Ashtabula County Board of Developmental Disabilities

DSP of the Month

Khaila Miller

I have watched Khaila evolve from when I first started until now. She was a DSP with our individuals, and now, 3 years later, she is the operations manager for A Lasting Impression day program in Dorset for almost 1 year now. What I appreciate the most about her is that she will reach out if she needs help or if she is unsure about something. She's not afraid to talk through it. She looks at the numbers, as everyone in this room would appreciate, to ensure services are authorized, and if they are not, let's talk about it. A guy we serve together tells me he's happy to see her at day program and she makes the day better. She has grown so much as a professional in this field as well as personally, and that deserves to be recognized. While I believe she has been nominated for DSP of the Month 22 times now, I felt another nomination wouldn't hurt anyone. Thank you for all that do and will continue to do. Congratulations!

DSP of the Month

Matthew Woodburn

Jeremy-
Matt is a great staff. He takes me swimming and helps me in the pool during my class. He helps me be able to jump in the pool. Matt likes to go with me places such as the movies and to get ice cream. Matt is always willing to cover shifts at my hours when people call off. Matt makes sure I get to my medical appointment and takes care of me. Matt makes me laugh and is a good buddy.

Miriah
Matt is a very nice young man who is new to this field. He is always willing to take Jeremy's and his roommate's place and do new things. Matt will come in early and stay late when asked. He is very good with both of the boys. You can tell he cares about them and enjoys his job. He has ensured Jeremy is able to go to his swimming class and helps with him in the pool during the class. He is always willing to help them and ensure they get to do the things they want to do. I am grateful to have Matt in their lives. Thank you Matt for everything you do. It's truly appreciated.

DSP of the Month

Areona Clark

Areona is an exceptionally positive, upbeat, and caring Direct Support Professional who has made a meaningful impact on the lives of the two gentlemen she supports. She has built strong, trusting relationships with both of them, and they genuinely enjoy spending time with her. They often share that she takes excellent care of them, makes them look their best, and is always fun to be around.

Areona goes above and beyond by taking the gentlemen on walks, attending community events with them, and encouraging them to stay active and engaged. She also plans special movie nights at the home, creating a fun, relaxing environment where they can spend quality time together. These evenings have become something the gentlemen truly enjoy and look forward to. She takes the time to listen to their concerns, values their opinions, and ensures their needs are met with compassion and respect.

Although Areona is newer to the field and one of the younger members of the team, she demonstrates a level of dedication and professionalism beyond her experience. Her enthusiasm for her work is evident in everything she does. She is always happy to see the gentlemen and consistently ensures they are well-groomed and presentable before leaving the home. She also takes pride in maintaining a clean, organized, and welcoming home environment.

Areona is a dependable team member who is always willing to help. She frequently volunteers to work on her days off or pick up additional shifts when coverage is needed, showing her commitment to both the individuals she supports and her coworkers.

Even on challenging days, Areona maintains her positive attitude and provides patient, compassionate support. Her kindness, sense of humor, and genuine care help the gentlemen feel safe, valued, and happy. It is clear that she truly loves her job, and that passion shines through in the quality of care she provides every day. Areona has been an incredible addition to the team, and the gentlemen absolutely love when she is working. Her creativity, compassion, and dedication have helped make their house feel like a true home.

SSA Department

Linda Reigelman, Director
Service and Support Administration

Direct Line: 440-335-1556
Cell: 440-983-8313
On-call: 440-812-0553
Fax: 440-466-7047
Email: linda.reigelman@ashtabuladd.org

2505 South Ridge Road East
Ashtabula, Ohio 44004
www.ashtabuladd.org

Lisa Fuller-Grippi, SSA Manager
Service and Support Administration

Direct Line: 440-335-1552
Cell: 440-969-0846
On-call: 440-812-0553
Fax: 440-466-7047
Email: lisa.fuller@ashtabuladd.org

2505 South Ridge Road East
Ashtabula, Ohio 44004
www.ashtabuladd.org

Jamie Woodin, SSA Manager
Service and Support Administration

Direct Line: 440-335-1539
Cell: 440-841-1259
On-call: 440-812-0553
Fax: 440-466-7047
Email: jamie.woodin@ashtabuladd.org

2505 South Ridge Road East
Ashtabula, Ohio 44004
www.ashtabuladd.org

Stephanie Chizmadia,
SSA Manager/Medicaid Manager
Service and Support Administration

Direct Line: 440-335-1560
Cell: 440-969-0855
On-call: 440-812-0553
Fax: 440-466-7047
Email: stephanie.chizmadia@ashtabuladd.org

2505 South Ridge Road East
Ashtabula, Ohio 44004
www.ashtabuladd.org

SSA Department

InterRAI update

- Jaylene, our InterRAI assessor, has completed our sample group that was selected by DODD to have the InterRAI assessment completed by the end of June.
- She is now working on congregate settings and then will be moving to anyone who receives Ohio Shared Living. This timeline and the groups selected have been determined by DODD.
- So far, she has had a good experience with conducting the assessments. Individuals and their guardian and/or provider have asked great questions.

SSA Department

New MSS

Providers

Reminders-

- Once a person has a new waiver span on or after 7/1/26, all services will only appear in New MSS.
- If you do not see them in New MSS, check legacy, as they may not have been transitioned over yet.
- New MSS is now available for providers to gain access. DODD has encouraged any provider struggling to gain access to reach out to them directly to help troubleshoot.

  If you have any questions or need assistance, please email msssupport@dodd.ohio.gov.

-

SSA Department

New MSS

DODD shared Provider Roles in MSS:

- **MSS Provider Admin:** Assigned via Provider Services Management (PSM); read-only access; approves/denies user roles; edit access to the Monthly Rate Calculator (MRC) actuals if designated.
- **MSS Provider Operations:** Requestable; read only; MRC editing if designated; approved by the Provider Admin.
- **MSS Provider Read Only:** Requestable; read only; approved by the Provider Admin.
- **Billing Agent:** Requestable by contracted billing agents; read-only; MRC editing if designated; approved by the Provider Admin.

If the MSS Provider Admin denies or revokes a role, the user loses access.

SSA Department

To help providers become familiar with the new MSS, DODD will hold a live webinar on Monday, July 13, from 1:00 PM–2:00 PM.

Register for the webinar here:
DODD Events Registration Page

In addition to the webinar, DODD will provide weekly office hours for providers who have questions or would like additional support:

- Wednesday, July 8 | 2:00 PM–3:00 PM
- Thursday, July 16 | 2:00 PM–3:00 PM
- Thursday, July 23 | 2:00 PM–3:00 PM
- Wednesday, July 29 | 2:00 PM–3:00 PM

ISS Department

Jim Kemmerle, Manager
Investigative Services & Support

Office: 440-335-1573
Cell: 440-983-7002
Fax: 440-224-3696
After Hours Emergency: 440-812-0553
Email: james.kemmerle@ashtabuladd.org

2505 South Ridge Road East
Ashtabula, Ohio 44004
www.ashtabuladd.org

Paul Reynolds, Investigative Agent
Investigative Services & Support

Office: 440-335-1568
Cell: 440-983-7352
Fax: 440-224-3696
After Hours Emergency: 440-812-0553
Email: paul.reynolds@ashtabuladd.org

2505 South Ridge Road East
Ashtabula, Ohio 44004
www.ashtabuladd.org

Ann Simeone, Investigative Agent
Investigative Services & Support

Office: 440-335-1589
Cell: 440-983-3744
Fax: 440-224-3696
After Hours Emergency: 440-812-0553
Email: ann.simeone@ashtabuladd.org

2505 South Ridge Road East
Ashtabula, Ohio 44004
www.ashtabuladd.org

Sierra Taylor, Executive Assistant
Investigative Services & Support

Office: 440-335-1532
Cell: 440-813-9314
Fax: 440-224-3696
After Hours & Emergency: 440-812-0553
Email: sierra.taylor@ashtabuladd.org

2505 South Ridge Road East
Ashtabula, Ohio 44004
www.ashtabuladd.org

Joshua’s Alert

H.B. 359, signed by Governor DeWine on 06/18/2026, takes effect on 09/17/2026

Amends O.R.C. 5502.522 (Statewide Emergency Alert System)

Aids in identification and location of a missing person with a mental impairment, ASD, or DD, or is 65 or older, who is incapable of returning without assistance, **and** whose disappearance poses a threat of immediate danger of serious harm or death

ISS Department

ISS Department

Joshua's Alert

Threat of immediate danger of serious harm or death automatically occurs if the person is non-verbal, has limited communication ability, or is unable to seek help or ensure their own safety

If the missing person is under 18 years of age and has either ASD or a DD diagnosis, law enforcement **SHALL** notify the emergency alert program

ISS Department

2026 Summer Safety Alert

Good preparation is key to summer safety for people with developmental disabilities, so they can avoid health risks such as dehydration, sunburn, and water-related accidents.

Fast Facts

- In 2025, five people with developmental disabilities died due to drowning, compared to two in 2024. Source: Ohio Incident Tracking and Monitoring System (OhioITMS)
- According to the National Autism Association (NAA), in 2024, 91% of U.S. wandering fatalities were caused by drowning, and on average, seven children with autism die per month after wandering or bolting away, primarily from drowning.
- More than 61 people were hospitalized due to dehydration last year. (OhioITMS)

2026 Summer Safety Alert

Dehydration

Dehydration is the loss of body fluids and electrolytes due to sweating and inadequate intake of water. Drinking alcohol or caffeine, such as coffee, tea, or pop, can make someone dehydrated.

Some Signs Include:

- Heat exhaustion
- Headache
- Nausea or vomiting
- Fainting
- Blurred vision
- Confusion
- Decreased urine output or urine that is concentrated and appears dark
- Sunken eyes
- Wrinkled or saggy skin; decreased skin elasticity
- Extreme dryness in the mouth
- Fever or temperature higher than 102 degrees
- Severe pain or blistering of the skin

If dehydration is suspected, rehydration is the key to preventing further complications. Remember to drink at least eight glasses of water per day.

Sunstroke or heat stroke is a serious, life-threatening condition when the body is exposed to hot temperatures for long periods of time.
If sun or heat stroke is suspected, **seek medical attention immediately** for this condition, which occurs because of overexposure to the sun's ultraviolet rays.

The risk of sunburn is higher for people with fair skin, blue eyes, and red or blonde hair. People with darker skin tones can also burn. Taking certain medications or having compromised skin also increases the risk

2026 Summer Safety Alert

Factors That Can Increase the Risk for Heat-Related Illness

- Age: Infants/young children, and older adults (over 65 years of age) are more at risk
- Medical Conditions (particularly if chronic): Heart disease, hypertension, respiratory illness, diabetes, excess weight/obesity
- Medications:

Almost all psychotropic medications except benzodiazepines (e.g. anti-anxiety drugs, sedatives).
Others: Diuretics/water pills, antiparkinsonian/anticholinergic medications, amphetamines, beta-blockers, calcium channel blockers, sinus and allergy medicines
Sedatives and opioids can lead to drowsiness, which may decrease awareness of overheating. This can also occur with alcohol use.

*Note: Other medications can also affect heat tolerance. Check with your doctor or pharmacist about your medications.
Street drugs: Hallucinogens (LSD, psilocybin), cocaine/ crack and stimulants (methamphetamine), ecstasy/ MDMA, PCP, bath salts, anabolic steroids/muscle- building drugs

For complete list, visit dbh.ohio.gov/about-us/media-center/news/2025-heat-related-illness-brochure

2026 Summer Safety Alert

Preventing Sunburn

- Avoid the sun between 10 AM and 4 PM
- Wear a hat, especially if hair is thin on top of head
- Reapply sunscreen every two to three hours, or more if swimming
- Remember, sunburn can happen on cloudy days
- Use sunscreen with SPF 15 or higher 30 minutes before going outside
- Try to stay in the shade
- Use lip balm with SPF included
- Put on sunglasses with 100 percent UV protection

Preventing Hot Car Deaths

People with intellectual and developmental disabilities (IDD) are at high risk of suffering heat stroke, other injuries, or even dying if left unattended in a car during the summer months.

Leaving a person alone for less than 10 minutes can cause serious harm, as they may not be able to call for help. Others at risk include infants and young children, elderly adults, and people who are overweight or who have chronic medical conditions, including those taking medications such as psychotropic medications and diuretics.

Always remember:

Never leave anyone in a parked car, no matter what the reason or for how long.
Cracking the window does not protect people from heatstroke when left in a vehicle during hot temperatures.

2026 Summer Safety Alert

Water Safety

According to the Center for Disease Control (CDC):

- More children ages 1-4 die from drowning than any other cause of death.
- Drowning is the second leading cause of unintentional injury death for children ages 5-14.
- Direct support professionals (DSPs) should know each person's ability to be safe in and around water. For children, some people with Autism, and those who are at risk around water, take the following steps:

  - ➔ Identify nearby water hazards (bathtubs, pools, hot tubs, and other bodies of water).
  - ➔ Ensure that precautions such as locks, pool covers, alarms, and fences are in place and checked frequently.
  - ➔ Make sure your family, friends, neighbors, service providers, and babysitters know about specific risks (water safety and wandering) so they can ensure safeguards are in place.
  - ➔ Encourage swimming lessons or water safety classes.
  - ➔ When swimming is planned, make sure the responsible staff are comfortable being in the water and providing close supervision and has first aid and CPR training.
  - ➔ Use life jackets or other flotation devices.
  - ➔ Watch for someone who is too tired, cold, far from safety, getting too much sun, or doing strenuous activity.

2026 Summer Safety Alert

Bug Bites

To prevent bug bites:

- Anytime you're outdoors, wear protective clothing whenever possible, including long sleeve shirts, pants, and especially a hat.
- Use DEET-based insect repellents. When used correctly, DEET is approved for safe use in children and pregnant women, except for infants younger than 2 months. For children, the American Academy of Pediatrics recommends products containing 10%-30% DEET
- Eliminate or avoid standing pools of water.
- Check exposed skin for ticks while in the woods and do a full-body tick check afterward, including your scalp, with help from someone else. A tick that's walking on your skin and not yet attached isn't transmitting disease. Ticks that are firmly attached are feeding, so removing them early is key to preventing illness.

Learn more at health.osu.edu/health/family-health/guide-to-bites-stings-rashes

QCO Department

Manda Jackson, Director
Quality and Community Outreach

Office: 440-335-1586
Cell: 440-983-3218
After Hours & Emergency: 440-812-0553
Email: manda.jackson@ashtabuladd.org

2505 South Ridge Road East
Ashtabula, Ohio 44004
www.ashtabuladd.org

Lesley Michelson, QAPR Specialist
Quality and Community Outreach

Office: 440-335-1538
Cell: 440-812-4912
After Hours & Emergency: 440-812-0553
Email: lesley.michelson@ashtabuladd.org

2505 South Ridge Road East
Ashtabula, Ohio 44004
www.ashtabuladd.org

Angela Thomas, Community Outreach Specialist
Quality and Community Outreach

Direct Line: 440-335-1563
Cell: 440-983-3216
After Hours & Emergency: 440-812-0553
Email: angela.thomas@ashtabuladd.org

2505 South Ridge Road East
Ashtabula, Ohio 44004
www.ashtabuladd.org

Andrea Klimko, Provider Support & Technology
Quality and Community Outreach

Office: 440-335-1565
Cell: 440-983-3897
After Hours & Emergency: 440-812-0553
Email: andrea.klimko@ashtabuladd.org

2505 South Ridge Road East
Ashtabula, Ohio 44004
www.ashtabuladd.org

Haylee Mott, Community Outreach Specialist
Quality and Community Outreach

Office: 440-335-1588
Cell: 440-417-2127
After Hours & Emergency: 440-812-0553
Email: haylee.mott@ashtabuladd.org

2505 South Ridge Road East
Ashtabula, Ohio 44004
www.ashtabuladd.org

QCO Department

NPI Requirements

The Ohio Department of Developmental Disabilities (DODD) sent emails to providers if the Ohio Department of Medicaid (ODM) did not have a record of the provider's NPI number in the Provider Network Management System (PNM).

Providers that do not have an NPI associated with their provider record in PNM can add the NPI by accessing the Edit Key Provider Identifiers link in PNM's **Edit Key Identifiers - Quick Reference Guide**.

Ohio will soon start revalidating currently active Medicaid providers and will not revalidate providers without an NPI. DODD expects that all providers will obtain an NPI within 30 days.

QCO Department

Claims reviews effective: August 1, 2026

Starting August 1, 2026, during regular compliance reviews, reviewers will validate a small random selection of 15-minute Homemaker/Personal Care (HPC) claims paid during the last three months (or the most recent three months that the provider has billed).

This process will eventually expand to include additional services and billing units.

QCO Department

Claims reviews effective: August 1, 2026

Providers are already required by the service-specific rules to maintain all service documentation in an accessible location.
All service documentation for **all people served** over the previous three months at the review, in electronic or physical form.

This is not limited to the people in the Sample Key.
If a provider is unable to provide the required service documentation for a selected claim, or the documentation does not meet the requirements of the rule, the claim is subject to repayment/recovery by the department.

Independent & Agency Provider Required Document List

SECTION 5: SERVICE DELIVERY & DOCUMENTATION for all persons served by the provider
Waiver service delivery documentation of services and outcomes in the ISP for three months prior to the review for all types of service provided and all persons served
SECTION 5: SERVICE DELIVERY & DOCUMENTATION for individuals in sample
1. Waiver service delivery documentation of services and outcomes in the ISP for the three months prior to review date for each type of service provided. See required documentation elements in the specific rule for each service. Service Delivery Documentation Crosswalk

Service Delivery Documentation Crosswalk

QCO Department

Agency Tool Update

CORE . Serv Del DOC . Question #5.022
Does the service documentation validate claims for payment submitted to the department?

5123-9-06; 5123-9-40; 5123-9-37; 5123-9-39; 5123-9-20; 5123-9-24
Review selection of claims to ensure it contains:

- Type of Service
- Date of Service
- Place of Service
- Name of person receiving service
- Medicaid ID number of person receiving service
- Name of Provider
- Provider identifier/contract number
- Signature or initials of person delivering the service
- Group size
- Description of details of the services delivered
- Description related to the services specified in the ISP
- Number of units of the delivered service or continuous amount of uninterrupted time during which the service was delivered
- Time the delivered service started and stopped

Do the units of service billed match the service documentation?

QCO Department

Independent Provider Tool Update

CORE . Serv Del DOC . Question #5.017
Does the service documentation validate claims for payment submitted to the department?

5123-9-06; 5123-9-40; 5123-9-37; 5123-9-39; 5123-9-20; 5123-9-24
Review selection of claims to ensure it contains:

- Type of Service
- Date of Service
- Place of Service
- Name of person receiving service
- Medicaid ID number of person receiving service
- Name of Provider
- Provider identifier/contract number
- Signature or initials of person delivering the service
- Group size
- Description of details of the services delivered
- Description related to the services specified in the ISP
- Number of units of the delivered service or continuous amount of uninterrupted time during which the service was delivered
- Time the delivered service started and stopped

Do the units of service billed match the service documentation?

QCO Department

Transportation Claims Update for PDHPC Providers

What's Changing

Starting July 1, 2026, DODD will begin using a new, modern system for provider claims. This change affects Participant Directed Homemaker/Personal Care (PDHPC) providers who also provide non-self-directed transportation that is paid per mile.

This includes the billing codes: ATN, FTN, STN, ATO, FTO, STO

In the past, these mileage claims were sent to GT Independence, and GT issued the payments. Beginning July 1, 2026, this process will change.

What You Need to Do

For services provided on or after July 1, 2026:

- PDHPC transportation providers who bill per mile using codes ATN, FTN, STN, ATO, FTO, and STO must submit transportation claims through eMBS, the electronic Medicaid Billing System.
- DODD will issue payment for these transportation claims instead of GT Independence.

For services provided before July 1, 2026:

- Any older transportation claims that have not yet been submitted should still be sent to GT Independence.

Reminder: Providers have 350 days from the date of service to submit a claim.

QCO Department

Sub Bill 315

- Snap Benefits
- EVV for in-home Care services
- EVV for nonemergency medical transportation services
- EVV dashboard
- Provider enrollment
- Provider agreement
- Collection of overpayment
- Provider revalidation

Share Your Story About Your DSP

September is Direct Support Professional (DSP) Appreciation Month!

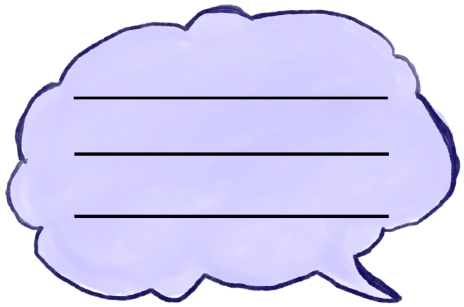
Direct Support Professionals help the people they support build skills,reach goals, make choices, and live the lives they want.

This year, we want to celebrate DSPs by sharing YOUR voice.

Five selected quotes will also be featured during this years DSP Appret.

Because of you... Anything is possible

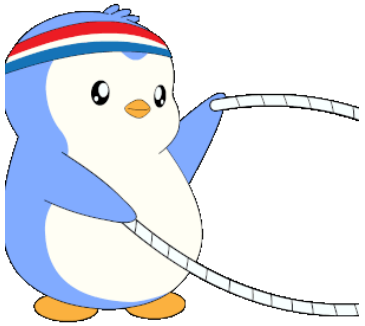
Becasue of you...



Complete the sentence to share with us what your DSP has helped you accomplish

QCO Department

DODD Training Opportunities



- July 14, 2026- Professional Self-Employment Lunch and Learn
- July 15, 2026- Statewide Behavior Support Workshop
- July 30, 2026- Provider responsibilities with UIs and MUIs
- August 27, 2026- Shared living
- September 17, 2026- Med Admin and QARNs- What providers need to know.
- September 18, 2026- Tech Summit 2026
- October 29, 2026- Personal funds
- What works for work virtual Training (9-month online learning series)

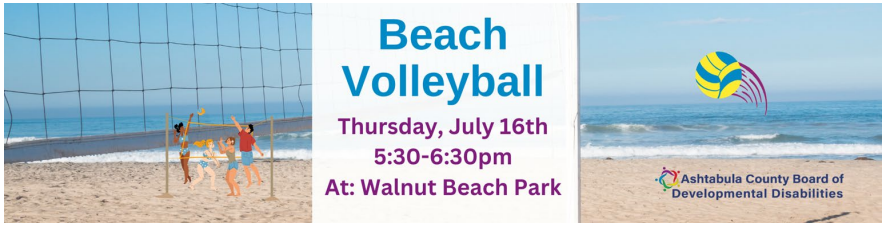
QCO Department

Training Offered

MUI Refresher Training **as requested**
Initial Medication Certification Category 1 **7/27/2026 + 7/28/2026 BOTH DAYS**
Initial Provider Training **9/09/2026**
Annual Provider Training **8/12/2026**
CPR/First Aid Blended Learning **9/01/2026**
Initial Medication Administration Category 2 & 3 **8/17/2026**
Renewal Medication Certification Category 1, 2 & 3 **8/18/2026**
AEGIS Crisis Prevention & De-Escalation **9/15/2026**
Provider Orientation **8/18/2026**
Provider Open Office Hours **8/04/2026**
Trauma Informed Care Training **8/26/2026 10am-2pm** **REGISTRATION REQUIRED**

All classes listed above are open for registration on the Ashtabula County Board of Developmental Disabilities website under the Provider support tab. https://www.ashtabuladd.org/

Community Inclusion activities



QCO Department

QCO Department

And So Much More!

