

SECTION 1 – DEMOGRAPHICS

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
1.1	Does the provider provide IO waiver services?			
1.2	Were the following services reviewed? <ul style="list-style-type: none"> • IO HPC • Transportation • Supported Employment Community • Non- Medical Transportation • Adult Foster • Adult Family Living • Remote Monitoring Equipment 			
1.3	Does the provider provide Level One Services?			
1.4	Were the following services reviewed? Level One HPC <ul style="list-style-type: none"> • Transportation • Supported Employment Community • Non-Medical Transportation • Community Respite • Remote Monitoring Equipment 			
1.5	Does the provider provide TDD Services?			
1.6	Were the following services reviewed? <ul style="list-style-type: none"> • Personal Care Aide • Waiver Nursing • Supplemental Transportation Services 			
1.7	Does the provider provide SELF Waiver Services?			

[PROVIDER COMPLIANCE INDEPENDENT REVIEW TOOL]

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
1.8	Were the following services reviewed? <ul style="list-style-type: none"> • Support Broker • Community Inclusion • Non-Medical Transportation • Remote Monitoring Equipment • Integrated Employment 			

SECTION 2 – SERVICE PLANNING

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction
2.1	Does the service plan address the individual's assessed needs, including health and safety risk factors, and personal goals? 5123:2-1-11	This may include needs in the areas below: <ul style="list-style-type: none"> • behavior support • medication administration, • money management • health care Please note that not all areas must be addressed in every service plan; it's based on individual need.		
2.2	Does the service plan identify the individual's path to employment? <ul style="list-style-type: none"> • Clearly defined activities, services, and supports necessary for the individual to achieve or maintain community employment, job improvement, or career advancement. 5123:2-1-11; 5123:2-2-05			
2.3	Was the service plan reviewed annually? 5123:2-1-11			
2.4	Was the service plan revised based on the changes in the individuals needs/wants? 5123:2-1-11	<ul style="list-style-type: none"> • Consider life changes such as moving, changing providers, a new medical condition or deleting services the individual doesn't want • Provider has communicated unmet/change in needs • County Board has revised plan once 		

[PROVIDER COMPLIANCE INDEPENDENT REVIEW TOOL]

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction
		aware of new needs		
2.5	Did the individual decide who would participate in the service planning process? 5123:2-1-11; 5123:2-9-40	<ul style="list-style-type: none"> No written documentation required SELF WAIVER –with the assistance of the Support Broker, if needed 		
2.6	Did the provider receive a copy of the individual service plan at least fifteen calendar days in advance of implementation? 5123:2-1-11	<ul style="list-style-type: none"> This is required unless extenuating circumstances make fifteen-day advance copy impractical and with agreement by the individual and his or her providers 		
2.7	Does the ISP specify the provider type, frequency, and funding source for each service and activity? 5123:2-1-11			

SECTION 3 – MEDICATION ADMINISTRATION

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction
3.1	If the individual is unable to self-administer their medications, is the medication stored in a secure location based on the needs of the individual and their living environment? 5123:2-6-06	<ul style="list-style-type: none"> Secured doesn't have to mean locked. It means secured based on the individual's needs TDD N/A: Medications are only administered by nurses or natural supports 		
3.2	If the individual is unable to self-administer their medications, is the medication in a pharmacy labeled container? 5123:2-6-06	<ul style="list-style-type: none"> TDD N/A: Medications are only administered by nurses or natural supports The presumption is that everyone is able to self-administer their medications. Therefore individuals identified as self-administering may not have an assessment. 		
3.3	If it is believed that the individual is unable to self-administer their medications, was a self-medication administration assessment completed? 5123:2-6-02	<ul style="list-style-type: none"> The presumption is that everyone is able to self-administer their medications. Therefore individuals identified as self-administering may not have an assessment TDD N/A: Medications are only administered by nurses or natural supports 		
3.4	If the individual is unable to self-administer medications has the assessment been reviewed annually, and revised as-needed? 5123:2-6-05	<ul style="list-style-type: none"> A new assessment must be done at least every 3 years or if there has been a change TDD N/A: Medications are only administered by nurses or natural supports 		
3.5	If delegated nursing is identified in the plan, is there a statement of delegation, evidence of on-going assessment, and annual staff skills	<ul style="list-style-type: none"> REFERENCE DELEGATED NURSING GRID TDD N/A: Delegation does not apply 		

