

LEVEL ONE WAIVER TRANSPORTATION

Provider Name: _____ **County:** _____ **Date of Review:** _____
Reviewer Name: _____ **ODMRDD Contract #:** _____ **Certification Date:** _____

Item	Rule Citation Continuing Certification Standards	Standard Met S/P/N/NA	Comments
PROVIDER ELIGIBILITY ALL PROVIDERS			
	<p>PROVIDER ELIGIBILITY</p> <p>Is the provider, or any employee of the provider, providing services to his/her minor child or spouse?</p> <p>Level One Waiver – Transportation Agency Provider: 5123:2-8-07 (F) Standards and requirements for continuing certification of agency providers. (11) Provider eligibility Neither the agency provider nor any driver of the agency provider shall provide transportation services to his/her minor child (under age eighteen) or his/her spouse. Individual Provider: 5123:2-8-07 (D) Standards and requirements for continuing certification of individual providers. (11) Provider eligibility The individual provider shall not provide transportation services to his/her minor child (under age eighteen) or to his/her spouse.</p>		
DRIVER ELIGIBILITY ALL PROVIDERS			
1	<p>DRIVER'S LICENSE / INSURANCE</p> <p>Does the provider have evidence that each driver has a valid driver's license?</p> <p>Level One Waiver – Transportation Agency Provider: 5123:2-8-07 (F) Standards and requirements for continuing certification of agency providers. (2) Valid driver's license (a) The agency provider shall maintain evidence that all drivers of the agency provider have a valid driver's license as specified by Ohio law and shall present such evidence upon request by ODJFS, the department, or the county board. Individual Provider: 5123:2-8-07 (D) Standards and requirements for continuing certification of individual providers. (1) Valid driver's license (a) An individual provider shall maintain a valid driver's license as specified by Ohio law and shall present evidence of such valid driver's license upon request by ODJFS, the department, or the county board.</p>		

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2	<p>DRIVER'S LICENSE / INSURANCE</p> <p>Does the agency require all driver's to immediately report in writing to the agency provider if their driver's license is ever suspended or revoked?</p> <p style="text-align: center;">OR</p> <p>Does the individual provider know of their responsibility to provide immediate notification in writing to the department of any driver's license suspension or revocation?</p> <p>Level One Waiver – Transportation Agency Provider: 5123:2-8-07 (F) Standards and requirements for continuing certification of agency providers. (2) Valid driver's license (b) The agency provider shall require all drivers to immediately report, in writing , to the agency provider if their driver's license is ever suspended or revoked. Individual Provider: 5123:2-8-07 (D) Standards and requirements for continuing certification of individual providers. (1) Valid driver's license (b) An individual provider shall provide immediate notification, in writing, to the department of any driver's license suspension or revocation.</p>		
3	<p>DRIVER'S LICENSE / INSURANCE</p> <p>Has the provider maintained proof of insurance coverage for all drivers or the individual provider?</p> <p>Level One Waiver – Transportation Agency Provider: 5123:2-8-07 (F) Standards and requirements for continuing certification of agency providers. (3) Proof of insurance coverage The agency provider shall maintain proof of insurance coverage as specified under sections 4509.101 and 4509.47 of the Reviews Code, as applicable, and shall present such proof of coverage upon request by ODJFS, the department, or the county board. Individual Provider: 5123:2-8-07 (D) Standards and requirements for continuing certification of individual providers. (2) Insurance coverage An individual provider shall maintain insurance coverage as specified under sections 4509.101 and 4509.47 of the Reviews Code, as applicable, and shall present such proof of coverage upon request by ODJFS, the department, or the county board.</p>		

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DRIVER ELIGIBILITY AGENCY PROVIDERS			
3	<p>DRIVER'S LICENSE / INSURANCE- AGENCY PROVIDERS ONLY</p> <p>Is there evidence that the agency did not permit staff with suspended or revoked licenses to transport individuals?</p> <p>Level One Waiver – Transportation Agency Provider: 5123:2-8-07 (F) Standards and requirements for continuing certification of agency providers. (2) Valid driver's license (d) The agency provider shall not permit a driver whose license has been suspended or revoked to provide transportation services under this rule.</p>		
BACKGROUND CHECK - AGENCY ONLY			
6	<p>PRE-EMPLOYMENT STATEMENT – AGENCY PROVIDERS ONLY</p> <p>Prior to employment did the employee/provider sign a statement indicating that if they are charged convicted of or plead guilty to a disqualifying offense they will notify the employer no later than 14 calendar days?</p> <p>Level One Waiver - Transportation Agency Provider: 5123:2-8-07 (F) Standards and requirements for continuing certification of agency providers. (4) Criminal Background Check (a) The agency provider shall require all drivers in direct services positions to report, in writing, to the agency provider if the driver is ever formally charged with, convicted of, or plead guilty to any of the offenses listed in division (E) of section 5126.28 of the Revised Code not later than fourteen calendar days after the date of such charge, conviction or guilty plea.</p>		
5	<p>PRE-EMPLOYMENT STATEMENT OF CRIMINAL HISTORY- AGENCY ONLY</p> <p>Prior to employment did the employee sign a statement attesting that the employee has not previously been convicted of a disqualifying offense?</p> <p>Agency Provider: 5123:2-1-05.1(H) Prior to employing a person in a direct services position, the contracting entity shall require the person to submit a statement with the person's signature attesting that the person has not been convicted of or pleaded guilty to any of the offenses listed or</p>		

