

AGENCY PROVIDER REQUIRED DOCUMENTS LIST

The Agency Provider Review Tool is used for agency and licensed facility providers of assistive technology, career planning, vocational habilitation, individual employment support, group employment support, adult day support, non-medical transportation, money management, community respite, transportation, self-directed transportation, health care assessment, homemaker/personal care, participant directed homemaker personal care, shared living, residential respite, remote support, waiver nursing, and waiver nursing delegation.

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 onsite review. Additional documents may be requested during the onsite 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: SERVICE PLANNING for individuals in sample <i>Information needed for this section will be obtained from the County Board</i>	YES	NO	N/A
SECTION 2: MEDICATION ADMINISTRATION for individuals in sample <i>(if applicable)</i>	YES	NO	N/A
1. Nursing Delegation: <ul style="list-style-type: none"> a. A statement of delegation, b. Evidence the nurse provided individual-specific training to DSPs prior to the performance of delegated tasks, c. Evidence of ongoing reassessment but at least annually d. Step-by-Step written instructions of the task e. Nurse observed and documented a satisfactory return demonstration of the nursing task. 			
2. Name and credentials of the nurse providing delegation (if applicable)			
SECTION 3: BEHAVIOR SUPPORT for individuals in sample <i>(if applicable)</i>	YES	NO	N/A
1. Record of the date, time, duration, and antecedent factors for each use of a restrictive measure, <i>if applicable</i> and evidence of notification to the guardian if any uses of chemical restraints, manual restraints, or time-out, <i>if applicable</i>			
2. Evidence the record of restrictive measures that were implemented were shared with the individual, guardian (if applicable) and team whenever the person's behavioral support strategy was reviewed or reconsidered			
3. DSP training on restrictive measures			
SECTION 4: PERSONAL FUNDS for individuals in sample <i>(if applicable)</i>	YES	NO	N/A
1. Documentation related to assistance with personal funds for the last 3 months, including ledgers, receipts (if required), bill payments, reconciliations of all accounts			

AGENCY PROVIDER REQUIRED DOCUMENTS LIST

2. Current room and board contract, with evidence individuals pay room and board or receive excess funds as required by the contract (<i>licensed settings only</i>)			
SECTION 5: SERVICE DELIVERY & DOCUMENTATION for individuals in sample	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. Medication Administration Records (MAR) and Treatment Administration Records (TAR) for the months requested above for individuals in the sample who receive medication administration and/or treatments			
3. Evidence of medical and dental appointments (if a responsibility of the provider to coordinate) for the past 12 months			
4. Current medication, treatment, and/or physician's orders for individuals in the sample who receive medication administration			
5. Additional Waiver Nursing services documentation (<i>if applicable</i>): <ul style="list-style-type: none"> a. Individual record/Plan of Care (485) b. Clinical notes or progress notes c. Documentation of face-to-face visits 			
6. For providers of employment services (including Vocational Habilitation), evidence that a written progress report was submitted to the individual's team at least every twelve months.			
7. If billing the community integration rate for ADS or VH, any evidence the service was provided in-person in integrated settings in groups of four or fewer individuals			
8. Documentation demonstrating policies and practices in place to support compliance with the Centers for Medicaid and Medicare Services (CMS) Settings Rule <ul style="list-style-type: none"> a. Access b. Rights c. Independence d. Choice 			
This information will be used to answer 5.012, 5.013, 5.014, and 5.015			
9. Documentation demonstrating that waiver services are delivered in a manner which supports each individual's full participation in the greater community, considering their individual choices, preferences, and needs			
10. Documentation demonstrating usage of EVV			
SECTION 6: MUI/UI	YES	NO	N/A