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	checklist? 5123:2-6-01			

SECTION 5 – BEHAVIOR SUPPORT

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
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? 5123:2-1-02	<ul style="list-style-type: none"> County board responsibility 		
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? 5123:2-1-02	<ul style="list-style-type: none"> County board responsibility 		
4.3	If the service plan includes aversive interventions, are behavior support methods employed with sufficient safeguards? 5123:2-1-02	<ul style="list-style-type: none"> Prone restraints are prohibited. See rule for other prohibited actions Does the plan have clear procedures Has 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? 5123:2-1-02	<ul style="list-style-type: none"> Form must be submitted annually within 5 days of approval N/A if provider is not responsible for submission 		
4.5	If the plan includes aversive interventions, is there evidence that status reports were completed and communicated at least every thirty days? 5123:2-1-02	<ul style="list-style-type: none"> Determine if the provider has received or is responsible for sending reports to others County board responsibility if the provider was not responsible for status reports. 		

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4.6	Were all aversive interventions, including rights restrictions, addressed in the plan and approved by the Behavior Support/Human Rights Committee? 5123:2-1-02	<ul style="list-style-type: none"> • Examples: house rules, dietary restrictions, imposed bedtimes, locked cabinets, door alarms, etc... 		
4.7	Did the individual/guardian give informed consent to the BSP prior to implementation? 5123:2-1-02	<p>County board responsibility</p> <ul style="list-style-type: none"> • Informed consent for aversive interventions included: <ul style="list-style-type: none"> ○ risks ○ benefits ○ alternatives ○ consequences of not providing 		

SECTION 5 – MONEY MANAGEMENT

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
5.1	Does the provider assist with money management as required by the individual's ISP? <ul style="list-style-type: none"> • Bill paying • Banking • Shopping • Receipts 5123:2-2-01			

SECTION 6- SERVICE DELIVERY & DOCUMENTATION

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
6.1	<p>Does service delivery documentation include the following elements below?</p> <ul style="list-style-type: none"> • Date of service • Individual's name • Individual's Medicaid # • Provider name • Provider # • Signature or initials of person delivering the service • Signature or initials of the person receiving services or their representative – TDD Only <p>5123:2-9-06; 5123:2-9-40; 5123:2-9-50</p>	<ul style="list-style-type: none"> • May be maintained on multiple documents/forms • Review service specific rule for documentation requirements 		
6.2	<p>Does the waiver service delivery documentation for all waiver billing codes include the place of service?</p> <p>5123:2-9-06; 5123:2-9-40; 5123:2-9-50</p>	<ul style="list-style-type: none"> • Place of service in NMT is the vehicle license plate number • For Transportation (HPC), this is origination/destination points • Not required for TDD however; services may not be provided in the provider's home under TDD 		
6.3	<p>Does the waiver service delivery documentation for all waiver codes include the type of service?</p> <p>5123:2-9-06; 5123:2-9-40; 5123:2-9-50</p>	<ul style="list-style-type: none"> • Review service specific rule for documentation requirements • Not required for TDD 		
6.4	<p>Does the waiver service delivery documentation for all waiver billing codes include the number of units (amount)</p>	<ul style="list-style-type: none"> • Not required for services billed using a daily rate except adult day services • Documentation may be maintained on 		

