

CB/COG TRAINING FOR COMPLIANCE REVIEWS

January & February 2012

Onsite Review Documents

Agency Provider Review Tool
Independent Provider Review Tool
Immediate Citation Form
Exit Summary Form – Optional Use
Exit Conference Sign In Sheet

Form Summary Report



Form Summary Report on Agency Review Tool

#	QuestionText	Score	Answers	Categories
Section: Provider Demographics				
1.1.	Does the provider provide IO waiver services?	1	Yes, No	
	Guidance Notes:			
1.2.	Was IO HPC services reviewed?	1	Yes, No	
	Guidance Notes:			
1.3.	Was IO transportation reviewed?	1	Yes, No	
	Guidance Notes: This does not include non medical transportation.			
1.4.	Was IO day waiver services reviewed?	1	Yes, No	
	Guidance Notes: Please provide building description or photo.			
1.5.	Was IO non-medical transportation reviewed?	1	Yes, No	
	Guidance Notes:			
1.6.	Was IO ancillary services reviewed?	1	Yes, No	
	Guidance Notes: Please describe type of ancillary service			
1.7.	Was IO adult foster care reviewed?	1	Yes, No	
	Guidance Notes:			
1.8.	Does the provider provide Level One waiver services?	1	Yes, No	
	Guidance Notes:			
1.9.	Was Level One HPC services reviewed?	1	Yes, No	
	Guidance Notes:			
1.10.	Was Level One transportation reviewed?	1	Yes, No	
	Guidance Notes:			
1.11.	Was Level One day waiver services reviewed?	1	Yes, No	
	Guidance Notes:			
1.12.	Was Level One non-medical transportation reviewed?	1	Yes, No	
	Guidance Notes:			
1.13.	Was Level One ancillary services reviewed?	1	Yes, No	
	Guidance Notes:			
Section: ISP				
2.1.	Does the service plan address the individual's assessed needs in the area of Personal Care?	1	Compliant, Not Compliant	
	Guidance Notes: Service plans address all assessed needs including health and safety risk factors.			
2.2.	Does the service plan address the individual's assessed needs in the area of Behavior Support?	1	Compliant, Not Compliant	
	Guidance Notes: Service plans address all assessed needs including health and safety risk factors.			
2.3.	Does the service plan address the individual's assessed needs in the area of Medication Administration?	1	Compliant, Not Compliant	
	Guidance Notes: Self-Med Assessment must match ISP language. If an individual cannot self-administer, the level of assistance must be specified in the ISP. Service plans address all assessed needs including health and safety risk factors.			
2.4.	Does the service plan address the individual's assessed needs in the area of Healthcare?	1	Compliant, Not Compliant	
	Guidance Notes: Service plans address all assessed needs including health and safety risk factors.			
2.5.	Does the service plan address the individual's assessed needs in the area of Money Management/Personal Funds?	1	Compliant, Not Compliant	
	Guidance Notes: Does the individual understand the concept/value of \$? How much can be spent without receipts/what amount needs team approval. Service plans address all assessed needs including health and safety risk factors.			
2.6.	Does the service plan address the individual's assessed needs in the area of Fire Safety?	1	Compliant, Not Compliant	
	Guidance Notes: Are there any special assistance needs? Can the individual get out? Are drills needed? Service plans address all assessed needs including health and safety risk factors.			
2.7.	Does the service plan address the individual's assessed needs in the area of Emergency Response?	1	Compliant, Not Compliant	
	Guidance Notes: Are there any special assistance needs? Are drills needed? Is there a way to contact someone in case of emergency? Service plans address all assessed needs including health and safety risk factors.			

#	QuestionText	Score	Answers	Categories
Section: ISP				
2.8.	Does the service plan address the individual's assessed needs in the area of Provider Back-up Plans?	1	Compliant, Not Compliant	
Guidance Notes: The ISP should identify a back-up plan that clarifies what happens if the provider is not available (does not show). <ul style="list-style-type: none"> Who can back up: another agency staff, another certified provider, a natural support When is it needed: when a provider does not show up for services and <ul style="list-style-type: none"> o the individual requires that service at that time or o the individual receives 24 hour services (no alone time) 				
2.9.	Does the service plan address the individual's assessed needs in the area of Transportation?	1	Compliant, Not Compliant	
Guidance Notes: Individual specific training/can individual be left by transportation if provider/family is not there? Service plans address all assessed needs including health and safety risk factors (epi pens, Diastat, special restraints, etc).				
2.10.	Does the service plan address the individual's assessed needs in the area of Recreation/Community Activities?	1	Compliant, Not Compliant	
Guidance Notes: Service plans address all assessed needs including health and safety risk factors.				
2.11.	Does the service plan address the individual's assessed needs in the area of Vocational/Day Programming?	1	Compliant, Not Compliant	
Guidance Notes: Service plan identifies expected outcomes/goals of day services. ISP identifies type of day service to be provided (i.e. vocational habilitation; ADS; supported employment). Service plans address all assessed needs including health and safety risk factors:				
2.12.	Did the individual/guardian give informed consent to the service plan prior to implementation?	1	Compliant, Not Compliant	
Guidance Notes: Informed consent for aversive interventions: risks/benefits/alternatives/consequences of not providing. Service plans address all assessed needs including health and safety risk factors.				
2.13.	Was the service plan reviewed annually?	1	Compliant, Not Compliant	
Guidance Notes: Service plans address all assessed needs including health and safety risk factors.				
2.14.	Was the service plan revised based on the changes in the individuals needs/wants?	1	Compliant, Not Compliant	
Guidance Notes: Service plans address all assessed needs including health and safety risk factors.				
2.15.	Did the provider have a copy of the current service plan?	1	Compliant, Not Compliant	
2.16.	Does the ISP address the individual's assessed needs in the area of supervision?	1	Compliant, Non-Compliant	
Guidance Notes:				
Section: Medication Administration				
3.1.	If the individual(s) being served are unable to self-medicate, is the medication stored in a secure location based on the individual and the environment they live in?	1	Compliant, Not Compliant	
Guidance Notes: Secured doesn't have to mean locked. It means secured based on the individual's needs.				
3.2.	If the individual(s) being served are unable to self-medicate, is the medication in a pharmacy labeled container?	1	Compliant, Not Compliant	
3.3.	If the individual(s) being served are unable to self-medicate, was a self-medication assessment completed?	1	Compliant, Not Compliant	
3.4.	If the individual is not self medicating has the assessment been reviewed annually, and revised as-needed?	1	Compliant, Not Compliant	
Guidance Notes: A new assessment must be done every 3 years at a minimum.				
3.5.	If the service plan includes delegated nursing services, has the provider implemented special conditions identified by the nurse?	1	Compliant, Not Compliant	
Guidance Notes: "Special conditions examples: take with pudding or applesauce, Take medicine with thicken liquids"				
3.6.	If the service plan includes delegated nursing services, has the nurse completed on-going assessments?	1	Compliant, Not Compliant	
Guidance Notes: All med admin in day services locations must be delegated (except self admin w/ assistance)				
3.7.	If the service plan includes delegated nursing services, has the nurse completed a statement of delegation?	1	Compliant, Not Compliant	
3.8.	If the service plan includes delegated nursing services, has the nurse completed the annual staff skills checklist?	1	Compliant, Not Compliant	
3.9.	For any individual receiving medication administration, has the nurse completed a nursing quality assurance review at least once every three years?	1	Compliant, Not Compliant	
Guidance Notes: The county board is responsible for completing the nursing quality assurance review. A RN is required to complete the quality assurance review.				
Section: Behavior Support				
4.1.	If the service plan includes aversive interventions (including rights restrictions), did the behavior support/Human Rights committees review and approve the plan prior to implementation?	1	Compliant, Non-Compliant	
Guidance Notes:				
4.2.	If the service plan includes time out and restraint, are the interventions being implemented only when the identified behaviors are destructive to the individual or others?	1	Compliant, Non-Compliant	
Guidance Notes:				