AUTHOR VISIT
KATE & ZAC CHURCH
AUGUST 7
FRI
10:30AM
Walnut Beach Inclusive Playground

Ashtabula County Board of Developmental Disabilities

Harbor Topky Memorial Library

Friday, August 14th, 2026 at 3:00pm

The Hearts of Gold Livestock show will showcase the talents of special needs youth and adults from Ashtabula County, as they pair up with a 4-H show buddy.

Participants will be matched with a 4-H mentor, have the opportunity to meet with them prior to the Fair, and receive free entry to the Fair on Friday to participate.

All participants are expected to be accompanied by a support staff the day of the show.

Ashtabula County People First of Ohio

When: Meetings are held the 3rd Friday of each month from 5:00pm-6:30pm

Where: Vitality Supported Living
471 Madison Street Conneaut, OH
(Parking lot and door on Route 20)

Ashtabula County Kiwanis AKTION CLUB

When: Meetings are held the 3rd Monday of each month from 6:00pm-8:00pm

Where: Ashtabula County Board of DD
(2505 South Ridge Road East Kingsville, OH 44004)

Toni Scurpa, Superintendent
Ashtabula County Board of Developmental Disabilities

Board Office: 440-335-1587
Direct Line: 440-335-1581
Cell: 440-650-4130
Email: toni.scurpa@ashtabuladd.org

2505 South Ridge Road East
Ashtabula, Ohio 44004

www.ashtabuladd.org

Matthew Glidewell, Assistant Superintendent
Operations & Human Resources

Office: 440-335-1583
Cell: 440-855-2204
Email: matthew.glidewell@ashtabuladd.org

2505 South Ridge Road East
Ashtabula, Ohio 44004

www.ashtabuladd.org

Superintendent Updates

Federal & State Updates

OPEN MIC

Thank You!
Next Provider Meeting

August 6, 2026
1:00PM-3:00PM
In-Person Only

Provider Meeting Agenda
July 9, 2026
Virtual Only
1:00 PM-3:00 PM

A. Welcome

B. DSP of the Month

C. County Board Updates

D. SSA Department & Medicaid Manager Updates
    a. InterRAI and New MSS

E. ISS Department
    a. Joshua's Alert
    b. Health & Welfare Alert - Summer Safety

F. Quality & Community Outreach Department
    a. Claims Review Notice
    b. Transportation Claims Update
    c. House Bill 315 Updates
    d. DSP Appreciation (September)
    e. Dodd Training opportunities
    f. Training Updates (Lesley)
    g. Activities Calendar

G. Superintendent Updates
    a. Federal & State Updates

H. Open Mic

			SERVICE PLANNING	Citations issued in this section are issued to the applicable County Board that authored the applicable ISP
SECTION 1	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
CORE	Service Planning	1.001*^	Using person centered planning, has the plan been developed based on the person's assessed needs? 5123-4-02; 5123-9-13; 5123-9-14; 5123-9-15; 5123-9-16; 5123-9-17; 5123-2-05; 5123-6-02; 5123-2-07; 5123-9-35; 5123-6-07; 5123-9-29; 5123-2-01; 5123-9-02; 42 CFR 441.301 Consider the following: ● What is important to and for the individual ● Day waiver services and supports consistent with assessed needs, path to employment, and what authorized in plan ● Self-administration assessment(s) as applicable ● Personal funds ● Technology solutions and/or remote supports explored ● Nursing quality assessment reviews ● Home-delivered meals and parameters ● External Assessments which could include Health, Speech, Hearing, Swallow Study, Sexual Offender risk ● Are restrictive strategies/modifications incorporated as an integral part of the person-centered service plan ● Least restrictive setting ● Does the plan include an outcome	Person-Centered Requirements: ● Cultural considerations ● Plain language and accessible ● Support is given for person to make informed choices ● Person leads and is supported to direct the process to the maximum extent possible ● People chosen by the person are included ● Process timely and occurs at convenience of the person ● The plan based on needs and assessments that will prevent any unnecessary or inappropriate services & supports ● Opportunity to seek employment and work in competitive integrated settings ● Engage in community life ● Control personal resources

			SERVICE PLANNING	Citations issued in this section are issued to the applicable County Board that authored the applicable ISP
SECTION 1	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
CORE	Service Planning	1.002*	Does the ISP specify the provider type, frequency, and funding source for each service and activity and which provider will deliver each service or support across all settings? 5123-4-02	.
CORE	Service Planning	1.003*	Was the ISP revised based on changes in the individual's needs/wants? 5123-4-02	The CB must revise the plan when aware of new or unmet needs when reported by the individual, provider, or other team members. Consider life changes such as a new job, new medical conditions, changing providers, moving, or deleting unwanted services. Revisions to occur within 30 calendar days of request or identified need
CORE	Service Planning	1.004*	Was the plan: ● Reviewed at least annually ● Agreed to with written consent of the individual (and/or guardian if applicable) and providers responsible for implementation? 5123-4-02; CFR 441.725	For minors, the plan should be approved by the parent/legally responsible person. Written approval can include DocuSign or e-signatures.

			MEDICATION ADMINISTRATION	
SECTION 2	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
CORE	Med Admin	2.001	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? ● Is the medication in a pharmacy labeled container? 5123-6-06	"Secure" is based on the individual's needs. Use of medication dispensers: ● DSPs are not permitted to administer medications from any type of medication dispenser. ● Medication dispensers can only be filled by the individual who is self-administering; family as natural support; licensed healthcare professional – RN, LPN, Pharmacist ● When the individual is unable to self-administer with or without assistance and using a medication dispenser, all additional support must be provided by a person with medication administration certification and the appropriate documentation (MAR/MAR type document, picture/description of medications) to be able to provide the support (in-person or remote)

CORE	Med Admin	2.002	If nursing delegation is required, is there:
			● A statement of delegation,
			● Evidence the nurse provided individual-specific training to DSPs prior to the performance of delegated tasks.
			● Evidence of ongoing reassessment but at least annually
			● Step-by-step-written instructions of the task
			● Nurse observed and documented a satisfactory return demonstration of the nursing task
			
			5123-6-01; 5123-6-03; OAC 4723-13-06
				Nursing delegation is required for:
				● Medication administration and 13 health related activities in Day service locations where 17 or more individuals have been authorized to receive day services
				● Residential facilities with 6 or more beds,
				● G/J tube medication administration,
				● Administration of Glucagon
				● Administration of insulin by injection/pump/inhalant and injectable treatments for metabolic glycemic disorders
				● Administration of nutrition by G/J tube.
				● Any nursing task as defined in OAC 4723-13-01
				● Reassessment must include determination that:
				  ● Nursing delegation continues to be necessary
				  ● The individual and circumstances continue to adhere to standards and conditions for nursing delegation; and
				  ● The developmental disabilities personnel continue to demonstrate the skill to accurately perform the

			MEDICATION ADMINISTRATION	
SECTION 2	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
				nursing tasks, health-related activities, and prescribed medication administration being delegated.
CORE	Med Admin	2.003	If nursing delegation is required, is the delegating nurse available to supervise the performance of delegated tasks? 5123-6-03; OAC 4723-13-07	● Ask the agency how delegated staff can contact the nurse if there are questions or concerns ● During the site visit, ask delegated staff if they know how to contact the nurse and has the nurse been available when needed
CORE	Med Admin	2.004	Did the provider ensure that all administered 'as needed' (PRN) medication orders were written in a manner that precludes independent judgment by DSPs? 5123-6-06	Orders must have clear instructions that describe under what circumstances and conditions the PRN should be administered and how much/how often Until updated orders are received, the prn medication should only be administered by a nurse or family member/natural support If the PRN order lacks the specificity to meet the requirement in rule and has not been administered, give TA but advise the provider that medication cannot be administered until order is corrected.

			BEHAVIOR SUPPORT	
SECTION 3	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
CORE	Behavior Support	3.001^	If the service plan includes restrictive measures, did the Human Rights Committee review and approve the plan prior to implementation? 5123-2-06	**Citations issued for this question are issued to the applicable County Board that authored the applicable ISP.** Cite if the plan includes restrictive measures, but there is no HRC approval.

			BEHAVIOR SUPPORT	
SECTION 3	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
CORE	Behavior Support	3.002^	Is the provider implementing restrictive measures that are not in the plan and/or approved by the Human Rights Committee? 5123-2-06	Cite if the provider is implementing restrictive measures that have not been recognized as being restrictive. Examples of rights restrictions that cannot be used outside of the requirements for restrictive measures: ● Imposed bedtimes, ● Locked cabinets, ● Visitor limitations, ● Dietary restrictions and/or ● Limitations related to technology or community ● Limitations related to alcohol, sex, and/or romantic relationships Does not apply to restrictive measures implemented in an emergency and properly reported as an Unapproved Behavior Support.
CORE	Behavior Support	3.003	If the ISP includes: ● Time out or manual or mechanical restraint, are the interventions implemented only when there is risk of harm? ● Chemical restraint, are the interventions being implemented only when risk of harm is evidenced, or an individual engages in a precisely defined pattern of behavior that is very likely to result in risk of harm? ● Rights restrictions, are the interventions being implemented only when risk of harm OR likelihood of legal sanction are evidenced? 5123-2-06	**Citations issued for this question are issued to the applicable County Board that authored the applicable ISP.** Medications that result in a noticeable or discernible difference in the individual's ability to complete ADLs (blunt suppression of behavior) OR for the purpose of treating sexual offending behavior <u>are</u> chemical restraints. Medications prescribed for the treatment of a physical or psychiatric condition in accordance with the standards of treatment for that condition are presumed to <u>not be</u> chemical restraints "Chemical restraint" does not include a medication that is routinely prescribed in conjunction with a medical procedure for patients without developmental disabilities.

			BEHAVIOR SUPPORT	
SECTION 3	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
				Medications that are initially presumed to not be a chemical restraint, but do result in general or non-specific blunt suppression of behavior must be reviewed by the team to determine if it should be regarded as a chemical restraint
CORE	Behavior Support	3.004	If the ISP includes a restrictive measure, are behavioral supports employed with: ● sufficient safeguards? ● Sufficient supervision to ensure health, welfare, and rights? 5123-2-06	This includes but is not limited to: ● Are "time away" procedures voluntary or mandatory? ● If time-out rooms are used, are all safety requirements in place?
CORE	Behavior Support	3.005	If the ISP includes a restrictive measure, have DSPs been trained on the approved interventions? 5123-2-06	DSPs must be trained on the approved restrictive behavioral support strategies prior to working with a person who has restrictive measures in their plan
CORE	Behavior Support	3.006	Is there a provider record of the date, time, duration, and antecedent factors regarding each use of a restrictive measure other than a restrictive measure that is not based on antecedent factors (e.g., bed alarm or locked cabinet)? 5123-2-06	Duration is only applicable for a manual restraint or a mechanical restraint
CORE	Behavior Support	3.007	Did the provider notify the individuals guardian as outlined in the ISP regarding any uses of chemical restraints, manual restraints, or time-out? 5123-2-06	
CORE	Behavior Support	3.008	Did the provider share the record of restrictive measures that were implemented with the individual or the individual's guardian, as applicable, and the individual's team whenever the individual's behavioral support strategy is being reviewed or reconsidered? 5123-2-06	The provider is required to share the record of the restrictive measure implementation with the team for the purpose of the 90-day review

			PERSONAL FUNDS	
SECTION 4	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
CORE	Personal Funds	4.001	If responsible for assisting with personal funds while providing a paid waiver service, did the provider ensure that individuals: ● Have access to their funds, and ● Are able to purchase items, goods, and services of their preference? 5123-2-07	This applies to any provider listed in the plan as responsible for individual funds: ● Deposits must be made within five days of receipt of funds, ● Monies must be made available within three days of request of the individual, and ● Individuals can control personal funds based on their abilities, ● Access is based on the individual's available resources. Licensed waiver facilities are NOT required to purchase individual items unless included in the Room and Board agreement or covered by the waiver reimbursement.
CORE	Personal Funds	4.002	If responsible for assisting with personal funds while providing a paid waiver service, did the provider maintain account records that include? ● A ledger with all required elements, ● Evidence of reconciliation at the frequency required, signed, and dated by the person conducting the reconciliation, and completed by someone other than the person who provides the direct assistance with personal funds or the person who maintains the ledger ● Receipts as required in the plan. 5123-2-07	Bank accounts should be reconciled using the most recent bank statement. Food stamps, gift cards, and other cash accounts maintained by the provider should be reconciled every 30 days. Food stamp ledgers should be reconciled to the EBT statement. Required elements: ● Individual's name, ● Source, amount, and date of all funds received, ● Amount, recipient, and date of funds withdrawn, ● Signature of person depositing funds to the account, unless electronically deposited, and ● Signature of person withdrawing funds from the account unless electronically withdrawn ● An individual's team will determine, through development of the individual service plan, when a provider is required to maintain receipts for expenditures of the individual's personal funds.

			PERSONAL FUNDS	
SECTION 4	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
				Receipts, when required, are to identify the date, the item or items purchased, and the amount of the expenditure; other documentation or a written explanation is acceptable if a receipt is unavailable.
Core	Personal Funds	4.003	If responsible for assisting with personal funds while providing a paid waiver service, did the provider manage the person's funds as required by rule? 5123-2-07	Providers who assist with personal funds must: ● Retain, safeguard, and securely account for the funds ● Notify the team when personal funds exceed or are projected to exceed the maximum amount allowed to maintain eligibility for benefits or when an individual receives a lump sum payment (e.g., benefits back payment) or inheritance. ● Not co-mingle the individual's personal funds with the provider's funds; ● Not supplement or replace funds of the provider or another individual with an individual's funds except in situations where a practical arrangement (e.g., individuals take turns purchasing household supplies) is agreed upon and documented in writing
LIC FAC	Personal Funds	4.004	If the individual lives in a licensed facility, did the provider ensure the individual retained one hundred dollars ($100) monthly from their unearned income? 5123-3-11	● "Unearned income" means all income that is not earned income, including, but not limited to, social security disability income, supplemental security income, other benefits an individual receives, and monetary gifts. ● Food stamps, although unearned income, will not be applied toward the personal funds to be retained by the individual.
LIC FAC	Personal Funds	4.005	If the individual lives in a licensed facility, did the provider ensure the individual retains the first one hundred dollars ($100) monthly from their earned income plus one-half of the individual's earned income in excess of one hundred dollars? 5123-3-11	"Earned income" means wages and net earnings from employment or self-employment.
LIC FAC	Personal Funds	4.006	If the individual lives in a licensed facility, did the provider ensure the individual is paying his/her room and board costs	

			PERSONAL FUNDS	
SECTION 4	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
			or receiving excess funds as required by the room and board contract? 5123-3-11	

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SECTION 5	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
CORE	Serv Del Doc	5.001	Does service delivery documentation include the following elements? ● Date of service, ● Individual's name, ● Individual's Medicaid number, ● Provider name, ● Provider number, ● Signature or initials of person delivering the service, ● Place of service, and ● Group size? 5123-9-06; 5123-9-40; 5123-9-37; 5123-9-39; 5123-9-20; 5123-9-24	See service specific rules for documentation requirements. ● Required elements may be maintained on multiple documents but claims for payment a provider submits to the department for services delivered shall not be considered service documentation. ● Place of service and group size are not required for all services. ● For non-medical and routine transportation, location is the license plate number of the vehicle used to provide the service
CORE	Serv Del Doc	5.002*	Does the waiver service delivery documentation for all waiver codes include the type of service? 5123-9-06; 5123-9-40; 5123-9-37; 5123-9-39; 5123-9-20	See service specific rules for documentation requirements. ● Required elements may be maintained on multiple documents but claims for payment a provider submits to the department for services delivered shall not be considered service documentation. ● NMT requires-mode of NMT provided – per-trip or per-mile.
CORE	Serv Del Doc	5.003*	Does the waiver service delivery documentation for all waiver billing codes include the number of units (amount) provided?	See service specific rules for documentation requirements.

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			5123-9-06; 5123-9-40; 5123-9-37; 5123-9-39; 5123-9-20; 5123-9-18; 5123-9-24	• Required elements may be maintained on multiple documents but claims for payment a provider submits to the department for services delivered shall not be considered service documentation. • Units are not required for services billed using a daily rate, except adult day services. • For routine transportation and per mile NMT, units are the number of miles in each distinct trip/commute, as indicated by beginning and ending odometer numbers or via tracking or mapping by GPS. • Number of units OR continuous amount of uninterrupted time during which the service was provided is acceptable for Money Management, HPC (non-daily rate), PDHPC, Waiver Nursing Delegation, Waiver Nursing, Clinical/Therapeutic Intervention, Participant/Family Stability Assistance, and Support Brokerage.
CORE	Serv Del Doc	5.004*	Does the waiver service documentation for *applicable* waiver services include the times the delivered services started and stopped? 5123-9-06; 5123-9-40; 5123-9-20; 5123-9-39; 5123-9-37;	See service specific rules for documentation requirements. Required elements may be maintained on multiple documents but claims for payment a provider submits to the department for services delivered shall not be considered service documentation. 5123-9-39(G)(4) Waiver nursing shifts may not exceed 12 hours during a 24-hour period unless an unforeseen event causes a medically necessary scheduled visit to extend beyond 12 hours, but visit cannot exceed 16 hours.
Core	Serv Del Doc	5.005	Does the waiver service delivery documentation for Non-Medical Transportation and routine Transportation include	Required elements may be maintained on multiple documents but claims for payment a provider submits to

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			the names of all individuals who were in the vehicle during any portion of the trip/commute? 5123-9-18, 5123-9-24	the department for services delivered shall not be considered service documentation.
CORE	Serv Del Doc	5.006	Does the waiver service delivery documentation for non-medical transportation and routine transportation include the origination and destination points of transportation provided? 5123-9-18; 5123-9-24	Required elements may be maintained on multiple documents but claims for payment a provider submits to the department for services delivered shall not be considered service documentation.
CORE	Serv Del Doc	5.007	Does the waiver service delivery documentation for non-medical transportation at the special per-trip payment rates to transport one individual at a time to and from competitive integrated employment include: ● The name and address of the individual's employer ● The number of miles in each one-way trip 5123-9-18	Required elements may be maintained on multiple documents but claims for payment a provider submits to the department for services delivered shall not be considered service documentation.
CORE	Serv Del Doc	5.008	Are medication, treatments, health related activities, and dietary orders being followed? 5123-2-08; 5123-4-02; 5123-6-03; 5123-9-39	Info may come from the medication administration record (MAR), doctor's orders, OT/PT, and speech plans.
CORE	Serv Del Doc	5.009	Does the waiver service delivery documentation for all waiver billing codes include scope? 5123-9-06; 5123-9-40; 5123-9-39; 5123-9-37	**NA for NMT, transportation, and money management** Description and details (scope) of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided. For waiver nursing delegation, documentation must include the name of the unlicensed person for whom a supervisory visit was performed.

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CORE	Serv Del Doc	5.010	Is the service plan and/or plan of care being implemented as written? 5123-2-08; 5123-9-39; 5123-9-37	Implementation of services can be verified using observation, interview, and documentation review.
CORE	Serv Del Doc	5.011^	Are waiver services delivered in a manner which supports each individual's full participation in the greater community, considering their individual choices, preferences, and needs? 5123-9-02; 42 CFR 441.301 (c)(4)(i); 42 CFR 441.710 (a)(1)(I)	● Are opportunities to access inclusive settings in the community being offered (refusals should be documented) ● Are the activities meaningful to the individual, age appropriate, and similar to those without disabilities? ● Ask providers and individuals how activities are selected and scheduled. If any part of the settings rule is not met due to modifications needed for a specific person, those specific qualities and conditions must be supported with a specific assessed need and justified in the person-centered service plan.
CORE	Serv Del Doc	5.012^	Is the non-residential waiver service setting integrated in and does it support access to the greater community? 5123-9-02; 42 CFR 441.301 (c)(4)(i)	There is opportunity for Access. The setting/provider has policies and practices in place that give individuals opportunities to: ● Seek employment and work in competitive integrated settings *if receiving vocational services* ● Engage in community life ● Receive services in the community to the same degree as others not receiving HCBS services Examples of evidence showing compliance may include but are not limited to: ● Photos, videos, posts, and other communications (shared via social media, on a website, in a newsletter, via email, and/or internally) of community experiences, highlighting the purpose and connections being made with people outside of the program. ● Written policy concerning routine calendar-building and how the organization develops it in collaboration with

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				people being supported around their interests, skills, talents, and needs. ● Training curriculum (for DSPs and people being supported) concerning calendar-building and including people being supported as a part of the process. ● Training curriculum (for DSPs and people being supported) concerning resource-mapping of the regional and local community, based on shared interests of people being supported. ● Documentation concerning whether the person benefitted from the community access, and how they responded to the experience. ● Training curriculum (for DSPs and people being supported) on competitive integrated employment and its benefits, referencing people on all 4 Paths to Competitive Integrated Employment (EF Rule). ● Any other method of interview, documentation, observation, etc. Demonstrating compliance If any part of the settings rule is not met due to modifications needed for a specific person, those specific qualities and conditions must be supported with a specific assessed need and justified in the person-centered service plan.
CORE	Serv Del Doc	5.013^	Does the non-residential waiver service setting ensure a person's rights are protected? 5123-9-02; 42 CFR 441.301 (c)(4)(iii)	There are opportunities to ensure rights are exercised and protected. The setting/provider has policies and practices in place that ensure individuals have ● Privacy ● Respect ● Freedom from intimidation ● Freedom from restraint If any part of the settings rule is not met due to modifications needed for a specific person, those specific qualities and conditions must be supported with a specific

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				assessed need and justified in the person-centered service plan.
CORE	Serv Del Doc	5.014^	Does the non-residential waiver service setting optimize, without controlling, personal initiative and independence in life choices? 5123-9-02; 42 CFR 441.301 (c)(4)(iv)	There are opportunities for Independence. The setting/provider has established a program that facilitates a person's ability to independently choose: ● Daily activities ● Between different types of environments and activities, e.g., inside/outside, calming/stimulating, alone/with different groups of their choice ● Choice in with whom to interact Examples of evidence showing compliance may include but are not limited to: ● Written policy concerning routine calendar-building and how the organization develops it in cooperation with people being supported around their interests, skills, talents, and needs ● Training curriculum (for DSPs and people being supported) concerning calendar-building and including people being supported as a part of the process ● Training curriculum (for DSPs and people being supported) concerning resource-mapping of the regional and local community, based on shared interests of people being supported. ● Evidence that individuals have input into calendar-building and expressing their choices for community access experiences. ● Any other method of interview, documentation, observation, etc. Demonstrating compliance If any part of the settings rule is not met due to modifications needed for a specific person, those specific qualities and conditions must be supported with a specific assessed need and justified in the person-centered service plan.

