

Agency Tool with Guidance

1. Provider Demographics	
Question	Guidance
1.1 Does the provider provide IO waiver services?	
1.2 Were IO HPC services reviewed?	
1.3 Was IO transportation reviewed?	Not Non-Medical Transportation
1.4 Were IO day wiaver services reviewed?	Please include a description or photo
1.5 Was IO non-medical transportation reviewed?	
1.6 Were IO ancillary services reviewed?	Describe type
1.7 Was IO adult foster care reviewed?	
1.8 Does the provider provide Level One Services?	
1.9 Were Level One HPC services reviewed?	
1.10 Was Level One Transportation reviewed?	Does not include non-medical transportation
1.11 Were Level one day waiver services reviewed?	
1.12 Was Level One non-medical transportation reviewed?	
1.13 Were Level One ancillary services reviewed?	
1.14 Was IO Adult Family Living Services reviewed?	
1.15 Was residential and community respite reviewed?	
1.16 Were remote monitoring services reviewed?	
1.17 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?	Provider is responsible for communicating unmet/change in needs. County Board is responsible for revising plan once aware of new needs
2.2 Does the service plan address the individual's assessed needs in the area of Behavior Support?	If behavior is not mentioned in the ISP, watch for indicators, Incident Reports, psych meds, etc.
2.3 Does the service plan address the individual's assessed needs in the area of Medication Administration?	ISP language must match Self-Administration assessment. If the individual cannot self-administer without assistant, ISP must specify level of assistance and who will provide it, even if natural support
2.4 Does the service plan address the individual's assessed needs in the area of HealthCare?	ISP should describe healthcare services needed by the individual. Every Healthy Person can be used as a reference, but not as a list of requirements except as determined by the individual and the physician.

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2. ISP	
Question	Guidance
2.5 Does the service plan address the individual's assessed needs in the area of Money Management/Personal Funds/	Does the individual understand concept/value of money? How much can be spent without receipts/what amount needs team approval. Service plans address all assessed needs including Health & 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 plan addresses all assessed needs including Health & 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 an emergency?
2.8 Does the service plan address the individual's assessed needs in the area of Provider Back-up Plans?	<p>The ISP should identify a back-up plan that clarifies what happens if the provider is not available (does not show).</p> <ul style="list-style-type: none"> • Who can back up: another agency staff, another certified provider, a natural support • When is it needed: when a provider does not show up for services and <ul style="list-style-type: none"> - the individual requires that service at that time or - the individual receives 24 hour services (no alone time)
2.9 Does the service plan address the individual's assessed needs in the area of Transportation?	Both transportation mileage and NMT should be addressed. Are there any special needs such as behavior, epi-pens, Diastat, supervision and does the driver need training on these?
2.10 Does the service plan address the individual's assessed needs in the area of Recreation/Community Activities?	Service plan addresses all assessed needs including Health & Safety risk factors
2.11 Does the service plan address the individual's assessed needs in the area of Vocational/Day Programming?	The ISP should identify the type of day services (ADS, SE or Voc Hab) as well as individualized outcomes/goals. Routine supports should be included if applicable.
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?	The review should be done to correspond with the ISP span unless the span is being adjusted.
2.14 Was the service plan revised based on the changes in the individuals needs/wants?	Consider life changes such as moving, changing providers, a new medical condition or deleting services the individual doesn't want.
2.15 Did the provider have a copy of the current service plan?	Ask if this is a chronic problem. Ask for evidence that the provider requested the ISP(s) if overdue. The reviewer should contact the SSA to have an overdue ISP sent to the provider.

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2. ISP	
Question	Guidance
2.16 Does the ISP address the individual’s assessed needs in the area of Supervision?	How much alone time is safe for the individual and under what conditions? Are supervision levels clear if needs vary under specific conditions?

