sex Offender and Child Victim Offenders Database</li> <li>U.S. General Services Administration System for Award Management Database</li> <li>Database of Incarcerated and Supervised Offenders</li> <li>Abuser Registry</li> <li>Nurse Aide Registry</li> </ul> 5123:2-2-02	<ul style="list-style-type: none"> <li>Mark as non-compliant if checks were <b>not completed at all</b></li> <li>Applies to employees hired after 1/1/13</li> <li>Online data base checks are conducted every 5 years for all direct service providers</li> <li>Persons on the data base may not be employed to provide services to individuals</li> </ul>		
9.4	Did the provider complete the following database checks every five years for employees?  <ul style="list-style-type: none"> <li>Inspector General’s Exclusion List</li> <li>Sex Offender and Child Victim Offenders Database</li> <li>U.S. General Services Administration</li> </ul>	<ul style="list-style-type: none"> <li>Mark as non-compliant if checks were <b>not completed at all</b></li> <li>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</li> </ul>		

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	<p>System for Award Management Database</p> <ul style="list-style-type: none"> <li>• Database of Incarcerated and Supervised Offenders</li> <li>• Abuser Registry</li> <li>• Nurse Aide Registry</li> </ul> <p>5123:2-2-02</p>			
9.5	<p>Did the provider complete the database checks timely by completing the checks prior to hire and within 5 years of the previous check?</p> <ul style="list-style-type: none"> <li>• Inspector General’s Exclusion List</li> <li>• Sex Offender and Child Victim Offenders Database</li> <li>• U.S. General Services Administration System for Award Management Database</li> <li>• Database of Incarcerated and Supervised Offenders</li> <li>• Abuser Registry</li> <li>• Nurse Aide Registry</li> </ul> <p>5123:2-2-02</p>	<ul style="list-style-type: none"> <li>• Mark as non-compliant <b>if either the initial or 5 year checks were completed late</b></li> <li>• 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</li> </ul>		
9.6	<p>Did the provider complete a BCII/FBI check on staff while they were under final consideration for employment?</p> <p>5123:2-2-02; 5160-45-07</p>	<ul style="list-style-type: none"> <li>• Applies to all settings</li> <li>• Mark as non-compliant if <b>initial</b> checks were <b>not completed at all</b></li> <li>• FBI check if employee hasn't been an Ohio resident for 5 yrs. previous</li> </ul>		
9.7	<p>Did the provider complete BCII/FBI checks every five years for direct service employees?</p> <p>5123:2-2-02; 5160-45-07</p>	<ul style="list-style-type: none"> <li>• FBI check if employee hasn't been an Ohio resident for 5 yrs. previous</li> </ul>		
9.8	<p>Did the provider complete the BCII/FBI checks timely by conducting the checks prior to hire and within 5 years of the previous check?</p>	<ul style="list-style-type: none"> <li>• Mark as non-compliant <b>if either the initial or 5 year checks were completed late</b></li> </ul>		

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	5123:2-2-02			
9.9	Did the provider ensure that staff in a direct care position did not work for more than 60 days after hire without the results of the BCII/FBI checks? 5123:2-2-02; 5160-45-07	<ul style="list-style-type: none"> <li>Applies to direct service employees hired after 1/1/13</li> </ul>		
9.10	Did the provider ensure that direct services are only provided by employees <b>who do not have a disqualifying offense</b> and <b>who are not included on any of the databases</b> identified in rule? 5123:2-2-02; 5160-45-07	<ul style="list-style-type: none"> <li>Refer to Section G of the background check rule for employees with Tier 4 offenses who were hired prior to 1/1/13</li> </ul>		
9.11	Did the provider staff, while under final consideration for employment, sign a statement attesting that the staff person would notify the provider within 14 days if they are ever charged with, plead guilty to, or are convicted of a disqualifying offense? 5123:2-2-02; 5160-45-07			
9.12	Did the provider 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? 5123:2-2-02; 5160-45-07			
9.13	Did the provider staff have annual notification explaining conduct for which a DD employee may be included on the Abuser Registry? 5123:2-2-01	<ul style="list-style-type: none"> <li>A staff signature is not required</li> <li>Agency must have a process to implement</li> </ul>		
9.14	Did the agency provider verify that the staff person has a high school diploma or GED? 5123:2-2-01	<ul style="list-style-type: none"> <li>Review with provider their system to verify a high school diploma or GED</li> <li>Staff enrolled in college are considered to meet this requirement</li> <li>TDD: Personal care aides are not</li> </ul>		

