

Below is a list of documents that will be reviewed during the compliance review. All required items must be available at the beginning of the onsite review. Additional documents may be requested during the onsite review. Please contact the lead reviewer with any questions prior to the onsite review.

<b>ISP for Individuals in Sample</b>	<b>Completed</b>
1. Person Centered assessment/profile	
2. Current and previous service plan, including addendums/revisions (including the date the plan was sent to the provider)	
3. Plan of Care signed by physician for TDD Waiver Nursing	
4. OEDI/COEDI eligibility determinations	
<b>MEDICATION ADMINISTRATION for Individuals in Sample</b>	
5. Current and previous Self-Medication Assessment	
6. Current and previous nursing Quality Assurance reviews	
7. Evidence that outcomes identified in nursing QA reviews were addressed	
8. Name and credentials of the nurse- for <b>Delegated Nursing and TDD Nursing only</b>	
<b>FOR DELEGATED NURSING:</b>	
9. Evidence of nurse supervision of delegation <ul style="list-style-type: none"> <li>A. Log Notes</li> <li>B. Nursing Notes</li> <li>C. Any documentation used by delegating nurse to evidence supervision</li> <li>D. Any special conditions identified by the nurse</li> <li>E. On-going nursing assessments</li> <li>F. Statement of delegation</li> <li>G. Annual staff skills checklist</li> </ul>	
<b>TDD WAIVER NURSING REQUIREMENTS</b>	
10. RN documentation <ul style="list-style-type: none"> <li>A. Individual Record/Plan of Care</li> <li>B. Clinical and/or Nursing Notes</li> <li>C. Evidence of face-to-face explaining activities of the PCA prior to PCA beginning services</li> <li>D. Evidence of individual's home visits every 60 days while PCA is present</li> </ul>	
11. LPN documentation <ul style="list-style-type: none"> <li>A. Individual Record/Plan of Care</li> <li>B. Clinical and/or Nursing Notes</li> <li>C. Evidence of face to face with supervising RN and individual every 120 days</li> <li>D. Evidence of face to face with supervising RN every 60 days</li> </ul>	
<b>BEHAVIOR SUPPORT for Individuals in Sample</b>	
12. Behavior Support Plan if not integrated into the Service Plan	
13. Date of plan implementation	
14. Behavior assessment if not integrated into the Service Plan	
15. Informed consent for aversive interventions	
16. Evidence that the provider notified DODD of time out or restraint interventions within 5 working days of approval of the plan	
17. List of Behavior Support/Human Rights Committee Members	
18. Human Rights Committee minutes (past 6 months)	

19.	Human Rights approval for aversive interventions (including rights restrictions)	
20.	Date of behavior support committee review	
21.	Evidence that plans with aversive interventions are reviewed every 30 days (status reports) <i>*Please provide the last 3 status reports</i>	
22.	Evidence that all staff responsible for plan implementation were trained on aversive interventions	
<b>WAIVER ADMINISTRATION ACTIVITIES</b>		
23.	Assessment used to determine the need for behavior add-on	
24.	Assessment used to determine the need for the medical add-on	
25.	Current and previous ODDP	
26.	If this individual is above their funding range, evidence that the county board assisted them with the prior authorization process	
27.	Evidence that the outcomes identified in prevention plans were addressed	
28.	Evidence that the individuals Level of Care (PLOC and ICF/IID LOC) was reviewed at least annually and/or based on changes in the individual's needs	
29.	Freedom of Choice form	
30.	Evidence that due process rights were provided to the individual for A. annual plan approvals B. plan revisions C. reduction, denial or termination of services	
31.	Six months of TCM/case notes, for each individual in the sample, to demonstrate that monitoring is occurring per the ISP	
32.	Evidence of monitoring process	
33.	Free Choice of Provider procedure	
34.	On Call Procedure	
35.	Medicaid Due Process hearing decisions/outcomes for the past 12 months	
36.	For SELF Waiver: Evidence of the Child with Intensive Behavioral Needs Checklist	
37.	For SELF Waiver: Evidence the Pre-Screen Tool was completed as part of determining eligibility	
38.	For SELF Waiver: Evidence the full ISP was developed within 30 days of enrollment	
<b>DOCUMENTATION for Individuals in Sample</b>		
39.	Waiver service delivery documentation for the last 6 months services provided by the county board (adult day services). Includes the individual record or face sheet (TDD).	
40.	Behavior Support Documentation for the last 6 months	
41.	Progress report for individuals receiving employment services	
<b>MUI — Reference separate MUI checklist sent by DODD MUI unit</b>		
<b>PERSONNEL / BACKGROUND CHECKS for Staff in Sample</b>		
42.	Date of hire	
43.	Initial BCII check	
44.	Initial FBI check (required if employee lived outside of Ohio during the 5 years prior to employment)	
45.	Evidence that the employer conducted a BCII check, and FBI check if applicable every 5 years for all direct service employees	
46.	Evidence that the employee signed an attestation statement verifying that the employee has never been charged with, convicted of or pled guilty to a disqualifying offense <u>as well as</u> a statement verifying the employee will notify the	