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 needs of the individual and their living environment?	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?	This includes over the counter medication. Ask clarifying questions if pill minders are used because they are rarely acceptable.
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 self-administration assessment must be done at least every 3 years or if there has been a change.
3.5 If the service plan includes delegated nursing services, has the provider implemented special conditions identified by the nurse?	Examples of special conditions: take with pudding or applesauce, take medicine with thickened liquids.
3.6 If the service plan includes delegated nursing services, has the nurse completed on-going assessments?	All day services locations must have delegated nursing.
3.7 If the service plan includes delegated nursing services, has the nurse completed a statement of delegation?	
3.8 If the service plan includes delegated nursing services, has the nurse completed the annual staff skills checklist?	
3.9 For any individual receiving medication administration, has the nurse completed a nursing quality assurance review at least once every three years?	This applies in all settings, except those with delegated nursing.

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	

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4. Behavior Support	
Question	Guidance
implementation?	
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?	Prone restraints are prohibited in all settings. See rule for other prohibited actions. Does the plan have clear procedures? Have all staff been trained? Are restraint and time outs used in safe areas?
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. N/A if provider is not responsible for submission
4.5 Does the provider have a human rights committee that includes the following? <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 	N/A if the provider does not have their own committee. A committee can serve more than one county board or provider.
4.6 If the plan includes aversive interventions, is there evidence that status reports were completed and communicated at least every thirty days?	Determine if the provider has received or is responsible for sending reports to others.
4.7 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?	For licensed providers, personal allowance must be given within 5 days.
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.
5.3 Does the provider maintain receipts as required by the individual's ISP?	The ISP should include information that tells the provider which receipts to maintain.
5.4 Does the provider ensure that the account transaction records/ledgers include individual or staff signatures for withdrawals?	This is a requirement in licensed settings.

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5. Money Management	
Question	Guidance
	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 staff signatures for deposits?	This is a requirement in licensed settings. 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?	This is a requirement in licensed settings. 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?	This is a requirement in licensed settings. 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? • Bill paying • Banking • Shopping	
5.9 Is there a personal inventory of items with a value of \$50.00 or more?	This is a requirement in licensed settings. For unlicensed providers, this is technical assistance unless otherwise stated in the ISP.
5.10 If the individual lives in a licensed facility does the provider calculate the room and board costs as required by the room and board contract?	
5.11 If the individual lives in a licensed facility does the provider ensure the individual receives \$75.00 in personal allowance?	
5.12 If the individual lives in a licensed facility does the provider ensure that the individual is paying his/her room and board costs or receiving excess funds as required by the room and board contract?	LICENSED PROVIDERS ONLY. If the individual has earned income, does the provider ensure they receive the first \$100 and 1/2 of any income over \$100?

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6. Waiver Administration Activities	
Question	Guidance
6.1 Was the individual assessed for the behavior add-on?	County Board Only The CB should have a process in place to ensure that every individual is assessed. No specific form is required.
6.2 Was the individual assessed for the medical add-on?	County Board Only The CB should have a process in place to ensure that every individual is assessed. No specific form is required.
6.3 Was the ODDP revised when significant changes occurred?	County Board Only Examples: changes in living situation, natural supports, behavior, medical or mobility needs, etc. Not all changes require ODDP revision.
6.4 If this individual is above their funding range, did the county board assist them with the prior authorization process?	County Board Only The CB does not have to agree with the request for prior authorization but does have to assist the individual with the process and CB cannot deny.
6.5 Were outcomes identified in quality assurance reviews addressed in the service plan?	This includes outcomes from Nursing QA reviews.
6.6 Were the outcomes identified in prevention plans addressed in the service plan?	
6.7 Was the individual's PLOC/LOC reviewed at least annually and/or based on changes in the individual's needs?	County Board Only If major changes occur, the LOC should be revised.
6.8 Was the "Freedom of Choice" form for this individual reviewed on an annual basis?	County Board Only The form should be signed by the individual and the guardian annually.
6.9 Were due process rights provided?	County Board Only The CB is required to provide the individual and the guardian their due process rights each time a waiver service is approved, denied, reduced or terminated.
6.10 Did the SSA complete ongoing monitoring?	County Board Only No specific frequency is required by rule. What system is in place

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6. Waiver Administration Activities	
Question	Guidance
	to ensure that ISP services are delivered in every setting? The level of monitoring should be based on the individual's needs and circumstances. Look closely here if significant negative outcomes for the individual are found during the review.
6.11 Did the county board comply with Free Choice of Provider requirements?	County Board Only Did the CB assist the individual and the guardian annually with learning about available providers?
6.12 Did the county board comply with the outcome/results of the Medicaid due process hearing?	County Board Only Look for evidence that specific recommendations from the hearing report were implemented.