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SECTION 5	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
CORE	Serv Del Doc	5.015^	Does the non-residential waiver service setting facilitate personal choice regarding services and supports and who provides them? 5123-9-02; 42 CFR 441.301 (c)(4)(v)	There are opportunities for choice. The setting/provider gives individuals opportunities to make informed choices, specifically ● A choice about direct support professional (DSP) (express preferences of who they like to work with) ● An informed choice about whether and how to access available services, supports, and providers. The provider also ensures that individuals are: ● Understood and listened to – DSPs know the person's capabilities, interests, preferences, and needs. ● Able to fully exercise individuality. ● Allowed to change or update their preferences at any time. If any part of the settings rule is not met due to modifications needed for a specific person, those specific qualities and conditions must be supported with a specific assessed need and justified in the person-centered service plan.
CORE	Serv Del Doc	5.016	For providers of waiver nursing, does the individual's plan of care (485) include: ● All requirements specified in 5123-9-39(B)(17) 5123-9-39; 5123-9-37	Required in addition to the service delivery documentation requirements outlined in rule for waiver nursing and waiver nursing delegation This is required for all providers of waiver nursing services, including home health agencies. When verbal orders are given by the treating physician, physician assistant, or advanced practice registered nurse , the nurse is required to write the orders and the date and time the orders were given in the service documentation and sign the entry. The nurse must subsequently obtain documentation of the verbal orders being signed and dated by the treating physician, physician assistant, or advanced practice registered nurse.

			SERVICE DELIVERY and DOCUMENTATION	Service Delivery Documentation Crosswalk
SECTION 5	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
				Waiver Nursing cannot be provided during the same time an individual is receiving adult day support, community respite, residential respite in an ICF, or vocational habilitation.
CORE	Serv Del Doc	5.017	If the provider of waiver nursing is an LPN working at the direction of an RN, does the LPN have clinical notes, signed and dated by the LPN, documenting: ● All consultations between the LPN and the directing RN; ● Face-to-face visits between the LPN and the directing RN; and ● Face-to-face visits between the LPN, the individual receiving waiver nursing, and the directing RN? 5123-9-39	Required in addition to the service delivery documentation requirements outlined in rule for waiver nursing and waiver nursing delegation Face-to-face visits are required for waiver nursing providers who are LPNs working at the direction of an RN and are required with the individual and the directing RN prior to initiating services and at least once every 120 days for the purpose of evaluating the provision of waiver nursing, the individual's satisfaction with care delivery and performance of the licensed practical nurse, and to ensure that waiver nursing is being provided in accordance with the approved plan of care. Providers of waiver nursing will maintain, in a confidential manner for at least thirty calendar days at the individual's residence, a current plan of care with any addendum orders, the current individual service plan, a copy of the nurse's notes, and medication administration records.
CORE	Serv Del Doc	5.018	Is the provider/licensed facility following all applicable local, state, and federal rules and regulations?	DODD Group Manager contact/approval is required. Citation must include the specific rule/regulation reference that is being cited.
CORE	Serv Del Doc	5.019	If required, is the provider using EVV? 5160-1-40	EVV is required for RN Assessment, Waiver Nursing, and 15-minute HPC Independent Providers must use the state's EVV system (Sandata). Agency providers may choose to use an alternate data collection system that has been approved by ODM.

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SECTION 5	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
				Live-in Caregivers can request an exemption from visit logging requirements. This is requested through and issued by ODM.
DAY SERV	Serv Del Doc	5.020	**Adult Day Support and Vocational Habilitation only:** If the provider is billing the community integration rate, is the service provided; ● in-person ● in a community integrated setting, which is a setting that "is integrated in and supports full access of individuals to the greater community to the same degree of access as persons not receiving home and community-based services. AND ● in groups of four individuals or fewer individuals? 5123-9-14; 5123-9-17	Community integrated services eligible for the rate add on must be provided in the greater community and not at a location created for the specific purpose of serving HCBS waiver recipients. The service must meet all of these criteria in order to bill the community integration rate
DAY SERV	Serv Del Doc	5.021	**Providers of Employment Services only (vocational habilitation, group employment support, career planning and individual employment support):** Did the provider submit a written progress report at least every twelve months that shows that employment services are consistent with the individual's competitive integrated employment outcome and that the individual has either obtained competitive integrated employment or is advancing on the path to competitive integrated employment? 5123-2-05	No formal template/form is required. The written progress report will include the following: ● Anticipated timeframe and progress towards reaching desired outcome, ● Individual's annual wage earnings
CORE	Serv Del Doc	5.022	Does the service documentation validate claims for payment submitted to the department?	Review selection of claims to ensure it contains: ● Type of Service ● Date of Service ● Place of Service

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			5123-9-06; 5123-9-40; 5123-9-37; 5123-9-39; 5123-9-20; 5123-9-24	• Name of person receiving service • Medicaid ID number of person receiving service • Name of Provider • Provider identifier/contract number • Signature or initials of person delivering the service • Group size • Description of details of the services delivered • Description related to the services specified in the ISP • Number of units of the delivered service or continuous amount of uninterrupted time during which the service was delivered • Time the delivered service started and stopped Do the units of service billed match the service documentation?

			MUI/UI	
SECTION 6	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
CORE	MUI	6.001	Is there evidence that the Incident Report contains the required elements? 5123-17-02	Sample Incident Report form available on the DODD website here Required elements are: • Individual's name, • Individual's address, • Date and time of incident, • Location of incident, • Description of incident, • Type and location of injuries,

			MUI/UI	
SECTION 6	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
				● Immediate actions taken to ensure health and welfare of individual 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 and signature of person completing the incident report.
CORE	MUI	6.002	Upon identification of an unusual incident, is there evidence that the provider took the following immediate actions as appropriate: ● Report was made to the designated person, ● The UI report was made within 24 hours of the incident, and ● Notifications made to other providers of services as necessary to ensure continuity of care 5123-17-02	Immediate actions may include: ● Checking for injuries ● Providing first aid ● Securing medications ● Contacting the pharmacist, physician Did the residential provider notify the day program provider of an incident they need to be aware of and vice versa? Designated Person - Person designated by the agency provider who can initiate proper action
CORE	MUI	6.003	Is there evidence that the unusual incident was investigated by the provider? 5123-17-02	UI INVESTIGATIONS should include what happened including immediate actions, identify cause and contributing factors and what was done (prevention plan). ● Examples of immediate actions are assessing for injuries, First Aid, separating individuals, calling 911, notifying Law Enforcement, removing PPI from schedule.

			MUI/UI	
SECTION 6	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
				● The cause and contributing factors should identify what caused the incident or why it happened. ● The prevention plan should address the cause of the incident and should be specific.
CORE	MUI	6.004	Did the provider maintain a log that contains the unusual incidents defined in rule with the following elements: ● Name of individual, ● Description of incident, ● Identification of injuries, ● Time/date of incident, ● Location of incident, ● Cause and contributing factors, and ● Preventative measures. 5123-17-02	Sample UI log is available on DODD website here The log should contain: ● Dental injury that does not require treatment by a dentist, ● Falls, ● An injury that is not a significant injury, ● Med errors without a likely risk to health and welfare, ● Overnight relocation due to a fire, natural disaster, or mechanical failure, ● An incident of peer-to-peer acts that is not a major unusual incident, ● Rights code violations or unapproved behavioral supports without a likely risk to health and welfare ● Emergency room or urgent care treatment center visits, ● Program implementation incidents ● An unplanned hospital admission or hospital stay that is not a major unusual incident as defined in (C)(16)(c)(ii) of rule.
CORE	MUI	6.005	Is there evidence that the provider reviewed all unusual incidents as necessary but no less than monthly to ensure appropriate preventative measures have been implemented and trends and patterns identified and addressed? 5123-17-02	Review of UIs is required at least monthly, even when no incidents occur. Evidence can be through signature on UI Log, administrative meeting, etc.

			MUI/UI	
SECTION 6	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
				When no unusual incidents occur during a calendar month, the provider will make a notation to that effect on its log of unusual incidents.
CORE	MUI	6.006	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? 5123-17-02	Ensure that the incident meets the definition of a UI or MUI in the rule before issuing citation.
CORE	MUI	6.007	Is there evidence that all DD employees cooperated with the investigation of MUIs, including timely submission of requested information? Did the provider make the unusual incident report, documentation of patterns and trends, and corrective actions available to the CB and Department upon request? 5123-17-02	● What action was taken by the provider if their DD employee did not cooperate with the MUI investigation? ● Check MUI OhioITMS, fax cover sheet, or provider documents.
CORE	MUI	6.008	Upon identification of a MUI, is there evidence that the provider took the following immediate actions as appropriate: ● Immediate and on-going medical attention as appropriate, ● Removal of an employee from direct contact with any individual when the employee is alleged to have been involved in physical or sexual abuse until such time as the provider has reasonably determined that such removal is no longer necessary, and ● Other reasonable measures to protect the health and welfare of at-risk individuals? 5123-17-02	● Providers are responsible for making sure that immediate actions are appropriate and for adequately protecting any “at risk” individuals. ● Providers may choose to remove an employee from direct contact for allegations other than those listed in rule. ● The provider is responsible for notifying the CB when the employee returns to work.
CORE	MUI	6.009	Is there evidence that the provider notified the County Board about the below listed incidents within 4 hours of discovery? ● Unexplained or unanticipated death ● Abuse (Emotional, Physical, and Sexual),	Notifications should be by means that the CB has identified.

			MUI/UI	
SECTION 6	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
			• Exploitation, • Misappropriation, • Neglect, • Media Inquiry, • Peer to peer acts, and • Prohibited sexual relations. 5123-17-02	Notifications should be documented with time and person notified.
CORE	MUI	6.010	Is there evidence that the provider has submitted a written incident report to the County Board contact or designee by three p.m. on the first working day following the day the provider becomes aware of a potential or determined major unusual incident? 5123-17-02	Notifications should be by means that the CB has identified. Evidence may be in the form of a fax receipt, email message or receipt, or notation on the incident report.
CORE	MUI	6.011	Is there evidence that the provider has submitted the completed Appendix Review Form to the County Board contact or designee by three p.m. on the first working day following the day the provider becomes aware of a potential or determined major unusual incident for law enforcement, unanticipated hospitalizations, and unapproved behavioral support. 5123-17-02	Forms located here Appendix C-Law Enforcement Appendix D-Unanticipated Hospitalization Appendix E-Unapproved Behavioral Supports
CORE	MUI	6.012	Is there evidence that notifications, including other agencies, were made on the same day of the incident when the major unusual incident or discovery of the major unusual incident occurs to the following as applicable: • Guardian or another person whom the individual has identified, • SSA, • Other providers of services as necessary to ensure continuity of care and support for the individual, DSPs,	All notifications or efforts to notify those listed above must be documented. • Notifications were made to the individuals' guardians and other person whom the individuals have identified in a peer-to-peer act unless such notifications could jeopardize the health and welfare of an involved individual.

			MUI/UI	
SECTION 6	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
			• Children Services for allegations of abuse and neglect, • Law Enforcement (for allegations of a crime), AND • Agency Director of Operations or Licensed Facility Administrator within 1 working day following becoming aware of MUI involving misappropriation, neglect, physical or sexual abuse. 5123-17-02	• No notification should be made to the PPI, spouse or significant other of PPI's or when such notification could jeopardize the health and welfare of an Individual involved. • Any allegation of abuse or neglect under 2151.03 and 2151.031 for children under 21 years should be reported to CSB and documented. • Any allegation of a criminal act must be immediately reported to Law Enforcement. ○ The provider shall document the time, date, and name of person notified of the alleged criminal act. The CB shall ensure that the notification has been made. Did the residential provider notify the day program provider of an MUI they need to be aware of and vice versa?
CORE	MUI	6.013	Is there evidence that the provider conducted an in-depth review and analysis of MUI trends and patterns during the preceding calendar year, compiled an annual report containing required elements, and submitted it to the County Board for all programs in the county by the deadline? 5123-17-02	Sample Annual Analysis and Analysis Tips are available on the DODD website. Annual MUI Report Template can be found here. The annual analysis is required to be completed by January 31, and submitted to the County Board by February 28 Report must include: • 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,

			MUI/UI	
SECTION 6	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
				● 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.

			PERSONNEL AND POLICY	
SECTION 7	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
CORE	Personnel	7.001	Is the Director of Operations (DOO) listed in Provider Service Management and approved by DODD Certification, and is the DOO directly and actively involved in the day-to-day operations of the agency? 5123-2-08	N/A for Licensed Residential Facilities For all agency DOOs: ● Obtain the names of the DOO and designee listed in PSM before going onsite. ● Change of DOO must be submitted and approved via PSM. ● DOO must report in writing to DODD within 14 days when they designate another person to be responsible for administration of the agency. ● DOOs do not have to be in Ohio if they are directing the day-to-day operations via technology, etc. Report issues to DODD Group Manager
CORE	Personnel	7.002	Is the provider's current physical address, telephone number, and electronic mail address identified in PSM? 5123-2-08	Due to difficulties with updating primary contact information, providers should have the current information identified in PSM on at least one of the contact options

			PERSONNEL AND POLICY	
SECTION 7	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
				Resources for updating demographics can be found here and here
CORE	Personnel	7.003	Did the provider complete the following initial database checks for applicants for direct service positions prior to employment: ● Inspector General's Exclusion List, ● Sex Offender and Child Victim Offenders Database, ● U.S. General Services Administration System for Award Management Database, ● Database of Incarcerated and Supervised Offenders, ● Abuser Registry, ● Nurse Aide Registry, and ● The Ohio Dept of Medicaid Exclusion and Suspension List? 5123-2-02	**Prior to employment means on or before the date the employee is in paid status.** Required checks with clickable links ● Ohio Dept of Medicaid Exclusion and Suspension List required for those hired after 7/1/19. ● The Nurse Aide Registry and Database of Incarcerated/ Supervised Offenders may not be automatically disqualifying. ● Persons on the other 5 databases cannot be employed to provide direct services. ● Providers using ARCS must manually complete the SAM check separate from ARCS ● Database checks must be run ONLY using Name/Date of Birth/SSN information. If the date does not print on registry results, providers should make a notation of the date the check was completed. Mark as non-compliant if initial checks were: ● not completed at all, or ● completed late.
CORE	Personnel	7.004	Did the provider complete the following database checks no less than once every five years for employees in direct services positions: ● Inspector General's Exclusion List, ● Sex Offender and Child Victim Offenders Database, ● U.S. General Services Administration System for Award Management Database, ● Database of Incarcerated and Supervised Offenders,	● If employees in direct services positions are verified as having been maintained as permanent employees in ARCS, the 5-year recheck is not required except for SAM, which must be run manually by the provider ● Database checks must be run ONLY using Name/Date of Birth/SSN information.

			PERSONNEL AND POLICY	
SECTION 7	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
			● Abuser Registry, ● Nurse Aide Registry, and ● The Ohio Dept of Medicaid Exclusion and Suspension List? 5123-2-02	● 5-year checks must be run within 5 years from the date of the previous check, not 5 calendar years. Mark as non-compliant if five-year checks were: ● not completed at all or ● completed late
CORE	Personnel	7.005	Did the provider request that the Bureau of Criminal Identification conduct a criminal record check (BCII/FBI) prior to employing an applicant for a direct service position? 5123-2-02	Prior to employment means on or before the date the employee is in paid status ● Those with an "In lieu of" conviction prior to 7/1/19 are exempted and able to work ● Those with an active 'in lieu of" conviction for a disqualifying offense hired after 7/1/19 cannot provide direct services ● If the applicant has not been an Ohio resident for the 5 years before hire, the agency shall request that the BCII additionally obtain information from the FBI as part of the criminal records check. ● Reports from BCII/FBI are valid for one year. ● Refer to BCII Reason Code document for list of acceptable reason codes. Mark as non-compliant if initial checks were: ● not completed at all, ● completed using the incorrect reason code/title, or ● completed late.
CORE	Personnel	7.006	Did the provider request the BCII/FBI check no less than once every five years for employees in direct services positions who: ● Are not enrolled in Rapback or ● Require FBI check?	● Those with an "In lieu of" conviction prior to 7/1/19 are exempted and able to work. ● Those with an active "in lieu of" conviction for a disqualifying offense hired after 7/1/19 cannot provide direct services.

			PERSONNEL AND POLICY	
SECTION 7	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
			5123-2-02	● FBI check required if employee has not been an Ohio resident for the 5 previous years. ● 5-year checks must be run 5 years after the date of initial check, not 5 calendar years. ● Rapback does NOT include the FBI check. ● Refer to BCII Reason Code document for a list of acceptable reason codes. ● If an employee is not able to get a BCII check via fingerprints they cannot be enrolled in Rapback, and the provider agency must continue to complete the 5-year BCII/FBI separately. Mark as non-compliant if the 5-year checks were: ● not completed at all ● completed using the incorrect reason code/title ● completed late
CORE	Personnel	7.007	Did the provider enroll all employees in direct service positions in Rapback and were they enrolled in a timely manner? 5123-2-02	The only acceptable reason for an employee in a direct services position to not be enrolled in Rapback is if readable fingerprints cannot be obtained and the background check is run using SSN Mark as non-compliant if employee ● Is not enrolled in Rapback or ● Was enrolled late Employees in direct services positions are to be enrolled within 14 calendar days of receiving the criminal records check results or within 14 calendar days of hire, whichever is later. Employees in direct services positions hired prior to October 1, 2016, should have been enrolled in Rapback at the point of their five-year BCII.

			PERSONNEL AND POLICY	
SECTION 7	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
CORE	Personnel	7.008	Did the provider ensure that employees in direct services positions were not conditionally employed for more than 60 days without the results of the BCII/FBI records checks? 5123-2-02	Employees in direct services positions cannot provide direct services after 60 days without results without results of BCI/FBI checks. Provider is only able to preliminarily employ a person for up to 60 days pending the results of the BCII/FBI check(s) if they have obtained the attestation/criminal notification statement, completed the required database checks, and requested the BCII/FBI check(s) prior to employment
CORE	Personnel	7.009	Did the provider ensure that direct services are only provided by persons who do not have a disqualifying offense and who are not included on any of the databases identified in rule? 5123-2-02	● Those with an "In lieu of" conviction prior to 7/1/19 are exempted and able to work. ● Those with an active "in lieu of" conviction for a disqualifying offense hired after 7/1/19 cannot provide direct services. ● Exclusionary periods do not start until person is fully discharged from imprisonment, probation, and parole. ● Multiple disqualifying convictions have longer exclusionary periods. Refer to 5123-2-02 E (2) for info. ● One of the only ways a person can be employed prior to the completion of their disqualifying period is if they do not have a Tier One conviction and they have been granted a Certificate of Qualification for Employment (CQE) Information can be found here. ● Issue a citation only if a DSP with a disqualifying offense, or on a registry, is currently employed and working with individuals.
CORE	Personnel	7.010	Did the provider ensure employees in direct services positions, prior to employment, sign a statement: Attesting that the DSP will notify the provider within 14 days if charged with, is convicted of, pleads guilty to, or is found eligible for intervention in lieu of conviction for a disqualifying offense, AND	Sample attestation form is available on DODD's website found here Attestation statements are not required to include "in lieu of" convictions for those hired prior to 7/1/19.

			PERSONNEL AND POLICY	
SECTION 7	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
			Attesting that the DSP has not been convicted of, pleaded guilty to, or been found eligible for intervention in lieu of conviction for a disqualifying offense? 5123-2-02	
CORE	Personnel	7.011	If providing waiver nursing, waiver nursing delegation, and/or delegating nursing tasks, does the LPN/RN have a current nursing license AND If an LPN, are they being directed by an RN? 5123-9-37; 5123-9-39; 5123-6-01; 5123-6-03; OAC 4723-13-05	An RN may delegate a nursing task to an LPN. An LPN can delegate to an unlicensed person only at the direction of an RN and when certain conditions are met. An expired nursing license or an LPN completing nursing tasks without being directed by an RN is an immediate citation and reviewer should contact DODD Group Manager
CORE	Personnel	7.012	Does the DSP have: ● Current CPR certification AND ● Current first aid certification? 5123-2-08 5123-3-01	● **Non-licensed waiver** DSPs**:** required prior to working with individuals. ● **For licensed facilities:** required within 60 days of hire. During those 60 days, DSPs without certification cannot work alone. ● N/A for Money Management providers, SELF Support Brokers, and Remote Support providers who are conducting remote support monitoring only. ● Check service rules for participant directed services. ● Current RN/LPN license is acceptable for first aid requirement (not CPR). ● Current EMT certification is acceptable for first aid and CPR. ● CPR/First Aid training must include an in-person skills demonstration. Virtual skills demonstrations do not meet this requirement.

			PERSONNEL AND POLICY	
SECTION 7	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
CORE	Personnel	7.013	If the DSP is responsible for the following, do they have the appropriate certification for: ● Oral or topical medications (Category 1), ● Health related activities (Category 1), ● G-tube/J-tube (Category 2), and ● Insulin injections (Category 3)? AND Do they have a high school diploma/GED? 5123-6-03; 5123-6-06	● **Certification must be verified using MAIS.** ● Category 2 and Category 3 certifications require a valid Category 1 certification to be valid ● Family members who reside with the individual are permitted to administer medication without medication administration certification ● Insulin and injectable treatments can only be administered for metabolic glycemic disorders such as diabetes, hypo/hyperglycemia, etc. ● Individual Specific Training as it pertains to medication administration and health related activities is required prior to providing these supports to each individual. This is not the same as the ISP training. ● If the DSP does not have a high school diploma or GED, this is an immediate citation, and reviewers must contact the DODD Group manager for guidance ● Evidence of college enrollment/credit is sufficient to evidence HSD/GED
CORE	Personnel	7.014	If required by a person the DSP supports, does the DSP have training, including individual specific training, to perform the tasks/use the following devices: ● Vagus nerve stimulator, ● Prescribed epinephrine either by autoinjector or intranasally ● Administration of topical over-the counter medication for the purpose of cleaning, protecting, or comforting the skin, hair, nails, teeth, or oral surfaces? 5123-6-05; ORC 5123-42	● All DSPs who work with a person who requires one of these items must have the applicable training ● These tasks can be performed by trained DSPs who do not have medication administration certification and DSPs who do not have a HSD/GED. ● DSPs with Cat 1 certification still need training specific to these topics ● DSPs must complete training prior to using the device or administering epinephrine or the topical OTC medication and annually thereafter. ● Training must be provided by a licensed nurse, or DSPs with health-related activities and prescribed medication administration certification. ● Training must be the department-approved curriculum.