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
		required to have a high school diploma or GED		
9.15	If the staff person administers medication does the person have the appropriate certification for: <ul style="list-style-type: none"> <li>Oral or topical medications (Category 1)</li> <li>G-tube/J-tube (Category 2)</li> <li>Insulin injections (Category 3)</li> </ul> 5123:2-6-03	<ul style="list-style-type: none"> <li>Family delegation is not permitted for agency providers</li> <li>N/A TDD</li> </ul>		
9.16	Does the professional staff have required licenses/certifications?  5123:2-6-04; 5123:2-6-06; 5123:2-9-25; 5123:2-9-28; 5123:2-9-29; 5123:2-9-36; 5123:2-9-38; 5123:2-9-41; 5123:2-9-43; 5123:2-9-46; 5123:2-9-59; 5123:2-9-54	<ul style="list-style-type: none"> <li>Includes nursing licenses, social work licenses, OT/PT licenses, etc.</li> <li>TDD- Nursing: an expired nursing license will be an immediate citation, the CB and Nursing Board should be advised</li> <li>TDD- Home Modification: Licensure, insurance, and bonding for general contracting services of applicable jurisdictions. Family members who provide home modification services are exempt from this requirement</li> </ul>		
9.17	Did the provider staff have current CPR certification? 5123:2-2-01	<ul style="list-style-type: none"> <li>N/A SELF Support Brokers or SELF community inclusion- transportation</li> <li>N/A Remote Monitoring or Emergency Response providers who don't provide backup (direct support) services</li> <li>N/A TDD</li> </ul>		
9.18	Did the provider staff have current first aid certification? 5123:2-2-01; 5123:2-9-56	<ul style="list-style-type: none"> <li>N/A SELF Support Brokers or SELF community inclusion-transportation</li> <li>N/A Remote Monitoring providers who don't provide backup services</li> <li>TDD: required for personal care aides, out of home respite providers, transportation drivers and ADHC staff</li> </ul>		

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
9.19	<p>Did the staff person receive initial training prior to providing services with individuals that included:</p> <ul style="list-style-type: none"> <li>Initial rights training</li> <li>Initial MUI training</li> <li>Overview of serving individuals with developmental disabilities</li> <li>Overview of basic principles and requirements of providing HCBS waiver services</li> <li>Universal precautions</li> </ul> <p>5123:2-2-01</p>	<ul style="list-style-type: none"> <li>IO/Level 1: Only look at initial training for employees hired after 10/1/09</li> <li><b>NA-TDD</b></li> </ul>		
9.20	<p>Did the provider receive training on each individual's ISP/BSP prior to implementation? 5123:2-1-11</p>	<ul style="list-style-type: none"> <li>Staff training on BSP is required for all aversive behavioral support plans.</li> <li><b>NA-TDD</b></li> </ul>		
9.21	<p>Did all direct service staff have initial training on actions to take in the event of a fire or other emergencies? 5123:2-3-11</p>	<ul style="list-style-type: none"> <li><b>Licensed Only</b></li> </ul>		
9.22	<p>Did the provider staff have annual MUI training? 5123:2-17-02</p>	<ul style="list-style-type: none"> <li>Once during each calendar year</li> <li>Not required to be within 365 days</li> <li><b>NA-TDD</b></li> </ul>		
9.23	<p>Did the provider staff have annual training on the Rights of Individuals with DD? ORC 5123.63</p>	<ul style="list-style-type: none"> <li>Once during each calendar year</li> <li>Not required to be within 365 days</li> <li><b>NA-TDD</b></li> </ul>		
9.24	<p>Did the provider/staff person providing <b>HPC</b> waiver services receive annual training in self-determination? 5123:2-9-30</p>	<ul style="list-style-type: none"> <li>Once during each calendar year</li> <li>Not required to be within 365 days</li> </ul>		
9.25	<p>Did the provider/staff person providing <b>HPC</b></p>	<ul style="list-style-type: none"> <li>Once during each calendar year</li> </ul>		