AGENCY PROVIDER REQUIRED DOCUMENTS LIST

1. MUI and UI reports for the 12 months prior to the review date, including notifications, reporting, follow-up on incident, and evidence the UI was investigated. <i>Please be prepared to pull incident reports as requested by the reviewer</i>			
2. If no incidents have occurred within 12 months prior to the review date, please provide a template of an incident report to be used in the event of an incident			
3. UI Log(s) and evidence of monthly UI reviews for the months requested above, even if no incidents occurred			
4. Most recent MUI Annual Analysis/Summary and evidence that it was sent to the County Board			
5. Evidence that UI report, documentation of patterns and trends, and corrective actions were made available to the CB and Department upon request.			
6. Evidence that the applicable Appendix Review Form was completed and submitted to the County Board for any potential or determined MUI for law enforcement, unanticipated hospitalization, and unapproved behavior support.			
7. Evidence that the written incident report was submitted to the County Board for any potential or determined major unusual incident			
SECTION 7: PERSONNEL/POLICY for DSPs in the sample	YES	NO	N/A
1. Evidence of initial and 5-year checks of the following databases for all applicants for/employees in direct services positions: <ul style="list-style-type: none"> a. Inspector General’s Exclusion List b. Sex Offender and Child Victim Offenders Database c. U.S. General Services Administration System for Award Management (SAM) database (manual @ 5-year check if using ARCS) d. Database of Incarcerated and Supervised Offenders e. Abuser Registry f. Nurse Aide Registry g. Ohio Department of Medicaid Exclusion & Suspension List Required checks with clickable links			
2. Initial BCII check with valid reason code for all employees in direct services positions			
3. Initial FBI check or verification of 5-year residence in Ohio at time of hire for all employees in direct services positions			
4. 5-year FBI check, <i>if applicable</i> , and 5-year BCII checks for any direct service employees who could not be enrolled in Rapback (must contain valid reason code)			

AGENCY PROVIDER REQUIRED DOCUMENTS LIST

5. Evidence that employees in direct services positions have been enrolled in Rapback with date of enrollment and evidence that Rapback hits were addressed (i.e., viewed rap sheet log and action taken).			
6. Evidence that employees in direct services positions 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 as well as 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 <i>Sample attestation form is available on DODD's website found here</i>			
7. Evidence of current LPN/RN license <i>if applicable</i>			
8. Evidence of current CPR and First Aid certification that includes evidence of in-person skills demonstration			
9. Evidence of appropriate certifications and HSD/GED if the DSP administers medication, insulin injections, G tube, J tube, or performs health related activities, <i>if applicable</i>			
10. Evidence of training for vagus nerve stimulator, prescribed epinephrine either by autoinjector or intranasally, and/or administration of topical over-the counter medication for the purpose of cleaning, protecting, or comforting the skin, hair, nails, teeth, or oral surface, <i>if required by a person the DSP supports</i>			
11. For DSPs that transport individuals, please provide the following: a. Evidence of initial driver's abstract (free online abstract available via BMV website is acceptable) b. Evidence of driver's abstract every three years c. Evidence of valid driver's license d. Evidence of current insurance policy for vehicles used for individuals identified in sample (includes private and/or agency policies)			
12. Evidence that DSPs completed required training prior to providing services. <u>Training provided or arranged by the agency/operator in:</u> (a) Mission, vision, values, and organizational structure of the agency or residential facility (b) Agency policies, procedures, and work rules (c) Overview of services provided by the agency/facility (d) Service documentation that supports billing (e) Overview of fire safety and emergency procedures (licensed facility only) <u>Training provided by DODD or using DODD's curriculum in:</u> (a) Empathy-based care (b) Role of a DSP including "National Alliance for Direct Support Professionals" code of ethics (c) Rights of individuals (d) Implementation of ISPs and service outcomes			

AGENCY PROVIDER REQUIRED DOCUMENTS LIST

<ul style="list-style-type: none"> (e) Recognizing and reporting MUIs and UIs (f) Universal precautions 			
13. Evidence that the DSP received training specific to each individual he/she supports prior to providing direct services.			
14. If billing the competency-based add-on, verification that DSP meets the training and longevity requirements.			
15. For DSPs, evidence that they completed annual training during the previous year: <ul style="list-style-type: none"> a. Two hours of training provided by the Department or by an entity using department-provided curriculum b. Six hours of training provided or arranged by the agency provider 			
16. Evidence that the Director of Operations/Administrator completed the previous year: <ul style="list-style-type: none"> a. Two hours of department-provided training b. Four hours of training selected by the DOO 			
17. For DSPs hired after 1/1/22 in non-licensed settings and after 3/1/23 in licensed settings, evidence that within thirty days of hire, DSPs completed training provided or arranged by the provider in <ul style="list-style-type: none"> a. Person-centered planning and provision of services b. Facilitating community participation and integration for individuals served c. Provisions of rule 5123-17-02 of the Administrative Code relevant to the direct support professional's duties including a review of health and welfare alerts issued by the department. d. Empathy-based care e. For licensed facilities only and specific to each residential facility in which the DSP works, training in fire safety, operation of fire safety equipment and warning systems, and the residential facility's fire safety and emergency response plan. 			
18. For day waiver services, evidence that within thirty days of hire, all direct support professionals received training in: <ul style="list-style-type: none"> a. Supports that comprise the service (i.e., adult day support, vocational habilitation, group employment support etc.), including the intent of the service b. Signs and symptoms of illness or injury and procedure for response c. Site/building specific emergency response plans d. Program specific transportation safety <p style="margin-left: 20px;">AND</p> <ul style="list-style-type: none"> e. During the first year of employment direct service professionals with less than a year experience were provided with: f. A mentor, and 			

