

The Ohio Department of Developmental Disabilities (DODD) is committed to assuring that all certified providers receive at least one compliance review during their period of certification.

In order to achieve this result, DODD has prioritized the distribution of reviews as follows:

DODD will complete the following reviews:

- Agency certified waiver providers
- Individual Options (IO) waiver providers who are new to the system and billing within 1st year of certification for the following IO waiver services:
 - Homemaker Personal Care
 - Non-Medical Transportation
 - Adult Day Support
 - Vocational Habilitation
 - Supported Employment – enclave and community
 - Adult Foster Care
- County Board Accreditation
- Licensed Providers
- Adult Day Support
- Non-Medical Transportation
- Vocational Habilitation
- Supported Employment – enclave and community
- Transitions Developmental Disabilities Waiver (for first year)
- SELF Waiver (for first year)
- Non-waiver (county board funded) certified providers

DODD will coordinate with county boards to complete the following reviews:

- Independent waiver providers (except IO new to the system and billing)
- Level 1 only providers
- Ancillary service providers
 - Environment Accessibility Adaptations
 - Home Delivered Meals
 - Informal Respite
 - Interpreter
 - Nutrition
 - Personal Emergency Response
 - Social Work
 - Special Medical Equipment and Supplies

- SELF Waiver (after first year)
- Transitions Developmental Disabilities Waiver (after first year)
- Non-waiver (county board funded) certified providers

Review Formats

- Onsite Review
 - Onsite reviews shall be conducted when there is significant contact between the individual and provider.
- Desk Review
 - Desk reviews are appropriate for services that are very limited or do not involve significant contact between the individual and provider.
 - Ancillary Services
 - Informal Respite

Review Types

- Routine
 - Occurs at least once during each period of certification
- Special
 - Can occur at any time based on credible information
 - MUIs
 - Complaints
 - Results of service monitoring
 - Does not affect the routine review schedule
 - Advance notification to the provider is not required
 - Review can be targeted to specific areas (i.e. Major Unusual Incidents, medication administration)
 - Timelines for issuing compliance summary, submission of Plan of Correction (POC), approval/disapproval of POC, and POC verification remain the same as for regular reviews.

Review Documents

- All compliance reviews will be conducted using the review tools and forms developed by the Department.
- Documents include the following:
 - Initial notification letter/email
 - Review Tool

- Agency
- Independent
- Ancillary services only
- ICF
- Required Documents List
 - Agency
 - Independent
 - Ancillary services only
 - ICF
- Compliance Summary Report
 - Generated from CMO (software used for entering compliance information) for all review types
- POC approval/disapproval email/letter

Compliance Summary Report

- The compliance summary report contains the following elements:
 - Deficiencies
 - Explanation of deficiencies
 - Timeline for submission of POC, if required

Plan of Correction

- POC must be submitted within 14 days of receipt of the Compliance Summary Report
- POC must include the following elements:
 - Description of remediation activities
 - Remediation activities must address both individual specific corrections and systemic corrections to prevent future reoccurrence.
 - Timeline by which the remediation will be implemented
- Reviewer will verify that the POC has been implemented no later than 90 days after approval of the POC.

Appeal of Citations

- Appeals must be submitted within 14 days of receiving the Compliance Summary Report.
- The appeal must include:
 - Basis for the citation appeal
 - Supporting documentation or evidence

- The appeal will not be considered if supporting documentation is not submitted with the appeal request.
- Appeal decisions will be issued to the provider within 10 days of receipt.
- If the appeal is disallowed, the provider must submit a POC for the appealed citation within 14 days.
- If the appeal is allowed, the citation will be removed and a final report issued.

REVIEW TIMELINES

Timeline	Task	Person Responsible
90 Days Prior to Review	1. Provider receives notification that a review will occur	1. Lead Reviewer/Designee
60-45 Days Prior to Review	1. Reviewer makes phone/email contact with provider and sets review date. <ol style="list-style-type: none"> If the provider is non-responsive, follow procedure for non-responsive responders. 2. Reviewer completes individual and staff sample keys. 3. Reviewer sends documents to provider: <ol style="list-style-type: none"> Individual Sample Key Staff Sample Key (if applicable) On-site Required Documents List Review Tool Provider Questionnaire 	1. Lead Reviewer 2. Lead Reviewer 3. Lead Reviewer
60-45 Days Prior to Review	1. Questionnaire to SSA(s)	1. Lead Reviewer
40 Days Prior to Review	1. Obtain Questionnaire from SSA	1. Lead Reviewer or person assigned
On-Site Review	1. On-Site Review <ol style="list-style-type: none"> Entrance Conference File Review Individual Interviews Site Visits - if applicable 	1. Reviewer Team

	<ul style="list-style-type: none"> e. Exit Conference 2. If the provider fails to meet for the review, follow the procedure for non-responsive providers. 	
Desk Review	<ul style="list-style-type: none"> 1. Desk Review <ul style="list-style-type: none"> a. Review of documents submitted by provider 	
7 Days After Completion of the Review	<ul style="list-style-type: none"> 1. No Citations letter/email emailed to provider and county board <ul style="list-style-type: none"> a. Review process is concluded <p style="text-align: center;">OR</p> 2. Compliance Summary and request for a POC is emailed to provider 	<ul style="list-style-type: none"> 1. Lead Reviewer
14 Days After Issuing Compliance Summary	<ul style="list-style-type: none"> 1. Provider supplies POC and/or 2. Provider submits appeal 3. If provider fails to submit a POC, follow the procedure for non-responsive providers. 	<ul style="list-style-type: none"> 1. Provider
Within 10 Days of Receipt of Appeal	<ul style="list-style-type: none"> 1. Appeal decision is issued to the provider. 	<ul style="list-style-type: none"> 1. Review Entity
Within 20 Days of Receipt of POC	<p>POC Approval</p> <ul style="list-style-type: none"> 1. Reviewer emails POC Approval to the provider. The email is copied to the county board contact and includes: <ul style="list-style-type: none"> a. POC Approval Letter b. Completed Compliance Summary c. Individual Sample Key 2. Reviewer sets the Plan of Compliance Verification (POCV) date for no later than 90 days after POC Approval 	<ul style="list-style-type: none"> 1. Lead Reviewer

<p>Within 20 Days of Receipt of POC</p>	<p>POC Disapproval</p> <ol style="list-style-type: none"> 1. If the Reviewer does not approve the POC: <ul style="list-style-type: none"> • Reviewer contacts provider for additional information • If Reviewer is unable to approve the POC after contacting the provider for additional information, the Reviewer emails POC Disapproval and identifies due date for revised POC (14 days from letter). 2. When POC is resubmitted, follow steps for Approval/Disapproval above. 3. If the POC is unable to be approved after three attempts, consult the DODD Review Manager for guidance. 	<ol style="list-style-type: none"> 1. Lead Reviewer
<p>Within 90 Days of POC Approval</p>	<ol style="list-style-type: none"> 1. Reviewer verifies that the provider has implemented the approved POC. 2. Verification may be either: <ul style="list-style-type: none"> • Onsite • Desk review of documents 3. If the POC is unable to be verified after three attempts, consult the DODD Review Manager for guidance. 	<ol style="list-style-type: none"> 1. Lead Reviewer