#	QuestionText	Score	Answers	Categories
Section: Behavior Support				
4.3.	If the service plan includes aversive interventions, are behavior support methods employed with sufficient safeguards and in a safe manner?	1	Compliant, Non-Compliant	
	Guidance Notes: Examples: No clear procedures, restraint/time out utilized in unsafe areas/lack of staff training			
4.4.	If the plan includes time out and/or restraint, is there evidence that DODD was notified within 5 working days of approval of the plan?	1	Compliant, Non-Compliant	
	Guidance Notes: Form must be submitted annually within 5 days of approval			
4.5.	Does the provider have a Human Rights Committee that includes the following? • Parent or Guardian • Agency staff member • Individual receiving services from the provider • Member with no direct involvement in provider's services • Qualified person who has either experience or training in contemporary practices to support behaviors of individuals with developmental disabilities	1	Compliant, Non-Compliant, Not Applicable	
	Guidance Notes: A human rights committee can serve more than 1 county board or provider.			
4.6.	If the plan includes aversive interventions, is there evidence that status reports were completed and communicated at least every thirty days?	1	Compliant, Non-Compliant	
4.7.	Were all aversives, including rights restrictions, addressed in the plan and approved by the Behavior Support/Human Rights Committee?	1	Compliant, Non-Compliant	
	Guidance Notes: Examples: house rules, dietary restrictions, imposed bedtimes, locked cabinets, door alarms, etc...			
Section: Money Management				
5.1.	Does the provider ensure that individuals have access to their funds as stipulated in the service plan?	1	Compliant, Not Compliant	
	Guidance Notes: For licensed providers, personal allowance must be given within 5 days			
5.2.	Does the provider ensure that cash accounts, savings accounts, and checking accounts are reconciled at least every 60 days by someone who does NOT handle the individual funds?	1	Compliant, Not Compliant	
	Guidance Notes: Providers should have ledgers or documents to list financial activity for each type of account the individual has. For unlicensed providers, this is technical assistance unless otherwise stated in the ISP.			
5.3.	Does the provider maintain receipts as required by the individual's ISP?	1	Compliant, Not Compliant	
	Guidance Notes: The ISP should include information that tells the provider which receipts to maintain.			
5.4.	Does the provider ensure that the account transaction records/ledgers include individual or staff signatures for withdrawals?	1	Compliant, Not Compliant	
	Guidance Notes: For unlicensed providers, this is technical assistance unless otherwise stated in the ISP.			
5.5.	Does the provider ensure that the account transaction records/ledgers include individual or staff signatures for deposits?	1	Compliant, Not Compliant	
	Guidance Notes: For unlicensed providers, this is technical assistance unless otherwise stated in the ISP.			
5.6.	Does the provider ensure that the account transaction records/ledgers include Descriptions for each withdrawal and deposit?	1	Compliant, Not Compliant	
	Guidance Notes: For unlicensed providers, this is technical assistance unless otherwise stated in the ISP.			
5.7.	Does the provider ensure that the account transaction records/ledgers include Dates of each withdrawal and deposit?	1	Compliant, Not Compliant	
	Guidance Notes: For unlicensed providers, this is technical assistance unless otherwise stated in the ISP.			
5.8.	"If the service plan includes assistance with money management, are the individuals' funds being managed as indicated in the plan? • Bill Paying • Banking • Shopping"	1	Compliant, Not Compliant	
5.9.	If the individual receives assistance with money management, is there an inventory of items with a value of \$50.00 or more?	1	Compliant, Not Compliant	
	Guidance Notes: For unlicensed providers, this is technical assistance unless otherwise stated in the ISP.			
5.10.	If the individual lives in a licensed facility does the provider calculate the room and board costs as required by the Room and Board contract?	1	Compliant, Not Compliant	
5.11.	If the individual lives in a licensed facility does the provider ensure the individual receives \$75.00 in personal allowance?	1	Compliant, Not Compliant	
5.12.	If the individual lives in a licensed facility does the provider ensure that the individual is paying his/her Room and Board costs or receiving excess funds as required by the Room and Board contract?	1	Compliant, Not Compliant	

#	QuestionText	Score	Answers	Categories
Section: Waiver Administration Activities				
6.1.	Was the individual assessed for the behavior add-on?	1	Compliant, Non-Compliant	
6.2.	Was the individual assessed for the medical add-on?	1	Compliant, Non-Compliant	
6.3.	Was the ODDP revised when significant changes occurred?	1	Compliant, Non-Compliant	
Guidance Notes: Significant changes could include changes to living situation, behavior support needs, increased medical/mobility needs, etc...				
6.4.	If this individual is above their funding range, did the county board assist them with the Prior Authorization process?	1	Compliant, Non-Compliant	
Guidance Notes: This does not have to mean the county board supports the PA.				
6.5.	Were outcomes identified in Quality Assurance Reviews addressed in the service plan?	1	Compliant, Non-Compliant	
Guidance Notes: This includes outcomes from Nursing QA reviews.				
6.6.	Were the outcomes identified in prevention plans addressed in the service plan?	1	Compliant, Non-Compliant	
6.7.	Was the individual's PLOC/LOC reviewed at least annually and/or based on changes in the individual's needs?	1	Compliant, Non-Compliant	
6.8.	Was the "Freedom of Choice" form for this individual reviewed on an annual basis?	1	Compliant, Non-Compliant	
6.9.	Were due process rights provided?	1	Compliant, Non-Compliant	
6.10.	Did the SSA complete ongoing monitoring?	1	Compliant, Non-Compliant	
Guidance Notes: System to ensure services are delivered in accordance with the ISP in every setting; Level of monitoring is based on individual's needs and circumstances; there is no specific frequency of monitoring required by rule; look more closely at monitoring if you see significant concerns during the review.				
6.11.	Did the county board comply with Free Choice of Provider requirements?	1	Compliant, Non-Compliant	
6.12.	Did the county board comply with the outcome/results of the Medicaid Due Process hearing?	1	Compliant, Non-Compliant	
Section: Service Delivery & Documentation				
7.1.	Does the waiver service delivery documentation for all waiver billing codes include the Date of service?	1	Compliant, Non-Compliant	
Guidance Notes: Applies to all waiver service documentation				
7.2.	Does the waiver service delivery documentation for all waiver billing codes include the Place of service?	1	Compliant, Non-Compliant	
Guidance Notes: Applies to all waiver services. Place of service in NMT means vehicle license plate number.				
7.3.	Does the waiver service delivery documentation for all waiver billing codes include the Name of recipient?	1	Compliant, Non-Compliant	
Guidance Notes: Applies to all waiver service documentation.				
7.4.	Does the waiver service delivery documentation for all waiver billing codes include the Medicaid identification # of recipient?	1	Compliant, Non-Compliant	
Guidance Notes: Applies to all waiver service documentation.				
7.5.	Does the waiver service delivery documentation for all waiver billing codes include the Name of the provider?	1	Compliant, Non-Compliant	
Guidance Notes: Applies to all waiver service documentation.				
7.6.	Does the waiver service delivery documentation for all waiver billing codes include the Provider identifier/contract number?	1	Compliant, Non-Compliant	
Guidance Notes: Applies to all waiver service documentation.				
7.7.	Does the waiver service delivery documentation for all waiver billing codes include the Signature of the person delivering service or initials of the person delivering the service if a signature and corresponding initials are on file with the provider?	1	Compliant, Non-Compliant	
Guidance Notes: Applies to all waiver service documentation.				
7.8.	Does the waiver service delivery documentation for all waiver codes include the Type of service?	1	Compliant, Non-Compliant	
Guidance Notes: Type of service is not required in documentation for daily rate services. The information will be on the Cost Projection Tool. Type: The waiver service as noted in the ISP i.e. Homemaker Personal Care, Non-Medical Transportation, per trip, per mile, HPC OSOC etc...				
7.9.	Does the waiver service delivery documentation for all waiver billing codes include the Number of units provided? Amount?	1	Compliant, Non-Compliant	
Guidance Notes: Number of units of service is not required in documentation for daily rate services and Adult Foster Care. Units in HPC, SE and ADS/VH are either 15 min or daily. Units in transportation are either per-mile or per trip.				
7.10.	Does the waiver service delivery documentation for all waiver billing codes include the Group size in which the services were delivered?	1	Compliant, Non-Compliant	

#	QuestionText	Score	Answers	Categories
Section: Service Delivery & Documentation				
Guidance Notes: Group size / # of individuals sharing services is not required for daily billing. ADS - SE include staff intensity. NMT Names of all other passengers, including staff and volunteers in the vehicle.				
7.11.	Does the waiver service delivery documentation include the Arrival and departure times of the provider?	1	Compliant, Non-Compliant	
Guidance Notes: Arrival and departure times of staff is not required for daily billing and for Adult Foster Care. For NMT it is the beginning and ending times of the trip.				
7.12.	Does the waiver service delivery documentation for all waiver billing codes include the description and details of the services delivered, including: Scope: The definition of each waiver service must describe in concrete terms the goods and services that will be provided to waiver participants, including any conditions that apply to the provision of the service. The definition of the service (including any conditions that apply to its provision) is termed the "scope" of the service.	1	Compliant, Non-Compliant	
Guidance Notes: Required for all services except Adult Foster Care and Non Medical Transportation.				
7.13.	Does the waiver service delivery documentation for all waiver billing codes include the description and details of the services delivered, including: Frequency: How often a service will be furnished to a beneficiary. The number of times the service is to be offered.	1	Compliant, Non-Compliant	
Guidance Notes: Required for all services except Adult Foster Care and Non Medical Transportation.				
7.14.	Does the waiver service delivery documentation for all waiver billing codes include the Description and details of the services delivered, including: Duration: The length of time that a service will be provided. A limit on the duration of services means that the service will no longer be provided after a specified period of time or, after a specified period of time, the necessity for the service is subject to review and reauthorization. The length of time the service is to be offered.	1	Compliant, Non-Compliant	
Guidance Notes: Required for all services except Adult Foster Care and Non Medical Transportation.				
7.15.	Does the waiver service delivery documentation for all waiver billing codes include a notation made as least monthly indicating the response to services delivered?	1	Compliant, Non-Compliant	
Guidance Notes: Required for all services except Adult Foster Care and Transportation.				
7.16.	Is there evidence that services were not delivered because the provider failed to show up?	1	Compliant, Non-Compliant	
Guidance Notes: Information may come from UI log, home notes, individual interview, etc...				
7.17.	Does the waiver service delivery documentation for non-medical transportation include the names of all other passengers/riders including paid staff and volunteers who were in the vehicle during any portion of the trip and/or commute?	1	Compliant, Non-Compliant	
7.18.	Medications, treatments, and dietary orders are being followed?	1	Compliant, Non-Compliant	
7.19.	The service plan is being implemented as written?	1	Compliant, Non-Compliant	