7. Service Delivery & Documentation	
Question	Guidance
7.1 Does the waiver service delivery documentation for all waiver billing codes include the date of service?	This applies to all waiver service documentation.
7.2 Does the waiver service delivery documentation for all waiver billing codes include the place of service?	This is required for all waiver service documentation. Place of service in NMT is the vehicle license plate number.
7.3 Does the waiver service delivery documentation for all waiver billing codes include the name of recipient?	This 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?	This 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?	This 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?	This 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?	This applies to all waiver service documentation.
7.8 Does the waiver service delivery documentation for all waiver codes include the type of service?	This is required for all waiver service documentation. See crosswalk for exceptions/additional requirements.
7.9 Does the waiver service delivery documentation for all waiver billing codes include the	This is required for all waiver service documentation. See

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7. Service Delivery & Documentation	
Question	Guidance
number of units provided? Amount?	crosswalk for exceptions/additional requirements.
7.10 Does the waiver service delivery documentation for all waiver billing codes include the group size in which the services were delivered?	This is required for all waiver service documentation. See crosswalk for exceptions/additional requirements.
7.11 Does the waiver service delivery documentation include the arrival and departure times of the provider?	This is required for all waiver service documentation. See crosswalk for exceptions/additional requirements.
7.12 Does the waiver service delivery documentation for all waiver billing codes include the description and details of the services delivered, including: 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.	This is required for all waiver service documentation except NMT. See crosswalk for exceptions/additional requirements.
7.13 Does the waiver service delivery documentation for all waiver billing codes include the description and details of the services delivered, including: Frequency: How often a service will be furnished to a beneficiary. The number of times the service is to be offered.	This is required for all waiver service documentation except NMT. See crosswalk for exceptions/additional requirements.
7.14 Does the waiver service delivery documentation for all waiver billing codes include the Description and details of the services delivered, including: 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.	This is required for all waiver service documentation except NMT. See crosswalk for exceptions/additional requirements.
7.15 When providing remote monitoring does the waiver service documentation include a notation made at least monthly indicating the response to services?	
7.16 Is there evidence that services were not delivered because the provider did not provide service hours as scheduled.	This information may come from unusual incidents, progress notes, the individual interview, services documentation, etc...
7.17 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?	
7.18 Are medication, treatments and dietary orders being followed?	This information may come from the medication administration record (MAR), doctor's orders, OT/PT and speech plans and unusual incidents.
7.19 Is the service plan being implemented as written?	This information may come from service documentation and review of the frequency/duration of services delivered. Also verify that services addressed in the plan match the service documentation.
7.20 Does the provider document services provided to the individual?	The provider is required to maintain documentation for all services

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7. Service Delivery & Documentation	
Question	Guidance
	they provide as indicated in the ISP.
7.21 Does the waiver service delivery documentation for supported employment and vocational hab include the name of the individual's employer, the number of hours worked and the hourly wage?	Please refer to the documentation crosswalk.
7.22 If Residential Respite is being provided in an unlicensed setting, did PERMANENT RESIDENTS consent to the provision of respite in their home?	Unlicensed agency providers can provide residential respite in the home of individuals receiving waiver services as long as there is consent by the individuals living in the home.