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	waiver services receive annual training in the principles of positive intervention culture? 5123:2-9-30	<ul style="list-style-type: none"> <li>Not required to be within 365 days</li> </ul>		
9.26	Did the provider/staff person providing <b>HPC OR Adult Foster Care</b> waiver services receive annual training in their role in providing behavior supports? 5123:2-9-30; 5123:2-9-33	<ul style="list-style-type: none"> <li>Once during each calendar year</li> <li>Not required to be within 365 days</li> <li>Could be included as a component of principles of positive intervention culture</li> <li>Required regardless of whether there is a behavior support plan</li> </ul>		
9.27	Did the Support Broker successfully complete the Support Broker training established by DODD? 5123:2-9-47	<ul style="list-style-type: none"> <li>SELF Support Broker only</li> </ul>		
9.28	For day waiver services, did the provider ensure that within the first 90 days of employment, new employees completed either: PATHS "Certificate of Initial Proficiency" program OR 8 hr. orientation program that includes topics identified in rule? 5123:2-9-14; 5123:2-9-15; 5123:2-9-16; 5123:2-9-17; 5123:2-9-44	<ul style="list-style-type: none"> <li>Also applies to SELF Integrated Employment</li> </ul>		
9.29	For day waiver services, did the provider ensure that during the first year of employment, direct service staff members are provided with: 1) a mentor 2) on-the-job training specific to each individual served and 3) eight hours of training specific to the provision of the day waiver service? 5123:2-9-14; 5123:2-9-15; 5123:2-9-16; 5123:2-9-17; 5123:2-9-44	<ul style="list-style-type: none"> <li>Also applies to SELF Integrated Employment</li> </ul>		
9.30	For day waiver services, did the provider ensure that all direct service staff, beginning in the second year of employment, completed 8 hours of training annually that includes Rights; MUI/UI; the employee's role in providing	<ul style="list-style-type: none"> <li>Also applies to SELF Integrated Employment</li> </ul>		

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	behavior support; and best practices related to the provision of the day waiver service? 5123:2-9-14; 5123:2-9-15; 5123:2-9-16; 5123:2-9-17; 5123:2-9-44			
9.31	Did the <b>TDD provider</b> meet all training requirements for the services provided including the following? <ul style="list-style-type: none"> <li>• Initial and annual rights training - All</li> <li>• Initial and annual MUI training - All</li> <li>• Training on individual’s ISP services - All</li> <li>• First Aid – ADHC, drivers, PCAs, out of home respite providers</li> <li>• Task based instruction to provide ADL and IADL - ADHC</li> <li>• Annual Training                             <ul style="list-style-type: none"> <li>○ 12 hours annual training – ADHC, PCAs</li> <li>○ 8 hours annual training - Out of Home Respite –</li> </ul> </li> </ul> 5123:2-1-11, 5123:2-9-50, 5123:2-9-51, 5123:2-9-53, 5123:2-9-55, 5123:2-9-56, 5123:2-9-58, 5123:2-9-59	<ul style="list-style-type: none"> <li>• <b>TDD Only</b></li> </ul>		
9.32	For provider staff members who are responsible for transporting individuals, did the provider ensure that a driver’s abstract was completed prior to transporting individuals? 5123:2-2-02; 5123:2-9-58	<ul style="list-style-type: none"> <li>• Unofficial abstract from BMV is acceptable</li> <li>• Driver is ineligible to drive if they have six points or more on their abstract</li> <li>• Abstract should come from the state where the employee lives</li> </ul>		
9.33	For provider staff members who are responsible for transporting individuals, does the staff person have a valid driver's license? 5123:2-9-18; 5123:2-9-24; 5123:2-9-42; 5123:2-9-58; 5123:2-9-57			
9.34	Did the provider ensure that only staff with			

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	fewer than 6 points on their driver's abstract provided transportation services? 5123:2-2-02; 5123:2-9-58			
9.35	Did staff providing transportation obtain a new driver's abstract every 3 years? 5123:2-9-18; 5123:2-9-24; 5123:2-9-42; 5123:2-9-58			
9.36	Are all vehicles used to transport individuals covered by a current insurance policy that meets the requirements of the service provided? 5123:2-9-18; 5123:2-9-24; 5123:2-9-42; 5123:2-9-58; 5123:2-9-57			
9.37	If the provider is responsible for providing Per Trip non-medical transportation, does the staff person have a signed form establishing the driver's physical qualification to provide non-medical transportation? 5123:2-9-18	<ul style="list-style-type: none"> <li>This form must be completed and signed by a person who is licensed, certified, and/or registered in accordance with Ohio law to perform physical examinations</li> </ul>		
9.38	If the provider is responsible for providing Non-Medical Transportation, did the staff person receive testing for controlled substances and was the staff person found to be drug free prior to providing transportation services? 5123:2-9-18	<ul style="list-style-type: none"> <li>Per trip and per mile Non-medical transportation</li> <li>Drug testing must be from a lab, cannot be self-administered. Reviewer must see the results of the testing, not just receipts</li> </ul>		