Section: UI/MI

8.1.	Upon identification of a MUI, is there evidence that the provider took the following immediate actions as appropriate: • Immediate and on-going medical attention • Removal of an employee from direct contact with any at-risk individual when the employee is alleged to have been involved in abuse or neglect until such time as the provider has reasonably determined that such removal is no longer necessary. • Other necessary measures to protect the health and safety of at-risk individuals	1	Compliant, Non-Compliant	
Guidance Notes: This does not mean that providers are required to remove staff from all direct contact with individuals but they are responsible for making sure that the staff person is not in a situation where another individual is at risk.				
8.2.	Is there evidence that the provider notified the County Board about the below listed incidents within 4 hours of discovery? • Abuse • Exploitation • Misappropriation • Neglect • Suspicious/Accidental Death • Media Inquiry	1	Compliant, Non-Compliant	
Guidance Notes: Please see After Hours # for County Boards located on the website.				
8.3.	If applicable, were appropriate notifications made to other agencies? • Children's Services • Law Enforcement	1	Compliant, Non-Compliant	
Guidance Notes: Children under 21 yrs old				

#	QuestionText	Score	Answers	Categories
Section: MUI / UI				
8.4.	Is there evidence that notifications were made on the same day of the incident to the following as applicable: • Guardian • Residential Provider	1	Compliant, Non-Compliant	
8.5.	Is there evidence the provider cooperated with the investigation of MUIs? Timely submission of requested information.	1	Compliant, Non-Compliant	
Guidance Notes: When non-DC agency provider conducts internal review, they must submit results (including statements and documents) within 14 calendar days.				
8.6.	Is there evidence that a prevention plan was identified, that the prevention plan addressed the causes and contributing factors identified in the investigation, and that the individual's Service Plan was revised if necessary?	1	Compliant, Non-Compliant	
Guidance Notes: Refer to ITS for information about Prevention Plan. Not all prevention plans have to be in the ISP, consider the circumstances before citing.				
8.7.	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 • Appropriate actions were taken to protect the health and safety of the at-risk individual	1	Compliant, Non-Compliant	
8.8.	Did the agency provider/County Board conduct a monthly review of Unusual Incidents?	1	Compliant, Non-Compliant	
Guidance Notes: The log shall include, but not be limited to, the name of the individual, a brief description, any injuries, time, date, location and preventative measures.				
8.9.	Did the agency provider/County Board maintain a log of Unusual Incidents which includes: • Name of Individual • Description of Incident • Identification of Injuries • Time/Date of Incident • Location of Incident • Preventative Measures	1	Compliant, Non-Compliant	
8.10...	Is there evidence that the agency provider/County Board completed a quarterly review of MUI reports to identify trends and patterns.	1	Compliant, Non-Compliant	
8.11.	Is there evidence that the provider submitted a written incident report to the County Board by 3:00 pm, the next working day, following initial knowledge of a potential or determined MUI?	1	Compliant, Non-Compliant	
8.12.	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?	1	Compliant, Non-Compliant	
8.13.	COUNTY BOARDS ONLY: Is there evidence the provider/county board completed the general investigation requirements found in OAC 5123:2-17-02 (H)?	1	Compliant, Non-Compliant	
8.14.	Is there evidence the County Board developed a policy and procedure relative to Unusual Incidents?	1	Compliant, Non-Compliant	
Guidance Notes: THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF				
8.15.	COUNTY BOARD ONLY: Is there evidence that the MUI was incorrectly coded? Is there evidence that a separate investigation should have occurred? Is there evidence of law enforcement notification and follow up? Is there evidence of a documented scene and visit? Is there evidence of timely initiation of investigation Is there evidence of a documented scene and visit?	1	Compliant, Non-Compliant	
Guidance Notes: County Board Only-				
8.16.	COUNTY BOARD ONLY: Is there evidence of interview, interview within 3 days, documented injuries/medical attention, possible cause of injury from med professional, All other info regarding individual (ISP, bank statements, inventory, medical condition), Statement, Follow-up interviews; Document interviews	1	Compliant, Non-Compliant	
Guidance Notes: County Boards Only				
8.17.	COUNTY BOARD ONLY: Is there evidence that interview occurred, interview occurred within 24 hours, a review of other documents was completed, evidence of witness statements and follow up to interviews completed	1	Compliant, Non-Compliant	
Guidance Notes: County Boards Only				
8.18.	COUNTY BOARD ONLY: Is there evidence that the PPI was interviewed, history and training reviewed, statement obtained, and follow up to interviews conducted	1	Compliant, Non-Compliant	
Guidance Notes: County Board Only-				

#	QuestionText	Score	Answers	Categories
Section: MUI / UI				
8.19.	COUNTY BOARD ONLY: Is there evidence that incident specific interview questions have been addressed, Findings consistent with facts gathered, Inconsistencies, credibility addressed, Cause and Contributing Factors	1	Compliant, Non-Compliant	
Guidance Notes: County Board Only				
Section: Personnel				
9.1.	Did the CEO or administrator have a bachelor's degree and at least one year of full-time paid work experience or 4 years of full-time paid work experience as a supervisor of programs or services for individuals with developmental disabilities?	1	Compliant, Not Compliant	
Guidance Notes: CEOs prior to 10/1/09 had a different set of standards so don't cite unless hired after 10/1/09.				
9.2.	Did the provider complete a BCII check on staff prior to direct contact with individuals?	1	Compliant, Not Compliant	
Guidance Notes: applies in all settings				
9.3.	Did the provider complete an FBI check on staff prior to direct contact with individuals if there is evidence that the staff person lived outside of Ohio within 5 years of employment?	1	Compliant, Not Compliant	
Guidance Notes: applies in all settings; ask the provider how they verify residency				
9.4.	Did the provider ensure that only employees without disqualifying offenses provide direct services ?	1	Compliant, Not Compliant	
Guidance Notes: applies in all settings				
9.5.	Did the provider staff, prior to direct contact with individuals, sign a statement attesting that the staff person would notify the provider within 14 days if they are ever charged with, plead guilty to, or are convicted of a disqualifying offense ?	1	Compliant, Not Compliant	
Guidance Notes: applies in all settings				
9.6.	Did the provider staff, prior to direct contact with individuals, sign a statement attesting that the staff person has never plead guilty to or been convicted of a disqualifying offense ?	1	Compliant, Not Compliant	
Guidance Notes: applies in all settings				
9.7.	Did the provider staff have an Abuser Registry check completed prior to direct contact with individuals?	1	Compliant, Not Compliant	
Guidance Notes: applies in all settings				
9.8.	Did the provider staff have a Nurse Aide Registry check completed prior to direct contact with the individuals?	1	Compliant, Not Compliant	
Guidance Notes: applies in all settings				
9.9.	Is the staff person at least 18 years or age?	1	Compliant, Not Compliant	
Guidance Notes: applies in all settings				
9.10.	Does the staff person have a high school diploma or GED?	1	Compliant, Not Compliant	
Guidance Notes: Requirement does not apply to staff hired before 10/1/09. Requirement is waived for employees working in direct care positions prior to 10/1/09 who change employers after the effective date of the rule. All employees of ADS and SE are required to have HS diploma/GED regardless of hire date.				
9.11.	"If the staff person administers medication does the person have the appropriate certification for: • Giving oral or topical medications (Category 1) • G-tube/J-tube (Category 2) • Insulin Injections (Category 3)"	1	Compliant, Not Compliant	
Guidance Notes: If the ISP identifies family delegation, med admin certification isn't required.				
9.12.	Do professional staff have required licenses/certifications?	1	Compliant, Not Compliant	
Guidance Notes: Includes nursing licenses, social work licenses, OT/PT licenses, SSA certification; adult services certification				
9.13.	Did the provider staff have current CPR certification?	1	Compliant, Not Compliant	
Guidance Notes: See Provider Cert rule for CPR requirements for staff hired after 10/1/09 in unlicensed settings.				
9.14.	Did the provider staff have current first aid certification?	1	Compliant, Not Compliant	
Guidance Notes: See Provider Cert rule for First Aid requirements for staff hired after 10/1/09 in unlicensed settings.				
9.15.	"For direct service staff, hired after 10/1/09, did the staff person receive initial training prior to providing services with individuals that included: • Overview of serving individuals with developmental disabilities • Overview of basic principles and requirements of providing HCBS waiver services • Initial Rights Training • Initial MUI Training • Universal Precautions "	1	Compliant, Not Compliant	