			PERSONNEL AND POLICY	
SECTION 7	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
				• Training must include individual specific information as well as a return demonstration of skills. • If the provider can demonstrate that epi-pen training is included with DSPs' First Aid training, they do not need to take the stand-alone training, and the epi-pen training is valid for as long as the FA certification is valid (i.e. two years instead of required annually)
Core	Personnel	7.015	For agency employees who are responsible for transporting individuals, did the provider: • Ensure the agency employee has a valid driver's license, • Ensure that a driver's abstract was completed prior to transporting individuals, • Ensure that only agency employees with 5 or fewer points on their driver's abstract transport individuals, and • Obtain a new driver's abstract every 3 years to ensure the agency employee continues to have 5 or fewer points on their license? 5123-2-02; 5123-9-18; 5123-9-24, ORC 4510.12	• An initial abstract is required for all DSPs who transport individuals and any DSP with six points or more on their driver's license is ineligible to transport individuals, even if a transportation service is not billed. • An unofficial abstract from the BMV is acceptable. • The abstract must be obtained no earlier than 14 calendar days prior to the date of initial employment as a driver. • The abstract should come from the state where the employee's license was issued. • Providers billing for transportation are required to obtain an abstract within 3 years of the completion date of the previous abstract, not 3 calendar years. • DSPs are ineligible to provide transportation if they have a suspended license, even if they have permission to drive for work purposes.
TRANSP	Personnel	7.016	Are all vehicles used to transport individuals covered by a current insurance policy? 5123-9-18; 5123-9-24, ORC 4509.101	Ohio law requires liability insurance on all vehicles.

			PERSONNEL AND POLICY	
SECTION 7	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
CORE	Personnel	7.017	Prior to providing direct services, did the provider ensure each DSP successfully completed the following: 1. Training <u>provided or arranged by the agency/operator</u> in: (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) 2. Training <u>provided by DODD or using DODD's curriculum</u> in: (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 (e) Recognizing and reporting MUIs and UIs (f) Universal precautions AND 3. Training specific to the ISP of each individual the DSP will support? 5123-2-08; 5123-3-01	These topics are required for DSPs hired after 1/1/22 in non-licensed settings and 3/1/23 in licensed facilities See 5123-2-08 Appendix B for services excluded from initial training requirements. Look for ISP training: ● When there is a new DSP, ● When someone works with new individuals, and ● When there is a significant change in support needs. ISP training should include what is important to the individual and what is important for the individual (examples include but are not limited to: health and safety; community integration; employment goals; behavioral support strategy; management of the individual's funds; or medication administration/delegated nursing needs)
CORE	Personnel	7.018	Did the provider ensure that **within thirty days of hire**, each DSP completed training provided or arranged by the provider in: ● Person-centered planning and provision of services	Required for DSPs hired after 1/1/22 in non-licensed settings and 3/1/23 in licensed facilities.

			PERSONNEL AND POLICY	
SECTION 7	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
			● Facilitating community participation and integration for individuals served ● Provisions of rule 5123-17-02 of the Administrative Code relevant to the DSP's duties including a review of health and welfare alerts issued by the department ● Empathy-based care ● For licensed facilities only and specific to each licensed facility in which the DSP works, training in fire safety, operation of fire safety equipment and warning systems, and the licensed facility's fire safety and emergency response plan 5123-2-08; 5123-3-01	The final item is only required in licensed settings and until the DSP completes this piece of the training, they can only work when there is another DSP who has completed the training present. This is a second required training on empathy-based care arranged and/or provided by the agency.
DAY SERV	Personnel	7.019	For day waiver services, did the provider ensure that **within thirty calendar days after hire**, all DSPs received training in: ● Supports that comprise the service (i.e., adult day support, vocational habilitation, group employment support etc.), including the intent of the service ● Signs and symptoms of illness or injury and procedure for response ● Site/building specific emergency response plans ● Program specific transportation safety AND **During the first year of employment** did the provider ensure that all DSPs with less than a year experience were provided with: ● A mentor, and ● Eight hours of training specific to the day waiver service.	These requirements for a mentor and first year trainings are: ● In addition to the required trainings for all providers of waiver services and ● Are separate from training required by the certification rule. Please see rule reference for specific waiver service requirements. The mentor and first year training (specific to day waiver service) are not required for DSPs who at the time of hire, had one year of experience providing the specific day waiver service. Adult Day Support- development of skills that lead to greater independence, community membership, relationship building, self-direction and self-advocacy. Group Employment- paid employment and work experience leading to career development and competitive integrated

			PERSONNEL AND POLICY	
SECTION 7	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
			5123-9-13; 5123-9-14; 5123-9-15; 5123-9-16; 5123-9-17	employment, either in dispersed enclave or mobile work crew Vocational Habilitation- advancement on the path to community employment and achievement of competitive integrated employment; intended to be time limited. Individual Employment Support- supports competitive integrated employment. Career Planning- achievement of competitive integrated employment and/or career advancement in competitive integrated employment Competitive integrated employment- ● Full time, part time, or self-employment ● Compensation at minimum wage or higher ● Eligible for similar benefits of employees in similar positions ● Work location allowing person to interact with persons without disabilities and without HCBS waiver services.
CORE	Personnel	7.020	Did each DSP annually complete: ● Two hours of training provided by the Department or by an entity using department-provided curriculum ● Six hours of training provided or arranged by the agency provider 5123-2-08; 5123-3-01	Applies to annual training obtained in non-licensed settings starting in 2022 and in licensed settings starting in 2023. Provider needs to be able to demonstrate that DODD-provided curriculum was used if training is not directly from DODD Six Hour training must include: ● MUI and UI requirements ● Review of health and welfare alerts issued by the department since previous year's training ● Additional training selected by the provider on topics that are relevant to services provided and people served by the agency provider in the areas of components of quality care, positive behavior support, or health and safety

			PERSONNEL AND POLICY	
SECTION 7	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
				● For licensed facilities only and specific to each licensed facility in which the DSP works, training in fire safety, operation of fire safety equipment and warning systems, and the licensed facility's fire safety and emergency response plan
CORE	Personnel	7.021	Did the Director of Operations/ Administrator annually complete: ● Two hours of department-provided training AND ● Four hours of training selected by the DOO/Administrator 5123-2-08: 5123-3-01	Applies to annual training obtained by the DOO starting in 2022 and by the Administrator starting in 2023. Training selected by the DOO/Administrator must be in topics relevant to services provided and individuals served by the agency provider/licensed facility and/or management of the agency provider/licensed facility
CORE	Personnel	7.022	Did DSPs receive annual notification explaining conduct for which a DD employee may be included on the Abuser Registry? 5123-2-08; 5123-3-01	The Annual Abuser Registry Notice can be found on DODD's website here. ● Signature from the DSP is not required. Agency must be able to demonstrate they have a procedure for providing this written notice to DSPs on an annual basis ● Required once during each calendar year, not every 365 days.
CORE	Personnel	7.023	If the provider is billing the competency rate modification, did the provider maintain documentation that verifies the DSP met the following criteria: ● At least two years full-time or equivalent part-time paid work providing direct services to individuals, AND ● Holds a" Professional Advancement Through Training and Education in Human Services" or "DSPaths" certificate of initial or advanced proficiency, **OR** ● Within the past 5 years has successfully completed at least 60 hours of competency-based training?	Competency based training means: ● Accredited by the "National Alliance for Direct Support Professionals" or is approved by the Department for purposes of the competency rate modification ● Training routinely required by DODD, such as rights, MUI/UI, etc., DO NOT count toward the 60-hr. training requirement. ● Once the 60-hour training requirement has been met, it does not have to be repeated.

			PERSONNEL AND POLICY	
SECTION 7	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
			5123-9-30	• Agencies can verify the training through either a certificate or transcripts of the approved courses that include the name of the learner, the course title, the completion date, and the number of hours of training completed.
DAY SERV	Personnel	7.024	Did the provider of Adult Day Support or Vocational Habilitation notify the department within 14 calendar days when there was a change in the physical address (i.e., adding a new location or closing an existing location) of any facility where Adult Day or Vocational Habilitation services take place? 5123-9-14; 5123-9-17	Addresses where virtual services are provided do not need entered in PSM Resources for updated demographics can be found here and here.

LIC FAC	Personnel	7.025	Is the Licensed Residential Facility's Administrator listed on the facility's record in Provider Service Management and is the Administrator directly and actively involved in the day-to-day operations and oversight of the facility? 5123-3-01	• Operators of Licensed Residential Facilities must employ an administrator. • An Administrator may be over multiple facilities and/or also be the DOO of a certified agency, but is identified separately on each licensed residential facility's record with DODD • The approval of facility Administrators is similar to but a separate approval process and identified in a different place than a certified agency provider's Director of Operations • Facility Administrator is listed under the 'Facility Contacts' tab of the facility listing in PSM. • Check on the facility's record in PSM for who is identified as the Administrator. If the facility identifies a different person as their Administrator than what is in PSM, contact the DODD Group Manager for direction. • Verify through interview the frequency of administrator presence in the facility. • Verify through interview and documentation the process by which the administrator is overseeing provision of services.
CORE	Personnel	7.026	If the agency utilizes direct support assistants, do they: Ensure the DSP Assistants do not: • Provide intimate personal care • Operate a vehicle to transport an individual • Provide any care or perform any task for an individual expressly forbidden by the individual • Implement any restrictive measures • Provide services to an individual who does not consent to having services provided by a DSP Assistant AND	• "Direct support assistant" means a person who is sixteen or seventeen years of age employed by an agency provider to provide limited duties while in the company of a direct support professional DSP Assistants have the same background checks and training requirements as DSPs

			● Ensure DSP Assistants always work in the company of an employee who is: ○ Physically present at the location where the DSP Assistant is providing services ○ Meets all background check and training requirements for DSPs	

			TRANSPORTATION	
SECTION 8	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
CORE	Trans	8.001	If the provider is responsible for providing any type of transportation, do vehicles used to transport individuals appear safe? 5123-2-08; 5123-9-24; 5123-9-18	Specific examples include but are not limited to cracks in windshield that impair line of sight, bald tires, ramps and lifts that are needed but not functioning, etc.
CORE	Trans	8.002	If the provider is responsible for providing Non-Medical Transportation in a **modified vehicle** or a vehicle equipped to **transport five or more passengers**, were the required vehicle inspections completed: ● Daily inspection prior to transporting each day, and ● Annual vehicle inspection by Ohio State Highway Patrol safety inspection unit or by a certified mechanic to determine vehicle is in good working condition? 5123-9-18	● Daily inspections of modified and 5 passenger vehicles include: windshield wipers/washer, mirrors, horns, brakes, emergency equipment, and tires ● Daily inspections of modified vehicles include permanent fasteners, safety harnesses/belts, and access to ramp/hydraulic lift. ● Inspections by the State Highway Patrol or a certified mechanic are required every 12 months (not every calendar year). ● Certified mechanic means a mechanic certified by an automotive dealership or the national institute for automotive service excellence.
CORE	Trans	8.003	If the provider is responsible for providing **routine** transportation in a modified vehicle, were daily inspections completed? 5123-9-24	This question references transportation provided in line with 5123-9-24 and is not applicable to non-medical transportation. Daily inspection requirements apply to routine transportation when a modified vehicle is used**:** ● Permanent fasteners, ● Safety harnesses or belts, and

				• Access ramp or hydraulic lift

			PHYSICAL ENVIRONMENT	
SECTION 9	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**

CORE	Phys Env	9.001*^	If the individual lives in a setting that is provider controlled, does the individual have a lease that:
			● Includes a statement that the residence is provider-controlled
			● Explains the relationship between the landlord and provider of waiver services
			● Includes a statement that the individual may choose any provider to deliver waiver services?
			
			5123-9-02; 42 CFR 441.301(c)(4)(vi)
				● Except for the acceptable provider-owned settings listed in the next question below, the entity acting as the provider cannot also provide the residence.
				  ● This includes the practice of a provider signing a lease with the landlord and then subleasing to the individual(s).
				Provider controlled setting means a residence where the landlord is:
				● An entity that is owned in whole or in part by the individual's independent provider;
				● An immediate family member of the individual's independent provider;
				● An immediate family member of an owner or a management employee of the individual's agency provider;
				● Affiliated with the individual's agency provider, meaning the landlord:
				  ○ Employs a person who is also an owner or a management employee of the agency provider; or
				  ○ Has, serving as a member of its board, a person who is also serving as a member of the board of the agency provider.
				● An entity that is owned in whole or in part by an owner, or a management
				employee, or an immediate family member of the individual's agency provider; or
				● An owner or a management employee of the individual's agency provider
				The lease cannot impose rights restrictions on roommate selection, privacy, security, decorating, visitors, control of schedule and activities, and access to food unless indicated in the ISP.
				Provider Owned-Controlled Decision Tree

CORE	Phys Env	9.002^	If the individual lives in a licensed facility or provider-owned setting, does the individual have a residency agreement that includes:	**Residency agreement is not required if the Shared Living provider is related to the individual** **Provider owned setting means:**

			• An explanation of the relationship between the landlord and the provider, • A statement regarding whether or not the individual may choose a provider other than the licensed facility or shared living provider to deliver waiver services? 5123-9-02; 42 CFR 441.301(c)(4)(vi)	• A setting where shared living is provided; • A setting owned by an independent provider who is living in the setting and providing services to an individual who is living in the setting; or • A licensed facility Except for the acceptable provider owned settings listed above, the entity acting as the provider cannot also provide the residence. • This includes the practice of a provider signing a lease with the landlord and then subleasing to the individual(s). **The residency agreement cannot** impose rights restrictions on roommate selection, privacy, security, decorating, visitors, control of schedule and activities, and access to food unless indicated in the ISP. Provider Owned-Controlled Decision Tree
CORE	Phys Env	9.003^	Are waiver services being provided in a setting that is **NOT** in a publicly operated or privately-operated facility that also provides inpatient institutional treatment **OR** in a building on the grounds of or adjacent to publicly operated facility that provides inpatient institutional treatment? 5123-9-02	Contact and discuss with a DODD Group Manager. Excludes Individual Employment Support for maintaining Self-Employment.
DAY	Phys Env	9.004^	Are in-person day waiver services provided in a non-residential setting? 5123-9-13; 5123-9-14; 5123-9-15; 5123-9-16; 5123-9-17; 5123-9-19	Contact and discuss with a DODD Group Manager. Issue a citation if day waiver services are provided in a residential setting that is actively being used as a residence, unless authorized as virtual services. Excludes Individual Employment Support for maintaining Self-Employment.
CORE	Phys Env	9.005^	In all residential waiver settings, does the individual have the freedom to: • Select roommates,	All should be available to the individual, unless otherwise specified in the ISP.

			• Privacy and security including locks and keys to living unit, • Decorate their living unit, • Have visitors of their choosing at any time, • Control their schedule and activities, and • Access food at any time? 5123-9-02; 42 CFR 441.301(4)(iv)-(vi)(A-B)	Homes where waiver services are delivered: Choice • The person can make choices without unnecessary influence from others. The person can change their mind about services in and outside the house, who visit and when, and who they want to live with. Control • The person has control (when possible) over useful things/valuable supplies (time, money, food, belongings). Independence and Access • The person receives services in their community, or in a community almost the same as people not receiving HCBS services. Provider-owned or controlled residential setting: • Privacy in bedroom and living area • Entrance doors lockable by individual • Choice about roommate(s) • Free to get own furniture and decorate their bedroom and/or living area • Decide who will visit and when • Individual control and choice about schedule • Can get food when they want • Physically accessible home
CORE	Phys Env	9.006	Did the provider ensure that residential services are provided in an unlicensed residence with no more than four unrelated individuals with developmental disabilities? 5126.01	Contact the DODD Group Manager prior to issuing this citation N/A for licensed facilities
LIC FAC	Phys Env	9.007	Does the licensed facility have: • An emergency response and fire safety plan, and • Documentation that the individual(s) participated in training on the emergency response and fire safety plan within thirty calendar days of residency and at least once during every twelve-month period thereafter. AND	The plan should, at a minimum, address the actions to be taken in the event of a fire, tornado, or other natural disaster and must be approved by the state/local authority drills: • Licensed Facility- 3 within 12 months (at least 1 in am, 1 in pm and 1 sleep drill) Tornado drills:

			• Has the provider completed emergency drills (tornado and fire) and completed a written record of each drill? 5123-3-02	• Licensed Facility- 1 within 12 months Plan of improvement identified in drill analysis/ISP should address refusals to participate in drills and special assistance needs when applicable
LIC FAC	Phys Env	9.008	Does the licensed facility have: • Appropriate and comfortable equipment, furniture and appliances that are in good condition to meet the needs and preferences of the individual(s), • Entrances, hallways, corridors, and ramps that are clear and unobstructed, and • Interior, exterior and grounds of the building that are maintained in good repair and in a clean and sanitary manner? 5123-3-02	• Furniture and equipment should be safe. • Equipment also includes working smoke detectors and fire extinguishers on each floor, and at least one carbon monoxide detector for homes with gas heat, dryers, or stoves. • Good repair and sanitary means the building is free from danger or hazard to the health of the person [s] occupying it as well as free from strong odors, pests, and mold. • Opened doors and windows must be screened • The home should have the necessary equipment based on the needs of the individuals served (i.e.: grab bars, ramps, visual fire alarms, etc.).
LIC FAC	Phys Env	9.009	Did the licensed facility annually obtain a fire inspection and, if applicable, a water and sewer inspection? 5123-3-02	Water and sewer inspections required if the licensed facility is not on city water/sewer Sample inspection templates can be found here: • Fire Inspection Form • Water Inspection Form • Septic Inspection Form

			REMOTE SUPPORT	
SECTION 10	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
REMOTE SUPPORT	Remote Support	10.001	Did remote support occur: • 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 monitoring service? 5123-9-35	It is the responsibility of the entity billing for the remote support service to provide this information during a compliance review, regardless of whether they are the vendor or paid backup. Supporting documentation can be provided by the paid backup, but ultimately, the billing entity

				is responsible for evidencing any information required during a compliance review.
REMOTE SUPPORT	Remote Support	10.002	Did the remote support vendor provide the following initial and ongoing training: ● Training to its staff on the use of the monitoring base system, and ● Training to the individual on the use of the remote support system as specified in the service plan? 5123-9-35	It is the responsibility of the entity billing for the remote support service to provide this information during a compliance review regardless of whether they are the vendor or paid backup. Supporting documentation can be provided by the paid backup, but ultimately, the billing entity is responsible for evidencing any information required during a compliance review. ● Remote support vendor means the agency supplying the monitoring base, the remote support staff who monitor from the monitoring base, and the equipment used in the delivery of remote support. ● Remote support provider means the agency identified in the ISP as the provider of remote support. This can be either a remote support vendor with unpaid backup support or a HPC provider who acts as a remote support vendor or contracts with a vendor to provide paid backup support.
REMOTE SUPPORT	Remote Support	10.003	Does the remote support vendor have an effective system for notifying emergency personnel? 5123-9-35	It is the responsibility of the entity billing for the remote support service to provide this information during a compliance review, regardless of whether they are the vendor or paid backup. Supporting documentation can be provided by the paid backup, but ultimately, the billing entity is responsible for evidencing any information required during a compliance review. This includes police, fire, emergency medical services and psychiatric crisis response entities.
REMOTE SUPPORT	Remote Support	10.004	Do remote support staff have detailed and current written protocols for responding to an individual's needs as specified in the service plan?	It is the responsibility of the entity billing for the service to provide this information during a compliance review, regardless of whether they are the vendor or paid backup. Supporting documentation can be provided by the paid

			5123-9-35	backup, but ultimately, the billing entity is responsible for evidencing any information required during a compliance review. Talk to the provider about how this is accessible by the remote support staff Includes contact info for the backup support person
REMOTE SUPPORT	Remote Support	10.005	Is assistive technology equipment used for remote support designed so that it may be turned off by the remote support vendor when requested by the person designated in the service plan? 5123-9-12	

			ASSISTIVE TECHNOLOGY	
SECTION 11	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
ASSISTIVE TECH	Assistive Tech	11.001	Did the assistive technology equipment provider: ● Deliver the equipment to the individual, ● Assemble and set up the equipment 5123-9-12	
ASSISTIVE TECH	Assistive Tech	11.002	If the provider has billed for assistive technology support, did they provide training on the use of the assistive technology equipment? 5123-9-12	The assistive technology support provider is required to provide training to the individual, individual's family member, guardian, staff, or other persons who provide natural supports or paid services, employ the individual, or who are otherwise substantially involved in activities being supported by the assistive technology equipment THIS DOES NOT INCLUDE REMOTE SUPPORTS EQUIPMENT

				The provider who provides the assistive technology is responsible for providing the training.
ASSISTIVE TECH	Assistive Tech	11.003	If the provider has billed for assistive technology equipment, did they maintain a list of installed assistive technology equipment? 5123-9-12	The equipment list is required to include the date each item of assistive technology equipment is installed, modified, repaired, or removed and the reasons therefore, and associated adjustments in cost
ASSISTIVE TECH	Assistive Tech	11.004	If the provider has billed for assistive technology consultation, did they maintain documentation showing ● a description of the functional evaluation process and technologies considered to address the individual's needs and support desired outcomes? ● A written recommendation that identifies the specific items and estimated cost of assistive technology equipment necessary to advance achievement of outcomes defined in the individual service plan. ● The date the written recommendation was completed and submitted to the individual's service and support administrator. 5123-9-12	

			SERVICE PLANNING	Citations issued in this section are issued to the applicable County Board that authored the applicable ISP
SECTION 1	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
CORE	Service Planning	1.001*^	Using person centered planning, has the plan been developed based on the person's assessed needs? 5123-4-02; 5123-9-13; 5123-9-14; 5123-9-15; 5123-9-16; 5123-9-17; 5123-2-05; 5123-6-02; 5123-2-07; 5123-9-35; 5123-6-07; 5123-9-29; 5123-2-01; 5123-9-02; 42 CFR 441.301 Consider the following: ● What is important to and for the individual ● Day waiver services and supports consistent with assessed needs, path to employment, and what authorized in plan ● Self-administration assessment(s) as applicable ● Personal funds ● Technology solutions and/or remote supports explored ● Nursing quality assessment reviews ● Home-delivered meals and parameters ● External Assessments which could include Health, Speech, Hearing, Swallow Study, Sexual Offender risk ● Are restrictive strategies/modifications incorporated as an integral part of the person-centered service plan ● Least restrictive setting ● Does the plan include an outcome	Person-Centered Requirements: ● Cultural considerations ● Plain language and accessible ● Support is given for person to make informed choices ● Person leads and is supported to direct the process to the maximum extent possible ● People chosen by the person are included ● Process timely and occurs at convenience of the person ● The plan based on needs and assessments that will prevent any unnecessary or inappropriate services & supports ● Opportunity to seek employment and work in competitive integrated settings ● Engage in community life ● Control personal resources
CORE	Service Planning	1.002*	Does the ISP specify the provider type, frequency, and funding source for each service and activity and which provider will deliver each service or support across all settings? 5123-4-02	.

			SERVICE PLANNING	Citations issued in this section are issued to the applicable County Board that authored the applicable ISP
SECTION 1	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
CORE	Service Planning	1.003*	Was the individual service plan revised based on changes in the individual's needs/wants? 5123-4-02	The CB must revise the plan when aware of new or unmet needs when reported by the individual, provider, or other team members. Consider life changes such as a new job, new medical conditions, changing providers, moving, or deleting unwanted services. Revisions to occur within 30 calendar days of request or identified need
CORE	Service Planning	1.004*	Was the plan: ● Reviewed at least annually ● Agreed to with written consent of the individual (and/or guardian if applicable) and providers responsible for implementation? 5123-4-02; CFR 441.725	For minors, the plan should be approved by the parent/legally responsible person. Written approval can include DocuSign or e-signatures.

