

AGENCY REQUIRED DOCUMENTS LIST

Below is a list of documents that will be reviewed during the compliance review, please have these items available at the beginning of the onsite review. Additional documents may be requested during the onsite review. Depending on the type of waiver and services provided some items will not apply to the review. Please contact the reviewer with any questions prior to the onsite review.

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

16.	Human Rights approval for aversive interventions (including rights restrictions)	
17.	Date of behavior support committee review	
18.	Evidence that plans with aversive interventions are reviewed every 30 days (status reports) *Please provide the last 3 status reports	
19.	Evidence that all staff responsible for plan implementation were trained on aversive interventions	
20.	If a time out room is utilized, please provide the logs	
DOCUMENTATION for Individuals in Sample		
21.	Waiver service delivery documentation for the last 3 months, including money management, behavior support, and healthcare, if required by the service plan. For TDD this includes the individual record/face sheet.	
MUI		
22.	MUI reports for the last 9 – 12 months, including follow up on incidents	
23.	UI Log(s) and evidence of monthly UI reviews for the last 3 months - Please be prepared to pull incident reports as requested by the reviewer	
24.	Most Recent Semi Annual or Annual MUI Analysis Report	
PERSONNEL/BACKGROUND CHECKS for staff that work with individuals in the sample		
25.	Date of hire	
26.	<u>If the CEO has changed since last certification/recertification or review:</u> Evidence that the CEO or administrator had a bachelor's degree and at least one year of full-time paid work experience or 4 years of full-time paid work experience as a supervisor of programs or services for individuals with developmental disabilities	
27.	Initial BCII check	
28.	Initial FBI check (required if employee lived outside of Ohio during the 5 years prior to employment)	
29.	Evidence that the employer conducted a BCII check, and FBI check if applicable every 5 years for all direct service employees	
30.	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	
31.	Evidence of initial and 5 year checks of the following: <ul style="list-style-type: none"> • abuser registry check • nurse aide registry check • Inspector general exclusion list • sex offender and child victim offender database • US general services administration system for award management database • incarcerated and supervised offenders database 	
32.	Evidence that the employee is 18 years of age or older	
33.	Verification of High School Diploma (such as transcripts or diploma) or GED - Not required for TDD Providers	
TRAINING/CERTIFICATION for staff that work with individuals in the sample		
34.	Evidence of appropriate certifications if the staff person administers medication, insulin injections, G tube, or J tube	

35.	Evidence of appropriate licenses/certifications	
36.	Current CPR certification- please note that online only certification will not be accepted. Online training must include evidence of hands on skills component. (CPR not required for TDD)	
37.	Current First Aid certification- please note that online only certification will not be accepted. Online training must include evidence of hands on skills component.	
38.	Evidence that direct service staff, hired after 10/1/09 received initial training prior to providing services to individuals that included (Initial training not required for TDD Providers): a) Overview of serving individuals with disabilities b) Overview of basic principles and requirements of providing HCBS waiver services c) Initial Rights Training d) Initial MUI Training e) Universal Precautions	
39.	Evidence that TDD providers have a) Initial Rights Training b) Initial MUI Training c) Initial training d) Initial Training on individual's ISP services - All e) Task based instruction to provide ADL and IADL - ADHC	
40.	Evidence that the staff person, prior to implementation, received training on the individual's ISP/BSP	
41.	Evidence of annual MUI/UI training.	
42.	Evidence of annual written notification about the conduct for which an employee can be included on the abuser registry	
43.	Evidence of annual training on the rights of individuals with DD	
44.	Evidence of additional annual training as required by the waiver service the provider is delivering; please reference the rules for the services delivered.	
DAY SERVICES ONLY		
Adult Day Support; Supported Employment; Vocational Habilitation & Integrated Employment		
45.	Within first 90 days of employment: evidence of PATHS or 8 hour orientation training	
46.	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	
47.	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.)	
SELF SUPPORT BROKER		
48.	Evidence of successful completion of DODD Support Broker Training	
DRIVERS / ATTENDANTS / TRANSPORTATION – only applicable if providing transportation services – includes staff working with individuals in the sample		
49.	Evidence of initial Driver's Abstract (free online abstract available via BMV	

	website is acceptable)	
50.	Evidence of driver's abstract every three years	
51.	Evidence of valid driver's license	
52.	Evidence of driver's Controlled Substance Test- (Non-Medical transportation only)	
53.	Evidence of driver's statement of physical qualifications – (Per Trip Non-Medical transportation only)	
54.	Evidence of current insurance policy for vehicles used for individuals identified in sample (includes private and/or agency policies)	
55.	Annual vehicle inspections – (Non-Medical transportation only)	
56.	Daily Pre-Trip Inspection Sheets - (Non-Medical transportation only)	