#	QuestionText	Score	Answers	Categories
Section: Personnel				
	Guidance Notes: Only look at initial training for employees hired after 10/1/09.			
9.16.	For all direct service staff, did the staff person, prior to implementation, receive training on the individual's ISP/BSP?	1	Compliant, Not Compliant	
	Guidance Notes: General ISP training is not required of certified providers. If the provider doesn't understand the ISP, provide TA and follow up with the SSA.			
9.17.	For all direct service staff, did the staff person, have initial training on the actions to take in the event of a fire or other emergency?	1	Compliant, Not Compliant	
	Guidance Notes: This is not a citation for certified providers but it is important to have a conversation with the provider to make sure they know what to do in an emergency and what type of assistance the individual needs. This may link back to assessments if the individual has specific needs that aren't addressed in the ISP. If there are discrepancies between needs and the ISP, contact the SSA.			
9.18.	Did provider staff have annual MUI training?	1	Compliant, Not Compliant	
	Guidance Notes: Training is in compliance if it is received during each calendar year- not required to be within 365 days.			
9.19.	Did the provider staff have annual notification explaining conduct for which a DD employee may be included on the Abuser Registry?	1	Compliant, Not Compliant	
	Guidance Notes: Providers aren't required to have employees sign forms but they need to be able to show that they've given the notification.			
9.20.	Did the provider staff have annual training on the Rights of Individuals with DD?	1	Compliant, Not Compliant	
	Guidance Notes: Training is in compliance if it is received during each calendar year- not required to be within 365 days.			
9.21.	Did the provider staff have annual training in fire and emergency response?	1	Compliant, Not Compliant	
	Guidance Notes: This is not a citation for unlicensed providers but it is important to have a conversation with the provider to make sure they know what to do in an emergency and what type of assistance the individual needs.			
9.22.	For provider staff members who are responsible for transporting individuals, did the provider ensure that a Driver's Abstract was completed prior to transporting individuals?	1	Compliant, Not Compliant	
	Guidance Notes: Reference Non-medical transportation rule for abstract requirements			
9.23.	For provider staff members who are responsible for transporting individuals, does the staff person have a valid driver's license?	1	Compliant, Not Compliant	
	Are all vehicles used to transport individuals covered by a current insurance policy that meets the requirements of the service provided?			
	Guidance Notes: Non-medical transportation insurance requirements are significantly higher than state minimum.			
9.24.	If the provider is responsible for providing Per Trip Non-Medical Transportation, was the staff person assessed by a physician to determine if the staff person is medically, physically, and mentally capable of safe driving and safe passenger assistance prior to providing transportation services?	1	Compliant, Not Compliant	
	Guidance Notes: This only applies to non-medical PER TRIP transportation.			
9.25.	If the provider is responsible for providing Non-Medical Transportation, did the staff person receive testing for controlled substances and was the staff person found to be drug free prior to providing transportation services?	1	Compliant, Not Compliant	
	Guidance Notes: Applies to per trip and per mile non-medical transportation.			
9.26.	If the provider is responsible for providing Non-Medical Transportation, did the provider obtain an annual driver's abstract for staff who provide transportation services?	1	Compliant, Not Compliant	
	Guidance Notes: This only applies to non-medical transportation.			
Section: Transportation				
10.1.	Do the staff, responsible for providing transportation, have necessary information about the individual (i.e., medical, behavioral, etc)?	1	Compliant, Not Compliant	
	Guidance Notes: The SSA rule requires that the ISP or portion of the ISP related to the provider's services is given to provider. This means that if a portion of the ISP is used, anything that could affect transportation is included.			
10.2.	Do all vehicles used to transport individuals appear safe?	1	Compliant, Not Compliant	
	Guidance Notes: This includes things like burned out headlights, very low or worn tires, shattered windshields, no mirrors, etc.			
10.3.	If the provider is responsible for providing Non-Medical Transportation, does the vehicle have storage space for equipment?	1	Compliant, Not Compliant	
10.4.	If the provider is responsible for providing Non-Medical Transportation, does the vehicle have a two-way communication system?	1	Compliant, Not Compliant	
	Guidance Notes: This can mean the driver has a cell phone.			
10.5.	If the provider is responsible for providing Non-Medical Transportation, does the vehicle have a fire extinguisher?	1	Compliant, Not Compliant	
10.6.	If the provider is responsible for providing Non-Medical Transportation, does the vehicle have a first aid kit?	1	Compliant, Not Compliant	

#	QuestionText	Score	Answers	Categories
Section: Transportation				
10.7.	"If the provider is responsible for providing Non-Medical Transportation, do all vehicles, used to transport individuals, have all required inspections? • Daily Vehicle Inspections • Annual Vehicle Inspection by the State Highway Patrol or certified mechanic	1	Compliant, Not Compliant	
Guidance Notes: Wheelchair ramp/ties; windshield wipers/washer; mirrors; horns; brakes; emergency equipment; and tires.				
Section: Physical Environment				
11.1.	Does the provider have current fire inspections?	1	Compliant, Non-Compliant	
Guidance Notes: Required annually for licensed facilities, CB's and Adult Day/Voc Hab providers.				
11.2.	Does the provider have current water inspections?	1	Compliant, Non-Compliant	
Guidance Notes: Annual inspection required for licensed facilities only if not connected to city water.				
11.3.	Does the provider have current sewer inspections?	1	Compliant, Non-Compliant	
Guidance Notes: Annual inspection required for licensed facilities only if not connected to city sewer.				
11.4.	Has the provider completed emergency drills (tomado and fire), and completed a written record of each drill which address individual specific needs based on the outcome of these drills?	1	Compliant, Non-Compliant	
Guidance Notes: Fire drills: Lic Fac=6 w/in 12 mos. (@ least 2 in a.m., 2 in p.m., 1 sleep drill,); CB=12 per year (1 each mo). Tornado: Lic Fac=1 w/l 12 mo. CB=4 per year (during April-July); PC=fire and emergency response based on needs in IP				
11.5.	Does the provider have an emergency response/fire plan?	1	Compliant, Non-Compliant	
Guidance Notes: Required for licensed facilities; provide TA for CB and PC (based on needs identified in IP.				
11.6.	When there is a swimming pool on the grounds, is the pool only used in the presence of staff with a; • A current water safety instructor certificate OR • A senior lifesaving certificate OR • An adapted aquatics certificate	1	Compliant, Non-Compliant	
Guidance Notes: Required for licensed facilities and CB;				
11.7.	Are the interior, exterior and grounds of the building maintained in good repair and in a clean and sanitary manner?	1	Compliant, Non-Compliant	
Guidance Notes: "Good repair" and "Sanitary" with respect to a building means it is free from danger or hazard to the health of the person(s) occupying it.				
11.8.	Are there appropriate and comfortable equipment, furniture and appliances in good condition except for normal wear and tear adequate to meet the needs and preferences of the individual?	1	Compliant, Non-Compliant	
11.9.	Are the entrances, hallways, corridors and ramps clear and unobstructed?	1	Compliant, Non-Compliant	
Guidance Notes: applies in all settings - if issues found have the provider correct immediately				
11.10.	Is there an accurate graphic floor plan posted on each floor?	1	Compliant, Non-Compliant	
Guidance Notes: Required for licensed facilities, CB's and Adult Day/Voc Hab;				
11.11.	Are toxic and combustible substances stored in a safe manner and separate from food and perishable items?	1	Compliant, Non-Compliant	
Guidance Notes: applies in all settings				
11.12.	Does the program/facility have suitable first aid facilities, equipment and supplies and is there access to emergency services?	1	Compliant, Non-Compliant	
Guidance Notes: Required for licensed facilities, CB's and Adult Day/Voc Hab; TA for PC				
11.13.	Is the hot water maintained at a safe temperature for every individual if needed?	1	Compliant, Non-Compliant	
11.14.	Where power equipment is used, does the equipment have appropriate safeguards? o Safety Guards o Kill Button	1	Compliant, Non-Compliant	
Guidance Notes: Required where power equipment is in use				
11.15.	Does the time out room have a door that does not have a key lock, but may be held shut by a staff person or mechanism that requires constant physical pressure to keep the mechanism engaged?	1	Compliant, Non-Compliant	
11.16.	Does the room/area have adequate lighting and ventilation?	1	Compliant, Non-Compliant	

#	QuestionText	Score	Answers	Categories
Section: Physical Environment				
11.17.	Does the room appear safe from hazardous conditions including, but not limited to, the presence of sharp corners or objects, uncovered light fixtures or uncovered electrical outlets?	1	Compliant, Non-Compliant	
11.18.	Is the individual able to be under constant visual supervision at all times while in the time out room/area?	1	Compliant, Non-Compliant	
11.19.	Is the Adult Day Support or Vocational Habilitation location in an ICF, an individual's home or within 200 feet of an ICF?	1	Compliant, Non-Compliant	
Guidance Notes: Yes = Non-Compliant				
No = Compliant				
Section: Observation				
12.1.	Was the individual actively participating in activities throughout the review?	1	Compliant, Non-Compliant	
12.2.	Did staff interact appropriately with the individual(s)?	1	Compliant, Non-Compliant	
12.3.	Did the individual(s)' room include personal items/decorations?	1	Compliant, Non-Compliant	
12.4.	Was the individual able to independently get around his/her home?	1	Compliant, Non-Compliant	
12.5.	Did the individual participate in day programming?	1	Compliant, Non-Compliant	
12.6.	Did the individual seem to have a good relationship with staff/roommates?	1	Compliant, Non-Compliant	
12.7.	Was the individual able to communicate with others?	1	Compliant, Non-Compliant	
12.8.	Are supplies and materials available as needed (i.e.: hygiene supplies, habilitation materials, activities, etc)?	1	Compliant, Non-Compliant	
12.9.	Does it appear that the individual(s)' supervision needs were being met by the available staff?	1	Compliant, Non-Compliant	
12.10.	Did the individual(s) present as being properly groomed/attired?	1	Compliant, Non-Compliant	
12.11.	Were signs, notes, or house rules posted that were not appropriate to the setting?	1	Compliant, Non-Compliant	
12.12.	Was the home/facility maintained at a comfortable temperature?	1	Compliant, Non-Compliant	
12.13.	Are the individual(s) able to use household items (TV, phone, appliances, etc.) unless otherwise indicated in their ISP?	1	Compliant, Non-Compliant	
12.14.	Was the home/facility free from staff cigarette/cigar/pipe smoke?	1	Compliant, Non-Compliant	
Section: Title XX				
13.1.	Does the Title XX Application for Eligibility Determination/Re-determination Form (DMR 1014) identify the relationship between individual client need for services and the intent of Title XX services? • CC - Client's needs (Must be individualized and derived from assessment) • DD - National Goals (Just check the appropriate goal) • EE - Objective of service (Must be an actual objective-not just the service name)	1	Compliant, Non-Compliant	
13.2.	Did the individual or guardian sign the Title XX Application for Eligibility Determination/Re-determination Form (DMR 1014)?	1	Compliant, Non-Compliant	
13.3.	Does the ISP identify individual services, supports, goals, and/or objectives related to Title XX services?	1	Compliant, Non-Compliant	
13.4.	Does the unit of service log (1017) contain the following items? • Client name • Service code/service type • Duration (amount of time service provided) • Date and time of service • Initials of staff providing service	1	Compliant, Non-Compliant	
Section: Early Intervention				
14.1.	Does the CB provide service coordination through the HMG system?	1	Compliant, Non-Compliant	
14.2.	Does CB participate in the Evaluation and initial assessment for program planning for children referred for suspected delay?	1	Compliant, Non-Compliant	
14.3.	Does the CB participate in the initial assessment for program planning for children referred with a diagnosed physical or mental condition (DPMC)?	1	Compliant, Non-Compliant	
14.4.	Does CB participate in Vision, Hearing, Social / Emotional, and Nutrition hearings?	1	Compliant, Non-Compliant	