			MEDICATION ADMINISTRATION	
SECTION 2	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
CORE	Med Admin	2.001	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? ● Is the medication in a pharmacy labeled container? 5123-6-06	"Secure" is based on the individual's needs. Use of medication dispensers ● DSPs are not permitted to administer medications from any type of medication dispenser ● Medication dispensers can only be filled by the individual who is self-administering; family as natural support; licensed healthcare professional – RN, LPN, Pharmacist ● When the individual is unable to self-administer with or without assistance and using a medication dispenser, all additional support must be provided by a person with

			MEDICATION ADMINISTRATION	
SECTION 2	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
				medication administration certification and the appropriate documentation (MAR/MAR type document, picture/description of medications) to be able to provide the support (in-person or remote)
CORE	Med Admin	2.002	If nursing delegation is required, is there: ● A statement of delegation, ● Evidence the nurse provided individual-specific training to staff prior to the performance of delegated tasks. ● Evidence of ongoing reassessment but at least annually ● Step-by-step-written instructions of the task ● Nurse observed and documented a satisfactory return demonstration of the nursing task 5123-6-01; 5123-6-03; OAC 4723-13-06	Nursing delegation is required for: ● Medication administration and 13 health related activities in Day service locations where 17 or more individuals have been authorized to receive day services; ● Residential facilities with 6 or more beds, ● G/J tube medication administration, ● Administration of Glucagon ● Administration of insulin by injection/pump/inhalant and injectable treatments for metabolic glycemic disorders ● Administration of nutrition by G/J tube. ● Any nursing task as defined in OAC 4723-13-01 ● Reassessment must include determination that: ○ Nursing delegation continues to be necessary; ○ The individual and circumstances continue to adhere to standards and conditions for nursing delegation; and The developmental disabilities personnel continue to demonstrate the skill to accurately perform the nursing tasks, health-related activities, and prescribed medication administration being delegated.
CORE	Med Admin	2.003	If nursing delegation is required, is the delegating nurse available to supervise the performance of delegated tasks? 5123-6-03; OAC 4723-13-07	● Ask the Independent Provider how they contact the nurse if there are questions or concerns ● During the site visit, ask delegated staff if they know how to contact the nurse and has the nurse been available when needed
Core	Med Admin	2.004	Did the independent provider ensure that all administered 'as needed' (PRN) medication orders were written in a manner that precludes independent judgment? 5123-6-06	Orders must have clear instructions that describe under what circumstances and conditions the PRN should be administered and how much/how often

			MEDICATION ADMINISTRATION	
SECTION 2	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
				Until updated orders are received, the prn medication should only be administered by a nurse or family member/natural support If the PRN order lacks the specificity to meet the requirement in rule and has not been administered, can give TA but advise provider that medication cannot be administered until order is corrected.

			BEHAVIOR SUPPORT	
SECTION 3	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
CORE	Behavior Support	3.001^	If the service plan includes restrictive measures, did the Human Rights Committee review and approve the plan prior to implementation? 5123-2-06	**Citations issued for this question are issued to the applicable County Board that authored the applicable ISP.** Cite if the plan includes restrictive measures, but there is no HRC approval.
CORE	Behavior Support	3.002^	Is the independent provider implementing restrictive measures that are not in the plan and/or approved by the Human Rights Committee? 5123-2-06	Cite if the independent provider is implementing restrictive measures that have not been recognized as being restrictive. Examples of rights restrictions that cannot be used outside of the requirements for restrictive measures: ● Imposed bedtimes, ● Locked cabinets, ● Visitor limitations, ● Dietary restrictions and/or ● Limitations related to technology or community ● Limitations related to alcohol, sex, and/or romantic relationships

			BEHAVIOR SUPPORT	
SECTION 3	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
				Does not apply to restrictive measures implemented in an emergency situation and properly reported as an Unapproved Behavior Support.
CORE	Behavior Support	3.003	If the service plan includes: ● Time out or manual or mechanical restraint, are the interventions implemented only when there is risk of harm? ● Chemical restraint, are the interventions being implemented only when risk of harm is evidenced, or an individual engages in a precisely defined pattern of behavior that is very likely to result in risk of harm? ● Rights restrictions, are the interventions being implemented only when risk of harm OR likelihood of legal sanction are evidenced? 5123-2-06	**Citations issued for this question are issued to the applicable County Board that authored the applicable ISP.** Medications that result in a noticeable or discernible difference in the individual's ability to complete ADLs (blunt suppression of behavior) OR for the purpose of treating sexual offending behavior <u>are</u> chemical restraints. Medications prescribed for the treatment of a physical or psychiatric condition in accordance with the standards of treatment for that condition are presumed to <u>not be</u> chemical restraints "Chemical restraint" does not include a medication that is routinely prescribed in conjunction with a medical procedure for patients without developmental disabilities. Medications that are initially presumed to not be a chemical restraint, but do result in general or non-specific blunt suppression of behavior must be reviewed by the team to determine if it should be regarded as a chemical restraint
CORE	Behavior Support	3.004	If the service plan includes a restrictive measure, are behavioral supports employed with ● Sufficient safeguards ● Sufficient supervision to ensure health, welfare, and rights? 5123-2-06; 5123:2-3-04	This includes but is not limited to: ● Are "time away" procedures voluntary or mandatory? ● If time-out rooms are used, are all safety requirements in place?

			BEHAVIOR SUPPORT	
SECTION 3	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
CORE	Behavior Support	3.005	If the service plan includes a restrictive measure, have DSPs been trained on the approved interventions? 5123-2-06	DSPs must be trained on the approved restrictive behavioral support strategies prior to working with a person who has restrictive measures in their plan
CORE	Behavior Support	3.006	Is there a provider record of the date, time, duration, and antecedent factors regarding each use of a restrictive measure other than a restrictive measure that is not based on antecedent factors (e.g., bed alarm or locked cabinet)? 5123-2-06	Duration is only applicable for a manual restraint or a mechanical restraint
CORE	Behavior Support	3.007	Did the independent provider notify the individuals guardian as outlined in the ISP regarding any uses of chemical restraints, manual restraints, or time-out? 5123-2-06	
CORE	Behavior Support	3.008	Did the independent provider share the record of restrictive measures that were implemented with the individual or the individual's guardian, as applicable, and the individual's team whenever the individual's behavioral support strategy is being reviewed or reconsidered?	The independent provider is required to share the record of the restrictive measure implementation with the team for the purpose of the 90-day review

			PERSONAL FUNDS	
SECTION 4	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
CORE	Personal Funds	4.001	If responsible for assisting with personal funds while providing a paid waiver service, did the independent provider ensure that individuals: ● Have access to their funds, and ● Are able to purchase items, goods, and services of their preference?	This applies to any provider listed in the plan as responsible for individual funds: ● Deposits must be made within five days of receipt of funds, ● Monies must be made available within three days of request of the individual, and ● Individuals can control personal funds based on their abilities,

			PERSONAL FUNDS	
SECTION 4	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
			5123-2-07	● Access is based on the individual's available resources.
CORE	Personal Funds	4.002	If responsible for assisting with personal funds while providing a paid waiver service, did the independent provider ensure that account records include: ● A ledger with all required elements, ● Evidence of reconciliation at the frequency required signed and dated by the person conducting the reconciliation? 5123-2-07	Bank accounts should be reconciled using the most recent bank statement. Food stamp, gift card, and other cash accounts maintained by the independent provider should be reconciled every 30 days. Food stamp ledgers should be reconciled to the EBT statement. Reconciliations are still required, but IPs may reconcile the accounts themselves Required elements: ● Individual's name, ● Source, amount, and date of all funds received, ● Amount, recipient, and date of funds withdrawn, ● Signature of person depositing funds to the account, unless electronically deposited, and ● Signature of person withdrawing funds from the account unless electronically withdrawn. An individual's team will determine, through development of the individual service plan, when a provider is required to maintain receipts for expenditures of the individual's personal funds. Receipts, when required, are to identify the date, the item or items purchased, and the amount of the expenditure; other documentation or a written explanation is acceptable if a receipt is unavailable.

			PERSONAL FUNDS	
SECTION 4	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
Core	Personal Funds	4.003	If responsible for assisting with personal funds while providing a paid waiver service, did the independent provider manage the person's funds as required by rule? 5123-2-07	Providers who assist with personal funds must: ● Retain, safeguard, and securely account for the funds ● Notify the team when personal funds exceed or are projected to exceed the maximum amount allowed to maintain eligibility for benefits or when an individual receives a lump sum payment (e.g., benefits back payment) or inheritance. ● Not co-mingle the individual's personal funds with the provider's funds; ● Not supplement or replace funds of the provider or another individual with an individual's funds except in situations where a practical arrangement (e.g., individuals take turns purchasing household supplies) is agreed upon and documented in writing

			SERVICE DELIVERY and DOCUMENTATION	Service Delivery Documentation Crosswalk
SECTION 5	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
CORE	Serv Del Doc	5.001	Does service delivery documentation include the following elements: ● Date of service, ● Individual's name, ● Individual's Medicaid number, ● Provider name, ● Provider number, ● Signature or initials of person delivering the service, ● Place of service, and ● Group size? 5123-9-06; 5123-9-40; 5123-9-39; 5123-9-20; 5123-9-24	See service specific rules for documentation requirements. ● Required elements may be maintained on multiple documents but claims for payment a provider submits to the department for services delivered shall not be considered service documentation. ● Place of service and group size are not required for all services. ● For non-medical and routine transportation, location is the license plate number of the vehicle used to provide the service
CORE	Serv Del Doc	5.002*	Does the waiver service delivery documentation for all waiver codes include the type of service?	See service specific rules for documentation requirements.

			SERVICE DELIVERY and DOCUMENTATION	Service Delivery Documentation Crosswalk
SECTION 5	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
			5123-9-06; 5123-9-40; 5123-9-37; 5123-9-39; 5123 9-20	• Required elements may be maintained on multiple documents but claims for payment a provider submits to the department for services delivered shall not be considered service documentation. • NMT requires mode of NMT provided – per-trip or per-mile.
CORE	Serv Del Doc	5.003*	Does the waiver service delivery documentation for all waiver billing codes include the number of units (amount) provided? 5123-9-06; 5123-9-40; 5123-9-37; 5123-9-39; 5123-9-20; 5123-9-18; 5123-9-24	See service specific rules for documentation requirements. • Required elements may be maintained on multiple documents but claims for payment a provider submits to the department for services delivered shall not be considered service documentation. • Units are not required for services billed using a daily rate, except adult day services. • Number of units OR continuous amount of uninterrupted time during which the service was provided is acceptable for Money Management, HPC (non-daily rate), PDHPC, Waiver Nursing Delegation, Waiver Nursing, Clinical/Therapeutic Intervention, Participant/Family Stability Assistance, and Support Brokerage. • For routine transportation and per mile NMT , units are the number of miles in each distinct commute, as indicated by beginning and ending odometer numbers or via tracking or mapping by GPS.
CORE	Serv Del Doc	5.004*	Does the waiver service documentation for *applicable* waiver services include the times the delivered services started and stopped? 5123-9-06; 5123-9-40; 5123-9-20; 5123-9-39; 5123 9-37	See service specific rules for documentation requirements. Required elements may be maintained on multiple documents but claims for payment a provider submits to the department for services delivered shall not be considered service documentation. 5123-9-39(G)(4) Waiver nursing shifts may not exceed 12 hours during a 24-hour period unless an unforeseen event

			SERVICE DELIVERY and DOCUMENTATION	Service Delivery Documentation Crosswalk
SECTION 5	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
				causes a medically necessary scheduled visit to extend beyond 12 hours, but visit cannot exceed 16 hours.
Core	Serv Del Doc	5.005*	Does the waiver service delivery documentation for Non-Medical Transportation and routine Transportation include the names of all individuals who were in the vehicle during any portion of the trip/commute? 5123-9-18, 5123-9-24	See service specific rules for documentation requirements. Required elements may be maintained on multiple documents but claims for payment a provider submits to the department for services delivered shall not be considered service documentation.
Core	Serv Del Doc	5.006	Does the waiver service delivery documentation for non-medical transportation and routine transportation include the origination and destination points of transportation provided? 5123-9-18; 5123-9-24	See service specific rules for documentation requirements. Required elements may be maintained on multiple documents but claims for payment a provider submits to the department for services delivered shall not be considered service documentation.
Core	Serv Del Doc	5.007	Does the waiver service delivery documentation for non-medical transportation at the special per-trip payment rates to transport one individual at a time to and from competitive integrated employment include: ● The name and address of the individual's employer ● The number of miles in each one-way trip 5123-9-18	See service specific rules for documentation requirements. Required elements may be maintained on multiple documents but claims for payment a provider submits to the department for services delivered shall not be considered service documentation.
Core	Serv Del Doc	5.008	Are medications, treatments, health related activities, and dietary orders being followed? 5123-2-09; 5123-4-02; 5123-6-03; 5123-9-39	Info may come from the medication administration record (MAR), doctor's orders, OT/PT, and speech plans.
CORE	Serv Del Doc	5.009*	Does the waiver service delivery documentation for all waiver billing codes include scope? 5123-9-06; 5123-9-40; 5123-9-39; 5123-9-37	**NA for NMT, transportation, and money management**

			SERVICE DELIVERY and DOCUMENTATION	Service Delivery Documentation Crosswalk
SECTION 5	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
				Description and details (scope) of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided. For waiver nursing delegation, documentation must include the name of the unlicensed person for whom a supervisory visit was performed.
CORE	Serv Del Doc	5.010	Is the service plan and/or plan of care being implemented as written? 5123-2-09; 5123-9-39; 5123-9-37	Implementation of services can be verified using observation, interview, and documentation review.
CORE	Serv Del Doc	5.011^	Are waiver services delivered in a manner which supports each individual's full participation in the greater community, considering their individual choices, preferences, and needs? 5123-9-02; 42 CFR 441.301 (c)(4)(i); 42 CFR 441.710 (a)(1)(I)	● Are opportunities to access inclusive settings in the community being offered (refusals should be documented) ● Are the activities meaningful to the individual, age appropriate, and similar to those without disabilities? ● Ask providers and individuals how activities are selected and scheduled. If any part of the settings rule is not met due to modifications needed for a specific person, those specific qualities and conditions must be supported with a specific assessed need and justified in the person-centered service plan.
CORE	Serv Del Doc	5.012	For providers of waiver nursing, does the individual's plan of care (485) include: ● All requirements specified in 5123-9-39(B)(17) 5123-9-39, 5123-9-37	Required in addition to the service delivery documentation requirements outlined in rule for waiver nursing and waiver nursing delegation This is required for all providers of waiver nursing services, including home health agencies. When verbal orders are given by the treating physician, physician assistant, or advanced practice registered nurse , the nurse is required to write the orders and the date and time the orders were given in the service documentation and

			SERVICE DELIVERY and DOCUMENTATION	Service Delivery Documentation Crosswalk
SECTION 5	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
				sign the entry. The nurse must subsequently obtain documentation of the verbal orders being signed and dated by the treating physician, physician assistant, or advanced practice registered nurse. Waiver Nursing cannot be provided during the same time an individual is receiving adult day support, community respite, residential respite in an ICF, or vocational habilitation
CORE	Serv Del Doc	5.013	If the provider of waiver nursing is an LPN working at the direction of an RN, does the LPN have clinical notes, signed and dated by the LPN, documenting: ● All consultations between the LPN and the directing RN; ● Face-to-face visits between the LPN and the directing RN; and ● Face-to-face visits between the LPN, the individual receiving waiver nursing, and the directing RN? 5123-9-39	Required in addition to the service delivery documentation requirements outlined in rule for waiver nursing and waiver nursing delegation Face-to-face visits are required for waiver nursing providers who are LPNs working at the direction of an RN and are required with the individual and the directing RN prior to initiating services and at least once every 120 days for the purpose of evaluating the provision of waiver nursing, the individual's satisfaction with care delivery and performance of the licensed practical nurse, and to ensure that waiver nursing is being provided in accordance with the approved plan of care. Providers of waiver nursing will maintain, in a confidential manner for at least thirty calendar days at the individual's residence, a current plan of care with any addendum orders, the current individual service plan, a copy of the nurse's notes, and medication administration records.
CORE	Serv Del Doc	5.014	Is the independent provider following all applicable local, state, and federal rules and regulations?	DODD Group Manager contact/approval is required. Citation must include the specific rule/regulation reference that is being cited

			SERVICE DELIVERY and DOCUMENTATION	Service Delivery Documentation Crosswalk
SECTION 5	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
DAY SERV	Serv Del Doc	5.015	**Providers of Employment Services only (vocational habilitation, group employment support, career planning and individual employment support):** Did the independent provider submit a written progress report at least every twelve months that shows that employment services are consistent with the individual's competitive integrated employment outcome and that the individual has either obtained competitive integrated employment or is advancing on the path to competitive integrated employment? 5123-2-05	No formal template/form is required. The written progress report will include the following: ● Anticipated timeframe and progress towards reaching desired outcome, ● Individual's annual wage earnings
CORE	Serv Del Doc	5.016	If required, is the independent provider using EVV? 5160-1-40	EVV is required for RN Assessment, Waiver Nursing, and 15-minute HPC Independent Providers must use the state's EVV system (Sandata). Agency providers may choose to use an alternate data collection system that has been approved by ODM. Live-in Caregivers can request an exemption from visit logging requirements. This is requested through and issued by ODM.
CORE	Serv Del Doc	5.017	Does the service documentation validate claims for payment submitted to the department? 5123-9-06; 5123-9-40; 5123-9-37; 5123-9-39; 5123-9-20; 5123-9-24	

			SERVICE DELIVERY and DOCUMENTATION	Service Delivery Documentation Crosswalk
SECTION 5	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
				Review selection of claims to ensure it contains: • Type of Service • Date of Service • Place of Service • Name of person receiving service • Medicaid ID number of person receiving service • Name of Provider • Provider identifier/contract number • Signature or initials of person delivering the service • Group size • Description of details of the services delivered • Description related to the services specified in the ISP • Number of units of the delivered service or continuous a • Time the delivered service started and stopped Do the units of service billed match the service documentatio

			MUI/UI	
SECTION 6	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
CORE	MUI	6.001	Is there evidence that the Incident Report contains the required elements? 5123-17-02	Sample Incident Report form available on the DODD website here Required elements are: • Individual's name, • Individual's address, • Date and time of incident,

			MUI/UI	
SECTION 6	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
				● Location of incident, ● Description of incident, ● Type and location of injuries, ● Immediate actions taken to ensure health and welfare of individual 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 and signature of person completing the incident report.
CORE	MUI	6.002	Is there evidence that the independent provider: ● Completed an unusual incident report, ● Notified the individual's guardian or another person whom the individual has identified, as applicable, ● Notified other providers of services as necessary to ensure continuity of care, and ● Forwarded the unusual incident report to the service and support administrator or county board designee on the first working day following the day the unusual incident is discovered? 5123-17-02	Did the residential provider notify the day program provider of an incident they need to be aware of?
CORE	MUI	6.003	Did the independent provider maintain a log that contains the unusual incidents defined in rule with the following elements:	Sample UI log is available on DODD website here The log should contain:

			MUI/UI	
SECTION 6	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
			• Name of individual, • Description of incident, • Identification of injuries, • Time/date of incident, • Location of incident, • Cause and contributing factors, and • Preventative measures. 5123-17-02	• Dental injury that does not require treatment by a dentist, • Falls, • An injury that is not a significant injury, • Med errors without a likely risk to health and welfare, • Overnight relocation due to a fire, natural disaster, or mechanical failure, • An incident of peer-to-peer acts that is not a major unusual incident, • Rights code violations or unapproved behavioral supports without a likely risk to health and welfare • Emergency room or urgent care treatment center visits, • program implementation incidents, • An unplanned hospital admission or hospital stay that is not a major unusual incident as defined in (C)(16)(c)(ii) of rule.
CORE	MUI	6.004	Is there evidence that the independent provider reviewed all unusual incidents as necessary but no less than monthly to ensure appropriate preventative measures have been implemented and trends and patterns identified and addressed? 5123-17-02	Review of UIs is required at least monthly, even when no incidents occur. Evidence can be through signature on UI Log, administrative meeting, etc. When no unusual incidents occur during a calendar month, the provider will make a notation to that effect on its log of unusual incidents.
CORE	MUI	6.005	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? 5123-17-02	Ensure that the incident meets the definition of a UI or MUI in the rule before issuing citation.

			MUI/UI	
SECTION 6	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
CORE	MUI	6.006	Is there evidence that the independent provider cooperated with the investigation of MUIs, including timely submission of requested information? Did the independent provider make the unusual incident report, documentation of patterns and trends, and corrective actions available to the CB and Department upon request? 5123-17-02	Check OhioITMS, fax cover sheet or provider documents.
CORE	MUI	6.007	Upon identification of a MUI, is there evidence that the independent provider took the following immediate actions as appropriate: ● Immediate and on-going medical attention as appropriate ● Other reasonable measures to protect the health and welfare of at-risk individuals. 5123-17-02	Providers are responsible for ● Making sure that immediate actions are appropriate and adequately protect any "at risk" individuals and ● When an independent provider is alleged to have been involved in physical or sexual, the County Board and the independent provider must coordinate on immediate actions. ● What is the backup plan identified in person's plan?
CORE	MUI	6.008	Is there evidence that the independent provider notified the County Board about the below listed incidents within 4 hours of discovery? ● Unexplained or unanticipated death ● Abuse (Physical, Sexual and Emotional), ● Exploitation, ● Misappropriation, ● Neglect, ● Media Inquiry, ● Peer to peer acts, and ● Prohibited sexual relations. 5123-17-02	Notifications should be by means that the CB has identified. Notifications should be documented with time and person notified.
CORE	MUI	6.009	Is there evidence that the independent provider has submitted a written incident report to the County Board contact or designee by three p.m. on the first working day following the	Evidence may be in the form of a fax receipt, email message or receipt, or notation on the incident report.

			MUI/UI	
SECTION 6	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
			day the independent provider becomes aware of a potential or determined major unusual incident? 5123-17-02	
CORE	MUI	6.010	Is there evidence that the provider has submitted the completed Appendix Review Form to the County Board contact or designee by three p.m. on the first working day following the day the provider becomes aware of a potential or determined major unusual incident for law enforcement, unanticipated hospitalizations and unapproved behavioral support. 5123-17-02	Forms located here Appendix C-Law Enforcement Appendix D-Unanticipated Hospitalization Appendix E-Unapproved Behavioral Supports
CORE	MUI	6.011	Is there evidence that notifications, including other agencies, were made on the same day of the incident when the major unusual incident or discovery of the major unusual incident occurs to the following as applicable: ● Guardian or other person whom the individual has identified, ● SSA, ● Other providers of services as necessary to ensure continuity of care and support for the individual, ● DSPs or family living at the individual's residence who have responsibility for individual's care, ● Children's Services for allegations of abuse and neglect), and ● Law Enforcement (for allegations of a crime)? 5123-17-02	All notifications or efforts to notify those listed above must be documented. ● Notifications were made to the individuals' guardians and other person whom the individuals have identified in a peer-to-peer act unless such notifications could jeopardize the health and welfare of an involved individual. ● No notification should be made to the PPI, spouse or significant other of PPI's or when such notification could jeopardize the health and welfare of an Individual involved. ● Any allegation of abuse or neglect under 2151.03 and 2151.031 for children under 21 years should be reported to CSB and documented. ● Any allegation of a criminal act must be immediately reported to Law Enforcement. ○ The provider shall document the time, date, and name of person notified of the alleged

			MUI/UI	
SECTION 6	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
				criminal act. The CB shall ensure that the notification has been made. Did the residential provider notify the day program provider of an MUI they need to be aware of?