	employer in writing within 14 days if ever charged, convicted of or pleads guilty to a disqualifying offense	
47.	Evidence of initial and 5 year checks of the following: <ul style="list-style-type: none"> <li>• abuser registry check</li> <li>• nurse aide registry check</li> <li>• Inspector general exclusion list</li> <li>• sex offender and child victim offender database</li> <li>• US general services administration system for award management database</li> <li>• incarcerated and supervised offenders database</li> </ul>	
48.	Evidence that the employee is 18 years of age or older	
49.	Verification of High School Diploma (such as transcripts or diploma) or GED	
50.	If there is a swimming pool/program, current: <ul style="list-style-type: none"> <li>• Water safety instructor certificate Or</li> <li>• Senior life saving certificate Or</li> <li>• Adapted aquatics certificate</li> </ul>	
<b>TRAINING/CERTIFICATION FOR STAFF IN SAMPLE</b>		
51.	Evidence of appropriate certifications if the staff person administers medication, insulin injections, G tube, or J tube	
52.	Evidence of appropriate licenses/certifications	
53.	Current CPR certification- please note that online only certification will not be accepted. Online training must include evidence of hands on skills component.	
54.	Current First Aid certification- please note that online only certification will not be accepted. Online training must include evidence of hands on skills component.	
55.	Evidence that direct service staff, hired after 10/1/09 received initial training prior to providing services to individuals that included: <ol style="list-style-type: none"> <li>Overview of serving individuals with disabilities</li> <li>Overview of basic principles and requirements of providing HCBS waiver services</li> <li>Initial Rights Training</li> <li>Initial MUI Training</li> <li>Universal Precautions</li> </ol>	
56.	Evidence that TDD providers have <ol style="list-style-type: none"> <li>Initial Rights Training</li> <li>Initial MUI Training</li> <li>Initial training (ADHC task based instruction, competency evaluation program by ODH or Medicare or consumer supplied training option CSTO)</li> </ol>	
57.	Evidence that the staff person, prior to implementation, received training on the individual's ISP/BSP	
58.	Evidence of annual MUI/UI training	
59.	Evidence of written notification about the conduct for which an employee can be included on the abuser registry	
60.	Evidence of annual training on the rights of individuals with DD	
61.	Evidence of additional annual training- as required by the waiver service the provider is delivering	
<b>DRIVERS / ATTENDANTS / TRANSPORTATION</b>		
62.	Evidence of initial Driver's Abstract (free online abstract available via BMV website is acceptable)	

