

Independent Review Tool with Guidance

1. Provider Demographics	
Question	Guidance
1.1 Does the provider provide IO waiver services?	
1.2 Was IO HPC services reviewed?	
1.3 Was IO transportation reviewed?	This does not include non-medical transportation
1.4 Was IO non-medical transportation reviewed?	
1.5 Was IO waiver day services reviewed?	
1.6 Was IO adult foster care reviewed?	
1.7 Does the provider provide Level one waiver services?	
1.8 Was IO ancillary services reviewed?	
1.9 Was Level One HPC services reviewed?	
1.10 Was Level One transportation reviewed?	
1.11 Was Level One day waiver services reviewed?	
1.12 Was Level One non-medical transportation reviewed?	
1.13 Was Level One ancillary services reviewed?	
1.14 Was Remote Monitoring Equipment reviewed?	

2. ISP	
Question	Guidance
2.1 Does the service plan address the individual's assessed needs in the area of Personal Care?	Service plans address all assessed needs including health and safety risk factors.
2.2 Does the service plan address the individual's assessed needs in the area of Behavior Support?	Service plans address all assessed needs including health and safety risk factors.
2.3 Does the service plan address the individual's assessed needs in the area of Medication Administration?	Self-Med Assessment must match ISP language. If an individual cannot self-administer, the level of assistance must be specified in the ISP. Service plans address all assessed needs including health and safety risk factors.
2.4 Does the service plan address the individual's assessed needs in the area of Healthcare?	Service plans address all assessed needs including health and safety risk factors.
2.5 Does the service plan address the individual's assessed needs in the area of Money Management/Personal Funds?	Does the individual understand the concept/value of \$? How much can be spent without receipts/what amount needs team approval. Service plans address all assessed needs including health and safety risk factors
2.6 Does the service plan address the individual's assessed needs in the area of Fire Safety?	Are there any special assistance needs? Can the individual get out? Are drills needed? Service plans address all assessed needs including health and safety risk factors.
2.7 Does the service plan address the individual's assessed needs in the area of Emergency Response?	Are there any special assistance needs? Are drills needed? Is there a way to contact someone in case of emergency? Service plans address all assessed needs including health and safety risk factors.
2.8 Does the service plan address the individual's assessed needs in the area of Provider Back-up Plans?	What happens if a provider does not show up? Service plans address all assessed needs including health and safety risk factors.
2.9 Does the service plan address the individual's assessed needs in the area of Transportation?	Individual specific training/can individual be left by transportation if provider/family is not there? Service

Independent Review Tool with Guidance

2. ISP	
Question	Guidance
	plans address all assessed needs including health and safety risk factors (epi pens, Diastat, special restraints, etc).
2.10 Does the service plan address the individual's assessed needs in the area of Recreation/Community Activities?	Service plans address all assessed needs including health and safety risk factors
2.11 Does the service plan address the individual's assessed needs in the area of Vocational/Day Programming?	Service plan identifies expected outcomes/goals of day services. ISP identifies type of day service to be provided (i.e. vocational habilitation; ADS; supported employment). Service plans address all assessed needs including health and safety risk factors.
2.12 Did the individual/guardian give informed consent to the service plan prior to implementation?	Informed consent for aversive interventions: risks/benefits/alternatives/consequences of not providing. Service plans address all assessed needs including health and safety risk factors.
2.13 Was the service plan reviewed annually?	Service plans address all assessed needs including health and safety risk factors.
2.14 Was the service plan revised based on the changes in the individuals needs/wants?	Service plans address all assessed needs including health and safety risk factors.
2.15 Did the provider have a copy of the current service plan?	
2.16 Does the service plan address the individual's assessed needs in the area of supervision?	

3. Medication Administration	
Question	Guidance
3.1 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?	Secured doesn't have to mean locked. It means secured based on the individual's needs.
3.2 If the individual(s) being served are unable to self-medicate, is the medication in a pharmacy labeled container?	
3.3 If the individual(s) being served are unable to self-medicate, was a self-medication assessment completed?	
3.4 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.
3.5 If the service plan includes delegated nursing services, has the nurse identified any special conditions?"	"Special conditions examples: take with pudding or applesauce Take medicine with thicken liquids
3.6 If the service plan includes delegated nursing services, has the nurse completed on-going assessments?	
3.7 If the service plan includes delegated nursing services, has the nurse completed a statement of delegation?	

