

ICF Review Tool with Guidance

1. IP	
Question	Guidance
1.1 Does the plan address the individual's assessed needs in the area of personal care?	IP must address hygiene needs and abilities as identified in the comprehensive functional assessment.
1.2 Does the plan address the individual's assessed needs in the area of behavior support?	IP must address needs and abilities as identified in the comprehensive functional assessment. Plan may include the use of restraints and aversive techniques if determined to be necessary. If behavior is not mentioned in the IP, watch for indicators such as mental health conditions, incident reports, psych meds, etc.
1.3 Does the plan address the individual's assessed needs in the area of medication administration?	If the individual is unable to self-administer medications, a Self-Med Assessment must be completed and IP language must match. If the individual cannot self-administer, the IP must specify the level of assistance.
1.4 Does the plan address the individual's assessed needs in the area of health care?	IP should describe healthcare services needed by the individual as identified in the comprehensive functional assessment.
1.5 Does the plan address the individual's assessed needs in the area of money management/personal funds?	IP must address the individual's needs and abilities as identified in the comprehensive functional assessment and include the parameters for managing the individual's funds including the amount the individual can manage independently and the need for maintaining receipts.
1.6 Does the plan address the individual's assessed needs in the area of fire safety?	Is special assistance needed? Can the individual evacuate independently? Are changes needed based on drill analysis? Individual must participate in annual fire safety training unless otherwise addressed in the IP. IP must address the individual's fire safety needs and abilities as identified in the comprehensive functional assessment.
1.7 Does the plan address the individual's assessed needs in the area of emergency response?	Is special assistance needed? Can the individual independently react appropriately based on the type of emergency? Are changes needed based on drill analysis? Individual must participate in annual tornado training unless otherwise addressed in the IP. IP must address the individual's emergency response needs and abilities as identified in the comprehensive functional assessment.
1.8 Does the plan address the individual's assessed needs in the area of recreation/community activities?	Should include individual preferences and team input. If vacations are planned then it should include specifics as to what expenses the individual will be responsible for. (travel, hotel, food) IP must address the individual's needs and abilities as identified in the comprehensive functional assessment.
1.9 Does the plan address the individual's assessed needs in the area of vocational/day programming?	Should include individual preferences. The IP should identify individualized outcomes/goals/services. Routine supports such as hygiene, mealtime assistance, behavior, and supervision level required while at day

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1. IP	
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	programming should be included. Individual must attend off-site day programming unless otherwise indicated in the IP.
1.10 Did the individual or guardian give informed consent to the IP prior to implementation?	Informed consent must be written, not just verbal. When an attendance sheet is used, it must specifically identify that the signature is documenting both attendance and consent or have a separate space for consent.
1.11 Was the plan reviewed annually?	The review should be done to correspond with the 365-day IP span unless the span is being adjusted.
1.12 Was the IP revised based on the changes in the individuals needs/wants?	Consider significant life changes such as moving, changing providers or roommates, a change in the BSP, or the addition of a rights restriction. Was there an update to the comprehensive functional assessment during the plan year and if so, was the IP updated accordingly?
1.13 Does the IP address the individual's assessed needs in the area of supervision?	How much "Alone time" is safe for the individual and under what circumstances? What is needed in various settings (home, work, community)? What type of supervision is needed (within eyesight, within hearing distance, arms-length, 15 minutes checks, etc.)? IP must address the individual's supervision needs and abilities as identified in the comprehensive functional assessment.

2. Medication Administration	
Question	Guidance
2.1 If the individual(s) being served are unable to self-medicate, is the medication stored in a secure location based on the individual and the environment they live in?	All medications must be secured in an ICF/ID. Individuals assessed as being able to self-administer medications may maintain their own medication in a secured lockbox or other secured manner in their bedroom or personal space.
2.2 If the individual(s) being served are unable to self-medicate, is the medication in a pharmacy labeled container?	This may include a pharmacy pill bottle or pharmacy blister pack.
2.3 If the individual(s) being served are unable to self-medicate, was a self-medication assessment completed?	An ICF may utilize the DODD med admin assessment, or utilize their own assessment which includes the same elements as the DODD form. A new self-medication assessment must be completed every 3 years or if there has been a change in the needs of the individual. The person completing the form must know the individual.