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	provided? 5123:2-9-06; 5123:2-9-40; 5123:2-9-50	<p>multiple documents/forms</p> <ul style="list-style-type: none"> Review service specific rule for documentation requirements For Transportation (HPC, NMT, and SELF), this is total number of miles TDD units are typically reflected documentation of time in and time out 		
6.5	Does the waiver service delivery documentation for all waiver billing codes include the group size in which the services were delivered? 5123:2-9-06; 5123:2-9-40; 5123:2-9-50	<ul style="list-style-type: none"> Not required for services that are billed using a daily rate such as Daily Billing Unit HPC, Adult Family Living, Adult Foster Care, etc. N/A for TDD 		
6.6	Does the waiver service delivery documentation include the beginning and end times of the delivered service? 5123:2-9-06; 5123:2-9-40; 5123:2-9-50	<ul style="list-style-type: none"> Not required for services billed using a daily rate such as Daily Billing Unit HPC, Adult Family Living, Adult Foster Care, etc. TDD requires in ADHC the arrival and departure times of the individual 		
6.7	Does the waiver service delivery documentation for all waiver billing codes include scope? 5123:2-9-06; 5123:2-9-40; 5123:2-9-50	<ul style="list-style-type: none"> 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 		
6.8	Does the waiver service delivery documentation for all waiver billing codes include frequency? 5123:2-9-06; 5123:2-9-40; 5123:2-9-50	<ul style="list-style-type: none"> How often a service will be furnished. The number of times the service is offered 		
6.9	Does the waiver service delivery documentation for all waiver billing codes include duration? 5123:2-9-06; 5123:2-9-40; 5123:2-9-50	<ul style="list-style-type: none"> 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 		

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		the service is subject to review and reauthorization		
6.10	If applicable, does the waiver service delivery documentation include the name of the individual's employer, the number of hours worked and the hourly wage? 5123:2-9-06; 5123:2-9-44	<ul style="list-style-type: none"> May apply to SELF Integrated Employment and IO/L1 Supported Employment-Community only 		
6.11	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? 5123:2-9-18	<ul style="list-style-type: none"> NMT ONLY 		
6.12	Are medication, treatments and dietary orders being followed? 5123:2-2-01; 5123:2-2-11	<ul style="list-style-type: none"> Info may come from the medication administration record (MAR), doctor's orders, OT/PT and speech plans and unusual incidents 		
6.13	Is the service plan and/or plan of care being implemented as written? 5123:2-2-01; 5123:2-9-50; 5123:2-9-54	<ul style="list-style-type: none"> Info may come from service documentation and review of the frequency/duration of services delivered and/or observation. Documentation should match services in the plan 		
6.14	Is the provider following all applicable local, state and federal rules and regulations?	<ul style="list-style-type: none"> Must include rule cite for any citation issued under this question. 		
6.15	For TDD did the supplemental transportation provider maintain documentation that, at a minimum, includes: <ul style="list-style-type: none"> A log identifying the individual who was transported The date of the service Pick-up point 	<ul style="list-style-type: none"> TDD Only 		

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	<ul style="list-style-type: none"> • Destination point • Mileage for each trip • Signature of the individual or the individual's authorized representative <p>5123:2-9-58</p>			
6.16	<p>Does the individual's record include:</p> <ul style="list-style-type: none"> • A copy of any existing advance directives including but not limited to a DNR • A medical power of attorney • Drug and food interactions, • Allergies and dietary restrictions • Physician's written orders • Plan of Care • <p>5123:2-9-50; 5123:2-9-57</p>	<ul style="list-style-type: none"> • TDD ONLY • Required for agency nursing services • Required for agency PCA services • Must be signed and dated by the treating physician every 60 days • Verbal orders on the plan of care can be worked under for two weeks • Referred to as the 485 		
6.17	<p>Does the nursing documentation include clinical notes or progress notes and documentation of the face to face visits?</p> <p>5123:2-9-59</p>	<ul style="list-style-type: none"> • TDD ONLY • Independent LPN: face to face with supervising RN and individual every 120 days • Independent LPN: face to face with supervising RN every 60 days 		
6.18	<p>For providers of employment services (including prevocational services), was a written progress report submitted to the individual's team at least once every twelve months to show progress towards desired employment outcome?</p> <p>5123:2-2-05</p>	<ul style="list-style-type: none"> • Ensure the employment outcome is outlined in progress report. • If employment outcome was not met, does it explain barriers identified and steps to address barriers or revise employment outcome? 		
6.19	<p>Did the provider submit employment outcome data for individuals who receive employment services through the web-based data collection system maintained by the Department?</p>	<ul style="list-style-type: none"> • Was employment outcome data submitted at least once per year or more frequently as status changes occur? • Provider should have the data they 		