#	QuestionText	Score	Answers	Categories
Section: Early Intervention				
14.5.	Does the county board use one of the following ODH approved initial evaluation or assessment? Allowable for children evaluated due to a suspected delay . • Bayley • Battelle Allowable for children made eligible due to a diagnosed physical or mental condition *BAYLEY *BATTELLE *E-LAP *HAWAII EARLY LEARNING PROFILE *AEPS	1	Compliant, Non-Compliant	
14.6.	Does the county board complete initial evaluation and /or assessment within 45 days of referral to HMG system for a suspected delay?	1	Compliant, Non-Compliant	
14.7.	Does the county board's contribution to the development of the "evaluation and assessment report" meet all requirements?	1	Compliant, Non-Compliant	
14.8.	Does the county board staff participating in evaluations have the appropriate license/ certification per ODH policy. • Early Intervention Specialist (DODD) • Occupational Therapist • Physical Therapist • Speech-Language Pathologist • Social Work • Early Childhood Educator (ODE) • Early Childhood Intervention Specialist (ODE) • Registered Nurse	1	Compliant, Non-Compliant	
14.9.	Does the county board provide 2 or more staff to the evaluation/assessment, if so, assure that the evaluators are from 2 different disciplines?	1	Compliant, Non-Compliant	
14.10.	Does the CB complete the Family assessment (defined by HMG policy)?	1	Compliant, Non-Compliant	
14.11.	Was the IFSP developed and signed within the same forty-five calendar days?	1	Compliant, Non-Compliant	
14.12.	Did the County Board employed Help Me Grow Service coordinator ensures that all sections of the IFSP form are completed?	1	Compliant, Non-Compliant	
14.13.	Did the County Board assure that the provision of CB specialized services (e.g. Early Intervention specialist, therapies, nursing, transportation) are documented on the IFSP?	1	Compliant, Non-Compliant	
14.14.	Did the county board service providers ensure that written "Written Prior Notice" is given to parents when services specified in the IFSP are changed?	1	Compliant, Non-Compliant	
14.15.	Did county board ensure that written consent from the parent is obtained before any ongoing services listed on the IFSP began?	1	Compliant, Non-Compliant	
14.16.	Did specialized services begin within 30 days of the date the IFSP is signed by the parents? (IFSP Policy Procedure 4)	1	Compliant, Non-Compliant	
14.17.	Did the county board HMG Service coordinator document that the transition planning conference is held at least 90 calendar days, but not more than 9 months prior to the child's third birthday?	1	Compliant, Non-Compliant	
14.18.	Did each invited participant receive timely written notification of the conference?	1	Compliant, Non-Compliant	
14.19.	Did the county board employed HMG service coordinator document in the child's file and in Early track that a representative from the child's home school district (LEA) was invited to the Transition Planning Conference?	1	Compliant, Non-Compliant	
14.20.	If the county board provides service coordination, were all transition components of the IFSP completed at an IFSP review, including the writing of at least one transition outcome?	1	Compliant, Non-Compliant	
14.21.	Did the county board employed HMG Service coordinator document in the child's record that consent was obtained to release records to the LEA?	1	Compliant, Non-Compliant	

#	QuestionText	Score	Answers	Categories
Section: Early Intervention				
14.22.	For each child birth through two years of age enrolled in the county board to receive early intervention services and supports including service coordination from the county board, the following information shall be compiled and kept on file: - Verification of birth; - Documents used to determine eligibility including, the written report of the developmental evaluation, or the written report specifying the diagnosed physical or mental condition; - Documentation verifying the date of request for or referral to services in HMG system and the date of initial contact with the county board if the county board is assisting in initial evaluation/assessment process; - Any ongoing assessments of the child and family; - Health record that contains ongoing pertinent health information, which includes a record of current immunizations or the exemption or waiver where an immunization	1	Compliant, Non-Compliant	
14.23.	Did the county board give annual notification of the availability of a procedure based on the resolution of complaints and due process under rule 5123:2-1-12 of the Administrative Code?	1	Compliant, Non-Compliant	
Guidance Notes: There has to be resolution within 30 days.				
Section: Administration				
15.1.	Did the appropriately trained county board staff complete eligibility determinations using the OEDI/COEDI process?	1	Compliant, Non-Compliant	
15.2.	Were all waiting list requirements met?	1	Compliance, Non-Compliant	
Guidance Notes:				
15.3.	Were all administrative resolution of complaint requirements met?	1	Compliant, Non-Compliant	
Guidance Notes:				
15.4.	Is the provider/facility following all applicable local, state and federal rules and regulations?	1	Compliant, Non-Compliant	
Guidance Notes:				

Category Score Summary

	Score	% Total
Total		100%

Form Summary Report



Form Summary Report on Independent Review Tool

#	QuestionText	Score	Answers	Categories
Section: Provider Demographics				
1.1.	Does the provider provide IO waiver services?	1	Yes, No	
	Guidance Notes:			
1.2.	Was IO HPC services reviewed?	1	Yes, No	
	Guidance Notes:			
1.3.	Was IO transportation reviewed?	1	Yes, No	
	Guidance Notes: This does not include non medical transportation			
1.4.	Was IO day waiver services reviewed?	1	Yes, No	
	Guidance Notes: Please provide building description or photo			
1.5.	Was IO non-medical transportation reviewed?	1	Yes, No	
	Guidance Notes:			
1.6.	Was IO ancillary services reviewed?	1	Yes, No	
	Guidance Notes: Please describe type of ancillary service			
1.7.	Was IO adult foster care reviewed?	1	Yes, No	
	Guidance Notes:			
1.8.	Does the provider provide Level One waiver services?	1	Yes, No	
	Guidance Notes:			
1.9.	Was Level One HPC services reviewed?	1	Yes, No	
	Guidance Notes:			
1.10.	Was Level One transportation reviewed?	1	Yes, No	
	Guidance Notes:			
1.11.	Was Level One day waiver services reviewed?	1	Yes, No	
	Guidance Notes:			
1.12.	Was Level One non-medical transportation reviewed?	1	Yes, No	
	Guidance Notes:			
1.13.	Was Level One ancillary services reviewed?	1	Yes, No	
	Guidance Notes:			
Section: ISP				
2.1.	Does the service plan address the individual's assessed needs in the area of Personal Care?	1	Compliant, Non-Compliant	
	Guidance Notes: Service plans address all assessed needs including health and safety risk factors.			
2.2.	Does the service plan address the individual's assessed needs in the area of Behavior Support?	1	Compliant, Non-Compliant	
	Guidance Notes: Service plans address all assessed needs including health and safety risk factors.			
2.3.	Does the service plan address the individual's assessed needs in the area of Medication Administration?	1	Compliant, Non-Compliant	
	Guidance Notes: Self-Med Assessment must match ISP language. If an individual cannot self-administer, the level of assistance must be specified in the ISP. Service plans address all assessed needs including health and safety risk factors.*			
2.4.	Does the service plan address the individual's assessed needs in the area of Healthcare?	1	Compliant, Non-Compliant	
	Guidance Notes: Service plans address all assessed needs including health and safety risk factors.			
2.5.	Does the service plan address the individual's assessed needs in the area of Money Management/Personal Funds?	1	Compliant, Non-Compliant	
	Guidance Notes: Does the individual understand the concept/value of \$? How much can be spent without receipts/what amount needs team approval. Service plans address all assessed needs including health and safety risk factors.			
2.6.	Does the service plan address the individual's assessed needs in the area of Fire Safety?	1	Compliant, Non-Compliant	
	Guidance Notes: Are there any special assistance needs? Can the individual get out? Are drills needed? Service plans address all assessed needs including health and safety risk factors.			
2.7.	Does the service plan address the individual's assessed needs in the area of Emergency Response?	1	Compliant, Non-Compliant	
	Guidance Notes: Are there any special assistance needs? Are drills needed? Is there a way to contact someone in case of emergency? Service plans address all assessed needs including health and safety risk factors.			