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2. Medication Administration	
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2.4 If the individual is not self-medicating has the assessment been reviewed annually, and revised as-needed?	A new assessment must be done every 3 years at a minimum, with an annual review each year end between.
2.5 If the IP includes delegated nursing services, has the ICF/ID implemented special conditions identified by the nurse?	Examples of special conditions: take with pudding or applesauce, take medicine with thickened liquids, crushed medications.
2.6 If the IP includes delegated nursing services, has the nurse completed on-going assessments?	ICFs of 1-5 individuals may provide medication administration without delegation. ICFs of 6-16 individual may provide delegated nursing services. Nursing must administer medications in all other settings of 16 or more individuals. See grid 2.5 Can also be quarterly, sometimes completed monthly. ICFs of 16 or more may delegate only on outings.
2.7 If the IP includes DELEGATED NURSING services, has the nurse completed a statement of delegation?	Individual must be in stable condition to receive delegable tasks.
2.8 If the IP includes delegated nursing services, has the nurse completed the annual staff skills checklist?	Must include observation of administration of medications and continued approval.

3. Behavior Support	
Question	Guidance
3.1 If the plan includes aversive interventions (including rights restrictions), did the specially constituted committee (Behavior Support/Human Rights Committee) review and approve the plan prior to implementation?	AVERSIVE BSPs ONLY Rights restrictions are sometimes incorporated into the IP and require committee approval. Examples: house rules, dietary restrictions, imposed bedtimes, door alarms, audio and visual monitors, etc. Behavior medications used without a mental health diagnosis including those used prior to medical appointments, are aversive and require a BSP.
3.2 If the IP includes aversive interventions, are the interventions being implemented only when the identified behaviors are destructive to the individual or others?	AVERSIVE BSPs ONLY This applies to all behaviors, including property destruction.

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3. Behavior Support	
Question	Guidance
<p>3.3 If the IP includes aversive interventions, are behavior support methods employed with sufficient safeguards and in a safe manner?</p>	<p>AVERSIVE BSPs ONLY</p> <p>Does the plan have clear procedures? Has the plan addressed staff training and have they been trained? Are restraint and time out used in safe areas? Does the individual have any medical condition that would make the use of a restraint contraindicated for the person?</p> <p>Prone restraints are prohibited in all settings.</p>
<p>3.4 Does the provider have a human rights committee that includes the following:</p> <ul style="list-style-type: none"> - Parent or guardian -Agency staff member -Individual receiving services from the provider -Member with no direct involvement in provider's services -Qualified person who has either experience or training in contemporary practices to support behaviors of individuals with developmental disabilities. 	<p>The provider does not have to have their own committee. A committee can serve more than one county board or provider.</p> <p>The ICF must have an individual participate in the committee unless they can show that they do not serve anyone who could actively and appropriately participate on the committee.</p>
<p>3.5 If the IP includes the use of aversive interventions, is there a physician's order in place authorizing the use of the aversive?</p>	<p>This may be located on the physician's orders, a separate prescription, by signature if the physician participated in the team or as a member of the Specially Constituted Committee.</p>
<p>3.6 If the IP includes aversive interventions (including rights restrictions), was informed consent obtained prior to implementation?</p>	<p>Informed consent for aversive interventions must include: risks/benefits/alternatives/consequences of not providing. IPs address all assessed needs including health and safety risk factors.</p> <p>Must be written consent. Verbal is OK for immediate/temporary use only to protect the individual.</p>
<p>3.7 If the IP includes physical restraints is there documentation available to show that:</p> <ul style="list-style-type: none"> -The restraints were not in effect longer than 12 hours. -The individual was checked every 30 minutes while restrained -The individual was given an opportunity for motion and exercise for at least 10 minutes during each two hours of restraint? 	<p>Request restraint log in not found on UI/MUI or BSP documentation.</p>
<p>3.8 If the IP includes the use of time out, is there documentation available to show that the timeout was not used for longer than one hour and that the use is part of an approved plan?</p>	<p>Request restraint log if not found in UI/MUI or BSP documentation.</p>
<p>3.9 If the IP includes aversive interventions (including rights restrictions), did</p>	<p>Ensure that any questions/changes recommended by HRC were addressed</p>