## SECTION 10 – TRANSPORTATION

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
10.1	If the provider is responsible for providing any type of transportation does the provider / staff have necessary information about the individual (i.e., medical, behavioral, etc.)? 5123:2-1-11	<ul style="list-style-type: none"> <li>Provider should have the portion of the ISP related to the services they provide</li> <li>Anything affecting transportation should be included</li> </ul>		
10.2	If the provider is responsible for providing any type of transportation do all vehicles used to transport individuals appear safe? 5123:2-2-01			
10.3	If the provider is responsible for providing Non-Medical Transportation, does the vehicle have a fire extinguisher? 5123:2-9-18			
10.4	If the provider is responsible for providing Non-Medical Transportation, does the vehicle have a first aid kit? 5123:2-9-18			
10.5	If the provider is responsible for providing non-medical transportation, do all vehicles used to transport individuals have all required inspections? <ul style="list-style-type: none"> <li>Daily vehicle inspections</li> <li>Annual vehicle inspection by the state highway patrol or certified mechanic.</li> </ul> 5123:2-9-18; 5123:2-9-57	<ul style="list-style-type: none"> <li>Wheelchair ramp/ties; windshield wipers/washer; mirrors; horns; brakes; emergency equipment; and tires</li> <li>TDD Annual inspection Only for Adaptive Assistive Equipment</li> </ul>		
10.6	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	<ul style="list-style-type: none"> <li>Per-Trip Billing: Type of Vehicle <ol style="list-style-type: none"> <li>A non-medical vehicle with a capacity of 9 or more</li> </ol> OR <ol style="list-style-type: none"> <li>A modified vehicle designed to transport individuals using wheelchairs</li> </ol> </li> </ul>		

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
		(with safety restraints for wheelchairs, stable ramp or lift and daily inspection of lift, ramp and restraints)		

## SECTION 11 – PHYSICAL ENVIRONMENT

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
11.1	Does the provider have current fire inspection? 5123:2-1-02; 5123:2-3-02	<ul style="list-style-type: none"> <li>Annual for licensed facilities and CBs</li> </ul>		
11.2	Does the provider have current water inspection? 5123:2-3-02	<ul style="list-style-type: none"> <li>Licensed only-annual inspection required if not connected to public water</li> </ul>		
11.3	Does the provider have current sewer inspection? 5123:2-3-02	<ul style="list-style-type: none"> <li>Licensed only-annual inspection required if not connected to public water</li> </ul>		
11.4	Has the provider completed emergency drills (tornado and fire), and completed a written record of each drill which address individual specific needs based on the outcome of these drills? 5123:2-1-02; 5123:2-3-11	<ul style="list-style-type: none"> <li>Fire drills: <ul style="list-style-type: none"> <li>Lic Fac=6 w/in 12 mos.(@ least 2 in a.m., 2 in p.m., 1 sleep drill)</li> <li>CB=12 per year (1 each mo)</li> </ul> </li> <li>Tornado: <ul style="list-style-type: none"> <li>Lic Fac=1 w/1 12 mo</li> <li>CB=4 per year (during April-July)</li> <li>PC=fire and emergency response based on needs in IP</li> </ul> </li> </ul>		
11.5	Does the provider have an emergency response/fire plan? 5123:2-3-11	<ul style="list-style-type: none"> <li>Licensed setting only</li> </ul>		
11.6	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"> <li>A current water safety instructor certificate OR</li> <li>A senior lifesaving certificate OR</li> <li>An adapted aquatics certificate</li> </ul> 5123:2-1-02; 5123:2-3-10	Licensed Setting/County Board only		
11.7	Are the interior, exterior and grounds of the building maintained in good repair and in a	<ul style="list-style-type: none"> <li>Licensed Setting Only</li> </ul>		

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	clean and sanitary manner? 5123:2-1-02; 5123:2-3-10			
11.8	Are there appropriate and comfortable equipment, furniture and appliances in good condition except for normal wear and tear adequate to meet the needs and preferences of the individual? ; 5123:2-3-10	<ul style="list-style-type: none"> <li>Licensed Setting Only</li> </ul>		
11.9	Are the entrances, hallways, corridors and ramps clear and unobstructed? 5123:2-1-02; 5123:2-3-10	<ul style="list-style-type: none"> <li>Licensed settings and CBs only</li> </ul>		
11.10	Is there an accurate graphic floor plan posted on each floor? 5123:2-1-02; 5123:2-3-10	<ul style="list-style-type: none"> <li>Licensed settings and CBs only</li> </ul>		
11.11	Are toxic and combustible substances stored in a safe manner and separate from food and perishable items? 5123:2-1-02; 5123:2-3-10	<ul style="list-style-type: none"> <li>Licensed settings and CBs only</li> </ul>		
11.12	Does the program/facility have suitable first aid facilities, equipment and supplies and is there access to emergency services? 5123:2-1-02; 5123:2-3-10	<ul style="list-style-type: none"> <li>Licensed settings and CBs only</li> </ul>		
11.13	Where power equipment is used, does the equipment have appropriate safeguards? <ul style="list-style-type: none"> <li>Safety Guards</li> <li>Kill Button</li> </ul> 5123:2-1-02	<ul style="list-style-type: none"> <li>County Board Only</li> <li>Required where power equipment is in use</li> </ul>		
11.14	If a time out room is used: <ul style="list-style-type: none"> <li>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</li> <li>The room has adequate lighting and ventilation</li> </ul>			