#	QuestionText	Score	Answers	Categories
Section: ISP				
2.8.	Does the service plan address the individual's assessed needs in the area of Provider Back-up Plans? Guidance Notes: What happens if a provider does not show up? Service plans address all assessed needs including health and safety risk factors.	1	Compliant, Non-Compliant	
2.9.	Does the service plan address the individual's assessed needs in the area of Transportation? Guidance Notes: Individual specific training/can individual be left by transportation if provider/family is not there? Service plans address all assessed needs including health and safety risk factors (epi pens, Diastat, special restraints, etc).	1	Compliant, Non-Compliant	
2.10.	Does the service plan address the individual's assessed needs in the area of Recreation/Community Activities? Guidance Notes: Service plans address all assessed needs including health and safety risk factors.	1	Compliant, Non-Compliant	
2.11.	Does the service plan address the individual's assessed needs in the area of Vocational/Day Programming? Guidance Notes: Service plan identifies expected outcomes/goals of day services. ISP identifies type of day service to be provided (i.e. vocational habilitation; ADS; supported employment). Service plans address all assessed needs including health and safety risk factors.	1	Compliant, Non-Compliant	
2.12.	Did the individual/guardian give informed consent to the service plan prior to implementation? Guidance Notes: Informed consent for aversive interventions: risks/benefits/alternatives/consequences of not providing. Service plans address all assessed needs including health and safety risk factors.	1	Compliant, Non-Compliant	
2.13.	Was the service plan reviewed annually? Guidance Notes: Service plans address all assessed needs including health and safety risk factors.	1	Compliant, Non-Compliant	
2.14.	Was the service plan revised based on the changes in the individuals needs/wants? Guidance Notes: Service plans address all assessed needs including health and safety risk factors.	1	Compliant, Non-Compliant	
2.15.	Did the provider have a copy of the current service plan?	1	Compliant, Non-Compliant	
2.16.	Does the service plan address the individual's assessed needs in the area of supervision? Guidance Notes:	1	Compliant, Not Compliant	
Section: Medication Administration				
3.1.	If the individual(s) being served are unable to self-medicate, is the medication stored in a secure location based on the individual and the environment they live in? Guidance Notes: Secured doesn't have to mean locked. It means secured based on the individual's needs.	1	Compliant, Not Compliant	
3.2.	If the individual(s) being served are unable to self-medicate, is the medication in a pharmacy labeled container?	1	Compliant, Not Compliant	
3.3.	If the individual(s) being served are unable to self-medicate, was a self-medication assessment completed?	1	Compliant, Not Compliant	
3.4.	If the individual is not self medicating has the assessment been reviewed annually, and revised as-needed? Guidance Notes: A new assessment must be done every 3 years at a minimum.	1	Compliant, Not Compliant	
3.5.	If the service plan includes delegated nursing services, has the nurse identified any special conditions? Guidance Notes: "Special conditions examples: take with pudding or applesauce Take medicine with thicken liquids "	1	Compliant, Not Compliant	
3.6.	If the service plan includes delegated nursing services, has the nurse completed on-going assessments?	1	Compliant, Not Compliant	
3.7.	If the service plan includes delegated nursing services, has the nurse completed a statement of delegation?	1	Compliant, Not Compliant	
3.8.	If the service plan includes delegated nursing services, has the nurse completed the annual skills checklist?	1	Compliant, Not Compliant	
3.9.	For all individuals receiving medication administration, has the nurse completed a nursing quality assurance review at least once every three years? Guidance Notes: The county board is responsible for completing the nursing quality assurance review. A RN has to complete the nursing quality assurance review.	1	Compliant, Not Compliant	
Section: Behavior Support				
4.1.	If the service plan includes aversive interventions (including rights restrictions), did the behavior support/Human Rights committees review and approve the plan prior to implementation? Guidance Notes: The behavior support and human rights committees can be a joint committee as long as the membership requirements for both are met. The behavior support committee must include persons knowledgeable in behavior support procedures, including administrators and persons employed by a provider who are responsible for implementing BSPs but not those directly involved with the plan being reviewed.	1	Compliant, Non-Compliant	
4.2.	If the service plan includes time out and restraint, are the interventions being implemented only when the identified behaviors are destructive to the individual or others? Guidance Notes:	1	Compliant, Non-Compliant	

#	QuestionText	Score	Answers	Categories
Section: Behavior Support				
4.3.	If the service plan includes aversive interventions, are behavior support methods employed with sufficient safeguards and in a safe manner?	1	Compliant, Non-Compliant	
	Guidance Notes: Examples: No clear procedures, restraint/time out utilized in unsafe areas/lack of training			
4.4.	If the plan includes time out and/or restraint, is there evidence that DODD was notified within 5 working days of approval of the plan?	1	Compliant, Non-Compliant	
	Guidance Notes: Form must be submitted annually within 5 days of approval			
4.5.	If the plan includes aversive interventions, is there evidence that status reports were completed and communicated at least every thirty days?	1	Compliant, Non-Compliant	
4.6.	Does the provider have a Human Rights Committee that includes the following? • Parent or Guardian • Agency staff member • Individual receiving services from the provider • Member with no direct involvement in provider's services • Qualified person who has either experience or training in contemporary practices to support behaviors of individuals with developmental disabilities	1	Compliant, Non-Compliant	
	Guidance Notes: A human rights committee can serve more than 1 county board or provider.			
4.7.	Were all aversives including rights restrictions addressed in the plan and approved by the Behavior Support/Human Rights Committee?	1	Compliant, Non-Compliant	
	Guidance Notes: Examples: house rules, dietary restrictions, imposed bedtimes, locked cabinets, door alarms, etc.			
Section: Money Management				
5.1.	Does the provider ensure that individuals have access to their funds as stipulated in the service plan?	1	Compliant, Non-Compliant	
	Guidance Notes: TA should be provided to certified waiver providers. The ISP should provide direction.			
5.2.	Does the provider ensure that cash accounts, savings accounts, and checking accounts are reconciled at least every 60 days by someone who does NOT handle the individual funds?	1	Compliant, Non-Compliant	
	Guidance Notes: Providers should have ledgers or documents to list financial activity for each type of account the individual has. For unlicensed providers, this is technical assistance unless otherwise stated in the ISP.			
5.3.	Does the provider maintain receipts as required by the individual's ISP?	1	Compliant, Non-Compliant	
	Guidance Notes: TA should be provided to certified waiver providers. The ISP should provide direction.			
5.4.	Does the provider ensure that the account transaction records/ledgers include Individual or provider signatures for withdrawals?	1	Compliant, Non-Compliant	
	Guidance Notes: For unlicensed providers, this is technical assistance unless otherwise stated in the ISP.			
5.5.	Does the provider ensure that the account transaction records/ledgers include Individual or provider signatures for deposits?	1	Compliant, Non-Compliant	
	Guidance Notes: For unlicensed providers, this is technical assistance unless otherwise stated in the ISP.			
5.6.	Does the provider ensure that the account transaction records/ledgers include Descriptions for each withdrawal and deposit?	1	Compliant, Non-Compliant	
	Guidance Notes: For unlicensed providers, this is technical assistance unless otherwise stated in the ISP.			
5.7.	Does the provider ensure that the account transaction records/ledgers include Dates of each withdrawal and deposit?	1	Compliant, Non-Compliant	
	Guidance Notes: For unlicensed providers, this is technical assistance unless otherwise stated in the ISP.			
5.8.	If the service plan includes assistance with money management, are the individuals' funds being managed as indicated in the plan? • Bill Paying • Banking • Shopping	1	Compliant, Non-Compliant	
5.9.	If the individual receives assistance with money management, is there an inventory of items with a value of \$50.00 or more?	1	Compliant, Non-Compliant	
	Guidance Notes: For unlicensed providers, this is technical assistance unless otherwise stated in the ISP. Consider individuals in small congregate settings, maintaining information on the person's property ensures that as providers change the individuals belongings are identified.			
Section: Waiver Administration Activities				
6.1.	Was the individual assessed for the behavior add-on?	1	Compliant, Non-Compliant	
6.2.	Was the individual assessed for the medical add-on?	1	Compliant, Non-Compliant	
6.3.	Was the ODDP revised when significant changes occurred?	1	Compliant, Non-Compliant	

