



**Office of Provider Standards & Review**  
**REQUIRED DOCUMENTS FOR AGENCY PROVIDERS**

Below is a list of documentation that will be reviewed during the DODD Compliance Review.  
Please have these documents available at the beginning of the onsite review.  
Additional documents may be requested during the onsite review.

**REQUIRED DOCUMENTS LIST**

<b>ISP for Individuals in Sample</b>	
1. Current and previous service plan, including addendums/revisions	
2. OEDI/COEDI eligibility determinations (Accreditation reviews only)	
<b>MEDICATIONS for Individuals in Sample</b>	
3. Current Self-Medication Assessment	
4. Name and credentials of the nurse providing delegation	
5. Evidence of nurse supervision of delegation A. Log Notes B. Nursing Notes C. Any documentation used by delegating nurse to evidence supervision	
6. Any special conditions identified by the nurse	
7. On-going nursing assessments	
8. Statement of delegation	
9. Annual staff skills checklist	
10. Copy of Medication Administration Records (MAR) for the last 3 months	
11. Copy of Physician's orders	
12. Current and previous nursing Quality Assurance reviews	
<b>BEHAVIOR SUPPORT for Individuals in Sample</b>	
13. Behavior Support Plan if not integrated into the Service Plan	
14. Date of plan implementation	
15. Behavior assessment if not integrated into the Service Plan	
16. Informed consent for aversive interventions	
17. Evidence that the provider notified DODD of time out or restraint interventions within 5 working days of approval of the plan	
18. List of Behavior Support/Human Rights Committee Members or verification that provider uses County Board HRC	
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) <b><i>*Please provide the last 3 status reports</i></b>	
22. Evidence that all staff responsible for plan implementation were trained on aversive interventions	

<b>MONEY MANAGEMENT for Individuals in Sample (For county boards: Please provide evidence of monitoring these elements)</b>	
23.	Evidence that individuals have access to their funds as stipulated in the service plan
24.	Evidence that cash accounts, savings accounts and checking accounts are reconciled at least every 60 days by someone who does not handle the individual funds
25.	Copies of receipts for each individual in the sample for the last 3 months
26.	Copies of bank statements for the last 3 months
27.	Copies of account transaction records for the last 3 months
28.	Copies of the last 3 account reconciliations
29.	Inventory for personal items with a value of \$50.00 or more
<b>LICENSED HOME ROOM AND BOARD REQUIREMENTS (for individuals in the sample residing in licensed facilities)</b>	
30.	Current Room and Board contract
31.	Evidence that the individual receives \$75.00 in personal allowance
32.	Evidence that the individual is paying his/her room and board costs or receiving excess funds as required by the Room and Board contract
<b>WAIVER ADMINISTRATION ACTIVITIES (Information provided by county boards)</b>	
33.	Assessment used to determine the need for behavior add-on
34.	Assessment used to determine the need for the medical add-on
35.	Date of most recent ODDP revision
36.	If this individual is above their funding range, evidence that the county board assisted them with the prior authorization process
37.	Evidence that the outcomes identified in prevention plans were addressed in the service plan
38.	Evidence that the individuals Level of Care (PLOC and ICFMR LOC) was reviewed at least annually and/or based on changes in the individual's needs
39.	Copy of the annual Freedom of Choice form
40.	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
41.	Copy of monitoring tool
42.	Free Choice of Provider procedure
43.	Medicaid Due Process hearing decisions/outcomes for the past 12 months
<b>DOCUMENTATION for Individuals in Sample</b>	
44.	Copy of waiver service delivery documentation sheets for the last 3 months (day waiver program and residential)
45.	Copy of Behavior Support Documentation for the last 3 months
46.	Copy of MUI reports for the last 9 – 12 months
47.	Follow-up for MUI reports submitted

<b>MUI</b>		
48.	Copy of the 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	
49.	Copy of Most Recent Quarterly MUI Report	
<b>PERSONNEL / BACKGROUND CHECKS for Staff in Sample</b>		
50.	Date of hire	
51.	Date of initial direct contact with individuals	
52.	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	
53.	Copy of initial BCII and FBI check if needed.	
54.	Evidence that the employer initiated the BCII check prior to direct contact with any individual	
55.	Evidence that the employer initiated the FBI check prior to direct contact with any individual (applies only if staff person lived outside of Ohio anytime during the 5 years previous to employment)	
56.	Evidence that the employer conducted a BCII check, and FBI check if applicable every 5 years for all direct service employees	
57.	Evidence that prior to contact with any individual the employee signed an attestation statement verifying the employee will notify the employer in writing within 14 days if ever charged, convicted or plead guilty to a disqualifying offense	
58.	Evidence that prior to contact with any individual the employee signed an attestation statement verifying that the employee has never been charged, convicted or plead guilty to a disqualifying offense	
59.	Evidence of an 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, and the database of incarcerated and supervised offenders.	
60.	Evidence that the employee is 18 years of age or older	
61.	Evidence of High School Diploma or GED	
62.	(Licensed Facilities/CBs Only) If there is a swimming pool/program, copy of 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>		
63.	Evidence of appropriate certifications if the staff person administers medication, insulin injections, G tube, or J tube	
64.	Evidence of appropriate licenses/certifications	
65.	Copy of current CPR card	
66.	Copy of current First Aid card	
67.	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>i. Overview of serving individuals with disabilities</li> </ol>	