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3. Behavior Support	
Question	Guidance
the Specially Constituted Committee/Human Rights committees review and approve the plan prior to implementation?	prior to implementation.
3.10 Were there rights restrictions or aversives in place which were not addressed in the IP?	This may include restrictions or aversives not in the plan or ones in that plan that were not approved by the Specially Constituted Committee. May be noticed during observations and interviews with staff and individuals.
3.11 Does the facility have behavior support policies and procedures in place?	Does the policy and procedures promote the growth, development and independence of individuals, allow for individual choice and participation, to the extent possible, in decision making and self-determination, specify appropriate conduct (facility rules), and are they available to staff, clients, parents and guardians?
3.12 Does the facility policy specify all approved interventions for managing behavior and ensure that a heirarchy of interventions from the most positive to the least positive is followed?	A more restrictive/less positive intervention may be used in an emergency, but the use of non-emergency behavior support methods must show a pattern of least restrictive/aversive to more restrictive/aversive based on the needs and abilities identified in the comprehensive functional assessment.
3.13 Does the facility policy address the following: 1) use of time-out rooms, 2) use of physical restraints, 3) use of drugs to manage behaviors, 4) application of painful or noxious stimuli, 5) the staff members who may authorize the use of interventions, and 6) a system for monitoring the use of interventions?	The reviewer should just ensure that these items are addressed in the policy.

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4. Money Management	
Question	Guidance
4.1 Does the ICF/ID ensure that individuals have access to their funds as stipulated in the IP?	For ICF, individual finds must be deposited or checks cashed for the individual's use within 5 days of the receipt. This includes all monies such as personal allowance, employment, gifts, income tax refunds and food stamps. The IP will specify the level of independence the individual has to handle money and any types of assistance to be provided.
4.2 Does the ICF/ID ensure that cash accounts, savings accounts, and checking accounts are reconciled at least every 60 days by someone who does NOT handle the individual funds?	ICF should have ledgers or documents listing financial activity for each type of account the individual has, including gift cards and food stamps. Ask about pooled accounts. If an account is interest bearing, how does the agency ensure that the individuals accurately earn interest? Ask if petty cash is made up of agency monies or that of the individuals. Copies of shared receipts should be kept for each individual.
4.3 Does the ICF/ID maintain receipts as required by the individual's IP?	The provider must maintain all receipts for expenditures made on behalf of the individual unless the IP indicates otherwise. Receipts are NOT required for the expenditure of funds done by the individual with monies they can independently manage.
4.4 Does the ICF/ID ensure that the account transaction records/ledgers include Individual or staff signatures for withdrawals?	Ledger must include the individuals' signature, initials or mark unless the IP indicates otherwise. Ledger must include the staff signature or initials. If initials are used, a legend must be available to know which staff person initialed the ledger. The use of electronic ledgers is allowable and should be addressed in the IP to state that signatures of staff and individuals are not required. The electronic system must have a way to identify the staff to whom money was given for use on behalf of an individual.
4.5 Does the ICF/ID ensure that the account transaction records/ledgers include Individual or staff signatures for deposits?	Ledger must include the individuals' signature, initials or mark unless the IP indicates otherwise. Ledger must include the staff signature or initials. If initials are used, a legend must be available to know which staff person initialed the ledger. The use of electronic ledgers is allowable and should be addressed in the IP to state that signatures of staff and individuals are not required. The electronic system must have a way to identify the staff to whom money was given for use on behalf of an individual.
4.6 Does the ICF/ID ensure that the account transaction records/ledgers include Descriptions for each withdrawal and deposit?	Should be specific to the transaction and include sufficient information to determine what was purchased or from what source the money came.
4.7 Does the ICF/ID ensure that the account transaction records/ledgers include Dates of each withdrawal and deposit?	Should be specific to the transaction.
4.8 If the service plan includes assistance with money management, are the	Examples include: shared expenses as indicated in the IP, including grocery