#	QuestionText	Score	Answers	Categories
Section: Waiver Administration Activities				
	Guidance Notes: significant changes could include changes to living situation, behavior support needs, increased medical/mobility needs, etc			
6.4.	If this individual is above their funding range, did the county board assist them with the Prior Authorization process?	1	Compliant, Non-Compliant	
	Guidance Notes: This does not have to mean the county board supports the PA.			
6.5.	Were outcomes identified in Quality Assurance Reviews addressed in the service plan?	1	Compliant, Non-Compliant	
	Guidance Notes: This includes outcomes from Nursing QA reviews.			
6.6.	Were the outcomes identified in prevention plans addressed in the service plan?	1	Compliant, Non-Compliant	
6.7.	Was the individual's PLOC/LOC reviewed at least annually and/or based on changes in the individual's needs?	1	Compliant, Non-Compliant	
6.8.	Was the "Freedom of Choice" form for this individual reviewed on an annual basis?	1	Compliant, Non-Compliant	
6.9.	Were due process rights provided?	1	Compliant, Non-Compliant	
6.10.	Were services monitored appropriately?	1	Compliant, Non-Compliant	
	Guidance Notes: System to ensure services are delivered in accordance with the ISP in every setting; Level of monitoring is based on individual's needs and circumstances; there is no specific frequency of monitoring required by rule; look more closely at monitoring if you see significant concerns during the review.			
6.11.	Did the county board comply with Free Choice of provider requirements?	1	Compliant, Non-Compliant	
6.12.	Did the county board comply with the outcome/results of the Medicaid Due Process hearing?	1	Compliant, Non-Compliant	
Section: Service Delivery & Documentation				
7.1.	Does the waiver service delivery documentation for all waiver billing codes include the Date of service?	1	Compliant, Non-Compliant	
	Guidance Notes: Applies to all waiver service documentation			
7.2.	Does the waiver service delivery documentation for all waiver billing codes include the Place of service?	1	Compliant, Non-Compliant	
	Guidance Notes: Applies to all waiver services. Place of service in NMT means vehicle license plate number			
7.3.	Does the waiver service delivery documentation for all waiver billing codes include the Name of recipient?	1	Compliant, Non-Compliant	
	Guidance Notes: Applies to all waiver service documentation			
7.4.	Does the waiver service delivery documentation for all waiver billing codes include the Medicaid Identification # of recipient?	1	Compliant, Non-Compliant	
	Guidance Notes: Applies to all waiver service documentation			
7.5.	Does the waiver service delivery documentation for all waiver billing codes include the Name of the provider?	1	Compliant, Non-Compliant	
	Guidance Notes: Applies to all waiver service documentation			
7.6.	Does the waiver service delivery documentation for all waiver billing codes include the Provider Identifier/contract number?	1	Compliant, Non-Compliant	
	Guidance Notes: Applies to all waiver service documentation			
7.7.	Does the waiver service delivery documentation for all waiver billing codes include the Signature of the person delivering service or initials of the person delivering the service if a signature and corresponding initials are on file with the provider?	1	Compliant, Non-Compliant	
	Guidance Notes: Applies to all waiver service documentation			
7.8.	Does the waiver service delivery documentation for all waiver codes include the Type of service?	1	Compliant, Non-Compliant	
	Guidance Notes: Type of service is not required in documentation for daily rate services. The information will be on the Cost Projection Tool. Type: The waiver service as noted in the ISP i.e. Homemaker Personal Care, Non-Medical Transportation, per trip, per mile, HPC OSOC etc...			
7.9.	Does the waiver service delivery documentation for all waiver billing codes include the Number of units provided? Amount?	1	Compliant, Non-Compliant	
	Guidance Notes: Number of units of service is not required in documentation for daily rate services and Adult Foster Care. Units in HPC, SE and ADS/VH are either 15 min or daily. Units in transportation are either per-mile or per-trip.			
7.10.	Does the waiver service delivery documentation for all waiver billing codes include the Group size in which the services were delivered?	1	Compliant, Non-Compliant	
	Guidance Notes: Group size or the number of individuals sharing services is not required for daily billing. ADS - SE includes provider intensity. NMT requires the names of all other passengers, including provider and volunteers in the vehicle during any portion of the trip.			
7.11.	Does the waiver service delivery documentation include the Arrival and departure times of the provider?	1	Compliant, Non-Compliant	
	Guidance Notes: Arrival and departure times are not required for daily billing and for Adult Foster Care. For NMT it is the beginning and ending times of the trip.			

#	QuestionText	Score	Answers	Categories
Section: Service Delivery & Documentation				
7.12.	Does the waiver service delivery documentation for all waiver billing codes include the description and details of the services delivered, including: Scope	1	Compliant, Non-Compliant	
Guidance Notes: Required for all services except Adult Foster Care and Non Medical Transportation .				
Scope: The definition of each waiver service must describe in concrete terms the goods and services that will be provided to waiver participants, including any conditions that apply to the provision of the service. The definition of the service (including any conditions that apply to its provision) is termed the "scope" of the service.				
7.13.	Does the waiver service delivery documentation for all waiver billing codes include the description and details of the services delivered, including: Frequency	1	Compliant, Non-Compliant	
Guidance Notes: Required for all services except Adult Foster Care and Non Medical Transportation . Frequency: How often a service will be furnished to a beneficiary. The number of times the service is to be offered .				
7.14.	Does the waiver service delivery documentation for all waiver billing codes include the Description and details of the services delivered, including: Duration	1	Compliant, Non-Compliant	
Guidance Notes: Required for all services except Adult Foster Care and Non Medical Transportation . Duration: The length of time that a service will be provided. A limit on the duration of services means that the service will no longer be provided after a specified period of time or, after a specified period of time, the necessity for the service is subject to review and reauthorization. The length of time the service is to be offered.				
7.15.	Does the waiver service delivery documentation for all waiver billing codes include a notation made as least monthly indicating the response to services delivered?	1	Compliant, Non-Compliant	
Guidance Notes: Required for all services except Adult Foster Care and Transportation.				
7.16.	Is there evidence that services were not delivered because the provider failed to show up?	1	Compliant, Non-Compliant	
Guidance Notes: Information may come from UI log, home notes, individual interview, etc...				
7.17.	Does the waiver service delivery documentation for non-medical transportation include the names of all other passengers/riders including paid staff and volunteers who were in the vehicle during any portion of the trip and/or commute?	1	Compliant, Non-Compliant	
7.18.	Medications, treatments and dietary orders are being followed?	1	Compliant, Non-Compliant	
7.19.	The service plan is being implemented as written?	1	Compliant, Not Compliant	
Guidance Notes:				
7.20.	Is the provider/facility following all applicable local, state and federal rules and regulations?	1	Compliant, Not Compliant	
Guidance Notes:				

Section: MUI / UI

8.1.	Upon identification of a MUI, is there evidence that the provider took the following immediate actions as appropriate: • Immediate and on-going medical attention • Removal of an employee from direct contact with any at-risk individual when the employee is alleged to have been involved in abuse or neglect until such time as the provider has reasonably determined that such removal is no longer necessary: • Other necessary measures to protect the health and safety of at-risk individuals	1	Compliant, Non-Compliant	
8.2.	Is there evidence that the provider notified the County Board about the below listed incidents within 4 hours of discovery? • Abuse • Exploitation • Misappropriation • Neglect • Suspicious/Accidental Death • Media Inquiry	1	Compliant, Non-Compliant	
Guidance Notes: Please see After Hours # for County Boards located on the website				
8.3.	If applicable, were appropriate notifications made to other agencies? • Children's Services • Law Enforcement	1	Compliant, Non-Compliant	
Guidance Notes: Children under 21 yrs old				
8.4.	Is there evidence that notifications were made on the same day of the incident to the following as applicable: • Guardian • Residential Provider Service and Support Administrator	1	Compliant, Non-Compliant	
8.5.	Is there evidence the provider cooperated with the investigation of MUIs? Timely submission of requested information	1	Compliant, Non-Compliant	
Guidance Notes: When non-DC agency provider conducts internal review, they must submit results (including statements and documents) within 14 calendar days.				

#	QuestionText	Score	Answers	Categories
Section: MUI/ UI				
8.6.	Is there evidence that a prevention plan was identified, that the prevention plan addressed the causes and contributing factors identified in the investigation, and that the individual's Service Plan was revised if necessary?	1	Compliant, Non-Compliant	
Guidance Notes: Refer to ITS for information about Prevention Plan. Not all prevention plans have to be in the ISP, consider the circumstances before citing.				
8.7.	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 • Appropriate actions were taken to protect the health and safety of the at-risk individual	1	Compliant, Non-Compliant	
8.8.	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?	1	Compliant, Non-Compliant	
Guidance Notes: The log shall include, but not be limited to, the name of the individual, a brief description, any injuries, time, date, location and preventative measures.				
Section: Personnel				
9.1.	If the provider administers medication does the person have the appropriate certification for: Give oral or topical medications (category 1) G-tube/J-tube (category 2) Insulin Injections (category 3)	1	Compliant, Non-Compliant	
9.2.	Do professional staff have required licenses/certifications?	1	Compliant, Non-Compliant	
9.3.	Did the provider have current CPR certification?	1	Compliant, Non-Compliant	
9.4.	Did the provider have current first aid certification?	1	Compliant, Non-Compliant	
9.5.	Did the provider have annual MUI training?	1	Compliant, Non-Compliant	
Guidance Notes: Training is in compliance if it is received during each calendar year - not required to be within 365 days.				
9.6.	Did the provider have annual training on the Rights of Individuals with DD?	1	Compliant, Non-Compliant	
Guidance Notes: Training is in compliance if it is received during each calendar year - not required to be within 365 days.				
9.7.	Did the provider have annual training in fire and emergency response?	1	Compliant, Non-Compliant	
Guidance Notes: This is not a citation for unlicensed providers but it is important to have a conversation with the provider to make sure they know what to do in an emergency and what type of assistance the individual needs.				
9.8.	If the provider is responsible for providing Non-Medical Transportation, did the provider complete an annual driver's abstract?	1	Compliant, Non-Compliant	
Guidance Notes: Reference Non-Medical Transportation rule for abstract requirements				
9.9.	If the provider is responsible for providing Per-Trip Non-Medical Transportation, was the provider assessed by a physician to determine if the provider is medically, physically, and mentally capable of safe driving and safe passenger assistance prior to providing transportation services?	1	Compliant, Non-Compliant	
Guidance Notes: applies in all settings				
9.10.	If the provider is responsible for providing Non-Medical Transportation, did the provider receive testing for controlled substances and was the provider found to be drug free prior to providing transportation services?	1	Compliant, Non-Compliant	
9.11.	If the provider is responsible for transporting individuals, is the provider covered by a current insurance policy that meets the requirements of the service provided?	1	Compliant, Non-Compliant	
9.12.	Does the provider have a valid driver's license?	1	Compliant, Not Compliant	
Guidance Notes:				
Section: Transportation				
10.1.	If the provider is responsible for providing any type of transportation does the provider have necessary information about the individual (i.e., medical, behavioral, etc)?	1	Compliant, Not Compliant	
Guidance Notes: The SSA rule requires that the ISP or portion of the ISP related to the provider's services is given to provider. This means that if a portion of the ISP is used, anything that could affect transportation is included.				
10.2.	If the provider is responsible for providing any type of transportation do all vehicles used to transport individuals appear safe?	1	Compliant, Not Compliant	
Guidance Notes: This includes things like burned out headlights, very low or worn tires, shattered windshields, no mirrors, etc.				
10.3.	If the provider is responsible for providing Non-Medical Transportation does the vehicle have storage space for equipment?	1	Compliant, Not Compliant	