Independent Review Tool with Guidance

3. Medication Administration	
Question	Guidance
3.8 If the service plan includes delegated nursing services, has the nurse completed the annual skills checklist?	
3.9 For all individuals receiving medication administration, has the nurse completed a nursing quality assurance review at least once every three years?	The county board is responsible for completing the nursing quality assurance review. A RN has to complete the nursing quality assurance review.
3.10 Were outcomes identified in nursing quality assurance reviews addressed in the service plan?	

4. Behavior Support	
Question	Guidance
4.1 If the service plan includes aversive interventions (including rights restrictions), did the behavior support/Human Rights committees review and approve the plan prior to implementation?	The behavior support and human rights committees can be a joint committee as long as the membership requirements for both are met. The behavior support committee must include persons knowledgeable in behavior support procedures, including administrators and persons employed by a provider who are responsible for implementing BSPs but not those directly involved with the plan being reviewed.
4.2 If the service plan includes time out and restraint, are the interventions being implemented only when the identified behaviors are destructive to the individual or others?	
4.3 If the service plan includes aversive interventions, are behavior support methods employed with sufficient safeguards and in a safe manner?	Examples: No clear procedures, restraint/time out utilized in unsafe areas/lack of training
4.4 If the plan includes time out and/or restraint, is there evidence that DODD was notified within 5 working days of approval of the plan?	Form must be submitted annually within 5 days of approval
4.5 If the plan includes aversive interventions, is there evidence that status reports were completed and communicated at least every thirty days?	
4.6 Were all aversives including rights restrictions addressed in the plan and approved by the Behavior Support/Human Rights Committee?	Examples: house rules, dietary restrictions, imposed bedtimes, locked cabinets, door alarms, etc.

5. Money Management	
Question	Guidance
5.1 Does the provider ensure that individuals have access to their funds as stipulated in the service plan?	TA should be provided to certified waiver providers. The ISP should provide direction.
5.2 Does the provider 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?	Providers should have ledgers or documents to list financial activity for each type of account the individual has. For unlicensed providers, this is technical assistance unless otherwise stated in the ISP.

Independent Review Tool with Guidance

5. Money Management	
Question	Guidance
5.3 Does the provider maintain receipts as required by the individual's ISP?	TA should be provided to certified waiver providers. The ISP should provide direction.
5.4 Does the provider ensure that the account transaction records/ledgers include Individual or provider signatures for withdrawals?	For unlicensed providers, this is technical assistance unless otherwise stated in the ISP.
5.5 Does the provider ensure that the account transaction records/ledgers include Individual or provider signatures for deposits?	For unlicensed providers, this is technical assistance unless otherwise stated in the ISP.
5.6 Does the provider ensure that the account transaction records/ledgers include Descriptions for each withdrawal and deposit?	For unlicensed providers, this is technical assistance unless otherwise stated in the ISP.
5.7 Does the provider ensure that the account transaction records/ledgers include Dates of each withdrawal and deposit?	For unlicensed providers, this is technical assistance unless otherwise stated in the ISP.
5.8 If the service plan includes assistance with money management, are the individuals' funds being managed as indicated in the plan? <ul style="list-style-type: none"> • Bill Paying • Banking • Shopping 	
5.9 If the individual receives assistance with money management, is there an inventory of items with a value of \$50.00 or more?	For unlicensed providers, this is technical assistance unless otherwise stated in the ISP. Consider individuals in small congregate settings, maintaining information on the person's property ensures that as providers change the individuals' belongings are identified.