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	<ul style="list-style-type: none"> <li>• 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</li> <li>• The individual is under constant visual supervision</li> </ul> 5123:2-1-02			
11.15	Are the waiver services provided in a community setting? CMS-2296-F	<ul style="list-style-type: none"> <li>• Residential respite is the only waiver service that may be provided in an ICF</li> <li>• Notify DODD Review Manager</li> </ul>		
11.16	Are Day waiver services provided in a non-residential setting? 5123:2-9-14; 5123:2-9-16; 5123:2-9-17; 5123:2-9-19; 5123:2-9-51	<ul style="list-style-type: none"> <li>• Exception is SE-Community when assisting the individual to be self-employed</li> <li>• TDD: adult day health center should be in a freestanding building or space within another building that is not used for any other purpose during the provision of ADHC services</li> </ul>		

## SECTION 12 – TITLE XX

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
12.1	<p>Does the Title XX Application for Eligibility Determination/Re-determination Form (DMR 1014) identify the relationship between individual client need for services and the intent of Title XX services?</p> <ul style="list-style-type: none"> <li>• CC - Client's needs (Must be individualized and derived from assessment)</li> <li>• DD – National Goals (Just check the appropriate goal )</li> <li>• EE – Objective of service (Must be an actual objective-not just the service name)</li> </ul> <p>Title XX Contract</p>	<ul style="list-style-type: none"> <li>• CB reviews only</li> <li>• Consult with a manager for additional information/concerns</li> </ul>		
12.2	<p>Did the individual or guardian sign the Title XX Application for Eligibility Determination/Re-determination Form (DMR 1014)?</p> <p>Title XX Contract</p>	<ul style="list-style-type: none"> <li>• CB reviews only</li> </ul>		
12.3	<p>Does the ISP identify individual services, supports, goals, and/or objectives related to Title XX services?</p> <p>Title XX Contract</p>	<ul style="list-style-type: none"> <li>• CB reviews only</li> </ul>		
12.4	<p>Does the unit of service log (1017) contain the following items?</p> <ul style="list-style-type: none"> <li>• Client name</li> <li>• Service code/service type</li> <li>• Duration (amount of time service provided)</li> <li>• Date and time of service</li> <li>• Initials of staff providing service</li> </ul> <p>Title XX Contract</p>	<ul style="list-style-type: none"> <li>• CB reviews only</li> </ul>		

## SECTION 13 – EARLY INTERVENTION

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
13.1	Does the CB provide any EI services through the HMG EI system? 5123:2-1-04	Examples of EI services include service coordination, special instruction, physical, speech and occupational therapy services but there are others (reference federal regulation)		
13.2	Does the CB participate in the Evaluation/Assessment for children referred with a suspected delay? 5123:2-1-04	<ul style="list-style-type: none"> <li>If so, must be completed within the 45 day timeline from the date of referral (DOR) to the HMG system to the signing of the initial IFSP</li> </ul>		
13.3	Does the CB participate in the assessment for children referred with a diagnosed physical or mental condition or who are eligible for Part C in Ohio? 5123:2-1-04	<ul style="list-style-type: none"> <li>Initial assessment only</li> <li>If so, must be completed within the 45 day timeline from DOR to initial IFSP</li> </ul>		
13.4	Does the CB use one of the ODH approved tools to evaluate/assess children? 5123:2-1-04	<p>Tools for suspected delay:</p> <ul style="list-style-type: none"> <li>Bayley, Battelle, E-Lap, Hawaii Early Learning Profile (HELP) or AEPS (other tools also)</li> <li>For children eligible due to a diagnosed physical or mental condition:</li> </ul>		
13.5	Does the CB funded evaluator/assessor make recommendations that focus on the child's active participation within family preferred routines and activities? 5123:2-1-04	<ul style="list-style-type: none"> <li>The E and A report (or summary) makes recommendations that focus on the child's active participation (i.e. eating meals with the family, going church) rather than focusing on a developmental skill or deficit.</li> </ul>		
13.6	Does the CB complete the evaluation and/or	<ul style="list-style-type: none"> <li>Evaluations are done for children referred</li> </ul>		