#	QuestionText	Score	Answers	Categories
Section: Transportation				
10.4.	If the provider is responsible for providing Non-Medical Transportation does the vehicle have a two-way communication system?	1	Compliant, Not Compliant	
	Guidance Notes: This can mean the driver has a cell phone.			
10.5.	If the provider is responsible for providing Non-Medical Transportation does the vehicle have a fire extinguisher?	1	Compliant, Not Compliant	
10.6.	If the provider is responsible for providing Non-Medical Transportation does the vehicle have a first aid kit?	1	Compliant, Not Compliant	
10.7.	If the provider is responsible for providing Non-Medical Transportation do all vehicles, used to transport individuals, have all required inspections? • Daily Vehicle Inspections	1	Compliant, Not Compliant	
	Guidance Notes: Wheelchair ramp/ties; windshield wipers/washer; mirrors; horns; brakes; emergency equipment; and tires.			
10.8.	If the provider is responsible for providing Non-Medical Transportation do all vehicles, used to transport individuals, have all required inspections? • Annual Vehicle Inspection by the State Highway Patrol or certified mechanic	1	Compliant, Not Compliant	
	Guidance Notes: Wheelchair ramp/ties; windshield wipers/washer; mirrors; horns; brakes; emergency equipment; and tires.			
Section: Physical Environment				
11.1.	Has the provider completed emergency drills (tornado and fire), and completed a written record of each drill which address individual specific needs based on the outcome of these drills?	1	Compliant, Non-Compliant	
	Guidance Notes: Fire drills: Lic Fac=6 w/in 12 mos. (@ least 2 in a.m., 2 in p.m., 1 sleep drill,); CB=12 per year (1 each mo). Tornado: Lic Fac=1 w/ 12 mo. CB=4 per year (during April-July); PC=fire and emergency response based on needs in IP			
11.2.	Does the provider have an emergency response/fire plan?	1	Compliant, Non-Compliant	
	Guidance Notes: Required for licensed facilities; provide TA for CB and PC (based on needs identified in IP			
11.3.	Are the interior, exterior and grounds of the building maintained in good repair and in a clean and sanitary manner?	1	Compliant, Non-Compliant	
	Guidance Notes: "Good repair" and "Sanitary" with respect to a building means it is free from danger or hazard to the health of the person(s) occupying it.			
11.4.	Are there appropriate and comfortable equipment, furniture and appliances in good condition except for normal wear and tear adequate to meet the needs and preferences of the individual?	1	Compliant, Non-Compliant	
11.5.	Are the entrances, hallways, corridors and ramps clear and unobstructed?	1	Compliant, Non-Compliant	
	Guidance Notes: applies in all settings - if issues found have the provider correct immediately			
11.6.	Are toxic and combustible substances stored in a safe manner and separate from food and perishable items?	1	Compliant, Non-Compliant	
	Guidance Notes: applies in all settings			
11.7.	Does the program/facility have suitable first aid facilities, equipment and supplies and is there access to emergency services?	1	Compliant, Non-Compliant	
11.8.	Is the hot water maintained at a safe temperature for every individual if needed?	1	Compliant, Non-Compliant	
11.9.	Does the time out room have a door that does not have a key lock, but may be held shut by the provider or mechanism that requires constant physical pressure to keep the mechanism engaged?	1	Compliant, Non-Compliant	
11.10.	Does the room/area have adequate lighting and ventilation?	1	Compliant, Non-Compliant	
11.11.	Does the room appear safe from hazardous conditions including, but not limited to, the presence of sharp corners or objects, uncovered light fixtures or uncovered electrical outlets?	1	Compliant, Non-Compliant	
11.12.	Is the individual able to be under constant visual supervision at all times while in the time out room/area?	1	Compliant, Non-Compliant	
Section: Observation				
12.1.	Was the individual actively participating in activities throughout the review?	1	Compliant, Non-Compliant	
12.2.	Did staff interact appropriately with the individual(s)?	1	Compliant, Non-Compliant	
12.3.	Did the individual(s) room include personal items/decorations?	1	Compliant, Non-Compliant	
12.4.	Was the individual able to independently get around his /her home?	1	Compliant, Non-Compliant	
12.5.	Did the individual participate in day programming?	1	Compliant, Non-Compliant	

#	QuestionText	Score	Answers	Categories
Section: Observation				
12.6.	Did the individual seem to have a good relationship with staff/roommates?	1	Compliant, Non-Compliant	
12.7.	Was the individual able to communicate with others?	1	Compliant, Non-Compliant	
12.8.	Are supplies and materials available as needed (i.e.: hygiene supplies, habilitation materials, activities, etc)?	1	Compliant, Non-Compliant	
12.9.	Does it appear that the individual(s)' supervision needs were being met by the available staff?	1	Compliant, Non-Compliant	
12.10.	Did the individual(s) present as being properly groomed/attired?	1	Compliant, Non-Compliant	
12.11.	Were signs, notes, or house rules posted that were not appropriate to the setting?	1	Compliant, Non-Compliant	
12.12.	Was the home/facility maintained at a comfortable temperature?	1	Compliant, Non-Compliant	
12.13.	Are the individual(s) able to use household items (TV, phone, appliances, etc.) unless otherwise indicated in their ISP?	1	Compliant, Non-Compliant	
12.14.	Was the home/facility free from staff cigarette/cigar/pipe smoke?	1	Compliant, Non-Compliant	
Section: County Board Administration				
13.1.	Were all waiting list requirements met?	1	Compliant, Not Compliant	
Guidance Notes:				
13.2.	Were all administrative resolution of complaint requirements met?	1	Compliant, Not Compliant	
Guidance Notes:				

Category Score Summary

	Score	% Total
Total		100%

COMPLIANCE REVIEW – IMMEDIATE CITATION

Type of Review: Waiver <input type="checkbox"/> I.O. <input type="checkbox"/> Level One	Date of Review:
Type of Provider: <input type="checkbox"/> Agency Provider <input type="checkbox"/> Individual Provider	County/Provider Name:
Type of Review: <input type="checkbox"/> Desk <input type="checkbox"/> Onsite	Provider #:
	Contact Information:

Condition(s) which exist that present an immediate risk to individual’s health, safety or welfare.

Citation: _____

Describe Condition(s): _____

Action needed: _____ Immediately; _____ Within 24 hours

Provider Action Taken: _____

Use additional pages if necessary

Reviewer Signature

Provider Signature/Title

EXIT SUMMARY FORM

Provider: _____ DODD # _____

Date: _____ Reviewer: _____

Briefly describe Citations, Commendations, or Technical Assistance addressed during the exit conference:

1. **Individual Service Plan:** (Describe any issues with the development of the ISP, identified unmet needs, etc):
2. **Medication Administration:** (Describe the any issues with the administration of medications, the completion of health related activities, delegated nursing, etc.):
3. **Behavior Support:** (Describe any issues with the implementation of Behavior Support Plans, the lack of necessary supports for behaviors, etc.):
4. **Money Management:** (Describe any issues with individual funds, account transaction records, individual inventory, receipts, etc.)
5. **Service Delivery & Documentation:** (Describe any issues with the implementation of the Individual Service Plan, service delivery, documentation, etc.):
6. **Personnel:** (Describe any issues with background checks, registry checks, training, etc.)
7. **Transportation:** (Describe any issues with vehicles, staff who provide transportation services, etc)
8. **Incident Prevention & Reporting** (Describe how the licensee responded to MUIs, follow-up to U.I.s, appropriate reporting of MUIs, MUI training, etc.)

EXIT SUMMARY FORM

9. **Physical Environment:** (Describe any issues with facility cleanliness, required inspections, fire safety, emergency response, time out areas, etc.):

10. **Individual Interview:** (Describe any issues identified during interviews with individuals)

11. **Immediate Health and/or Safety Concerns:**

This is a summary of the issues addressed during the Compliance Review exit conference. A copy of the final report will be sent to the provider within 7 days of the date of the exit conference.

Reviewer Signature

(Please complete and attach an Exit Interview Sign-In Sheet)

COMPLIANCE REVIEW

EXIT CONFERENCE SIGN IN SHEET

PROVIDER NAME	Check One: AGENCY INDIVIDUAL <input type="checkbox"/> <input type="checkbox"/>	COMPLIANCE REVIEW DATE(S)	EXIT DATE
PROVIDER ADDRESS			
CITY/STATE/ZIP			
(AREA CODE) & TELEPHONE			
EMAIL ADDRESS			
<p><i>The COG and/or the county board conducted an Exit Conference today with the following people in attendance:</i></p>			
NAME & TITLE		AGENCY & PHONE	

Condition(s) exist that pose an immediate risk to the individual's health, safety or welfare **NO YES**

If YES, COG and/or the county board shall:

- Detail condition(s) that pose an immediate risk to an individual
- Detail the action the certified provider intends to take to correct condition(s)
- Identify an immediate correction date
- Leave a copy of the plan with the provider
- Copy to DODD/Provider Certification Unit