			PERSONNEL AND POLICY	
SECTION 7	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
CORE	Personnel	7.001	Does independent provider have: ● Current CPR certification AND ● Current first aid certification? 5123-2-09	● N/A for Money Management providers, SELF Support Brokers, and Remote Support providers who are conducting remote support monitoring only. ● Check service rules for participant directed services. ● Current RN/LPN license is acceptable for first aid requirement (not CPR). ● Current EMT certification is acceptable for first aid and CPR. ● CPR/First Aid training must include an in-person skills demonstration. Virtual skills demonstrations do not meet this requirement.
Core	Personnel	7.002	Is the independent provider's current physical address, telephone number, and electronic mail address identified in PSM? 5123-2-09	Due to difficulties with updating primary contact information, providers should have the current information identified in PSM on at least one of the contact options Resources for updating demographics can be found here and here
Core	Personnel	7.003	If providing waiver nursing, waiver nursing delegation, and/or delegating nursing tasks, does the LPN/RN have a current nursing license	An RN may delegate a nursing task to an LPN. An LPN can delegate to an unlicensed person only at the direction of an RN and when certain conditions are met.

			PERSONNEL AND POLICY	
SECTION 7	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
			AND If an LPN, are they being directed by an RN? 5123-9-37; 5123-9-39; 5123-6-01; 5123-6-03; OAC 4723-13-05	An expired nursing license or an LPN completing nursing tasks without being directed by an RN is an immediate citation and reviewer should contact DODD Group Manager
CORE	Personnel	7.004	If the independent provider is responsible for the following, do they have the appropriate certification for: ● Oral or topical medications (Category 1), ● Health related activities (Category 1), ● G-tube/J-tube (Category 2), and ● Insulin injections (Category 3)? 5123-6-03	● **Certification must be verified using MAIS.** ● Category 2 and Category 3 certifications require a valid Category 1 certification to be valid ● Family members who reside with the individual are permitted to administer medication without medication administration certification ● Insulin and injectable treatments can only be administered for metabolic glycemic disorders such as diabetes, hypo/hyperglycemia, etc. ● Individual Specific Training as it pertains to medication administration and health related activities is required prior to providing these supports to each individual. This is not the same as the ISP training. ● Medication administration certification is not required when Family Delegation is identified in the ISP. ● HSD/GED required for med admin certification
CORE	Personnel	7.005	If required by a person the independent provider supports, does the independent provider have training, including individual specific training, to perform the tasks/use the following devices: ● Vagus nerve stimulator, ● Prescribed epinephrine either by autoinjector or intranasally ● Administration of topical over-the counter medication for the purpose of cleaning, protecting, or comforting the skin, hair, nails, teeth, or oral surfaces? 5123-6-05; ORC 5123-42	● All providers who work with a person who requires one of these items must have the applicable training ● These tasks can be performed by trained independent providers who do not have medication administration certification. ● independent providers with Cat 1 certification still need training specific to these topics ● Independent providers must complete training prior to using the device or administering epinephrine or the topical OTC medication and annually thereafter.

			PERSONNEL AND POLICY	
SECTION 7	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
				● Training must be provided by a licensed nurse, or by DSP with health-related activities and prescribed medication administration certification. ● Training must be the department-approved curriculum. ● Training must include individual specific information as well as a return demonstration of skills. ● These tasks can be family delegated. ● If the provide can demonstrate that epi-pen training is included with their First Aid training, they do not need to take the stand-alone training, and the epi-pen training is valid for as long as the FA certification is valid (i.e. two years instead of required annually)
CORE	Personnel	7.006	For independent providers who are responsible for transporting individuals, does the independent provider have a valid driver's license? 5123-2-02; 5123-9-18; 5123-9-24	Independent Providers are ineligible to transport individuals if they have a suspended license, even if they have permission to drive for work purposes and even if a transportation service is not billed. Any person with six points or more on their driver's license is ineligible to transport individuals, even if a transportation service is not billed.
TRANSP	Personnel	7.007	Are all vehicles used to transport individuals covered by a current insurance policy? 5123-9-18; 5123-9-24, ORC 4509.101	Ohio law requires liability insurance on all vehicles.
CORE	Personnel	7.008	After being selected by an individual but prior to providing services, did the independent provider meet with a county board representative to discuss: ● Provider's responsibilities ● Individual service plan, including what's important to and for the individual ● Service documentation ● Billing for services 5123-2-09	Effective 9/1/2021

			PERSONNEL AND POLICY	
SECTION 7	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
CORE	Personnel	7.009	Beginning in 2022, did the independent provider annually complete: ● Two hours of training provided by the Department or by an entity using department-provided curriculum ● Six hours of training on topics selected by the independent provider that are relevant to services provided and people served in the areas of components of quality care, positive behavior support, or health and safety? 5123-2-09	Provider needs to be able to demonstrate that DODD-provided curriculum was used if training is not directly from DODD. Required once during each calendar year, not every 365 days.

			TRANSPORTATION	
SECTION 8	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
CORE	Trans	8.001	If the independent provider is responsible for providing any type of transportation, do vehicles used to transport individuals appear safe? 5123-2-09; 5123-9-24; 5123-9-18	Specific examples include but are not limited to cracks in windshield that impairs line of sight, bald tires, ramps and lifts that are needed but not functioning, etc.
CORE	Trans	8.002	If the independent provider is responsible for providing **routine** transportation in a modified vehicle, were daily inspections completed? 5123-9-24	This question references transportation provided in line with 5123-9-24 and is not applicable to non-medical transportation. Daily inspection requirements apply to routine transportation when a modified vehicle is used**:** ● Permanent fasteners, ● Safety harnesses or belts, and ● Access ramp or hydraulic lift
CORE	Trans	8.003	If the independent provider is responsible for providing Non-Medical Transportation in a **modified vehicle** or a vehicle equipped to **transport five or more passengers**, were the required vehicle inspections completed: ● Daily inspection prior to transporting each day, and	● Daily inspections of modified and 5 passenger vehicles include: windshield wipers/washer, mirrors, horns, brakes, emergency equipment, and tires. ● Daily inspections of modified vehicles include permanent fasteners, safety harnesses/belts, and access to ramp/hydraulic lift.

			TRANSPORTATION	
SECTION 8	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
			● Annual vehicle inspection by Ohio State Highway Patrol safety inspection unit or by a certified mechanic to determine vehicle is in good working condition? 5123-9-18	● Inspections by the State Highway Patrol or a certified mechanic are required every 12 months (not every calendar year). ● Certified mechanic means a mechanic certified by an automotive dealership or the national institute for automotive service excellence.

			PHYSICAL ENVIRONMENT	
SECTION 9	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**

CORE	Phys Env	9.001*^	If the individual lives in a setting that is provider controlled, does the individual have a lease that:
			● Includes a statement that the residence is provider-controlled
			● Explains the relationship between the landlord and provider of waiver services
			● Includes a statement that the individual may choose any provider to deliver waiver services?
			
			5123-9-02; 42 CFR 441.301(c)(4)(vi)
				● Except for the acceptable provider-owned settings listed in the next question below, the entity acting as the provider cannot also provide the residence.
				  ● This includes the practice of a provider signing a lease with the landlord and then subleasing to the individual(s).
				Provider controlled setting means a residence where the landlord is:
				● An entity that is owned in whole or in part by the individual's independent provider;
				● An immediate family member of the individual's independent provider;
				● An immediate family member of an owner or a management employee of the individual's agency provider;
				● Affiliated with the individual's agency provider, meaning the landlord:
				  ○ Employs a person who is also an owner or a management employee of the agency provider; or
				  ○ Has, serving as a member of its board, a person who is also serving as a member of the board of the agency provider.
				● An entity that is owned in whole or in part by an owner, ~~or~~ a management

			PHYSICAL ENVIRONMENT	
SECTION 9	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
				employee, or an immediate family member of the individual's agency provider; or ● An owner or a management employee of the individual's agency provider **The lease cannot** impose rights restrictions on roommate selection, privacy, security, decorating, visitors, control of schedule and activities, and access to food unless indicated in the ISP. Provider Owned-Controlled Decision Tree
CORE	Phys Env	9.002^	If the individual lives in a licensed facility or provider-owned setting, does the individual have a residency agreement that includes: ● An explanation of the relationship between the landlord and the provider, ● A statement regarding whether or not the individual may choose a provider other than the licensed facility or shared living provider to deliver waiver services? 5123-9-02; 42 CFR 441.301(c)(4)(vi)	**Residency agreement is not required if the Shared Living provider is related to the individual** **Provider owned setting means:** ● A setting where shared living is provided; ● A setting owned by an independent provider who is living in the setting and providing services to an individual who is living in the setting; or ● A licensed facility Except for the acceptable provider owned settings listed above, the entity acting as the provider cannot also provide the residence. ● This includes the practice of a provider signing a lease with the landlord and then subleasing to the individual(s). **The residency agreement cannot** impose rights restrictions on roommate selection, privacy, security, decorating, visitors, control of schedule and activities, and access to food unless indicated in the ISP. Provider Owned-Controlled Decision Tree
CORE	Phys Env	9.003^	Are waiver services being provided in a setting that is **NOT** in a publicly operated or privately-operated facility that also provides inpatient institutional treatment **OR** in a building on the grounds of or adjacent to publicly	Contact and discuss with a DODD Group Manager. Excludes Individual Employment Support for maintaining Self-Employment.

			PHYSICAL ENVIRONMENT	
SECTION 9	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
			operated facility that provides inpatient institutional treatment? 5123-9-02	
CORE	Phys Env	9.004^	In all residential waiver settings, does the individual have the freedom to: ● Select roommates, ● Privacy and security including locks and keys to living unit, ● Decorate their living unit, ● Have visitors of their choosing at any time, ● Control their schedule and activities, and ● Access food at any time? ● 5123-9-02; 42 CFR 441.301(4)(iv)-(vi)(A-B)	All should be available to the individual, unless otherwise specified in the ISP. Homes where waiver services are delivered: Choice ● The person can make choices without unnecessary influence from others. The person can change their mind about services in and outside the house, who visits and when, and who they want to live with. Control ● The person has control (when possible) over useful things/valuable supplies (time, money, food, belongings). Independence and Access ● The person receives services in their community, or in a community almost the same as people not receiving HCBS services. Provider-owned or controlled residential setting: ● Privacy in bedroom and living area ● Entrance doors lockable by individual ● Choice about roommate(s) ● Free to get own furniture and decorate their bedroom and/or living area ● Decide who will visit and when ● Individual control and choice about schedule ● Can get food when they want ● Physically accessible home
CORE	Phys Env	9.005	Did the independent provider ensure that residential services are provided in an unlicensed residence with no more than four unrelated individuals with developmental disabilities?	Contact the DODD Group Manager prior to issuing this citation

			PHYSICAL ENVIRONMENT	
SECTION 9	**SUB SECTION**	**Question #**	**Question**	**Guidance/Additional Information**
			5126.01	

INDEPENDENT PROVIDER REQUIRED DOCUMENTS LIST

The Independent Provider Review Tool is used for independent providers of career planning, individual employment support, non-medical transportation, money management, transportation, self-directed transportation, homemaker/personal care, participant directed homemaker personal care, shared living, residential respite, 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 *Information needed for this section will be obtained from the County Board*	**YES**	**NO**	**N/A**
SECTION 2: MEDICATION ADMINISTRATION for individuals in sample (if applicable)	**YES**	**NO**	**N/A**
1. Name and credentials of the nurse providing delegation (if applicable)			
2. Nursing Delegation (if applicable): a. A statement of delegation, b. Evidence the nurse provided individual-specific training to staff 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			
SECTION 3: BEHAVIOR SUPPORT for individuals in sample (if applicable)	**YES**	**NO**	**N/A**
1. Record of the date, time, duration, and antecedent factors for each use of a restrictive measure, *if applicable* and evidence of notification to the guardian if any uses of chemical restraints, manual restraints, or time-out, *if applicable*			

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			
SECTION 4: PERSONAL FUNDS for individuals in sample (if applicable)	**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			
SECTION 5: SERVICE DELIVERY & DOCUMENTATION for all persons served by the provider	**YES**	**NO**	**N/A**
Waiver service delivery documentation of services and outcomes in the ISP for three months prior to the review for all types of service provided and all persons served			
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 the three months prior to review date 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 (if applicable): 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, evidence that a written progress report was submitted to the individual's team at least every twelve months.			
7. 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			
8. Documentation demonstrating usage of EVV			
SECTION 6: MUI/UI	**YES**	**NO**	**N/A**
1. MUI and UI reports for the 12 months prior to the review date, including notifications, reporting, and follow-up on incident. *Please be prepared to pull incident reports as requested by the reviewer*			
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, even if no incidents occurred			
4. Evidence that UI report, documentation of patterns and trends, and corrective actions were made available to the CB and Department upon request.			
5. 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.			

6. Evidence that the written incident report was submitted to the County Board for any potential or determined major unusual incident			
SECTION 7: PERSONNEL and POLICY	**YES**	**NO**	**N/A**
1. Evidence of current CPR and First Aid certification that includes evidence of in-person skills demonstration.			
2. Evidence of current LPN/RN license *if applicable*			
3. Evidence of appropriate certifications if the provider administers medication, insulin injections, G tube, J tube, or performs health related activities, if applicable			
4. 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, if required by a person supported			
5. For providers that transport individuals, please provide the following: a. Evidence of valid driver's license b. Evidence of current insurance policy for vehicles that are used to transport individuals			
6. Evidence that provider met with a representative of the county board prior to providing services to discuss provider's responsibilities; the person's service plan, including what's important to and for the person; service documentation; and billing for services.			
7. Evidence of annual training for the previous calendar year on the following, if applicable: a. Two hours of training provided by the Department or by entity using department-provided curriculum b. Six hours of training on topics selected by the provider that are relevant to services provided and people served in the areas of components of quality care, positive behavior support, or health and safety			
SECTION 8: TRANSPORTATION if applicable	**YES**	**NO**	**N/A**

INDEPENDENT PROVIDER REQUIRED DOCUMENTS LIST

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 if applicable	**YES**	**NO**	**N/A**
1. If services are provided in provider-owned setting(s), evidence of residency agreement(s) with required elements *Not required in settings where a person receives shared living from a caregiver who is related to the person)* 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			

Department of Developmental Disabilities

Information Technology Services

Office of Medicaid Development and Administration

Medicaid Services System (MSS)
Provider User Guide

July 2026

Department of Developmental Disabilities
Division of Information Technology Services
30 East Broad Street, 13th Floor
Columbus, Ohio 43215

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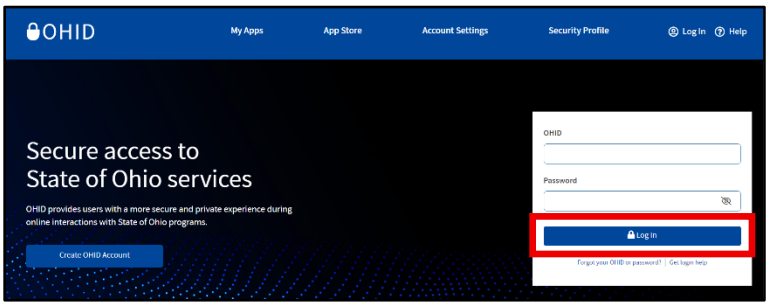
Accessing the Application

To access the MSS application, you must have a valid OHID User ID and be an authorized user of the Ohio Department of Administrative Services (DAS) and the Department of Developmental Disabilities (DODD) services.

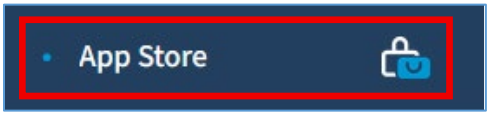
First time users

1. To start, access the OHID Portal at ohid.ohio.gov. Log in using your OHID User ID and Password, then select **Log In**.



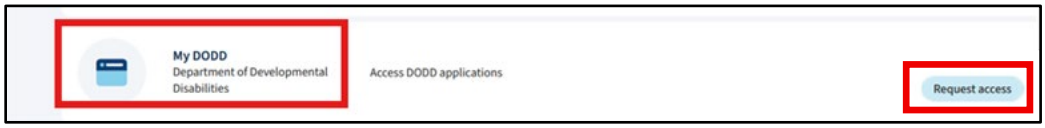
If you don't have an OHID User ID, refer to the OHID User ID Creation Guide.

2. After logging in, select the **App Store** tab from the navigation menu on the left side.

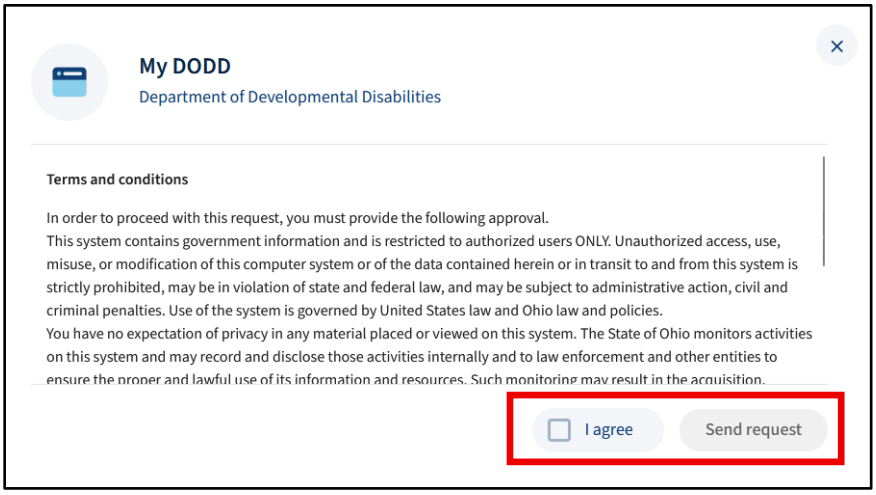


3. Enter **DODD** in the search box and press **Enter** or click **Search**.

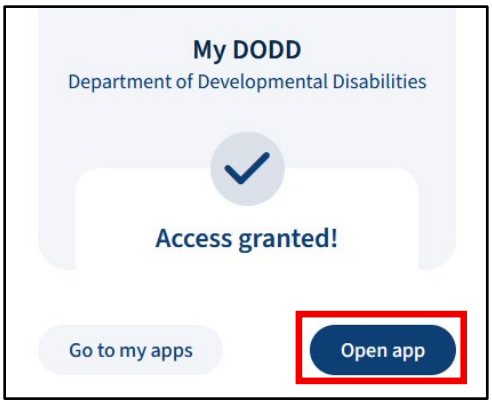
4. Find the **My DODD** app and click **Request Access**.



5. A dialog box will appear. Select the checkbox next to **I agree** and then click **Send request**.



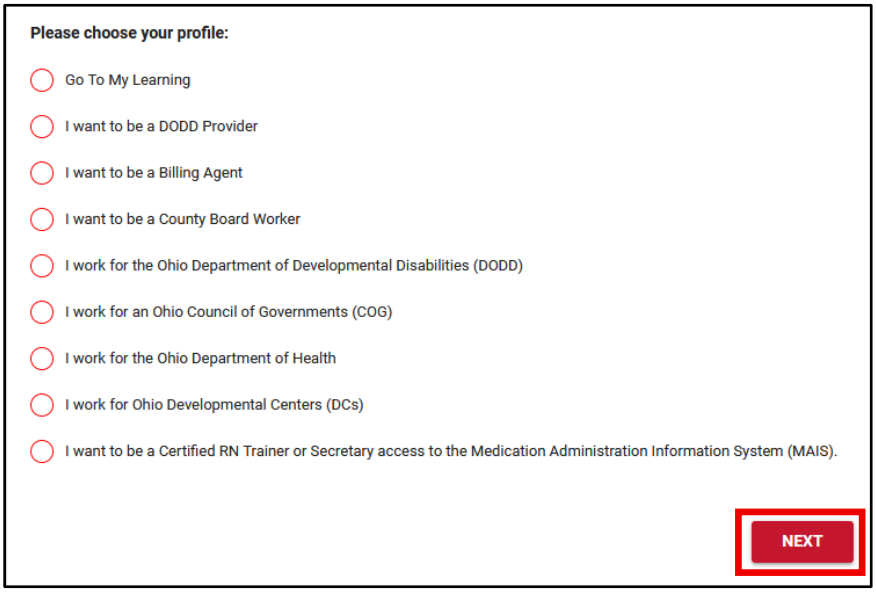
6. A popup will confirm your access. Click **Open app**.



Although access is usually instantaneous, it can sometimes take a little while. Once your request is submitted, you will be notified by email when your request has been processed. **Do not** resubmit your request until you have been notified of the results. Once notified, return to ohid.ohio.gov and log back in again. Go to **MY APPS** and click **Open App** next to **MY DODD** to continue.

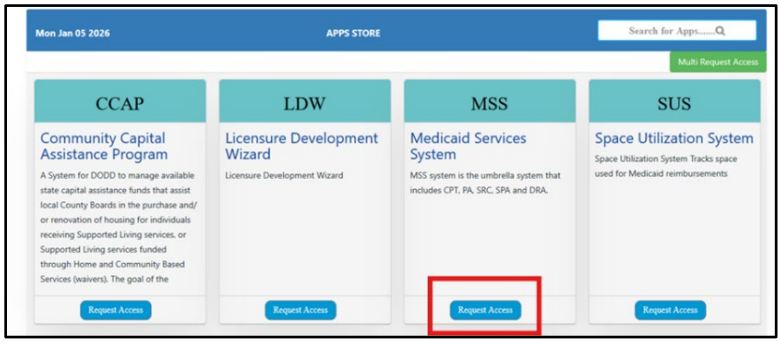
7. Choose a **profile** then click **Next**.

Note: Some users will not see this step and can proceed to step 8.

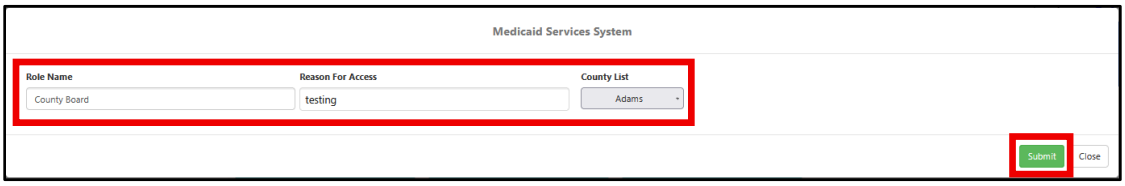


8. Click **Apps Store** in the blue navigation bar.

9. Find the **MSS tile** and select **Request Access**.



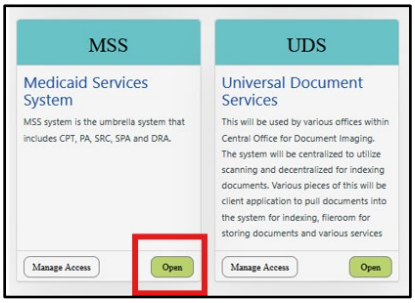
10. Choose **Provider** from the **Role Name field**. In the Reason for Access field, enter **MSS Production** and click **Submit**.