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	assessment with the 45 day timeline? 5123:2-1-04	with a suspected delay <ul style="list-style-type: none"> <li>Assessments are done for children with a diagnosed medical or physical condition</li> </ul>		
13.7	Does the county board staff participating in evaluations have the appropriate license/certification per ODH policy? 5123:2-1-04	<ul style="list-style-type: none"> <li>New evaluation and assessment reporting form required as of 12/1/12</li> <li>EIS, PT, OT, ST, RN, Teaching, SW, Counseling, Psychologist (and others)</li> </ul>		
13.8	Do the county board staff /contractors participating in assessments have the appropriate license/ certification per ODH policy? 5123:2-1-04	<ul style="list-style-type: none"> <li>This includes redetermination of eligibility and need for services</li> <li>EIS, PT, OT, ST, RN, Teaching, SW, Counseling, Psychologist (and others)</li> </ul>		
13.9	Does the county board ensure that there are 2 different disciplines for the evaluation and assessment? 5123:2-1-04	No evaluation and assessment report as of Jan 2015 <ul style="list-style-type: none"> <li>This includes redetermination of eligibility and need for services</li> </ul>		
13.10	Did the CB staff/contractors participate in the development of the IFSP? 5123:2-1-04	<ul style="list-style-type: none"> <li>IFSP reflects a team process; including participation of the E and A team and service providers, facilitated by the SC.</li> </ul>		
13.11	Did the County Board assure that the provision of CB specialized services (e.g. Early Intervention specialist, therapies, nursing, transportation) were provided as documented on the IFSP? 5123:2-1-04	<ul style="list-style-type: none"> <li>Did the County Board assure that the provision of CB specialized services (e.g. Early Intervention specialist, therapies, nursing, transportation) were provided as documented on the IFSP</li> </ul>		
13.12	Did the county board service providers ensure that "Written Prior Notice" is given to parents when services specified in the IFSP are changed? 5123:2-1-04	<ul style="list-style-type: none"> <li>If changes were made to any EI service on an existing IFSP the provider proposing that changes is required to provide the family and SC with PWN.</li> <li>Look in record.</li> </ul>		
13.13	Did the County Board ensure that the parent(s) provided consent on the IFSP before any	<ul style="list-style-type: none"> <li>Was the signature obtained before the delivery of services</li> </ul>		

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	services started that are listed on the IFSP? 5123:2-1-04	started?		
13.14	Did the specialized services begin within 30 days of the date the IFSP was signed by the parents? 5123:2-1-04			
13.15	Is the following information compiled and kept on file in the child's record? - Documents used to determine eligibility - Copy of current IFSP - Documentation verifying the date of request for or referral to services in HMG-EI system - Documentation confirming the interventions provided to the family - Any ongoing assessments and summaries of the child and family - Health record that contains ongoing pertinent health information (New IFSP has a health section)			
13.16	Does the County Board assist families with understanding and accessing their rights in HMG-EI? 5123:2-1-04	Documentation that parents are informed of their rights and know how to access their rights in HMG.		
13.17	Do the CB interventionists implement the IFSP as written? 5123:2-1-04	Check documentation to see if notes correspond to <ul style="list-style-type: none"> <li>• Frequency,</li> <li>• Duration and intensity on Section VII of the IFSP.</li> <li>• If not are there valid reasons for why not?</li> </ul>		
13.18	If the CB provides EI services to support IFSP outcomes are they offered in natural learning environments? 5123:2-1-04			
13.19	Does the CB ensure that interventionists and families have access to a core team that meets regularly to discuss families and provide			

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	professional to professional consultation/support? (SC, OT, PT, ST, EIS) 5123:2-1-04			
13.20	Does the CB ensure that all families have access to a primary service provider that the IFSP team determines is the best interventionist to support the IFPS outcomes with the support of the IFSP team. 5123:2-1-04			
13.21	Does the CB ensure that all interventions provided by their staff are based on best available research, support how children learn, and use a communication style that supports adult learning and address the three global outcomes? 5123:2-1-04	<ul style="list-style-type: none"> <li>Can the CB explain their rationale for their service delivery and how they interact with families; including the purpose of EI services?</li> </ul>		
13.22	Does the CB ensure that all staff provide family centered practices; includes relational and participatory practices. 5123:2-1-04			
13.23	Are early intervention services and supports available to families on a year-round basis? 5123:2-1-04	<ul style="list-style-type: none"> <li>All supports must be available at a minimum of 232 days.</li> </ul>		
13.24	Does the CB ensure that the IFSP outcomes are functional, meaningful, and relevant to the family? 5123:2-1-04	<ul style="list-style-type: none"> <li>Use the 6-step criteria</li> </ul>		
13.25	Does the CB have a Description of Services which explains specifically what they contribute to the EI system? 5123:2-1-04			