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4. Money Management	
Question	Guidance
individuals' funds being managed as indicated in the plan? -Bill paying -Banking -Shopping	shopping and food stamp cards. Are bills being paid on time? have late fees and insufficient fund fees been reimbursed by the provider? Are accounts seperated? Ensure that burial funds are managed properly and certificates are maintained.
4.9 Is there a personal inventory of items with a value of \$50.00 or more?	An inventory in NOT required for items with a value of less than \$50 unless the IP indicated otherwise. An initial inventory is to be completed within 30 days of occupancy and a final inventory is to be done within 14 days of discharge. The inventory should include information necessary to accurately describe the item(ie. plasma TV, Serial number 1100000-0001)

5. IP Implementation	
Question	Guidance
5.1 Are medication, treatments and dietary orders being followed?	This information may come from the review of the Medication Administration Record (MAR), doctor's order, OT/PT and Speech Plans, consultation forms, nurse's notes, unusual incidents, observation and interview.
5.2 Is the plan being implemented as written?	This information may come from review of the documentation, review of the frequency/duration of services delivered. Also, verify that services addressed in the plan match the service documentation, observation and interview.

6. MUI/UI	
Question	Guidance
6.1 Upon identification of a MUI, is there evidence that the ICF/ID took the following immediate actions as appropriate: • Immediate and on-going medical attention • 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	The ICF must ensure that when a staff person is not removed from the direct contact that the staff person has no unsupervised contact with the alleged victim or any other individual who may be considered at risk.

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6. MUI/UI	
Question	Guidance
time as the ICF/DD has reasonably determined that such removal is no longer necessary: • Other necessary measures to protect the health and safety of at-risk individuals	
6.2 Is there evidence that the ICF/ID notified the county board about the below listed incidents within 4 hours of discovery? • Abuse • Exploitation • Misappropriation • Neglect • Suspicious/Accidental Death • Media Inquiry	Ask how the provider documents the date and time of the initial notification. Check MUI ITS, fax cover sheet or provider documents. Every CB is required to have 24-hour availability.
6.3 If applicable, were appropriate notifications made to other agencies? • Children’s Services • Law Enforcement	Children Services: children under age 21 Law enforcement: any incident that results in the individual being charged, incarcerated or arrested. Ask how the provider documents the date and time of the initial notification. Check MUI ITS, fax cover sheet or provider documents.
6.4 Is there evidence that notifications were made on the same day of the incident to the following as applicable: • Guardian • Residential Provider	Notification must be made on the SAME DAY the MUI occurs or is discovered. 24-hour notice is not sufficient. The incident may not be immediately classified as an MUI, such as an injury that is diagnosed as a fracture several days later. An ICF can complete an internal investigation. If there is sufficient evidence to suggest that the incident may result in an MUI being filed, the ICF should notify the CB and guardian of the "potential" MUI. Check MUI ITS, fax cover sheet or provider documents.
6.5 Is there evidence the ICF/ID cooperated with the investigation of MUIs? Timely submission of requested information	When the ICF conducts an internal review, they must submit results (statements and documents) within 14 calendar days (does not apply to developmental centers). Check MUI ITS, fax cover sheet or provider documents.
6.6 Is there evidence that a prevention plan was identified, that the prevention plan addressed the causes and contributing factors identified in the investigation and that the individual's IP was revised if necessary?	The prevention plan is at the end of the final MUI report. Refer to ITS for this information if necessary. Not all prevention plans require IP revisions. Make sure agency and ITS plans match.
6.7 Upon identification of an unusual incident, is there evidences that the	Check UI report

