ANCILLARY PROVIDER REQUIRED DOCUMENTS LIST

The Ancillary Provider Review Tool is used for agency and independent providers of informal respite, interpreter services, specialized medical equipment & supplies, environmental accessibility adaptations, home-delivered meals, nutrition, social work, clinical therapeutic intervention, functional behavior assessment, vehicle modifications, and participant/family stability assistance,

Below is a list of documents that may be reviewed during the compliance review. Please have all written or electronic evidence of these documents available at the beginning of the review. Additional documents may be requested during the review. Depending on the type of waiver and services provided, some items will not apply to the review. If you utilize electronic documentation, you do not need to print documentation for reviewers but will need to make it available to reviewers during the review. **Please contact the reviewer with any questions prior to the onsite review.**

SECTION 1: ALL SERVICES	YES	NO	N/A
1. Waiver service delivery documentation of services and outcomes in the ISP for three months prior to the review for each type of service provided. See required documentation elements in the specific rule for each service. Service Delivery Documentation Crosswalk			
2. Evidence of annual training for the previous calendar year on the following: A. MUI/UI requirements and health and welfare alerts from the previous year			
3. Evidence of appropriate licenses/certifications, as applicable (i.e. Interpreter-Certification with Registry of Interpreters for the Deaf, Nutrition-Dietician, Clinical/Therapeutic Intervention, Functional Behavioral Assessment, Participant/Family Stability Assistance-Counseling Only, Social Work, Vehicle Modifications)			
4. Evidence that the Director of Operations completed the previous year: A. Two hours of department-provided training B. Four hours of training selected by the DOO			
SECTION 2: INFORMAL RESPITE	**YES**	**NO**	**N/A**
1. Evidence of annual training specific to the preferences and needs of the individual as identified in the ISP			
SECTION 3: INTERPRETER	**YES**	**NO**	**N/A**
1. For Agency providers, evidence of one of the following criteria: a. Holds a certification recognized by the registry of interpreters for the deaf; And b. Graduation from an interpreter training program (of a minimum of 2 years) and at least one year of documented experience providing interpreter services, OR			

2. Successful completion of a written test administered by the registry of interpreters for the deaf and at least one year of documented experience providing interpreter services, OR 3. At least two years of documented experience interpreting for people who are deaf or hard of hearing.			
SECTION 4: SPECIALIZED MEDICAL EQUIPMENT & SUPPLIES	**YES**	**NO**	**N/A**
1. Evidence of training to the individual and/or family and others as applicable in the proper use of the equipment.			
SECTION 5: ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS	**YES**	**NO**	**N/A**
1. Evidence the county board verified that the project meets the requirements specified in the approved ISP, was satisfactorily completed, and in compliance with state and local requirements, including building codes?			
SECTION 6: HOME DELIVERED MEALS	**YES**	**NO**	**N/A**
1. Evidence that service delivery documentation contains the following: a. Time that meals were delivered b. Name of person accepting delivery of meals, name of delivery driver or common carrier's tracking statement or returned postage-paid delivery notice c. Number of meals delivered d. Type of meals provided (i.e., kosher, therapeutic, or standard)			
2. Evidence that a licensed dietitian approved and signed all menus and developed all therapeutic meal menus in accordance with the ISP			
3. Unless the provider uses a common carrier for meal delivery, the current roster of delivery drivers who are trained and evidence of available backup staff for scheduled meal deliveries			
4. Evidence that meals were prepared and delivered as follows: a. Deliver the meal at the individual's residence or an alternative location chosen by the individual and specified in the ISP b. Deliver the meal during the range of time specified in the ISP c. On condition of appropriate methods to ensure proper and safe handling by the provider and safe consumption by the individual. i. Deliver evening meal with the noontime meal ii. Deliver all meals for a week at one time during the week when frozen, vacuum-packed, modified-atmosphere-packed, or shelf-stable meals are provided			
SECTION 7: NUTRITION - IO	**YES**	**NO**	**N/A**
1. Evidence of training for the appropriate parties on the individual's dietary program (i.e., individual, family, professionals, paraprofessionals, direct support professionals, habilitation specialists, and vocational/school staff)			

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SECTION 8: CLINICAL THERAPEUTIC INTERVENTION; FUNCTIONAL BEHAVIORAL ASSESSMENT; PARTICIPANT/FAMILY STABILITY ASSISTANCE	YES	NO	N/A
1. AGENCY Only-Personnel Requirements a. List of all staff who provide these services in the agency in the county of review. This list should identify staff name, staff title/position, and the date of employment. b. Evidence of initial and 5-year checks of the following databases: i. Inspector General's Exclusion List ii. Sex Offender and Child Victim Offenders Database iii. U.S. General Services Administration System for Award Management (SAM) database iv. Database of Incarcerated and Supervised Offenders v. Abuser Registry vi. Nurse Aide Registry vii. Ohio Department of Medicaid Exclusion & Suspension List c. Initial BCII check with valid reason code d. Initial FBI check or verification of 5-year residence in Ohio at time of hire e. 5-year FBI check, if applicable, and 5-year BCII checks for any direct service employees who could not be enrolled in Rapback (must contain valid reason code) f. Evidence that direct service staff have been enrolled in Rapback g. Evidence that the employee signed an attestation statement verifying that the employee will notify the employer in writing within 14 days if ever charged with, is convicted of, pleads guilty to, or is found eligible for intervention in lieu of conviction for a disqualifying offense <u>as well as</u> has a statement verifying that the employee has never been convicted of, pleaded guilty to, or been found eligible for intervention in lieu of conviction for a disqualifying offense			
SECTION 9: VEHICLE MODIFICATIONS	**YES**	**NO**	**N/A**
1. Evidence of written warranty against defective workmanship lasting at least one year from the date of final acceptance of the work and written statement that all materials furnished and installed perform their advertised function			
2. Evidence the provider is not the owner of the vehicle that was modified			
SECTION 10: SOCIAL WORK	**YES**	**NO**	**N/A**
1. See Section 1 Above.			