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 	This does not mean that providers are required to remove staff from all direct contact with individuals but they are responsible for making sure that the staff person is not in a situation where another individual is at risk.
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 	Applies to notifications for MUIs only, not UIs. Notification to the Residential Provider only applies when the incident happens at a location operated by an agency provider that is not the residential provider.
8.5 Is there evidence the provider cooperated with the investigation of MUIs? Timely	When non-DC agency provider conducts internal review, they

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8. MUI/UI	
Question	Guidance
submission of requested information?	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.
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 • 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 Did the agency provider/County Board conduct a monthly review of unusual incidents?	The log shall include, but not be limited to, the name of the individual, a brief description, any injuries, time, date, location and preventative measures.
8.9 Did the agency provider/County Board maintain a log of unusual incidents which includes: <ul style="list-style-type: none"> • Name of Individual • Description of Incident • Identification of Injuries • Time/Date of Incident • Location of Incident • Preventative Measures 	
8.10 Is there evidence that the agency provider/County Board completed a quarterly review of MUI reports to identify trends and patterns.	
8.11 Is there evidence that the provider 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?	
8.12 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?	
8.14 COUNTY BOARD ONLY: Is there evidence the County Board developed a policy and procedure relative to unusual incidents?	THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF
8.15 COUNTY BOARD ONLY: INVESTIGATION INTAKE: Is there evidence that the MUI was incorrectly coded? Is there evidence that a separate investigation should have occurred? Is there evidence of law enforcement notification and follow up? Is there evidence of a documented scene and visit? Is there evidence of timely initiation of investigation Is there evidence of a documented scene and visit?	County Board Only- This question will only be asked by DODD MUI staff.

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8. MUI/UI	
Question	Guidance
8.16 COUNTY BOARD ONLY:INDIVIDUAL INTERVIEW: Is there evidence of interview, interview within 3 days, documented injuries/medical attention, possible cause of injury from med professional, All other info regarding individual (ISP, bank statements, inventory, medical condition), Statement, Follow-up interviews; Document interviews	County Boards Only This question will only be asked by DODD MUI staff.
8.17 COUNTY BOARD ONLY: REPORTERS/WITNESSES/REVELEANT/OTHERS: Is there evidence that interview occurred, interview occurred within 24 hours, a review of other documents was completed, evidence of witness statements and follow up to interviews completed	County Boards Only This question will only be asked by DODD MUI staff
8.18 COUNTY BOARD ONLY:PRIMARY PERSON INVOLVED (PPI): Is there evidence that the PPI was interviewed, history and training reviewed, statement obtained, and follow up to interviews conducted	County Board Only- This question will only be answered by DODD MUI staff.
8.19 COUNTY BOARD ONLY:FINDINGS-CAUSE AND CONTRIBUTING FACTORS: Is there evidence that incident specific interview questions have been addressed, Findings consistent with facts gathered, Inconsistencies, credibility addressed, Cause and Contributing Factors	County Board Only This question will only be answered by DODD MUI staff.

9. Personnel	
Question	Guidance
9.1 If the CEO has changed since the initial certification/renewal, was the new CEO approved by DODD?	If the provider is not in compliance refer them to the certification wizard to apply.
9.2 Did the provider complete a BCII check on staff prior to direct contact with individuals?	This applies to all settings.
9.3 Did the provider complete BCII checks every three years for direct service employees?	This applies to all settings after 10/1/09
9.4 Did the provider 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?	This applies to all settings. Review with the provider their system to verify residency.
9.5 Did the provider ensure that only employees without disqualifying offenses provide direct services?	This applies to all settings
9.6 Did the provider staff, prior to direct contact with individuals, sign a statement attesting that the staff person would notify the provider within 14 days if they are ever charged with, plead guilty to, or are convicted of a disqualifying offense?	This applies to all settings
9.7 Did the provider 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?	This applies to all settings