63.	Evidence of driver's abstract every three years	
64.	Evidence of valid driver's license	
65.	Evidence of driver's Controlled Substance Test- Non Medical transportation only	
66.	Evidence of driver's statement of physical qualifications- Per Trip Non- Medical transportation only	
67.	Evidence of current insurance policy	
68.	Annual Vehicle inspections (non-medical and county board)	
69.	Daily Inspection Sheets for vehicles (non-medical and county board only)	
<b>DAY SERVICES</b>		
<b>Adult Day Support; Supported Employment; Voc Hab; and Integrated Employment</b>		
70.	Within first 90 days of employment: evidence of PATHS or 8 hour orientation training	
71.	During first year of employment: evidence of mentoring, on-the-job training specific to each individual and 8 hours training specific to the day service during the first year of employment	
72.	During second year of employment: evidence of 8 hours of training in MUI, Rights, role in behavior supports and best practices related to the specific service (ADS, Voc Hab, etc.)	
<b>SELF SUPPORT BROKER</b>		
73.	Evidence of successful completion of DODD Support Broker Training	
<b>PHYSICAL ENVIRONMENT</b>		
74.	All current required inspections A. Fire B. Water C. Sewer D. Fire Suppression system annual inspection E. Other:	
75.	Emergency/Fire plan	
76.	Written record and analysis of fire and tornado drills for the last 12 months. • County Boards: 12 drills	
77.	If a time out room is utilized, please provide the logs	
<b>TITLE XX – FOR COUNTY BOARD ACCREDITATION ONLY</b>		
78.	Current 1014 form	
79.	Current service plan	
80.	Current 1017 form	
<b>EARLY INTERVENTION – FOR COUNTY BOARD ACCREDITATION ONLY</b>		
81.	County Board's written description of role in EI	
82.	Current IFSP	
83.	Evaluations/Assessments	
84.	Certifications of county board staff participating in evaluations	
85.	Service delivery documentation (3 months)	
86.	Evidence that the county board staff participating in evaluations have the appropriate license/certification per ODH policy: • Early Intervention Specialist (DODD) • Occupational Therapist • Physical Therapist • Speech-Language Pathologist	

	<ul style="list-style-type: none"> <li>• Social Work</li> <li>• Early Childhood Educator (ODE)</li> <li>• Early Childhood Intervention Specialist (ODE)</li> <li>• Registered Nurse</li> </ul>	
87.	Evidence that prior written notice is given to parents when services specified in the IFSP are changed	
88.	Evidence that written consent from the parent was obtained before any ongoing services listed on the IFSP began	
89.	Evidence that specialized services began within 30 days of the date the IFSP and that the IFSP was signed by the parents	
90.	Evidence that the preparation for transition meeting occurred at a scheduled IFSP review meeting	
91.	<p>For each child birth through two years of age enrolled in the county board to receive early intervention services and supports including service coordination from the county board, the following information shall be compiled and kept on file:</p> <ul style="list-style-type: none"> <li>• Documents used to determine eligibility including, the written report of the developmental evaluation, or the written report specifying the diagnosed physical or mental condition</li> <li>• Documentation verifying the date of request for or referral to services in HMG system and the date of initial contact with the county board if the county board is assisting in initial evaluation/assessment process</li> <li>• Any ongoing assessments of the child and family</li> <li>• Health record that contains ongoing pertinent health information</li> <li>• Unusual incident and major unusual incident forms</li> </ul> <p>Documentation by each county board provider shall include:</p> <ul style="list-style-type: none"> <li>• date,</li> <li>• duration,</li> <li>• frequency</li> <li>• intensity</li> <li>• specific type of service provided</li> <li>• outcomes in accordance with the IFSP.</li> <li>• Progress reports (at least every 180 days) that include a summary of data, and report progress on the outcomes identified on the IFSP;</li> </ul> <p>Current IFSP, subsequent reviews, written notices regarding meetings, and other related correspondence with the family</p> <p>Signed written consents &amp; releases including but not limited to, informed written consent for the developmental screening, developmental evaluation, family assessments, &amp; ongoing services.</p> <p>Documentation that a request for a copy of any required information was made, but the information was not available.</p>	
92.	Evidence that services are provided in natural environments	
93.	Evidence that early intervention services are available to families on a year-round basis.	