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	5123:2-2-05	submitted disseminated in a confidential manner based on services provided, how individuals obtained employment, hours worked, wages earned, and occupations. This is information you could request to see.		
6.20	<p>Does the assessment process consider</p> <ul style="list-style-type: none"> • What is important to the individual • What is important for • Known and likely risk • Place on the path to employment • Desired community employment outcome • What is working and not working <p>5123:2-1-11; 5123:2-2-05</p>	<ul style="list-style-type: none"> • Assessment considers the individual’s skills • Important to promotes satisfaction • Important for promotes health and welfare <p>There are four places on the path to community employment:</p> <ul style="list-style-type: none"> • Place One: has a job; needs support to maintain or move up • Place Two: would like a job; needs support to find one • Place Three: not sure about employment; needs support to identify career options • Place Four: Does not express a desire to work; needs support to make an informed choice 		
6.21	<p>Using person centered planning, has the plan been developed based on the results of the assessment as it relates to:</p> <ul style="list-style-type: none"> • Ensure health and welfare, • Assist the individual to engage in meaningful activities • Support community connections • Assist in improving self-advocacy skills • Ensure achievement of outcomes • Identify risks include supports to prevent or minimize risks 	<ul style="list-style-type: none"> • ISP promotes: <ul style="list-style-type: none"> ○ Rights ○ Self-determination ○ Physical well-being ○ Emotional well-being ○ Material well-being ○ Personal development ○ Interpersonal relationships ○ Social inclusion • Provider has communicated unmet/change in needs 		

[PROVIDER COMPLIANCE INDEPENDENT REVIEW TOOL]

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
	Are employment services consistent with the individual's identified employment outcome? 5123:2-1-11; 5123:2-2-05			

SECTION 7 – MUI/UI

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
7.1	<p>Upon identification of a MUI, is there evidence that the provider took the following immediate actions as appropriate:</p> <ul style="list-style-type: none"> • Immediate and on-going medical attention • Other necessary measures to protect the health and welfare of at-risk individuals <p>5123:2-17-02</p>			
7.2	<p>Is there evidence that the provider notified the County Board about the below listed incidents within 4 hours of discovery?</p> <ul style="list-style-type: none"> • Abuse (Physical, Sexual and Verbal) • Exploitation • Misappropriation • Neglect • Suspicious/Accidental Death • Media Inquiry • Peer to peer acts <p>5123:2-17-02</p>			
7.3	<p>If applicable, were appropriate notifications made to other agencies?</p> <ul style="list-style-type: none"> • Children’s Services • Law Enforcement (for allegations of a crime) <p>5123:2-17-02</p>	<ul style="list-style-type: none"> • Children under 21 years • Any allegation of exploitation, failure to report, misappropriation, neglect, peer to peer acts, physical abuse, sexual abuse, verbal abuse which may constitute a crime 		

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Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
7.4	<p>Is there evidence that notifications were made on the same day of the incident to the following as applicable:</p> <ul style="list-style-type: none"> • Guardian or other person whom the individual has identified • Residential Provider (licensed or certified) • SSA • Staff or Family living at the individual's residence who have responsibility for individual's care • Support Broker <p>5123:2-17-02</p>	<ul style="list-style-type: none"> • 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 		
7.5	<p>Is there evidence the provider cooperated with the investigation of MUIs? Timely submission of requested information?</p> <p>5123:2-17-02</p>			
7.6	<p>Is there evidence that the provider completed an Incident Report for all incidents?</p> <p>5123:2-17-02</p>			
7.7	<p>Begins UI Section</p> <p>Is there evidence that the Incident Report contains the following required elements?</p> <ul style="list-style-type: none"> • Individual's name; • Individual's address; • Date of incident; • Location of incident; • Description of incident; • Type and location of injuries; • Immediate actions taken to ensure 	<ul style="list-style-type: none"> • Sample Incident Report in Health and Safety Tool Kit 		