6. Waiver Administration Activities	
Question	Guidance
6.1 Was the individual assessed for the behavior add-on?	Discuss with manager
6.2 Was the individual assessed for the medical add-on?	
6.3 Was the ODDP revised when significant changes occurred?	significant changes could include changes to living situation, behavior support needs, increased medical/mobility needs, etc
6.4 If this individual is above their funding range, did the county board assist them with the Prior Authorization process?	This does not have to mean the county board supports the PA.
6.5 Were the outcomes identified in prevention plans addressed in the service plan?	
6.6 Was the individual's PLOC/LOC reviewed at least annually and/or based on changes in the individual's needs?	
6.7 Was the "Freedom of Choice" form for this individual reviewed on an annual basis?	
6.8 Were due process rights provided?	
6.9 Were services monitored appropriately?	System to ensure services are delivered in accordance with the ISP in every setting; Level of

Independent Review Tool with Guidance

6. Waiver Administration Activities	
Question	Guidance
	monitoring is based on individual's needs and circumstances; there is no specific frequency of monitoring required by rule; look more closely at monitoring if you see significant concerns during the review.
6.10 Did the county board comply with Free Choice of provider requirements?	
6.11 Did the county board comply with the outcome/results of the Medicaid Due Process hearing?	

7. Service Delivery & Documentation	
Question	Guidance
7.1 Does the waiver service delivery documentation for all waiver billing codes include the Date of service?	Applies to all waiver service documentation
7.2 Does the waiver service delivery documentation for all waiver billing codes include the Place of service?	Applies to all waiver service documentation
7.3 Does the waiver service delivery documentation for all waiver billing codes include the Name of recipient?	Applies to all waiver service documentation
7.4 Does the waiver service delivery documentation for all waiver billing codes include the Medicaid identification # of recipient?	Applies to all waiver service documentation
7.5 Does the waiver service delivery documentation for all waiver billing codes include the Name of the provider?	Applies to all waiver service documentation
7.6 Does the waiver service delivery documentation for all waiver billing codes include the Provider identifier/contract number?	Applies to all waiver service documentation
7.7 Does the waiver service delivery documentation for all waiver billing codes include the Signature of the person delivering service or initials of the person delivering the service if a signature and corresponding initials are on file with the provider?	Applies to all waiver service documentation
7.8 Does the waiver service delivery documentation for all waiver codes include the Type of service?	Type of service is not required in documentation for daily rate services. The information will be on the Cost Projection Tool. Type: The waiver service as noted in the ISP i.e. Homemaker Personal Care, Non-Medical Transportation, per trip, per mile, HPC OSOC etc...
7.9 Does the waiver service delivery documentation for all waiver billing codes include the Number of units provided? Amount?	Number of units of service is not required in documentation for daily rate services and Adult Foster Care.

Independent Review Tool with Guidance

7. Service Delivery & Documentation	
Question	Guidance
	Units in HPC, SE and ADS/VH are either 15 min or daily. Units in transportation are either per-mile or per-trip.
7.10 Does the waiver service delivery documentation for all waiver billing codes include the Group size in which the services were delivered?	Group size or the number of individuals sharing services is not required for daily billing. ADS - SE includes provider intensity. NMT requires the names of all other passengers, including provider and volunteers in the vehicle during any portion of the trip.
7.11 Does the waiver service delivery documentation include the Arrival and departure times of the provider?	Arrival and departure times are not required for daily billing and for Adult Foster Care. For NMT it is the beginning and ending times of the trip.
7.12 Does the waiver service delivery documentation for all waiver billing codes include the description and details of the services delivered, including: Scope	Required for all services except Adult Foster Care and Non Medical Transportation. Scope: The definition of each waiver service must describe in concrete terms the goods and services that will be provided to waiver participants, including any conditions that apply to the provision of the service. The definition of the service (including any conditions that apply to its provision) is termed the “scope” of the service.
7.13 Does the waiver service delivery documentation for all waiver billing codes include the description and details of the services delivered, including: Frequency	Required for all services except Adult Foster Care and Non-Medical Transportation. Frequency: How often a service will be furnished to a beneficiary. The number of times the service is to be offered.
7.14 Does the waiver service delivery documentation for all waiver billing codes include the Description and details of the services delivered, including: Duration	Required for all services except Adult Foster Care and Non-Medical Transportation. Duration: The length of time that a service will be provided. A limit on the duration of services means that the service will no longer be provided after a specified period of time or, after a specified period of time, the necessity for the service is subject to review and reauthorization. The length of time the service is to be offered.
7.15 Is there evidence that services were not delivered because the provider failed to show up?	Information may come from UI log, home notes, individual interview, etc...
7.16 Does the waiver service delivery documentation for non-medical transportation include the names of all other passengers/riders including paid staff and volunteers who were in the vehicle during any portion of the trip and/or commute?	
7.17 Medications, treatments and dietary orders are being followed?	
7.18 The service plan is being implemented as written?	
7.19 Is the provider following all applicable local, state and federal rules and regulations?	
7.20 Does the waiver service delivery documentation for	

Independent Review Tool with Guidance

7. Service Delivery & Documentation	
Question	Guidance
Supported Employment include the name of the individual's employer, the number of hours worked and the hourly wage?	