11. You will receive a confirmation email.

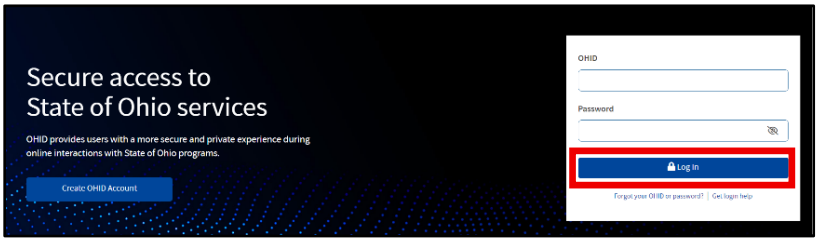
12. Click **My Apps** in the blue navigation bar of the My DODD application.

13. Find the **MSS tile** and click **Open**.

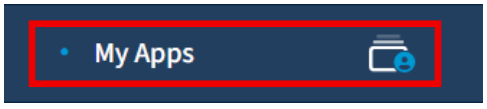


Returning Users

1. To begin, go to the OH|ID Portal at ohid.ohio.gov, log in with your OHID User ID and Password, and click **Log In**.



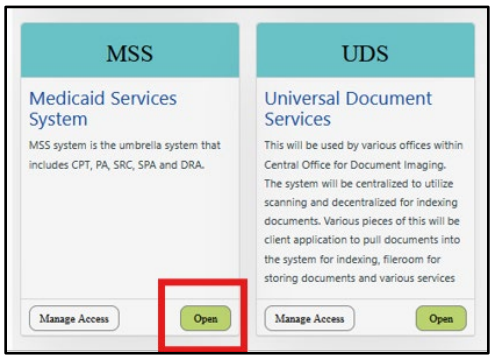
2. After logging in, select the **My Apps** tab from the navigation menu on the left side.



3. Find the **My DODD** application and select **Open**.

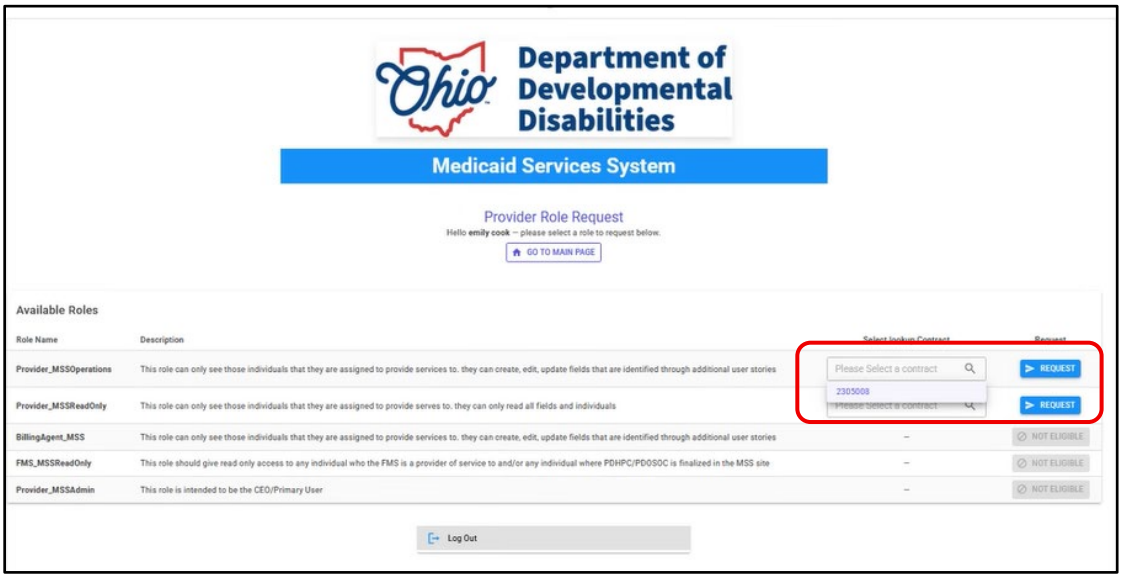
4. In the **My DODD** application, select **My Apps** from the blue navigation bar.

5. Find the **MSS tile** and click **Open**.



Requesting a Contract Role

Once a user has been granted access to Salesforce and opens MSS, the user will be prompted to request access to their contract(s). Users can have up to 5 security roles depending on their position and responsibilities. The Contract number associated with the user can be searched by entering the Contract number in the **Select lookup Contract** field or from the drop down displayed when the cursor is in the field.



The roles available to users in MSS are as follows:

Provider Admin – Approve/Deny contract access for provider roles. Admins can enter their MRC Actuals and download the MBS file.

Provider Operations – Same access as Provider Admin except these users cannot approve connections to contracts from other users.

Provider Read-Only – This access allows a user to view contracts they have access to in MSS.

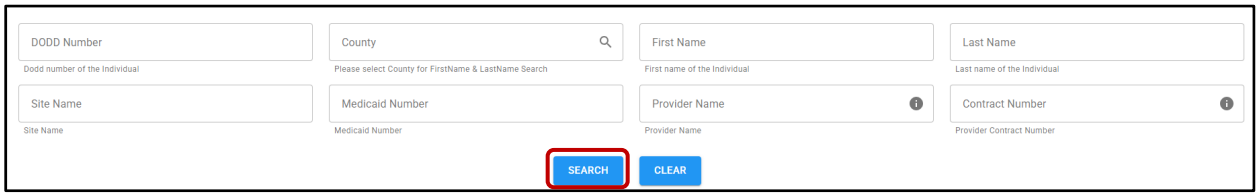
Provider Billing Agent – Billing Agents designated by Provider Admin can bill for any of the waiver services the Provider is rendering.

FMS (Financial Management Service) – FMS bills for their services Self-Directed Transportation and Participant Directed Goods and Services. They also can process billing for Independent Providers of Participant-Directed HPC; Participant Directed On-site on-call; Senior Level Specialized Clinical/Therapeutic Interventionist; Clinical/Therapeutic Interventionist; Specialized Clinical/Therapeutic Interventionist; and Participant Family Stability Assistance.

Searching

1. There are two ways to access the **Search** function:
    - Click the **Search** tile on the homepage.
    - Click the **menu button** (≡) in the top-left corner, then select **Search**.

2. Fill in the search fields, then click **Search**. Use these tips while conducting a search:
    - If you enter a **DODD number**, you don't need to enter any other information.
    - If you search by **name**, you must first enter the **County**.
    - The **Name** search field will show results after you type the first three characters. Select one of the suggested results or type the full name before clicking **Search**.



If you receive a message stating "Individual or Site is not found", double-check your search criteria to make sure it is correct. If it is correct, contact the County Board to have the Individual/Site created.

3. Results will appear in two ways:
    - If the individual is at a **single site**, you'll see the individual's name.
    - If the individual is at a **multi-site**, you'll see a location.

Click the **arrow** next to either result to expand it and view additional information. All blue text and icons are clickable links.

Direct Links

When you search for an individual, you will see **blue icons** to the right of their information. These icons are direct links to details about that person:

- **Waiver Service Summary**
- **Waiver Cost Projection**
- **Nursing Service Summary**
- **Nursing Cost Projection**
- **PAWS** or you can click **YES** in the PAWS column, if applicable.

Individual Summary

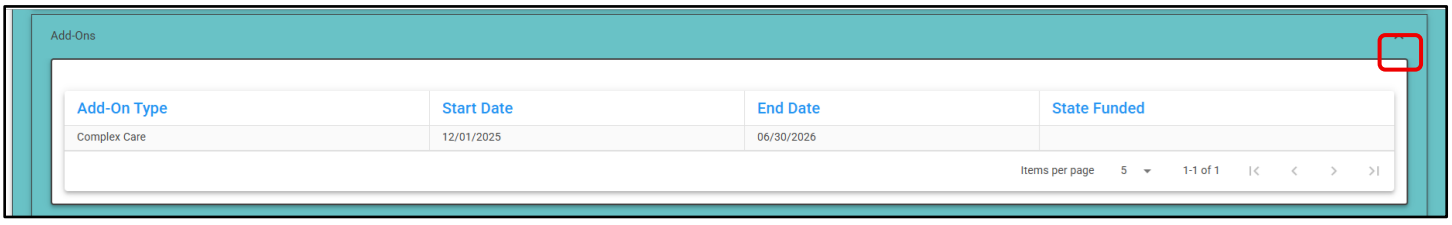
Navigate to a Site Summary page using the Search tool on the homepage.

1. On the **Site Summary** page, you can either click on the person's **DODD number** or use the **menu button** in the top-left corner to select **Individual Summary**.

2. The **Individual Summary** page displays details about the individual, site, common law, provider rate, budget, and site history. Near the top of the page, you'll find tabs for **Active Items** and **History**. Use these tabs to view both current and historical information.

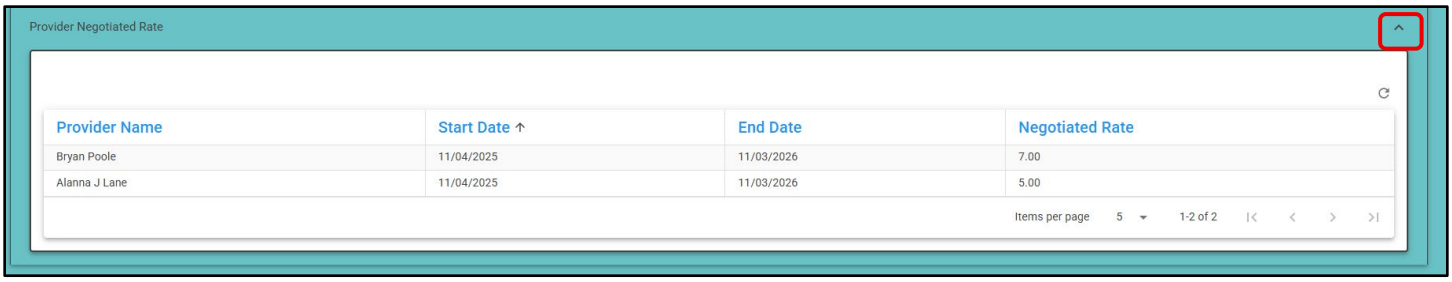
Viewing Add-Ons

1. Locate the Add-Ons section and expand the section using the dropdown arrow on the right.



Viewing a Provider Negotiated Rate

1. With the Active tab selected, scroll down to the Provider Negotiated Rate section of the Individual Summary. Click the down arrow to the right of Provider Negotiated Rate to expand the view.

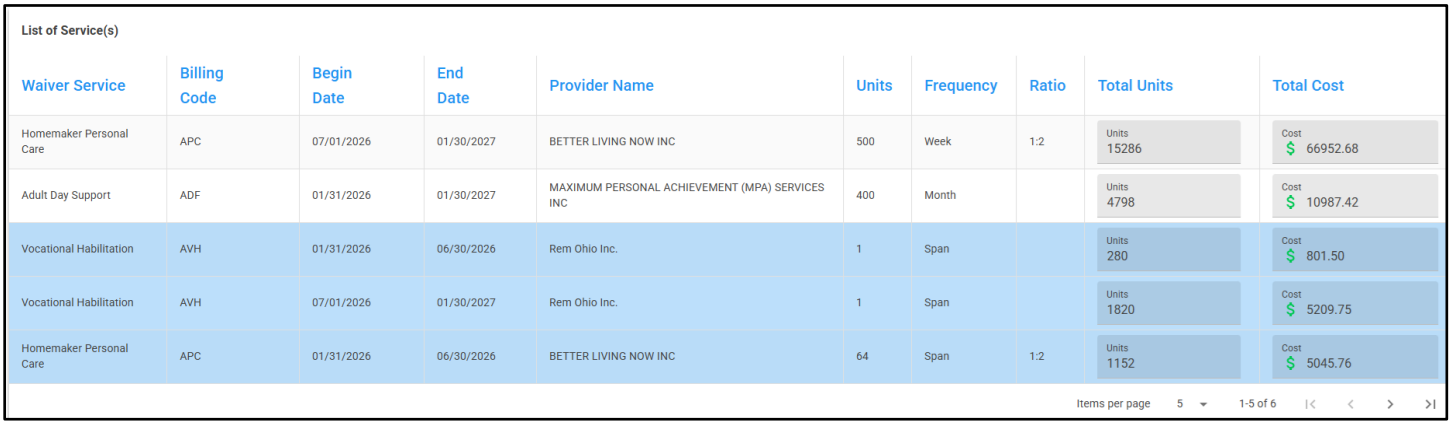


Waiver Service Summary

Viewing a Service

1. Navigate to a **Site Summary** page using the Search function on the homepage. Then, click the menu button (☰) in the top-left corner and select **Waiver Service Summary**.

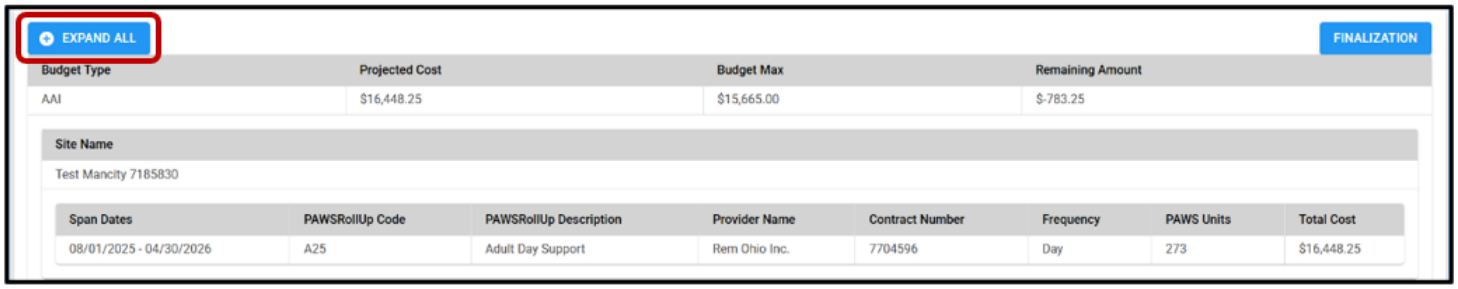
2. The service will appear in the list of Service(s), along with its cost.



Waiver Cost Projection

1. To view a Waiver Cost Projection, click the **Waiver Cost Projection** button.

2. The waiver cost projection will display. If you want a detailed breakdown, click **Expand All**. This will reveal all the services and associated costs. Alternatively, you can click on and expand **individual lines** (e.g., Budget Type, Site Name, Span Dates).

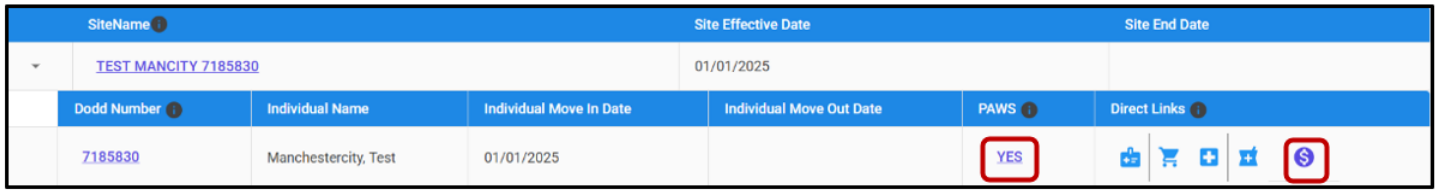


Payment Authorization Waiver Service (PAWS)

Once the PAWS submission is approved, you can view the PAWS.

Navigating to PAWS

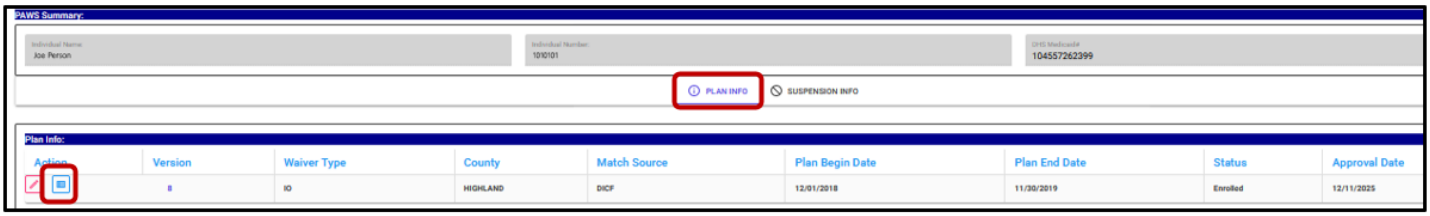
1. Search for an individual by clicking either the **Search** tile or **PAWS** tile on the homepage. After locating the individual, click the carat beside **Site Name** to use the available **direct links** to access that person's PAWS. If no PAWS links appear, it means the individual does not have an active PAWS.



Viewing PAWS

You can view a person's PAWS but cannot make any edits.

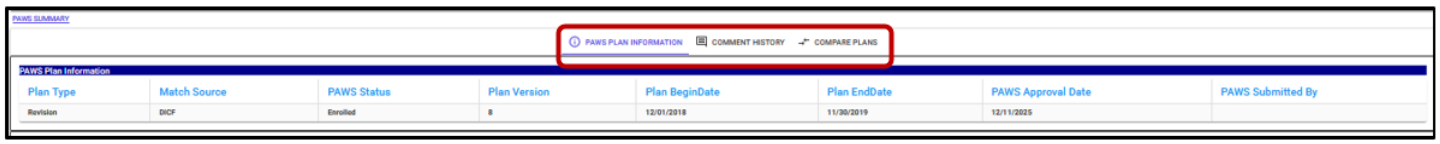
1. In the **PAWS summary**, go to the **Plan Info** tab and click the **View Plan** action button (**blue icon**).



By default, the current version of the PAWS plan will display. To reference a previous PAWS plan, navigate to the other version as shown below.

2. Click the **Select Version** dropdown menu to navigate between versions.

3. While viewing, there are three tabs: **PAWS Plan Information**, **Comment History**, and **Compare Plans**. Click a tab to navigate between them.



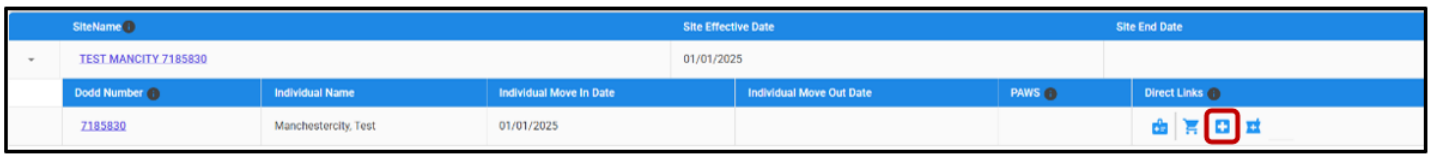
The **Comment History** tab displays previous authorizations and added notes. It also shows the last time each version was updated.

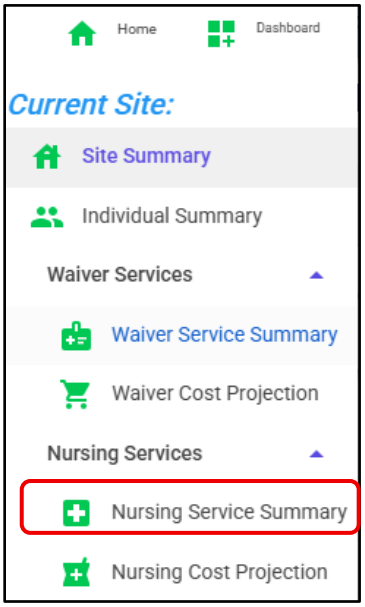
4. You can view previous versions but cannot make changes to them.

Nursing Services

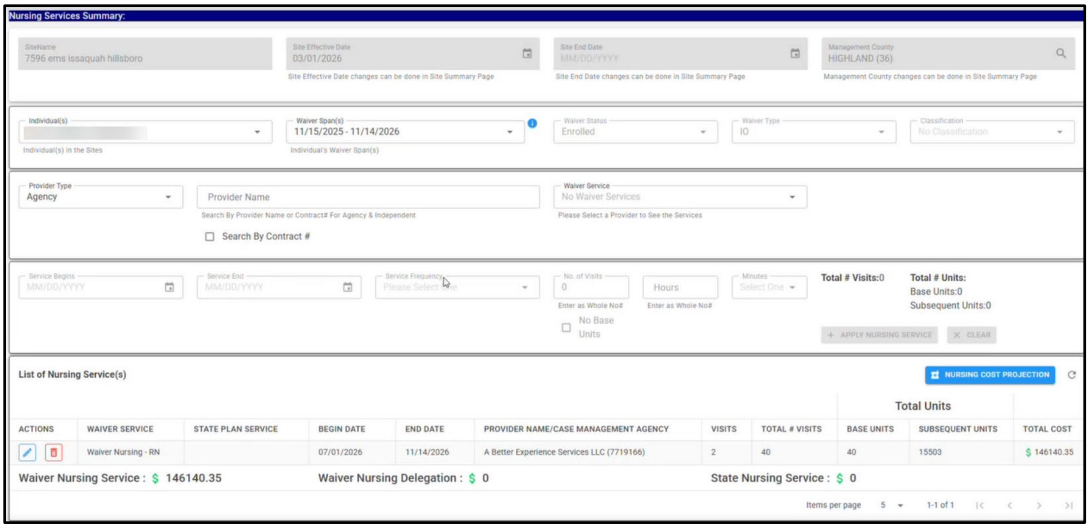
Viewing Nursing Services

1. Use the search feature to locate an individual, then click the **Nursing Services Summary direct link** () or choose Nursing Services Summary from the Menu button when in a site.





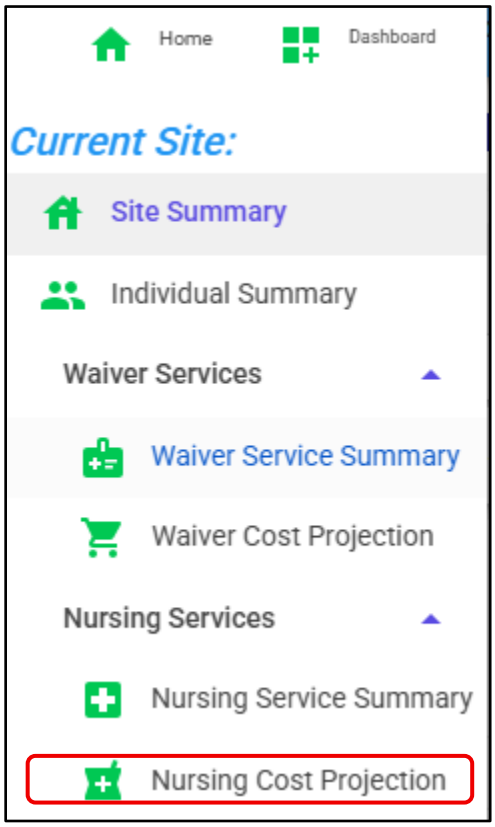
2. Nursing Services will be displayed.