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6. MUI/UI	
Question	Guidance
provider took the following immediate actions as appropriate: -Report was made to the designated person -Report was made within 24 hours of the incident -Appropriate actions were taken to protect the health and safety of the at-risk individual	This applies to all UI's. The 24-hour requirement does not apply to MUIs; see 6.4
6.8 Did the ICF/ID conduct a monthly review of unusual incidents?	Ensure all UI's are listed on the UI log. Refer to 6.14 for log requirements. Provider needs to develop a systematic approach for reviewing UI's to determine if there are trends or patterns of 3 similar incidents in a week or 5 similar incidents in a month and that this is addressed by the team. The review may be kept electronically but must show monthly review
6.9 Is there evidence that the ICF/ID completed a quarterly review of MUI reports to identify trends and patterns?	Can be via an e-mail sent to CB. Refer to the Health and Safety Toolkit on the DODD website for forms, templates and examples. Jan.-March = 1st Quarter Jan-June = Semi-annual July-Oct = 3rd Quarter Jan.-Dec. = Annual
6.10 Is there evidence that the ICF/ID submitted a written incident report to the County Board by 3:00 pm, the next working day, following initial knowledge of a potential or determined MUI?	Review ITS and agency documents. There may be cases where the incident is not immediately classified as an MUI. Refer to the Health and Safety Toolkit on the DODD website for forms, templates and examples.
6.11 During the review, was there evidence of any unreported incidents that should have been reported as either an Unusual Incident or a Major Unusual Incident?	Based on review of the MAR, nurses' notes, daily documentation and narrative staff notes, interviews, observation, compare with UI logs.
6.12 Is there evidence the ICF/ID completed the general investigation requirements found in OAC 5123:2-17-02 (H)?	Reviewed by MUI staff- DC only.
6.13 Is there evidence the ICF/ID developed a policy and procedure relative to Unusual Incidents?	
6.14 Did the ICF/ID maintain a log of unusual incidents which includes: -Name of individual	The log can be hand-written or computerized. Preventative measures should be noted for each incident; preventative measures do not require

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6. MUI/UI	
Question	Guidance
-Description of incident -Identification of injuries -Time/date of incident -Location of incident -Preventative measures	team input. Refer to the Health and Safety Toolkit on the DODD website for forms, templates and examples.
6.15 Did the facility complete its internal MUI investigation within 5 days?	Ask for the internal investigation report. The report may indicate that further investigation by outside sources (ie; DODD, police, children's services, etc. are ongoing).
6.16 Did the facility report all allegations of mistreatment, abuse, neglect, as well as injuries of unknown sources to the administrator immediately?	Was administrator notified on the same day the incident was identified?

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7. Personnel	
Question	Guidance
7.1 Did the ICF/ID complete a BCII check on staff prior to direct contact with individuals?	Ask the ICF how they verify residency. (Includes volunteers and PRN staff.)
7.2 Did the ICF/ID complete an FBI check on staff prior to direct contact with individuals if there is evidence that the staff person lived outside of Ohio within 5 years of employment?	Ask the provider to explain their process for determining residency. Look for out-of-state residency or jobs on employees' applications, resumes, etc. An FBI check must be done if employee hasn't been a resident of Ohio for the 5 yrs prior to date of employment.
7.3 Did the provider ensure that direct services are only provided by employees who do not have a disqualifying offense and who are not included on any of the databases identified in rule?	If the background check report indicates a potential disqualifying offense, contact a manager immediately. The rule allows some current staff with disqualifying offenses to be grandfathered if requirements are met prior to 4/1/13. Please refer to Section G of the background check rule for employees with Tier 4 offenses who were hired prior to 1/1/13.
7.4 Did the ICF/ID staff, prior to direct contact with individuals, sign a statement attesting that the staff person would notify the ICF/ID within 14 days if they are ever charged with, plead guilty to, or are convicted of a disqualifying offense?	
7.5 Did the ICF/ID staff, prior to direct contact with individuals, sign a statement attesting that the staff person has never plead guilty to or been convicted of a disqualifying offense?	
7.6 Did the ICF/ID staff have an abuser registry check completed prior to direct contact with individuals?	Review with the provider their system to verify abuser registry check.
7.7 Did the ICF/ID staff have a nurse aide registry check completed prior to direct contact with the individuals?	Review with the provider their system to verify nurse aid registry check.
7.8 Is the staff person at least 18 years or age?	Check driver's license, application or State ID
7.9 If the staff person was hired after 2/1/2000 and is administering medications, does the staff person have a high school diploma or GED?	Review with the provider their system to verify a high school diploma or GED only when it has been determined that the staff person in the sample is administering medications via Medication Administration or Delegation
7.10 If the staff person administers medication does the person have the appropriate certification for: -Oral or topical medications (Category 1) -G-tube/J-tube (Category 2) -Insulin injections (Category 3)	Certification can be verified online. This only applies when it has been determined that the staff person in the sample is administering medications via Medication Administration.
7.11 Do professional staff have required licenses/certifications?	Includes nursing license, social work licenses, OT/PT licenses, etc.
7.12 Did the ICF/ID staff have current CPR certification?	Required for all staff who work alone in the ICF including nurses. Look at proof that if CPR training is taken online, there is verification of hands-on return demonstration.