AGENCY PROVIDER REQUIRED DOCUMENTS LIST

g. Eight hours of training specific to the day waiver service.			
19. Evidence of a process for providing annual written notice about the conduct for which an employee can be included on the abuser registry			
20. If the agency/licensed facility utilizes direct support assistants, evidence they have followed the limitations of this position			
SECTION 8: TRANSPORTATION <i>if applicable</i> Reviewers may ask to see vehicles that are used to transport individuals	YES	NO	N/A
1. Evidence of daily pre-trip inspections for the most recent three months for Non-Medical Transportation in a modified vehicle or a vehicle equipped to transport five or more passengers.			
2. Evidence of daily pre-trip inspections for the previous three months for routine transportation in a modified vehicle.			
3. Evidence of current annual vehicle inspection for Non-Medical Transportation in a modified vehicle or a vehicle equipped to transport five or more passengers.			
SECTION 9: PHYSICAL ENVIRONMENT <i>if applicable</i>	YES	NO	N/A
1. If services are provided in licensed facility or provider-owned setting(s), evidence of residency agreement(s) with required elements <i>Not required in settings where a person receives shared living from a caregiver who is related to the person</i>) Provider Owned-Controlled Decision Tree			
2. If services are provided in provider-controlled residential setting(s), evidence of lease(s) with required elements Provider Owned-Controlled Decision Tree			
3. Written record of fire and tornado drills for the last 12 months (licensed facilities only)			
4. Evidence of emergency response/fire plan (<i>licensed settings only</i>)			
5. Evidence that individuals have received training on the fire safety plan and the emergency response plan within 30 calendar days of residence and at least once during every 12-month period thereafter (<i>licensed settings only</i>)			
6. Evidence of annual fire, water, and sewer inspections (as applicable) (<i>licensed facilities only</i>)			
SECTION 12: REMOTE SUPPORT for individuals in the sample <i>if applicable</i> Required to be provided during a compliance review for the provider billing for the remote support service.	YES	NO	N/A
1. Evidence of initial and ongoing training to the DSP and the individual on the use of the remote monitoring system as specified in the service plan			

AGENCY PROVIDER REQUIRED DOCUMENTS LIST

2. Evidence the remote monitoring occurred in real time by awake staff at a monitoring base and by staff with no other duties during the time they were providing the remote support service			
3. Evidence that the remote support vendor has an effective system for notifying emergency personnel			
4. Evidence that staff have detailed and current written protocols for responding to an individual’s needs as specified in the service plan, including contact information for the backup support person			
SECTION 13: ASSISTIVE TECHNOLOGY for individuals in the sample <i>if applicable</i>	YES	NO	N/A
1. Evidence that the assistive technology support provider provided training on the use of the assistive technology equipment			
2. Evidence that the assistive technology equipment provider maintained a list of installed assistive technology equipment			
3. For assistive technology consultation, documentation showing the required pieces outlined in 5123-9-12 and asked on 11.004			

AGENCY PROVIDER REQUIRED DOCUMENTS LIST

Use this guide for the information to provide the reviewer with information necessary to identify a staff sample for your review. Please include the DOO/Administrator, Supervisors of DSPs, DSPs, and DSP Assistants.

Full Name	Date of Employment (DOE)	Job Title (i.e., DOO, DSP, Supervisor of DSPs, Support Staff, DSP Assistant)	Services Provided (e.g. HPC, NMT, ADS, etc.)	Competency based add-on? (Y/N)	Administer Medication? (Y/N)	Transport Individuals ? (Y/N)
		Director of Operations (agency review) or Licensed Facility Administrator (licensure review)				