[PROVIDER COMPLIANCE INDEPENDENT REVIEW TOOL]

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	<p>health and welfare of individual</p> <ul style="list-style-type: none"> • involved and any at-risk individuals; • Name of primary person involved and his or her relationship to the individual; • Names of witnesses; • Statements completed by persons who witnessed or have personal knowledge of the incident; • Notifications with name, title, and time and date of notice; • Further medical follow-up; and • Name of signature of person completing the incident report. <p>5123:2-17-02</p>			
7.8	<p>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?</p> <p>5123:2-17-02</p>	<ul style="list-style-type: none"> • Not all prevention plans have to be in the ISP, consider the circumstances before citing 		
7.9	<p>Upon identification of an unusual incident, is there evidence that the provider took the following immediate actions as appropriate:</p> <ul style="list-style-type: none"> • Report was made to the designated person • The UI report was made within 24 hours of the incident • Investigate unusual incidents, identify the cause and contributing factors when applicable, and develop preventive measures to protect the health and 			

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Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	welfare of any at-risk individuals. 5123:2-17-02			
7.10	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? 5123:2-17-02			
7.11	Is there evidence that the independent provider reviewed all unusual incidents as necessary but no less than monthly to ensure appropriate preventative measure have been implemented and trends and patterns identified and addressed? 5123:2-17-02			
7.12	Did the independent provider 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 5123:2-17-02	<ul style="list-style-type: none"> • Sample UI Log Available on Health and Safety Toolkit 		
7.13	Is there evidence that the-provider completed a semi-annual and annual review of MUI reports to identify trends and patterns? 5123:2-17-02	<ul style="list-style-type: none"> • Pattern and Trends Analyses are due: August thirty-first of each year for the semi-annual review and by February twenty-eighth of each year for the annual review • All reviews and analysis shall be completed within 30 calendar days 		

[PROVIDER COMPLIANCE INDEPENDENT REVIEW TOOL]

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		following the end of the review period.		
7.14	<p>Is there evidence that the Pattern and Trends Analysis report contains the following required elements:</p> <ul style="list-style-type: none"> • Date of review; • Name of person completing review; • Time period of review; • Comparison of data for previous three years; • Explanation of data; • Data for review by major unusual incident category type; • Specific individuals involved in established trends and patterns (i.e., five major unusual incidents of any kind within six months, ten major unusual incidents of any kind within a year, or other pattern identified by the individual's team); • Specific trends by residence, region, or program; • Previously identified trends and patterns; and • Action plans and preventive measures to address noted trends and patterns <p>5123:2-17-02</p>	<ul style="list-style-type: none"> • Sample Analysis Tips are available on the Health and Safety Tool kit • 5 MUI of any kind within 6 months, 10 MUI of any kind within a year, or other pattern identified by the individual's team); specific trends by residence, region, or program; previously identified trends and patterns; action plans and preventive measures to address noted trends and patterns • The CB shall ensure that trends & patterns of MUIs are included and addressed in the ISP of each individual affected 		
7.15	<p>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?</p> <p>5123:2-17-02</p>	<ul style="list-style-type: none"> • Ensure that the incident meets the definition of a UI or MUI in the rule before issuing citation 		
7.16	Is there evidence that the independent			

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	providers forwarded the incident report to the service and support administrator or county board designee on the same day the unusual incident is discovered? 5123:2-17-02			
7.17	Did the provider make the unusual incident report, documentation of patterns and trends and corrective actions available to the CB and Department upon request? 5123:2-17-02			