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7. Personnel	
Question	Guidance
7.13 Did the ICF/ID staff have current first aid certification?	Required for all staff who work alone in the ICF. Licensed nurses are not required to have first aid certification.
7.14 For direct service staff, hired after 10/1/09, did the staff person receive initial training prior to providing services with individuals that included: - Initial rights training - Initial MUI training - Universal precautions.	Look for initial training only for staff hired after 10/1/09. For staff hired prior to 10/1/09, initial MUI and rights training are required.
7.15 For all direct service staff, did the staff person, prior to implementation, receive training on the individual's IP/BSP?	Verify by reviewing documents and interviews with direct care staff. Staff training on BSPs is required for all aversive Behavioral Support Plans. What system does the provider have to assure all staff understand each individual plan (IP)?
7.16 For all direct service staff, did the staff person, have initial training on the actions to take in the event of a fire or other emergency?	Training must occur within 30 days of employment and be specific to each setting in which the employee works alone. Training must specifically cover actions to take in the event of a fire and tornado.
7.17 Did the ICF/ID staff have annual MUI training?	Training is in compliance if it is received during each calendar year. (not required to be within 365 days) Should include training on all alerts issued over the last year.
7.18 Did the ICF/ID staff have annual notification explaining conduct for which a DD employee may be included on the Abuser Registry?	Staff must receive a copy of the notice annually. This may be included in the annual MUI training. Review with the provider their system to verify how they provide annual notification to staff.
7.19 Did the ICF/ID staff have annual training on the rights of individuals with DD?	Training is in compliance if it is received during each calendar year (not required to be within 365 days).
7.20 Did the ICF/ID staff have annual training in fire and emergency response?	Training must be received during each calendar year (not required to be within 365 days) and be specific to each setting in which the employee works alone. Training must specifically cover actions to take in the event of a fire or tornado.
7.21 For ICF/ID staff members who are responsible for transporting individuals, did the ICF/ID ensure that a Driver's Abstract was completed prior to transporting individuals?	This applies to all settings. An unofficial abstract document is acceptable. The abstract should come from the state where the employee lives.
7.22 For ICF/ID staff members who are responsible for transporting individuals, does the staff person have a valid driver's license?	Ask provider how they ensure a valid driver's license.
7.23 Did the provider complete BCII/FBI checks every five years for direct	For ICFs, this is not required until December 31, 2014. Please discuss with