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9. Personnel	
Question	Guidance
9.8 Did the provider staff have an Abuser Registry check completed prior to direct contact with individuals?	This applies to all settings
9.9 Did the provider staff have a Nurse Aide Registry check completed prior to direct contact with the individuals?	This applies to all settings
9.10 Is the staff person at least 18 years or age?	This applies to all settings
9.11 Does the staff person have a high school diploma or GED?	This applies to all settings. Review with provider their system to verify a high school diploma or GED.
9.12 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)	Family delegation is not permitted for agency providers.
9.13 Do professional staff have required licenses/certifications?	Includes nursing licenses, social work licenses, OT/PT licenses, etc.
9.14 Did the provider staff have current CPR certification?	Online training is only permissible when followed with an actual skills competency in person demonstration. Not required for remote monitoring providers.
9.15 Did the provider staff have current first aid certification?	This applies to all settings. Online training is only permissible when followed with an actual skills competency in person demonstration. Not required for remote monitoring providers. Mark question compliant for Nurses with valid license.
9.16 For direct service staff, hired after 10/1/09, did the staff person receive initial training prior to providing services with individuals that included: • Overview of serving individuals with developmental disabilities • Overview of basic principles and requirements of providing HCBS waiver services • Initial rights training • Initial MUI training • Universal precautions	Only look at initial training for employees hired after 10/1/09.
9.17 Did all direct service staff receive training on each individual's ISP/BSP prior to implementation?	Staff training on BSP is required for all aversive behavioral support plans.
9.18 Did all direct service staff have initial training on actions to take in the event of a fire or other emergencies?	This is not a citation for certified providers but it is important to have a conversation with the provider to make sure they know what to do in an emergency and what type of assistance the individual needs. This may link back to assessments if the

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9. Personnel	
Question	Guidance
	individual has specific needs that aren't addressed in the ISP. If there are discrepancies between needs and the ISP, contact the SSA.
9.19 Did the provider staff have annual MUI training?	Training is in compliance if it is received during each calendar year- not required to be within 365 days.
9.20 Did the provider staff have annual notification explaining conduct for which a DD employee may be included on the Abuser Registry?	
9.21 For provider staff members who are responsible for transporting individuals, did the provider ensure that a driver's abstract was completed prior to transporting individuals?	This applies to all settings. Unofficial abstract from BMV is acceptable. The driver is ineligible to drive if they have six points or more on their abstract. The abstract should come from the state where the employee lives.
9.22 For provider staff members who are responsible for transporting individuals, does the staff person have a valid driver's license?	For personal vehicles, there must be current insurance in the driver's name. For agency owned vehicles, the insurance is per vehicle.
9.23 Are all vehicles used to transport individuals covered by a current insurance policy that meets the requirements of the service provided?	For personal vehicles, there must be current insurance in the driver's name. For agency owned vehicles, the insurance is per vehicle. Refer to rule for insurance requirements.
9.24 If the provider is responsible for providing Per Trip non-medical transportation, was the staff person assessed by a physician to determine if the staff person is medically, physically, and mentally capable of safe driving and safe passenger assistance prior to providing transportation services?	PER TRIP Non-Medical transportation only. The doctor must indicate the person can meet the requirements of driving and assistance. A general physical exam is not sufficient without this statement.
9.25 If the provider is responsible for providing Non-Medical Transportation, did the staff person receive testing for controlled substances and was the staff person found to be drug free prior to providing transportation services?	Per trip and per mile Non-medical transportation. Drug testing must be from a lab, cannot be self-administered. Reviewer must see the results of the testing, not just receipts.
9.26 If the provider is responsible for providing non-medical transportation, did the provider obtain an annual driver's abstract for staff who provide transportation services?	Unofficial abstract document is acceptable. The driver is ineligible to drive if they have six points or more on their abstract. They are eligible only after the abstract shows five points or less. The abstract should come from the state where the employee lives
9.27 Did the provider/staff person providing HPC waiver services receive annual training in self-determination?	
9.28 Did the provider/staff person providing HPC waiver services receive annual training in the principles to positive intervention culture?	
9.29 Did the provider/staff person providing HPC waiver services receive annual training in	

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9. Personnel	
Question	Guidance
their role in providing behavior supports?	
9.30 Did staff providing transportation obtain a new driver's abstract every 3 years?	IO/L1 transportation requires abstract every 3 years for agencies.
9.31 Did the provider staff have annual training on the Rights of Individuals with DD?	Provider is compliant if it is received during each calendar year- not required to be within 365 days.