SECTION 8 – PERSONNEL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
8.1	Is the service provider currently certified? 5123:2-2-01			
8.2	If the staff person administers medication does the person have the appropriate certification for: <ul style="list-style-type: none"> • Oral or topical medications (Category 1) • G-tube/J-tube (Category 2) • Insulin injections (Category 3) 5123:2-6-03	<ul style="list-style-type: none"> • N/A TDD • If ISP identifies family delegation, medication administration certification is not required 		
8.3	Does the professional staff have required licenses/certifications? 5123:2-6-04; 5123:2-6-06; 5123:2-9-25; 5123:2-9-28; 5123:2-9-29; 5123:2-9-36; 5123:2-9-38; 5123:2-9-41; 5123:2-9-43; 5123:2-9-46; 5123:2-9-59; 5123:2-9-54	<ul style="list-style-type: none"> • Includes nursing licenses, social work licenses, OT/PT licenses, etc. • TDD- Nursing: an expired nursing license will be an immediate citation, the CB and Nursing Board should be advised • TDD- Home Modification: Licensure, insurance, and bonding for general contracting services of applicable jurisdictions. Family members who provide home modification services are exempt from this requirement 		
8.4	Did the provider have current CPR certification? 5123:2-2-01	<ul style="list-style-type: none"> • N/A SELF Support Brokers or SELF community inclusion- transportation • N/A TDD 		
8.5	Did the provider staff have current first aid certification? 5123:2-2-01; 5123:2-9-56	<ul style="list-style-type: none"> • N/A SELF Support Brokers or SELF community inclusion-transportation • N/A TDD 		
8.6	Did the provider staff have annual MUI	<ul style="list-style-type: none"> • Once during each calendar year 		

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	training? 5123:2-17-02	<ul style="list-style-type: none"> Not required to be within 365 days N/A TDD 		
8.7	Did the provider staff have annual training on the Rights of Individuals with DD? ORC 5123.63	<ul style="list-style-type: none"> Once during each calendar year Not required to be within 365 days N/A TDD 		
8.8	Did the provider receive training on each individual's ISP/BSP prior to implementation? 5123:2-1-11	<ul style="list-style-type: none"> Staff training on BSP is required for all aversive behavioral support plans N/A TDD 		
8.9	Did the provider/staff person providing HPC waiver services receive annual training in self-determination? 5123:2-9-30	<ul style="list-style-type: none"> Once during each calendar year Not required to be within 365 days. 		
8.10	Did the provider/staff person providing HPC waiver services receive annual training in the principles to positive intervention culture? 5123:2-9-30	<ul style="list-style-type: none"> Once during each calendar year Not required to be within 365 days 		
8.11	Did the provider/staff person providing HPC OR Adult Foster Care waiver services receive annual training in their role in providing behavior supports? 5123:2-9-30; 5123:2-9-33	<ul style="list-style-type: none"> Could be included as a component of principles of positive intervention culture Required regardless of whether there is a behavior support plan Once during each calendar year Not required to be within 365 days 		
8.12	Did the Support Broker successfully complete the Support Broker training established by DODD? 5123:2-9-47	<ul style="list-style-type: none"> SELF Support Broker only 		
8.13	Did the TDD provider meet all training requirements for the services provided including the following?	<ul style="list-style-type: none"> TDD Only 		

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Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	<ul style="list-style-type: none"> Initial and annual rights training - All Initial and annual MUI training - All Training on individual's ISP services - All First Aid – drivers, PCAs, CSTO – PCAs 12 hours annual training - PCAs <p>5123:2-1-11, 5123:2-9-50, 5123:2-9-53, 5123:2-9-56, 5123:2-9-58, 5123:2-9-59</p>			
8.14	<p>For providers who are responsible for transporting individuals, does the provider have a valid driver's license?</p> <p>5123:2-9-18; 5123:2-9-24; 5123:2-9-42; 5123:2-9-58; 5123:2-9-57</p>			
8.15	<p>If responsible for providing transportation, did the provider have fewer than 6 points on their driver's abstract?</p> <p>5123:2-2-02; 5123:2-9-58</p>			
8.16	<p>If responsible for providing transportation, did the provider obtain a new driver's abstract every 3 years?</p> <p>5123:2-9-18; 5123:2-9-24; 5123:2-9-42; 5123:2-9-58</p>			
8.17	<p>Are all vehicles used to transport individuals covered by a current insurance policy that meets the requirements of the service provided?</p> <p>5123:2-9-18; 5123:2-9-24; 5123:2-9-42; 5123:2-9-58; 5123:2-9-57</p>	<ul style="list-style-type: none"> Personal vehicles, there must be current insurance in the driver's name (ins card or policy declarations) 		
8.18	<p>If the provider is responsible for providing Per</p>	<ul style="list-style-type: none"> This form must be completed and 		