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7. Personnel	
Question	Guidance
service employees?	the provider and ensure that they are aware of this upcoming requirement and tell them where they can find the rule on the DODD website.
7.24 Was the provider staff's name checked against the Inspector General's Exclusions list?	For ICFs, this is not required until December 31, 2014. Please discuss with the provider and ensure that they are aware of this upcoming requirement and tell them where they can find the rule on the DODD website.
7.25 Was the provider staff's name checked against the sex offender and child-victim offender database?	For ICFs, this is not required until December 31, 2014. Please discuss with the provider and ensure that they are aware of this upcoming requirement and tell them where they can find the rule on the DODD website.
7.26 Was the provider staff's name checked against the U.S. general services administration system for award management database?	For ICFs, this is not required until December 31, 2014. Please discuss with the provider and ensure that they are aware of this upcoming requirement and tell them where they can find the rule on the DODD website.
7.27 Was the provider staff's name checked against the database of incarcerated and supervised offenders?	For ICFs, this is not required until December 31, 2014. Please discuss with the provider and ensure that they are aware of this upcoming requirement and tell them where they can find the rule on the DODD website.

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8. Vehicles/Transportation	
Question	Guidance
8.1 Do the staff responsible for providing transportation have necessary information about the individual (i.e., medical, behavioral, etc.)?	Transportation staff must have enough information to provide individuals with any services that may be needed while in the vehicle including, wheelchair locks, harnesses, behavior support techniques, allergies, medications, etc. If information is in written form it must be maintained in such a manner in the vehicle to ensure confidentiality.
8.2 Do all vehicles used to transport individuals appear safe?	This includes things like burned out headlights, very low or worn tires, shattered windshields, no mirrors or appropriate wheelchair belts/latches. How is removable equipment stored in the vehicle? Passenger property? Are items secure enough to avoid safety hazards in case of sudden stops?
8.3 Are all vehicles used to transport individuals covered by a current insurance policy?	Check current insurance policy.

9. Physical Environment	
Question	Guidance
9.1 Does the ICF/ID have current fire inspections?	Required once per calendar year (not required to be every 365 days).
9.2 Does the ICF/ID have current water inspections?	Required once per calendar year (not required to be every 365 days). Only required if not connected to city water.
9.3 Does the ICF/ID have current sewer inspections?	Required once per calendar year (not required to be every 365 days). Only required if not connected to city sewer.
9.4 Has the ICF/ID 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?	Fire Drills: 6 per 12 mos.(at least 2 in a.m, 2 in p.m and 1 during sleep hours). Tornado Drills: 1 per 12 mos. Plan of improvement identified in drill analysis/IP should address refusals to participate in drills and special assistance needs when applicable.
9.5 Does the ICF/ID have an emergency response/fire plan?	This is an overall plan for the facility that addresses their staff training policy, where individuals will be relocated in the event that the facility is unavailable, who to call within the organization to report emergencies, etc. Plan may be approved by DODD or local fire authority. Provider should

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9. Physical Environment	
Question	Guidance
	have a signed approval from local fire authority or a letter from DODD stating that plan is approved.
9.6 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"> • A current water safety instructor certificate OR • A senior lifesaving certificate OR • An adapted aquatics certificate 	Required for licensed facilities and CB. Not required if the plan indicates that individuals are independent in the swimming pool or do not use the swimming pool. This requirement has been waived for all DCs.
9.7 Are the interior, exterior and grounds of the building maintained in good repair and in a clean and sanitary manner?	Good repair and sanitary means the building is free from danger or hazard to the health of the person(s) occupying it as well as, free from strong odors, pests and mold. All windows and doors that open should have screens or screen doors in good repair in order to keep out pests.
9.8 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?	Furniture and equipment should be safe. Equipment also includes working smoke detectors and fire extinguishers on each floor and at least one carbon monoxide detector for homes with gas heat, dryers or stoves. The home should have equipment necessary based on the needs of the individuals served (ie: grab bars, ramps, visual fire alarms, etc.)
9.9 Are the entrances, hallways, corridors and ramps clear and unobstructed?	If issues found have the ICF correct immediately.
9.10 Is there an accurate graphic floor plan posted on each floor?	Plan should accurately identify exits, fire extinguishers, emergency numbers, outside meeting place and tornado evacuation area.
9.11 Are toxic and combustible substances stored in a safe manner and separate from food and perishable items?	Safe manner does NOT have to mean locked, individuals who have the ability to handle these types of items should be trained to do so.
9.12 Does the program/facility have suitable first aid facilities, equipment and/or supplies? Is there access to emergency services?	First aid supplies should be monitored and restocked to ensure there are ample and current supplies. For ICFs, that have a nursing or medical department, this question should be disregarded.
9.13 If assistance is required per the IP/IP, is the hot water maintained at a safe temperature for the individual?	Ask how staff ensures that hot water is maintained at a safe temperature.
9.14 The time out room should have a door that is not locked by a key but may be held shut by a staff person or by a mechanism that requires constant physical pressure from a staff person to keep the mechanism engaged.	Ensure that the time out room does not have a door that is locked by a key (when in use). These requirements apply to any room being utilized as a time out room, (ie. Bedrooms).