10. Transportation	
Question	Guidance
10.1 Do the staff who are responsible for providing transportation have necessary information about the individual such as medical, behavioral, etc.?	The provider should have the portion of the ISP related to the services they provide. Anything affecting transportation should be included.
10.2 Do all vehicles used to transport individuals appear safe?	Look for obvious issues like broken windows, missing mirrors, worn tires and burned out headlights. Ask the provider how they ensure that all vehicles, including those owned by staff, are safe.
10.3 If the provider is responsible for providing non-medical transportation, does the vehicle have secure storage space?	How is removable equipment stored in the vehicle? Are items secure enough to avoid safety hazards in case of sudden stops?
10.4 If the provider is responsible for providing Non-Medical Transportation, does the vehicle have a two-way communication system?	Cell phone or 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 should be fully 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 -Annual vehicle inspection by the state highway patrol or certified mechanic.	Wheelchair ramp/ties; windshield wipers/washer; mirrors; horns; brakes; emergency equipment; and tires.
10.8 If the provider is responsible for providing non-modified transportation, are they using the correct type of vehicle for the service they are billing?	Per-Trip Billing: Type of Vehicle 1) A non-medical vehicle with a capacity of 9 or more? OR 2) A modified vehicle designed to transport individuals using wheelchairs (with safety restraints for wheelchairs, stable ramp

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10. Transportation	
Question	Guidance
	or lift and daily inspection of lift, ramp and restraints.

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11. Physical Environment	
Question	Guidance
11.1 Does the provider have current fire inspection?	Required annually for licensed facilities, CB's, and Adult Day/Voc Hab providers.
11.2 Does the provider have current water inspection?	Annual inspection required for licensed facilities only if not connected to city water.
11.3 Does the provider have current sewer inspection?	Annual inspection required for licensed facilities only if not connected to city sewer.
11.4 Has the provider 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: Lic Fac=6 w/in 12 mos.(@ least 2 in a.m., 2 in p.m., 1 sleep drill,); CB=12 per year (1 each mo). Tornado: Lic Fac=1 w/I 12 mo. CB=4 per year (during April-July); PC=fire and emergency response based on needs in IP
11.5 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).
11.6 When there is a swimming pool on the grounds, is the pool only used in the presence of staff with a; • A current water safety instructor certificate OR • A senior lifesaving certificate OR • An adapted aquatics certificate	Required for licensed facilities and CB
11.7 Are the interior, exterior and grounds of the building maintained in good repair and in a clean and sanitary manner?	"Good repair" and "Sanitary" with respect to a building means it is free from danger or hazard to the health of the person(s) occupying it.
11.8 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?	
11.9 Are the entrances, hallways, corridors and ramps clear and unobstructed?	Applies in all settings-if issues found have the provider correct immediately
11.10 Is there an accurate graphic floor plan posted on each floor?	Required for licensed facilities, CB's and Adult Day/Voc Hab;
11.11 Are toxic and combustible substances stored in a safe manner and separate from food and perishable items?	This applies in all settings If items are unsafely stored, have the provider correct immediately.
11.12 Does the program/facility have suitable first aid facilities, equipment and supplies and is there access to emergency services?	Required for licensed facilities, CB's and Adult Day/Voc Hab; TA for PC
11.13 If assistance is required per the IP/ISP, is the hot water maintained at a safe	

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11. Physical Environment	
Question	Guidance
temperature for the individual?	
11.14 Where power equipment is used, does the equipment have appropriate safeguards? o Safety Guards o Kill Button	Required where power equipment is in use
11.15 Does the time out room have a door that does not have a key lock, but may be held shut by a staff person or mechanism that requires constant physical pressure to keep the mechanism engaged?	
11.16 Does the time out room/area have adequate lighting and ventilation?	
11.17 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?	
11.18 Is the individual able to be under constant visual supervision at all times while in the time out room/area?	
11.19 Is the Adult Day Support or Vocational Habilitation location in an ICF, an individual's home or within 200 feet of an ICF?	Contact Review Manager if the answer is Yes = Non-Compliant.