[PROVIDER COMPLIANCE INDEPENDENT REVIEW TOOL]

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	Trip non-medical transportation, does the staff person have a signed form establishing the driver's physical qualification to provide non-medical transportation? 5123:2-9-18	signed by a person who is licensed, certified, and/or registered in accordance with Ohio law to perform physical examinations		
8.19	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? 5123:2-9-18	<ul style="list-style-type: none"> 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 		
8.20	If the Supported Employment-Community OR SELF Integrated Employment provider is a coworker , did the provider obtain annual training on MUI/UI and Rights? 5123:2-9-15; 5123:2-9-44	<ul style="list-style-type: none"> For coworker provider there is no requirement for 8 hours of training. 		
8.21	If the Supported Employment-Community OR SELF Integrated Employment provider is not a coworker, did the provider obtain 8 hours of annual training that includes Rights, MUI/UI, and services that comprise the waiver service delivered? 5123:2-9-15; 5123:2-9-44	<ul style="list-style-type: none"> Supported Employment- Community and SELF Integrated Employment only. ONLY APPLIES WHEN THE PROVIDER IS NOT A COWORKER. 		

SECTION 9 – TRANSPORTATION

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
9.1	If the provider is responsible for providing any type of transportation does the provider / staff have necessary information about the individual (i.e., medical, behavioral, etc.)? 5123:2-1-11	<ul style="list-style-type: none"> Provider should have the portion of the ISP related to the services they provide Anything affecting transportation should be included 		
9.2	If the provider is responsible for providing any type of transportation do all vehicles used to transport individuals appear safe? 5123:2-2-01			
9.3	If the provider is responsible for providing Non-Medical Transportation, does the vehicle have a fire extinguisher? 5123:2-9-18			
9.4	If the provider is responsible for providing Non-Medical Transportation, does the vehicle have a first aid kit? 5123:2-9-18			
9.5	If the provider is responsible for providing non-medical transportation, do all vehicles used to transport individuals have all required inspections? <ul style="list-style-type: none"> Daily vehicle inspections Annual vehicle inspection by the state highway patrol or certified mechanic. 5123:2-9-18	<ul style="list-style-type: none"> Wheelchair ramp/ties; windshield wipers/washer; mirrors; horns; brakes; emergency equipment; and tires 		
9.6	If the provider is responsible for providing non-medical transportation, are they using the	<ul style="list-style-type: none"> Per-Trip Billing: Type of Vehicle 1) A non-medical vehicle with a 		

[PROVIDER COMPLIANCE INDEPENDENT REVIEW TOOL]

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
	correct type of vehicle for the service they are billing? 5123:2-9-18	capacity of 9 or more OR 2) A modified vehicle designed to transport individuals using wheelchairs (with safety restraints for wheelchairs, stable ramp or lift and daily inspection of lift, ramp and restraints		

SECTION 10 – PHYSICAL ENVIRONMENT

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
10.1	<p>If a time out room is used:</p> <ul style="list-style-type: none"> • The door 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 • The room has adequate lighting and ventilation • The room is safe from hazardous conditions including, but not limited to, the presence of sharp corners or objects, uncovered light fixtures or uncovered electrical outlets • The individual is under constant visual supervision <p>5123:2-1-02</p>			

SECTION 11 – WAIVER ADMINISTRATION ACTIVITIES

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
11.1	Was the individual’s PLOC/LOC reviewed at least annually and/or based on changes in the individual’s needs? 5123:2-1-11	<ul style="list-style-type: none"> Determine through documents, interview and observation Issue citations only to the county board If major changes occur, the LOC should be revised 		
11.2	Was the “Freedom of Choice” form for this individual reviewed on an annual basis? 5123:2-1-11	<ul style="list-style-type: none"> Determine through document, interview and observation. Issue citations only to the county board Signed by the individual and the guardian annually 		
11.3	Were due process rights provided? 5123:2-1-11	<ul style="list-style-type: none"> Determine through documents, interview and observation. Issue citations only to the county board 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 		
11.4	Did the county board implement a continuous review process (monitoring) tailored to the individual? 5123:2-1-11	<ul style="list-style-type: none"> Determine through documents, interview and observation. Issue citations only to the county board No specific frequency is required 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 		
11.5	Did the county board comply with Free Choice of Provider requirements? 5123:2-1-11; 5123:2-9-11	<ul style="list-style-type: none"> Determine through documents, interview and observation. Issue citations only to the county board 		