8. MUI/UI	
Question	Guidance
8.1 Upon identification of a MUI, is there evidence that the provider took the following immediate actions as appropriate: <ul style="list-style-type: none"> • 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 time as the provider has reasonably determined that such removal is no longer necessary: • Other necessary measures to protect the health and safety of at-risk individuals 	
8.2 Is there evidence that the provider notified the County Board about the below listed incidents within 4 hours of discovery? <ul style="list-style-type: none"> • Abuse • Exploitation • Misappropriation • Neglect • Suspicious/Accidental Death • Media Inquiry 	Please see After Hours # for County Boards located on the website
8.3 If applicable, were appropriate notifications made to other agencies? <ul style="list-style-type: none"> • Children's Services • Law Enforcement 	Children under 21 yrs old
8.4 Is there evidence that notifications were made on the same day of the incident to the following as applicable: <ul style="list-style-type: none"> • Guardian • Residential Provider Service and Support Administrator 	
8.5 Is there evidence the provider cooperated with the investigation of MUIs? Timely submission of requested information	When non-DC agency provider conducts internal review, they must submit results (including statements and documents) within 14 calendar days.
8.6 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 Service Plan was revised if necessary?	Refer to ITS for information about Prevention Plan. Not all prevention plans have to be in the ISP, consider the circumstances before citing. Provider is responsible only for their assigned tasks in the prevention plan.
8.7 Upon identification of an Unusual Incident, is there evidence that the provider took the following immediate actions as appropriate: <ul style="list-style-type: none"> • Report was made to the designated person 	

Independent Review Tool with Guidance

8. MUI/UI	
Question	Guidance
<ul style="list-style-type: none"> • The UI report was made within 24 hours of the incident • Appropriate actions were taken to protect the health and safety of the at-risk individual 	
8.8 Is there evidence that the provider notified the County Board by 3:00 pm, the next day, following initial knowledge of a potential or determined MUI?	
8.9 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?	

9. Personnel	
Question	Guidance
9.1 If the provider administers medication does the person have the appropriate certification for: Give oral or topical medications (category 1) G-tube/J-tube (category 2) Insulin Injections (category 3)	Delegation is required for G-tube, J-tube, and insulin.
9.2 Do professional staff have required licenses/certifications?	
9.3 Did the provider have current CPR certification?	
9.4 Did the provider have current first aid certification?	
9.5 Did the provider have annual MUI training?	Training is in compliance if it is received during each calendar year - not required to be within 365 days.
9.6 Did the provider 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.
9.7 If the provider is responsible for providing Per Trip non-medical transportation, does the provider have a signed form establishing the driver's physical qualification to provide non-medical transportation?	This form must be completed and signed by a person who is licensed, certified, and/or registered in accordance with Ohio law to perform physical examinations.
9.8 If the provider is responsible for providing Non-Medical Transportation, did the provider receive testing for controlled substances and was the provider found to be drug free prior to providing transportation services?	
9.9 If the provider is responsible for transporting individuals, is the provider covered by a current insurance policy that meets the requirements of the service provided?	
9.10 Does the provider have a valid driver's license?	
9.11 Did the provider/staff person providing HPC waiver services receive annual training in self-determination?	
9.12 Did the provider/staff person providing HPC waiver services receive annual training in the principles to positive intervention culture?	
9.13 Did the provider/staff person providing HPC OR	

Independent Review Tool with Guidance

9. Personnel	
Question	Guidance
Adult Foster Care waiver services receive annual training in their role in providing behavior supports?	
9.14 If the Supported Employment-Community provider is not a coworker, did the provider obtain 8 hours of annual training that includes Rights, MUI/UI, and services that comprise Supported Employment-Community?	
9.15 If the Supported Employment-Community provider is a coworker, did the provider obtain annual training on MUI/UI and Rights?	There is no requirement for 8 hrs of training.