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 Does the individual participate in day programming?	
12.6 Does the individual seem to have a good relationship with staff/roommates?	
12.7 Is 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 Were the individual(s)' supervision needs met in accordance with the ISP?	
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?	

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12. Observation	
Question	Guidance
12.14 Was the home/facility free from staff cigarette/cigar/pipe smoke?	

13. Title XX	
Question	Guidance
13.1 Does the Title XX Application for Eligibility Determination/Re-determination Form (DMR 1014) identify the relationship between individual client need for services and the intent of Title XX services? <ul style="list-style-type: none"> • CC - Client’s needs (Must be individualized and derived from assessment) • DD – National Goals (Just check the appropriate goal) • EE – Objective of service (Must be an actual objective-not just the service name) 	Applies to CB reviews only Consult with a manager for additional information/concerns
13.2 Did the individual or guardian sign the Title XX Application for Eligibility Determination/Re-determination Form (DMR 1014)?	This applies to CB reviews only.
13.3 Does the ISP identify individual services, supports, goals, and/or objectives related to Title XX services?	This applies to CB reviews only.
13.4 Does the unit of service log (1017) contain the following items? <ul style="list-style-type: none"> • Client name • Service code/service type • Duration (amount of time service provided) • Date and time of service • Initials of staff providing service 	This applies to CB reviews only.

14. Early Intervention	
Question	Guidance
14.1 Does the CB provide service coordination through the HMG system?	
14.2 Does the CB participate in the Evaluation/Assessment for children referred with a suspected delay?	If so, it must be completed within the 45 day timeline. This is from the date of referral (DOR) to the HMG system to the

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14. Early Intervention	
Question	Guidance
	signing of the initial IFSP.
14.3 Does the CB participate in the assessment for children referred with a diagnosed physical or mental condition?	This refers to the initial assessment only. If so, it must be completed within the 45 day timeline. From DOR to initial IFSP.
14.4 Does CB participate in Vision, Hearing, Social / Emotional, and Nutrition screenings?	
14.5 Does the CB use one of the ODH approved tools to evaluate/assess children?	The following tools for suspected delay: Bayley or Battelle. For children eligible due to a diagnosed physical or mental condition: Bayley, Battelle, E-Lap, Hawaii Early Learning Profile (HELP) or AEPS.
14.6 Does the CB complete the evaluation and/or assessment with the 45 day timeline?	Evaluations are done for children referred with a suspected delay. Assessments are done for children with a diagnosed medical or physical condition.
14.7 Does the county board's contribution to the development of the "evaluation and assessment report" meet all requirements?	
14.8 Does the county board staff participating in evaluations have the appropriate license/certification per ODH policy?	
14.9 Does the county board provide 2 or more staff to the evaluation/assessment, if so, assure that the evaluators are from 2 different disciplines?	
14.10 Does the CB complete the family assessment?	EI Rule 5123:2-1-04 (G) Look for priorities and resources page of IFSP
14.11 Was the IFSP developed and signed within the same forty-five calendar days?	If the CB is not service coordinator, mark N/A
14.12 Did the CB employed service coordinator ensure that all sections of the IFSP are completed?	If the CB is not service coordinator, mark N/A
14.13 Did the County Board assure that the provision of CB specialized services (e.g. Early Intervention specialist, therapies, nursing, transportation) are documented on the IFSP?	CB is responsible for adequate delivery service. Check for documentation in child's file for CB services listed on Section VII of the IFSP.
14.14 Did the county board service providers ensure that "Written Prior Notice" is given to parents when services specified in the IFSP are changed?	If the CB is not service coordinator, mark N/A
14.15 Did the County Board ensure that written consent from the parent is obtained before any ongoing services listed on the IFSP began?	Was the signature obtained before the delivery of services started?
14.16 Did the specialized services begin within 30 days of the date the IFSP was signed by	