[PROVIDER COMPLIANCE INDEPENDENT REVIEW TOOL]

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
		<ul style="list-style-type: none"> • SSA should objectively facilitate assisting the individual in choosing providers 		
11.6	Was the full ISP developed within 30 days of enrollment on the SELF waiver?	<ul style="list-style-type: none"> • For SELF waiver recipients • Cite County Board Only 		
11.7	Does the county board maintain an on-call system that is available 24 hours a day and 7 days a week? 5123:2-1-11; 5123:2-17-02	<ul style="list-style-type: none"> • Determine through documents, interview and observation • Issue citations only to the county board • Training requirements for on-call person • Skills to identify problems <ul style="list-style-type: none"> ○ Assure health and welfare ○ Determine what immediate response is needed ○ Identify contact persons to take immediate action • County board cite 		

SECTION 12 – REMOTE MONITORING EQUIPMENT

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
12.1	Does remote monitoring equipment have an indicator that enables the individual to know the equipment is in use? 5123:2-9-35	<ul style="list-style-type: none"> The type of indicator must be based on the needs and understanding of the individual. 		
12.2	Is the remote monitoring equipment designed so that only the person identified in the ISP can turn it off? 5123:2-9-35			
12.3	Has the remote monitoring equipment been tested monthly and repaired or replaced as needed? 5123:2-9-35	<ul style="list-style-type: none"> The remote monitoring equipment provider is responsible for delivery, installation, maintenance, monthly testing and replacement of equipment. 		

SECTION 13 – TDD: HOME DELIVERED MEALS

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
13.1	Does the provider have any applicable current, valid license or certificate from the local health department? 5123:2-9-53			
13.2	Does the individual's record include: a copy of the ISP, dietary orders and instructions from the healthcare professional, and menus approved in writing by the dietician? 5123:2-9-53			

[PROVIDER COMPLIANCE INDEPENDENT REVIEW TOOL]

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
13.3	<p>Did the provider ensure the safe delivery of meals including:</p> <ul style="list-style-type: none"> • Dated labels • Time and temperature monitoring system for preparation, handling, and delivery • Safe and sanitary food containers and meal delivery vehicles • Establishing a routine date and time with the individual for meal delivery • Notifying the individual if delivery will be delayed more than one hour • Written delivery instructions to the driver • Clear instructions to the individual on how to safely heat or reheat each meal <p>5123:2-9-53</p>	<ul style="list-style-type: none"> • Ask the provider how they ensure these requirements are met. Discuss how to establish systems if not in place 		

SECTION 14 – TDD HOME MODIFICATIONS

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
14.1	<p>Service documentation for home modifications shall include:</p> <ul style="list-style-type: none"> • Documentation that the home modification was completed in accordance with the agreed upon specifications using all of the materials and equipment cited in the bid. • Documentation that the home modification was tested and in proper 	<ul style="list-style-type: none"> • If a home modification must be customized in order to meet the individual’s needs, and the customization will not be compliant with the ADA, UFAS or FHA, it must be prior-approved by ODM or its designee, in consultation with the individual and/or authorized representative and the team 		

[PROVIDER COMPLIANCE INDEPENDENT REVIEW TOOL]

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	<p>working order.</p> <ul style="list-style-type: none"> • Documentation that the home modification services meet all applicable state and local building codes. • Documentation that the home modification meets the individual's needs and complies with the Americans with Disabilities Act (ADA), the Uniform Federal Accessibility Standards (UFAS) or the Fair Housing Act (FHA), as applicable. <p>5123:2-9-54</p>			