	<ul style="list-style-type: none"> <li>ii. Overview of basic principles and requirements of providing HCBS waiver services</li> <li>iii. Initial Rights Training</li> <li>iv. Initial MUI Training</li> <li>v. Universal Precautions</li> </ul>	
68.	Evidence that the staff person, prior to implementation, received training on the individual's ISP/BSP	
69.	Evidence that the staff person had initial training on the actions to take in the event of a fire or other emergency (required in licensed facilities)	
70.	Evidence of annual fire safety and emergency response training for each location the employee provides services	
71.	Evidence of annual MUI/UI training	
72.	Evidence of written notification about the conduct for which an individual can be included on the abuser registry	
73.	Evidence of annual training on the rights of individuals with DD	
74.	Evidence of additional annual training- as required by the waiver service the provider is delivering	
<b>DRIVERS / ATTENDANTS / TRANSPORTATION</b>		
75.	Copy of initial Driver's Abstract (if direct support professional is responsible for transporting individuals)	
76.	Copy of valid driver's license (if direct support professional is responsible for transporting individuals)	
77.	Copy of driver's Drug Test- non medical transportation only	
78.	Copy of driver's statement of physical qualifications- Per Trip non medical transportation only	
79.	Copy of driver's 3 year abstract	
80.	Copy of current insurance policy for private vehicles or vehicles that are used for individuals identified in sample	
81.	Copy of Annual Vehicle inspections for vehicles used for individuals identified in the sample- (non medical and county board only)	
82.	Daily Inspection Sheets for vehicles used for individuals identified in the sample- non medical and county board only	
<b>PHYSICAL ENVIRONMENT</b>		
83.	<ul style="list-style-type: none"> <li>All current required inspections <ul style="list-style-type: none"> <li>A. Fire (licensed facilities and CBs Only)</li> <li>B. Water</li> <li>C. Sewer</li> <li>D. Fire Suppression system annual inspection (CB only)</li> <li>E. Other:</li> </ul> </li> </ul>	
84.	Emergency/Fire plan	
85.	Written record of fire and tornado drills for the last 12 months. (Licensed Facilities/CBs Only) Licensed Facilities: 6 drills per year. County Boards: 12 drills	
86.	If a time out room is utilized, please provide the logs	
<b>TITLE XX – FOR COUNTY BOARD ACCREDITATION ONLY</b>		
87.	Current 1014 form	

88.	Current service plan	
89.	Current 1017 form	
<b>EARLY INTERVENTION – FOR COUNTY BOARD ACCREDITATION ONLY</b>		
90.	County Board’s written description of role in EI	
91.	Current IFSP	
92.	Evaluations/Assessments	
93.	Certifications of county board staff participating in evaluations	
94.	Service delivery documentation (3 months)	
95.	<p>Evidence that the county board staff participating in evaluations have the appropriate license/certification per ODH policy:</p> <ul style="list-style-type: none"> <li>• Early Intervention Specialist (DODD)</li> <li>• Occupational Therapist</li> <li>• Physical Therapist</li> <li>• Speech-Language Pathologist</li> <li>• Social Work</li> <li>• Early Childhood Educator (ODE)</li> <li>• Early Childhood Intervention Specialist (ODE)</li> <li>• Registered Nurse</li> </ul>	
96.	Evidence that prior written notice is given to parents when services specified in the IFSP are changed	
97.	Evidence that written consent from the parent was obtained before any ongoing services listed on the IFSP began	
98.	Evidence that specialized services began within 30 days of the date the IFSP and that the IFSP was signed by the parents	
99.	Evidence that the preparation for transition meeting occurred at a scheduled IFSP review meeting	
100.	<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>• Verification of birth</li> <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, which includes a record of current immunizations or the exemption or waiver where an immunization is medically contraindicated, a list of medications, a list of any allergies and treatments, and authorization for emergency medical treatments</li> </ul> <p>Unusual incident and major unusual incident forms</p> <p><input type="checkbox"/> 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> <ul style="list-style-type: none"> <li><input type="checkbox"/> Current IFSP, subsequent reviews, written notices regarding meetings, and other related correspondence with the family</li> <li><input type="checkbox"/> Signed written consents &amp; releases including but not limited to, informed written consent for the developmental screening, developmental evaluation, family assessments, &amp; ongoing services.</li> <li><input type="checkbox"/> Documentation that a request for a copy of any required information was made, but the information was not available. <input type="checkbox"/></li> </ul>	
101. Evidence that services are provided in natural environments	