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14. Early Intervention	
Question	Guidance
the parents?	
14.17 Did the CB service coordinator document that the transition planning conference is held at least 90 calendar days, but not more than 9 months prior to the child's third birthday?	Look at transition checklist in IFSP. If the CB is not service coordinator, mark N/A
14.18 Did each invited participant receive timely written notification of the conference?	
14.19 Did the CB service coordinator document in the child's file that a representative from the child's home school district (LEA) was invited to the Transition planning conference?	Look for documentation. If the CB is not service coordinator, mark N/A
14.20 If the county board provides service coordination, were all transition components of the IFSP completed at an IFSP review, including the writing of at least one transition outcome?	Look at transition checklist in IFSP
14.21 Did the CB employed service coordinator document in the child's record that consent was obtained to release records to the LEA?	Look for consent form. If the CB is not service coordinator, mark N/A
14.22 Is the following information compiled and kept on file in the child's record? - Verification of birth - Documents used to determine eligibility - Documentation verifying the date of request for or referral to services in HMG system - Documentation of the date of initial contact with the county board - Any ongoing assessments of the child and family - Health record that contains ongoing pertinent health information	
14.23 Did the county board give annual notification of the availability of a procedure based on the resolution of complaints and due process under rule 5123:2-1-12 of the Administrative Code?	There has to be resolution within 30 days.
14.24 Do the CB interventionists implement the plan as written?	Check documentation to see if notes correspond to frequency, duration and intensity on Section VII of the IFSP. If not are there valid reasons for why not?
14.25 Are early intervention services and supports available to families on a year-round basis?	All supports must be available at a minimum of 232 days.

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15. Administration	
Question	Guidance
15.1 Did the appropriately trained county board staff complete eligibility determinations using the OEDI/COEDI process?	This applies to CV reviews only. Cite here only after consulting with a manager.
15.2 Were all waiting list requirements met?	This applies to CB reviews only -Annual notification -Date and time of request -Alternative services -Annual reassessment of needs.
15.3 Were all administrative resolution of complaint requirements met?	This applies to CB reviews only. Cite here only after consulting with a manager.
15.4 Is the provider/facility following all applicable local, state and federal rules and regulations?	Please consult with a manager before citing.

16. Remote Monitoring Agency	
Question	Guidance
16.1 Do the needs of the individual appear to be met by remote monitoring?	Team is to assure that remote monitoring will meet individual's health and welfare. This information could be obtained through MUIs, complaints, etc.
16.2 Is remote monitoring done in real time by awake staff at a remote monitoring base?	Remote monitoring must be done in real time and monitored remotely by awake staff. The monitoring base cannot be located at the residence of an individual receiving the RM service.
16.3 Is remote monitoring provided by staff with no other duties during the time they are providing the remote monitoring service?	Staff cannot perform any other duties during the time they are responsible for remote monitoring.
16.4 If audio and/or video equipment is used, did everyone in the home give written informed consent?	This applies to monitoring that involves viewing or listening to activities or conversations in the home. The SSA has to keep a copy of the consent with the ISP.
16.5 Is there a notice prominently displayed in the home informing people that audio/video equipment is in use?	A notice that says audio and/or video equipment is in use that allows others to view activities and/or listen to conversations must be prominently displayed in the home.
16.6 Did the provider train its staff on the use of the remote monitoring system?	Provider is required to provide initial and ongoing training to its staff on the use of the remote monitoring system.

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16.7 Does the provider have a back-up system in place?	Provider is required to have a back-up power system (battery or generator) in place. The provider also has to have other back-up systems and additional safeguards in place that include contacting the backup support person in the event the remote monitoring system stops working.
16.8 Does the remote monitoring provider have an effective system for notifying emergency personnel?	This includes police, fire, emergency medical services and psychiatric crisis response entities
16.9 Does the ISP address the following: training to be provided to the individual on the remote monitoring system, acceptable timeframe for back up support person to arrive at individual's home?	This is not a citation for the provider, please follow up with the SSA.

17. Remote Monitoring Equipment	
Question	Guidance
17.1 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 understanding of the individual.
17.2 Is the RM equipment designed so that only the person identified in the ISP can turn it off?	
17.3 Has the remote monitoring equipment been tested monthly and repaired or replaced as needed?	The RM equipment provider is responsible for delivery, installation, maintenance, monthly testing and replacement of equipment.