

**Individual Options Waiver
Review of Continuing Certification Requirements for Social Work
Agency/Individual**

Provider Name _____

County _____

ODMR/DD Contract # _____

Reviewer Name _____

Date of Certification _____

Date of Review _____

Item	Waiver Standards & Assurances	Standard Met S/P/N/NA	Comments
------	-------------------------------	--------------------------	----------

1.	<p>Does the social worker have a current Ohio license to practice social work?</p> <p>The social worker is licensed in the state of Ohio to engage in social work as defined in Division (C) of Section 4757.01 of the Ohio Revised Code and 4757-15-02 and 4757-15-03 of the Administrative Code;</p>		
2.	<p>Did the social worker provide the services identified in the ISP?</p> <p>ISP Compliance:</p> <ul style="list-style-type: none"> ➤ Document social needs and develop a social work/counseling plan of treatment; ➤ Provide direct services in form of counseling and actively participate in resolving problems; ➤ Counsel clients and involved family members with regard to the client's psychosocial need; ➤ Collaborate with the physician and assist various providers of service in understanding emotional problems and social needs of the person with physical disabilities. Recognize the social problems of the client and caregiver and take appropriate therapeutic intervention. ➤ Act as an advocate for the client's social needs; ➤ Refer clients/family to service and support administrator for financial matters or interagency collaboration and follow-up; ➤ Assist client, staff, and family to resolve problems which prevent the client's adjustment or any other 		

Legend: S=Substantial Compliance P= Partial Compliance N=Non Compliance NA= Not Applicable

**Individual Options Waiver
Review of Continuing Certification Requirements for Social Work
Agency/Individual**

Provider Name_____

County_____

ODMR/DD Contract #_____

Reviewer Name_____

Date of Certification_____

Date of Review_____

Item	Waiver Standards & Assurances	Standard Met S/P/N/NA	Comments
	<p>problems which affect the client's ability to benefit from medical treatment;</p> <ul style="list-style-type: none"> ➤ Assist the client to develop self help skills, socialization, and adaptive skills that can enable the individual to remain functional outside an institution and; ➤ Arrange individual and caregiver counseling, and other supportive services in alleviating some of the pressures of estrangement from social support systems such as family, employment, and residential placement. 		

Legend: S=Substantial Compliance P= Partial Compliance N=Non Compliance NA= Not Applicable