Independent Review Tool with Guidance

10. Transportation	
Question	Guidance
10.1 If the provider is responsible for providing any type of transportation does the provider have necessary information about the individual (i.e., medical, behavioral, etc.)?	The SSA rule requires that the ISP or portion of the ISP related to the provider's services is given to provider. This means that if a portion of the ISP is used, anything that could affect transportation is included.
10.2 If the provider is responsible for providing any type of transportation 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, etc.
10.3 If the provider is responsible for providing Non-Medical Transportation does the vehicle have storage space for equipment?	
10.4 If the provider is responsible for providing Non-Medical Transportation does the vehicle have a two-way communication system?	This can mean the driver has a cell phone or a two way radio.
10.5 If the provider is responsible for providing Non-Medical Transportation does the vehicle have a fire extinguisher?	The fire extinguisher must be charged.
10.6 If the provider is responsible for providing Non-Medical Transportation does the vehicle have a first aid kit?	
10.7 If the provider is responsible for providing Non-Medical Transportation do all vehicles, used to transport individuals, have all required inspections? • Daily Vehicle Inspections	Wheelchair ramp/ties; windshield wipers/washer; mirrors; horns; brakes; emergency equipment; and tires.
10.8 If the provider is responsible for providing Non-Medical Transportation do all vehicles, used to transport individuals, have all required inspections? • Annual Vehicle Inspection by the State Highway Patrol or certified mechanic	

11. Physical Environment	
Question	Guidance
11.1 Does the provider have an emergency response/fire plan?	Required for licensed facilities; provide TA for CB and PC (based on needs identified in IP)
11.2 Are the interior, exterior and grounds of the building maintained in good repair and in a clean and sanitary manner?	"Good repair" and "Sanitary" with respect to a building means it is free from danger or hazard to the health of the person(s) occupying it.
11.3 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?	
11.4 Are the entrances, hallways, corridors and ramps clear and unobstructed?	applies in all settings - if issues found have the provider correct immediately
11.5 Are toxic and combustible substances stored in a safe manner and separate from food and perishable	Applies in all settings

Independent Review Tool with Guidance

11. Physical Environment	
Question	Guidance
items?	
11.6 Is the hot water maintained at a safe temperature for every individual if needed?	
11.7 Does the time out room have a door that does not have a key lock, but may be held shut by the provider or mechanism that requires constant physical pressure to keep the mechanism engaged?	
11.8 Does the room/area have adequate lighting and ventilation?	
11.9 Does the 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?	
11.10 Is the individual able to be under constant visual supervision at all times while in the time out room/area?	
11.11 Are day waiver services provided in a non-residential setting?	

12. Observation	
Question	Guidance
12.1 Was the individual actively participating in activities throughout the review?	
12.2 Did staff interact appropriately with the individual(s)?	
12.3 Did the individual(s) room include personal items/decorations?	
12.4 Was the individual able to independently get around his/her home?	
12.5 Did the individual participate in day programming?	
12.6 Did the individual seem to have a good relationship with staff/roommates?	
12.7 Was the individual able to communicate with others?	
12.8 Are supplies and materials available as needed (i.e.: hygiene supplies, habilitation materials, activities, etc.)?	
12.9 Does it appear that the individual(s) supervision needs were being met by the available provider?	
12.10 Did the individual(s) present as being properly groomed/attired?	
12.11 Were signs, notes, or house rules posted that were not appropriate to the setting?	
12.12 Was the home/facility maintained at a comfortable temperature?	
12.13 Are the individual(s) able to use household items (TV, phone, appliances, etc.) unless otherwise indicated in their ISP?	
12.14 Was the home/facility free from staff cigarette/cigar/pipe smoke?	

Independent Review Tool with Guidance

13. Remote Monitoring Equipment	
Question	Guidance
13.1 Does RM equipment have an indicator that enables the individual to know the equipment is in use?	The type of indicator must be based on the needs and understandings of the individual.
13.2 Is the RM equipment designed so that only the person identified in the ISP can turn the equipment off?	
13.3 Has the remote monitoring equipment been tested monthly and repaired or replaced when needed?	The RM equipment provider is responsible for delivery, installation, maintenance, monthly testing and replacement of equipment.