## SECTION 14 – REMOTE MONITORING AGENCY

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
14.1	Do the needs of the individual appear to be met by remote monitoring? 5123:2-9-35	<ul style="list-style-type: none"> <li>Team assures that remote monitoring will meet individual's health and welfare</li> <li>Information could be obtained through MUIs, complaints, etc.</li> </ul>		
14.2	Is remote monitoring done in real time by awake staff at a remote monitoring base? 5123:2-9-35	<ul style="list-style-type: none"> <li>Must be done in real time and monitored remotely by awake staff</li> <li>The monitoring base cannot be located at the residence of an individual receiving the remote monitoring service</li> </ul>		
14.3	Is remote monitoring provided by staff with no other duties during the time they are providing the remote monitoring service? 5123:2-9-35	<ul style="list-style-type: none"> <li>Staff cannot perform any other duties during the time they are responsible for remote monitoring.</li> </ul>		
14.4	If audio and/or video equipment is used, did everyone in the home give written informed consent? 5123:2-9-35	<ul style="list-style-type: none"> <li>Applies to monitoring that involves viewing or listening to activities or conversations in the home</li> <li>SSA has to keep a copy of the consent with the ISP</li> </ul>		
14.5	Is there a notice prominently displayed in the home informing people that audio/video equipment is in use? 5123:2-9-35	<ul style="list-style-type: none"> <li>A notice that says audio and/or video equipment is in use that allows others to view activities and/or listen to conversations must be prominently displayed in the home</li> </ul>		
14.6	Did the provider train its staff on the use of the remote monitoring system? 5123:2-9-35	<ul style="list-style-type: none"> <li>Provider is required to provide initial and ongoing training to its staff on the use of the remote monitoring system</li> </ul>		
14.7	Does the provider have a back-up system in place?	<ul style="list-style-type: none"> <li>Provider is required to have a back-up power system (battery or generator)</li> </ul>		

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	5123:2-9-35	<ul style="list-style-type: none"> <li>The provider also has to have other back-up systems and additional safeguards in place that include contacting the backup support person in the event the remote monitoring system stops working</li> </ul>		
14.8	Does the remote monitoring provider have an effective system for notifying emergency personnel? 5123:2-9-35	<ul style="list-style-type: none"> <li>This includes police, fire, emergency medical services and psychiatric crisis response entities</li> </ul>		
14.9	Does the ISP address the following: training to be provided to the individual on the remote monitoring system, acceptable timeframe for back up support person to arrive at individual's home? 5123:2-9-35	<ul style="list-style-type: none"> <li>This is not a citation for the provider, please follow up with the SSA</li> </ul>		

**SECTION 15 – REMOTE MONITORING EQUIPMENT**

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
15.1	Does Remote Monitoring equipment have an indicator that enables the individual to know the equipment is in use? 5123:2-9-35	<ul style="list-style-type: none"> <li>The type of indicator must be based on the needs and understanding of the individual.</li> </ul>		
15.2	Is the Remote Monitoring equipment designed so that only the person identified in the ISP can turn it off? 5123:2-9-35			
15.3	Has the Remote Monitoring equipment been tested monthly and repaired or replaced as needed? 5123:2-9-35	<ul style="list-style-type: none"> <li>The Remote Monitoring equipment provider is responsible for delivery, installation, maintenance, monthly testing and replacement of equipment</li> </ul>		

**SECTION 16 – TDD: OUT OF HOME RESPITE**

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
16.1	Did the provider make nursing services available as required by the individuals' needs? 5123:2-9-55			
16.2	Did the provider make personal care aide services available as required by the individuals' needs? 5123:2-9-55			
16.3	Did the provider provide at least three meals per day that met the individuals' dietary requirements? 5123:2-9-55			
16.4	Were out-of-home respite services provided in an ICF, a nursing facility, or another licensed			

	setting approved by ODJFS or its designee? 5123:2-9-55			
16.5	Were out-of-home TDD respite services provided to not more than three individuals in the group setting (regardless of the size of the setting) on the same day? 5123:2-9-55			
16.6	Did out-of-home respite services include an overnight stay? 5123:2-9-55	<ul style="list-style-type: none"> <li>An overnight stay is required</li> </ul>		

**SECTION 17 – TDD: HOME DELIVERED MEALS**

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Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
17.1	Does the agency provider have any applicable current, valid license or certificate from the local health department? 5123:2-9-53			
17.2	Does the individual's record include: a copy of the ISP, dietary orders and instructions from the healthcare professional, and menus approved in writing by the dietician? 5123:2-9-53			

