Ohio | Department of Developmental Disabilities

Office of Provider Standards & Review
REQUIRED DOCUMENTS FOR ICF/IIDs

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

IP for Individuals in Sample	
1. Current and previous service plan, including addendums/revisions	
2. Comprehensive Functional Assessment	
MEDICATIONS for Individuals in Sample	
3. Current Self-Medication Assessment	
4. Name and credentials of the nurse providing delegation (if applicable)	
5. Evidence of nurse supervision of delegation (if applicable) a. Log Notes b. Nursing Notes c. Any documentation used by delegating nurse to evidence supervision	
6. Copy of Medication Administration Records (MAR) for the last 3 months.	
7. Copy of current Physician's orders	
BEHAVIOR SUPPORT for Individuals in Sample	
8. Behavior Support Plan if not integrated in the IP	
9. Date of plan implementation	
10. Behavior assessment if not integrated in the IP	
11. Informed consent for aversive interventions	
12. List of Specially Constituted Committee Members or verification that provider uses County Board Human Rights Committee.	
13. Proof of Committee approval for plans including the use of aversive interventions	
14. Copy of facility's Behavior Support Policy/Procedures	
MONEY MANAGEMENT for Individuals in Sample	
15. Copies of receipts for each individual in the sample for the last 3 months.	
16. Copies of bank statements for the last 3 months.	
17. Copies of account transaction records for the last 3 months.	
18. Copies of the last 3 account reconciliations	
DOCUMENTATION for Individuals in Sample	
19. Copy of service documentation sheets for the last 3 months.	
20. Copy of Behavior Support Documentation for the last 3 months.	
21. Copy of MUI reports for the last 3 months.	

PERSONNEL / BACKGROUND CHECKS for Staff in Sample	
22. Date of hire	
23. Date of initial direct contact with individuals	
24. Evidence that staff person is 18 years old or older	
25. Evidence of High School Diploma or GED	
26. Copy of BCII or FBI check.	
27. Evidence that the BCII check was received by the employer within 60 days of employee hire	
28. Evidence that the employer initiated the BCII check prior to direct contact with any individual	
29. 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)	
30. Evidence that the signed attestation statement verifying the employee will notify the employer in writing within 14 days if ever charged or convicted of a disqualifying offense prior to direct contact with any individual	
31. Evidence of signed statement attesting that the employee has never been charged, convicted or plead guilty to a disqualifying offense prior to direct contact with any individual	
32. Evidence of abuser registry check	
33. Evidence of nurse aide registry check	
TRAINING/CERTIFICATION FOR STAFF IN SAMPLE	
34. Evidence of initial training (Initial Training must occur prior to unsupervised contact with any individual and in all cases no later than 30 calendar days after employment.) Initial Training must include: a. Rights, b. MUI, c. Universal precautions, d. Fire safety and emergency response, e. ISP f. BSP	
35. Evidence of staff training on current IP/BSP.	
36. Evidence of annual MUI/UI training and notification about the abuser registry	
37. Evidence of annual individual rights training	
38. Copy of current First Aid card	
39. Copy of current CPR card	
40. Evidence of Medication Administration Certification (if applicable)	
41. Evidence of annual fire safety and emergency response for each location in which the employee provides services	

MUI	
42. Copy of UI Log(s) and evidence of monthly UI reviews for the last 3 months	
43. Copy of Most Recent Quarterly MUI Report	
DRIVERS / ATTENDANTS / TRANSPORTATION	
44. Copy of valid driver's license (if direct support professional is responsible for transporting individuals)	
45. Copy of Driver's Abstract (if direct support professional is responsible for transporting individuals)	
46. Copy of current insurance policy for vehicles that are used to transport individuals	
PHYSICAL ENVIRONMENT	
47. All current required inspections a. Fire b. Water (if applicable) c. Sewer (if applicable)	
48. DODD approved Emergency/Fire plan	
49. Written record of fire and tornado drills for the last 12 months	
50. If there is a swimming pool/program: Copy of current: Water safety instructor certificate Or Senior life saving certificate Or Adapted aquatics certificate	
OTHER	
51. For multi-building settings, a map of the property/sites	
52. For multi-building/unit settings, a list of the QIID/QMRPs for each	