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9. Physical Environment	
Question	Guidance
9.15 Does the time out room/area have adequate lighting and ventilation?	Ensure that lighting and ventilation are properly working.
9.16 Does the time out room appear safe from hazardous conditions including, but not limited to, the presence of sharp corners or objects, uncovered light fixtures or uncovered electrical outlets?	View inside the time out room/area. *View the room from the individual's perspective.
9.17 Is the individual able to be under constant visual supervision at all times while in the time out room/area?	

10. Observation	
Question	Guidance
10.1 Was the individual actively participating in activities throughout the review?	Ensure that the individual has been offered activities and chooses not to participate.
10.2 Did staff interact appropriately with the individual(s)?	During observation, were staff respectful, attentive, non-threatening, etc.
10.3 Did the individual(s) room include personal items/decorations?	The IP should indicate if the individual prefers this or has behaviors that would identify why personal items/decorations are not allowed in the individual's room.
10.4 Was the individual able to independently get around his/her home?	Were doors wide enough for wheelchairs, were there hand rails and grab bars where needed, ramps, etc.
10.5 Did the individual participate in day programming?	This should be marked compliant if the person typically attends day program but was home on the day of the review. If an individual does not go to an off-site day activity program, check IP to ensure that there is a statement that off-site day activity is contraindicated. Provider may provide on-site day activity services if they were doing so prior to implementation of 5123:2-3-24 which was effective 2/10/06
10.6 Did the individual seem to have a good relationship with staff/roommates?	
10.7 Was the individual able to communicate with others?	Communication may include body language/gestures, etc.
10.8 Are supplies and materials available as needed (ie: hygiene supplies, habilitation materials, activities, etc)?	Look for individuals who are sitting idly at tables or in front of TV's with nothing to do.
10.9 Does it appear that the individual(s) supervision needs were being met by the available staff?	

ICF Review Tool with Guidance

10. Observation	
Question	Guidance
10.10 Did the individual(s) present as being properly groomed/attired?	
10.11 The facility/home was free from any inappropriate signs, notes or house rules.	
10.12 Was the home/facility maintained at a comfortable temperature preferred by the individual(s)?	Review IP/IP for any behaviors or medical conditions requiring the home/facility to be maintained at a specific temperature.
10.13 Are the individual(s) able to use household items (TV, phone, appliances, etc.) unless otherwise indicated in their IP?	
10.14 Was the home/facility free from staff cigarette/cigar/pipe smoke?	If staff do smoke is there a designated area for them to smoke.

11. ICF/IID Administration	
Question	Guidance
11.1 Is the provider/facility following all applicable local, state, and federal rules and regulations?	Any citations for this question must be approved by a manager prior to use.
11.2 Were records maintained in a confidential manner and available upon request?	This includes signs/notes visible to visitors.
11.3 Were individuals attending day programming at a building at least 200 feet from the ICF/ID?	All individuals should be attending an off-site day activity setting unless otherwise indicated in the IP as contraindicated for the individual. Off-site is defined as any building that is located at least 200 feet from the ICF. A provider who was providing on-site day activity services prior to 2/10/06 may continue to do so.
11.4 Was there evidence that waiver funded services, other than institutional respite, was being provided either in the ICF/ID or on the grounds of the ICF/ID?	HCBS waiver funded services may not be provided in, on the grounds of.