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
17.3	<p>Did the provider ensure the safe delivery of meals including:</p> <ul style="list-style-type: none"> <li>• Dated labels</li> <li>• Time and temperature monitoring system for preparation, handling, and delivery</li> <li>• Safe and sanitary food containers and meal delivery vehicles</li> <li>• Establishing a routine date and time with the individual for meal delivery</li> <li>• Notifying the individual if delivery will be delayed more than one hour</li> <li>• Written delivery instructions to the driver</li> <li>• Clear instructions to the individual on how to safely heat or reheat each meal</li> </ul> <p>5123:2-9-53</p>	<ul style="list-style-type: none"> <li>• Ask the provider how they ensure these requirements are met. Discuss how to establish systems if not in place</li> </ul>		
17.4	<p>Documentation for home-delivered meals must include all of the following:</p> <ul style="list-style-type: none"> <li>• Individual's name</li> <li>• Evidence that all menus were approved by a licensed dietician</li> <li>• Established delivery time, actual delivery time, and number of meals delivered</li> <li>• Signature or initials of the person delivering the meal</li> <li>• Signature of the individual or the authorized representative accepting delivery of the meal</li> </ul> <p>5123:2-9-53</p>	<ul style="list-style-type: none"> <li>• Each meal must meet dietary requirements and/or be prepared in accordance with any therapeutic prescribed diet</li> </ul>		

SECTION 18 – TDD: EMERGENCY RESPONSE SERVICES

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
18.1	<p>Prior to or during the delivery of ERS equipment, did the provider, individual and/or the authorized representative, and SSA complete the following:</p> <ul style="list-style-type: none"> <li>• Develop a written response plan regarding how to proceed in the event the ERS signals an alarm which includes:                             <ul style="list-style-type: none"> <li>○ A summary of the individual’s health history and functioning level</li> <li>○ The name of, and contact information for, at least one individual who will serve as the individual’s designated responder?</li> </ul> </li> <li>• Revise the written response plan as required (when requested by the individual, when there is a change in the designated responder, and at least every six months)?</li> </ul> <p>5123:2-9-52</p>	<ul style="list-style-type: none"> <li>• The designated responder is the person that will be contacted by the ERS provider when an alarm sounds</li> <li>• When there is more than one responder the order of contact should be provided</li> <li>• If fewer than two responders are identified, then emergency service personnel shall be designated as responders in the plan</li> </ul>		
18.2	<p>Did the provider assure that the emergency response center:</p> <ul style="list-style-type: none"> <li>• Employed and trained staff to receive and respond to signals from individuals 24 hours/day and 365 days/year?</li> <li>• Maintained the capacity to respond to all alarm signals, and a secondary capacity in case the primary system is unable to respond?</li> </ul> <p>5123:2-9-52</p>			

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
18.3	<p>Documentation for Emergency Response Services must include:</p> <ul style="list-style-type: none"> <li>• A log</li> <li>• Documentation of all training provided to each individual and his or her designated responders</li> <li>• A written record of the monthly testing conducted on each individual's emergency response services equipment</li> <li>• Records of each service-related contact with the individual</li> <li>• Evidence that each alarm signal was responded to within 60 seconds</li> </ul> <p>5123:2-9-52</p>	<ul style="list-style-type: none"> <li>• The log must contain the name and contact information for each individual served</li> <li>• Training documentation must include the initial face-to-face demonstration and training on using the equipment and any additional training for responders or others as part of the monthly service or as needed</li> <li>• Testing documentation must include date, time, and results of the test</li> <li>• Service-related contacts include:                             <ul style="list-style-type: none"> <li>○ date and time of contact,</li> <li>○ summary of the contact,</li> <li>○ the service delivered (including false alarm response), and</li> <li>○ the names of each person having contact with the individual</li> </ul> </li> </ul>		

**SECTION 19 – TDD: SUPPLEMENTAL ADAPTIVE AND ASSISTIVE DEVICE SERVICES**

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
19.1	<p>Did the provider ensure that the devices were tested and in proper working order and has documentation that includes the date of the test?</p> <p>5123:2-9-57</p>			

SECTION 20 – TDD HOME MODIFICATIONS

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
20.1	<p>Service documentation for home modifications shall include:</p> <ul style="list-style-type: none"> <li>• Documentation that the home modification was completed in accordance with the agreed upon specifications using all of the materials and equipment cited in the bid.</li> <li>• Documentation that the home modification was tested and in proper working order.</li> <li>• Documentation that the home modification services meet all applicable state and local building codes.</li> <li>• Documentation that the home modification meets the individual’s needs and complies with the Americans with Disabilities Act (ADA), the Uniform Federal Accessibility Standards (UFAS) or the Fair Housing Act (FHA), as applicable.</li> </ul> <p>5123:2-9-54</p>	<ul style="list-style-type: none"> <li>• If a home modification must be customized in order to meet the individual’s needs, and the customization will not be compliant with the ADA, UFAS or FHA, it must be prior-approved by ODM or its designee, in consultation with the individual and/or authorized representative and the team</li> </ul>		