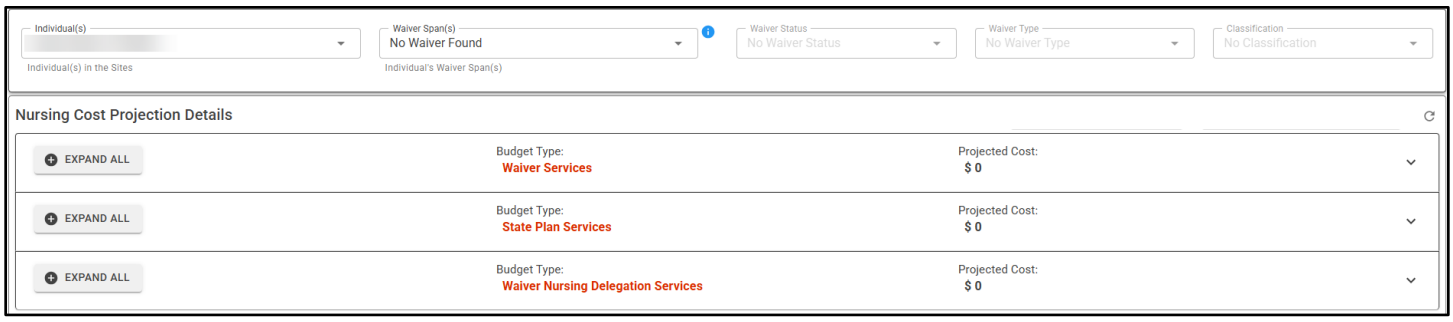
Nursing Cost Projections

1. Choose one of the following options to access Nursing Cost Projection

   - **Option 1**: Use the search feature to locate an individual, then click the **Nursing Cost Projection** direct link .
   - **Option 2**: Go to the **Nursing Waiver Summary** page and click the **Nursing Cost Projection** button.
   - **Option 3**: Choose **Nursing Cost Projections** from the **Menu** button when in a site.



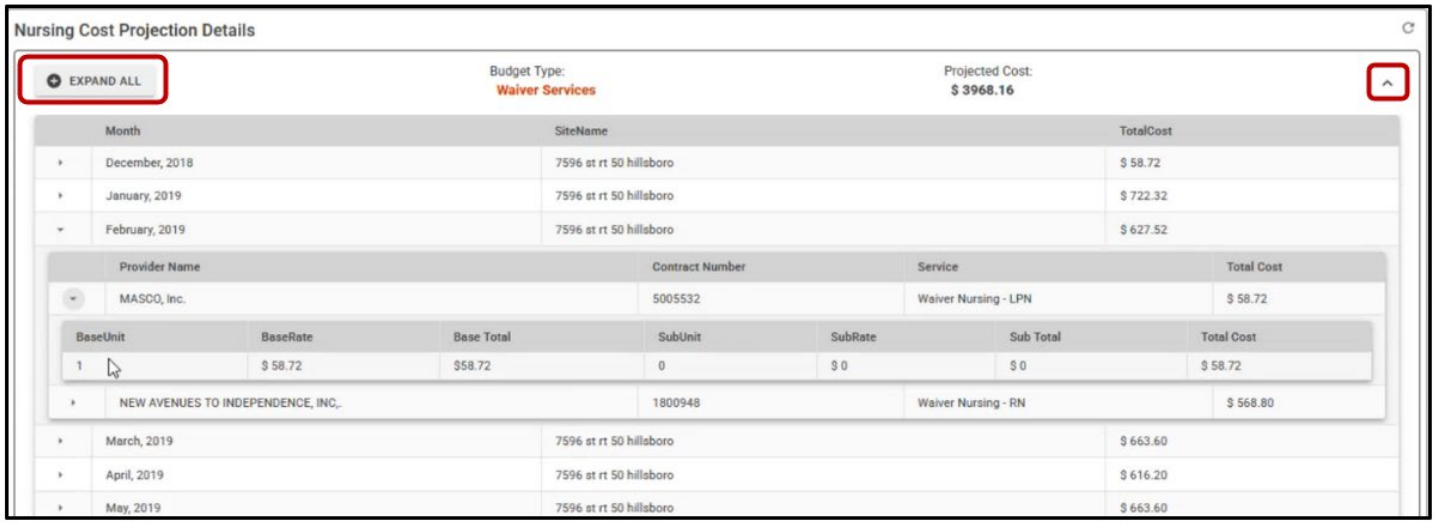
2. All nursing cost details for the selected person and waiver span will be displayed.



Only cost projections for nursing services will be displayed (e.g., Nursing Waiver Services, Nursing State Plan Services, Waiver Nursing Delegation Services).

3. There are three ways to view the cost details:

- **Expand All** – Click this option to display all details for the service.
- **Dropdown Arrow** – Click the arrow to the right of the service to expand individual items, starting with the month.
- **Click the Row** – Click the row to expand the view.

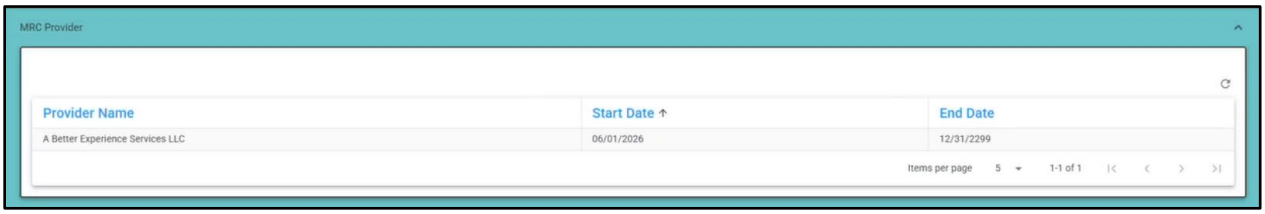


If you click **Expand All**, the button will change to **Collapse All**. Use this option to view or hide all details at once. Any **arrow** you click to expand a section or line can be clicked again to collapse it.

Monthly Rate Calculator (MRC)

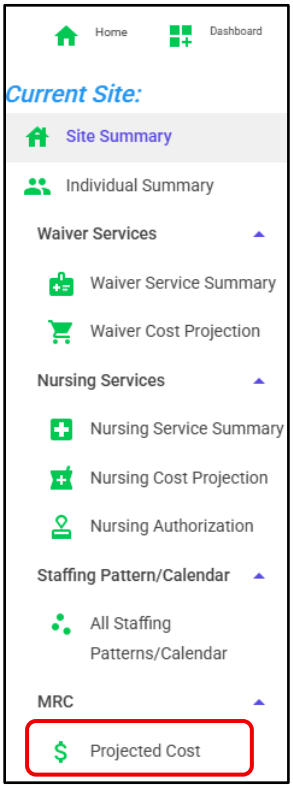
Monthly Rate Calculator provider(s) are viewed from the Site Summary page for the site.

1. The MRC Provider section will be expanded on the Site Summary page displaying current MRC Providers.

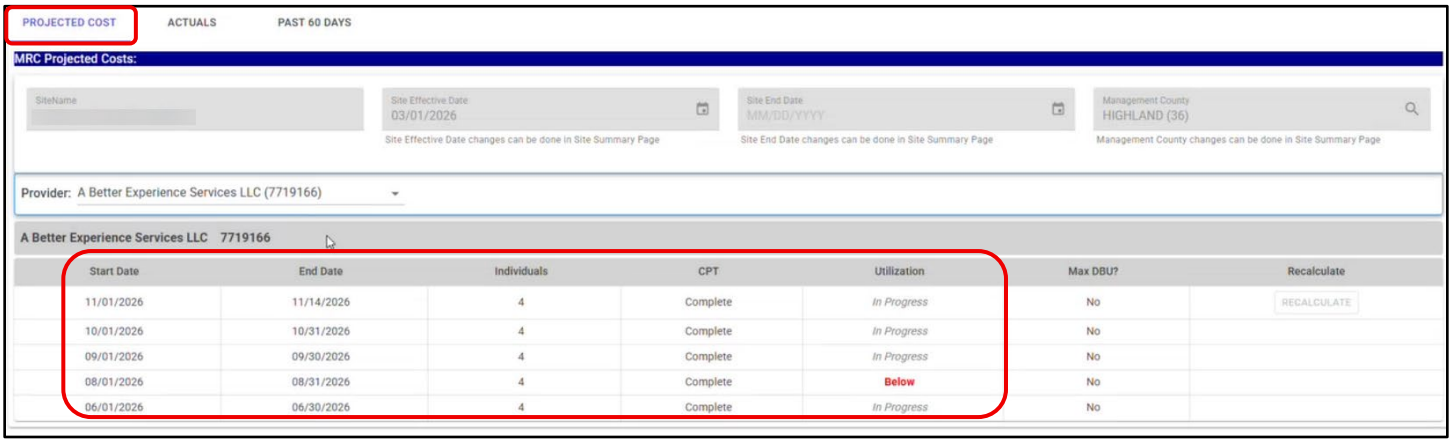


MRC Projected Cost

The MRC Projected Cost is listed under MRC on the site menu.

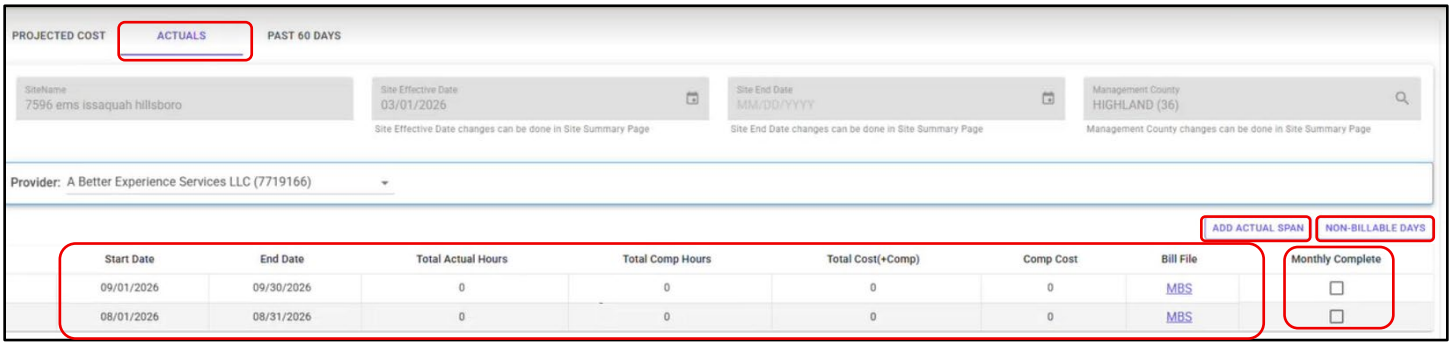


The **MRC Projected Cost** page will display each span, the number of individuals served, cost project tool status and utilization (In Progress, Above, Below).



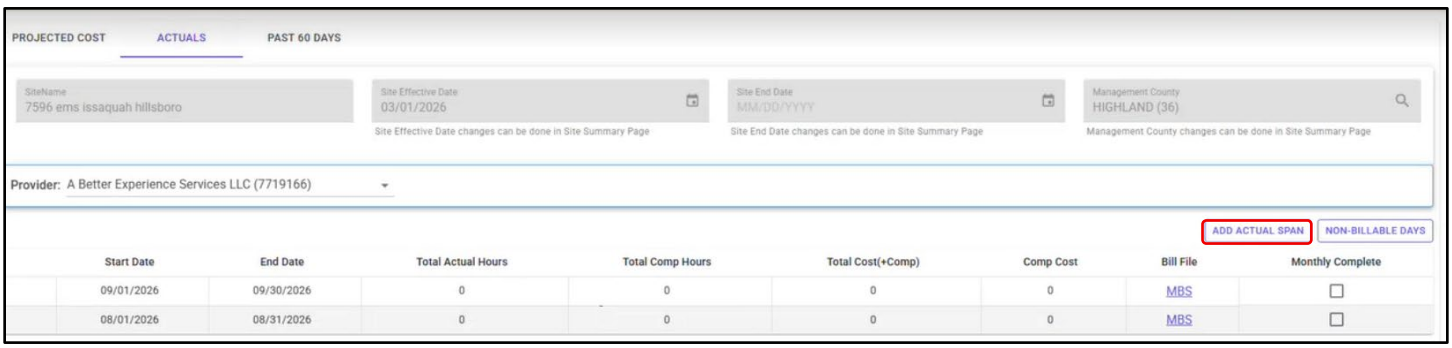
MRC Actuals

The MRC Actuals tab allows providers to **Add Actual Span**, **Non-Billable Days**, and mark a span(s) **Monthly Complete**. This tab will display 2 In Progress MRC spans. Once one or more of the In Progress MRC spans is marked Monthly Complete, the next In Progress span will display.

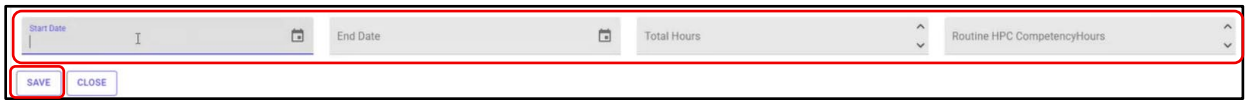


Add Actual Span

1. Click the **Add Actual Span** button.



2. Enter the **Start Date**, **End Date**, **Total Hours**, and if applicable, **Routine HPC CompentencyHours** and click **Save**.



Editing an Actual Span

1. From the Actuals Tab, click the row you wish to edit.

2. Click the **Edit** button to allow for edits.

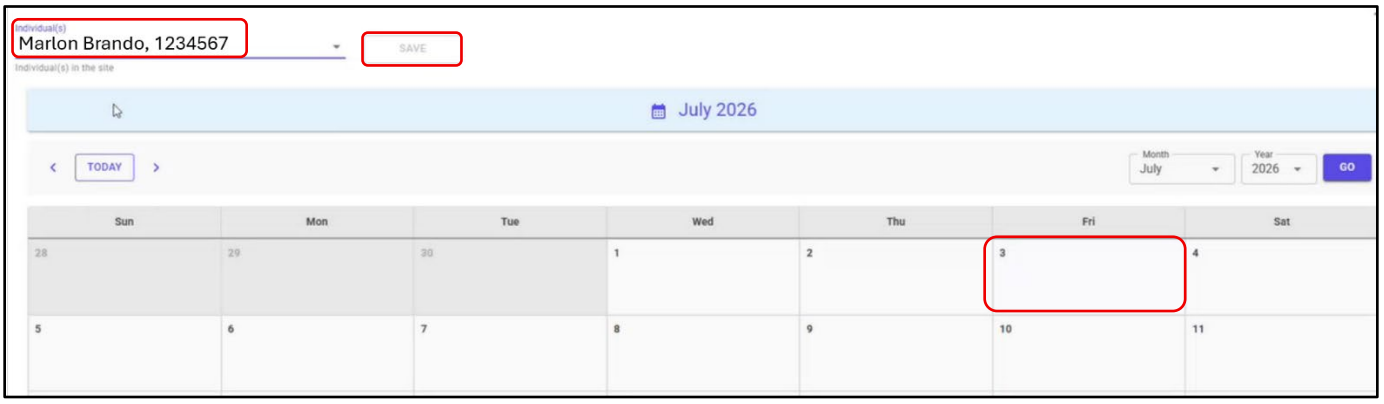
3. Once the edits are complete, click the **Save** button.

Prior to editing, if the span was marked complete the Monthly Complete box will need to be rechecked.

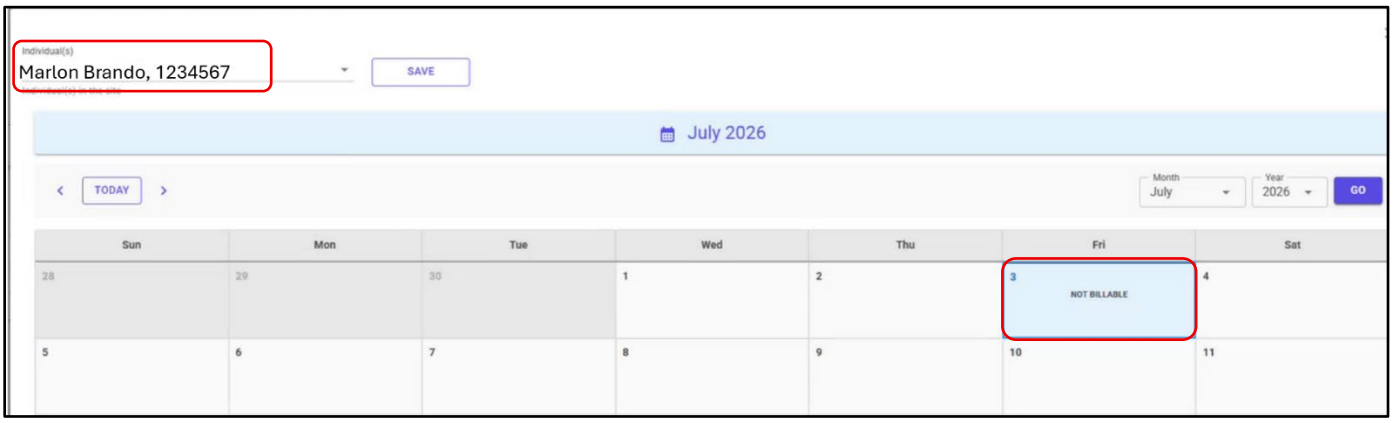
Add/View Non-Billable Days

1. To add Non-Billable Days, click the Non-Billable Days button.

2. Choose the **Individual** and click the day on the calendar they will be non-billable and click **Save**.



3. The calendar will display Not Billable on the day selected.



Once the **Non-Billable Days** button is click and Individual is selected, any Not Billable days will display on the calendar. The drop down arrow for the Individual field can be used to toggle between Individuals for multi-sites.

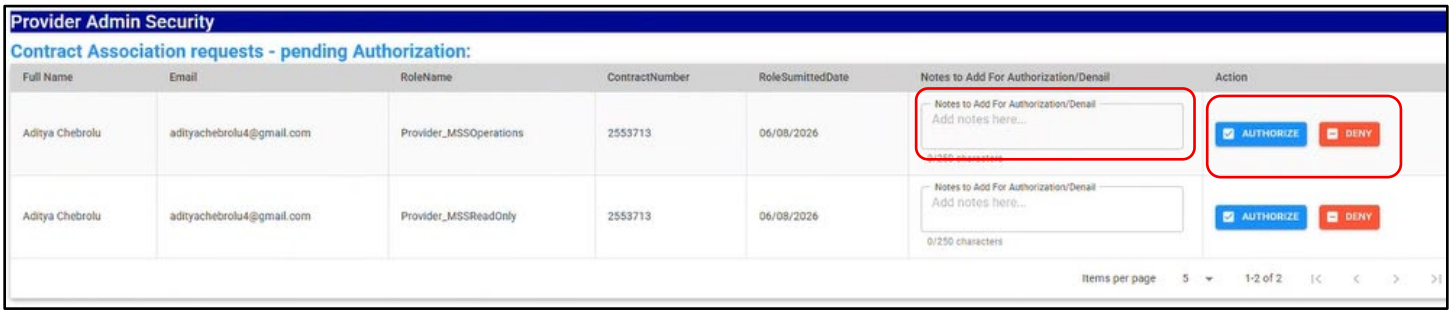
Admin Security (Provider Admins only)

Admin Security is where an Admin can authorize or deny access to contracts.

Approving or Denying a User Contract Association Request

1. In the **blue navigation bar** at the top of the page, click **Security**.

2. All contract associations requested will appear. Choose **Authorize** or **Deny** the appropriate contract association using the associated buttons. If applicable, you can add an **Optional Comment** below that will be logged and emailed.

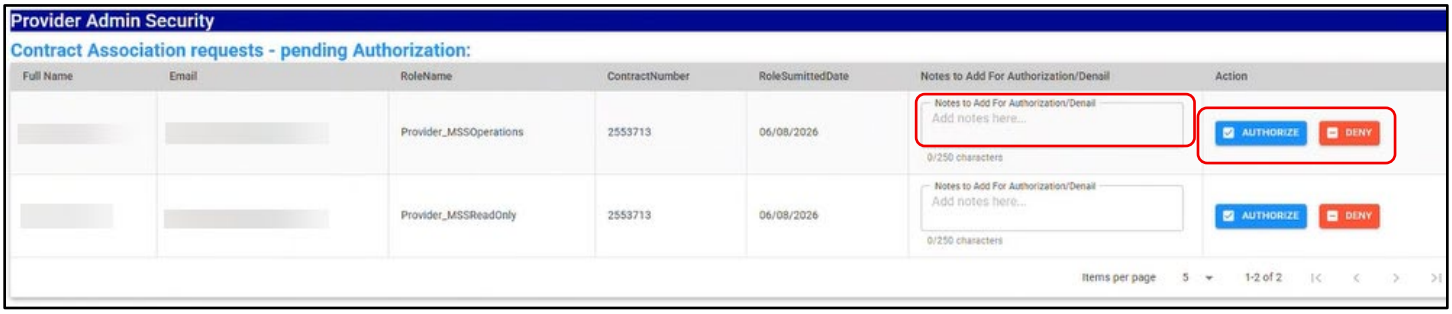


Viewing or Updating an Existing User Contract Association

1. In the **blue navigation bar** at the top of the page, click **Security**.

2. The Provider Admin Security page will display.

   a. Contract Association requests – Pending Authorization – These are pending request for access to specific contracts held by the provider. Admins have the option to **Authorize** or **Deny** access. **Notes** can be added for the request and will be emailed to the requestor.



   a. Contract Association requests – Approved Authorization – These are a list of users that have been granted access to specific contracts. Admins have the option to **Deny** access. **Notes** can be added for the request and will be emailed to the requestor.

   b. Contract Association requests – Denied Authorization – This is a list of users that have been denied access to a contract. Admins can **Authorize** access to the contract if access was previously denied. **Notes** can be added for the request and will be emailed to the requestor.

Transportation Claims Update for PDHPC Providers

Effective July 1, 2026

What's Changing

Starting July 1, 2026, DODD will begin using a new, modern system for provider claims. This change affects Participant Directed Homemaker/Personal Care (PDHPC) providers who also provide non-self-directed transportation that is paid per mile.

This includes the billing codes: ATN, FTN, STN, ATO, FTO, STO

In the past, these mileage claims were sent to GT Independence, and GT issued the payments. Beginning July 1, 2026, this process will change.

What You Need to Do

For services provided on or after July 1, 2026:

- PDHPC transportation providers who bill per mile using codes ATN, FTN, STN, ATO, FTO, STO must submit transportation claims through eMBS, the electronic Medicaid Billing System.
- DODD will issue payment for these transportation claims instead of GT Independence.

For services provided before July 1, 2026:

- Any older transportation claims that have not yet been submitted should still be sent to GT Independence.

Reminder: Providers have 350 days from the date of service to submit a claim.

Where to Find Help

You can find step-by-step instructions for submitting claims through eMBS on the DODD website: https://dodd.ohio.gov/providers/billing/billing-and-claims

You can also find helpful materials in the **User Guide** section of eMBS.

Providers may call the DODD Claims Call Center with questions. Please reach out to 1-800-617-6733 and select Option #3.