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	described in paragraphs (J)(1) (J)(4) of this rule.		
4	<p>BCII / FBI / DRIVER'S ABSTRACT- AGENCY PROVIDERS ONLY</p> <p>Does the provider have evidence the employee BCII check conducted at hire reveal no disqualifying offenses?</p> <p>If the employee has lived in Ohio for less than 5 years prior to employment, does the provider have evidence the employee FBI check conducted at hire reveal no disqualifying offenses?</p> <p>Does the provider have evidence that each new hire provided a driver's abstract prepared by the bureau of motor vehicles?</p> <p>Level One Waiver – Transportation Agency Provider: 5123:2-8-07 (F) Standards and requirements for continuing certification of agency providers. (4) Criminal Background Check (b) The agency provider shall comply with section 5126.281 of the Revised Code and rule 5123:2-1-05.1 of the Administrative Code.</p>		
2	<p>ABUSER REGISTRY- AGENCY PROVIDERS ONLY</p> <p>Prior to an employee's hire date did the provider obtain evidence that the employee was not listed on the abuser registry?</p> <p>Level One Waiver – Transportation Agency Provider: 5123:2-8-07 (F) Standards and requirements for continuing certification of agency providers. (5) Abuser registry The agency provider shall follow the requirements of sections 5123.50 to 5123.54 of the Revised Code and assure that drivers shall meet the requirements of sections 5123.50 to 5123.54 of the Revised Code.</p>		
3	<p>NURSE AIDE REGISTRY- AGENCY PROVIDERS ONLY</p> <p>Prior to an employee's hire date did the provider obtain evidence that the employee was not listed on the nurse aide registry?</p> <p>Agency Provider: 5123:2-1-05.1(F)(2)</p>		

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	<p>When conducting background investigations under this rule contracting entities and county boards shall: Contact the Ohio Department of Health to inquire whether the nurse aide registry established under section 3721.32 of the Revised Code reveals that its director has made a determination of abuse, neglect, or misappropriation of property of a resident of a long-term care facility or residential care facility by the person.</p>		
BACKGROUND CHECK - INDIVIDUAL PROVIDER ONLY			
7	<p>INDIVIDUAL PROVIDER ONLY</p> <p>Is the individual provider aware of his/her responsibility to report to the department if he/she is ever formally charged with, convicted of or pleads guilty to any of the disqualifying offenses?</p> <p>Level One Waiver – Transportation Individual Provider: 5123:2-8-07 (D) Standards and requirements for continuing certification of individual providers. (3) Criminal background check (a) An individual provider shall report to the department if he or she is ever formally charged with, convicted of, or pleads guilty to any of the offenses listed in division (E) of section 5126.28 of the Revised Code. The individual provider shall make such report, in writing, not later than fourteen calendar days after the date of such charge, conviction or guilty plea.</p>		
TRAINING REQUIREMENTS - ALL PROVIDERS			
9	<p>CPR</p> <p>Does the provider have evidence that the individual provider or agency employees have maintained CPR certification when required?</p> <p>Level One Waiver – Transportation Agency Provider: 5123:2-8-07 (F) Standards and requirements for continuing certification of agency providers. (6) CPR The agency provider shall provide evidence that at least one person with a valid certification in CPR shall be present when the individual is receiving transportation services. Individual Provider: 5123:2-8-07 (D) Standards and requirements for continuing certification of individual providers.</p>		

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	(5) CPR The individual provider shall maintain a valid certification in CPR.		
11	<p>INCIDENT TRAINING</p> <p>Does the provider have evidence that the individual provider and agency employees received training related to Incidents Adversely Affecting Health and Safety prior to providing Level One Waiver transportation?</p> <p>Does the provider have evidence that the individual provider and agency employees annually receive training related to Incidents Adversely Affecting Health and Safety?</p> <p>Level One Waiver – Transportation Agency Provider: 5123:2-8-07 (F) Standards and requirements for continuing certification of agency providers. (7) Training relating to incidents adversely affecting health and safety (a) The agency provider shall provide evidence that all drivers have completed training in the requirements of rule 5123:2-17-02 of the Administrative Code relating to incidents adversely affecting health and safety. Such training shall be completed at least annually. (b) The agency provider shall maintain documentation of such training and present such documentation upon request by ODJFS, the department, or the county board. Individual Provider: 5123:2-8-07 (D) Standards and requirements for continuing certification of individual providers. (6) Training relating to incidents adversely affecting health and safety (a) At least annually, the individual provider shall complete training in the requirements of rule 5123:2-17-02 of the Administrative Code relating to incidents adversely affecting health and safety. (b) The individual provider shall maintain documentation of such training and present such documentation upon request by ODJFS, the department, or the county board.</p>		
ISP COMPLIANCE			
	<p>Is the provider ensuring the provision of Level One transportation services in accordance with the ISP?</p> <p>Level One Waiver – Transportation Agency Provider: 5123:2-8-07 (F) Standards and requirements for continuing certification of agency providers. (10) ISP compliance The agency provider shall implement transportation services in accordance with the ISP.</p>		

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	<p>Individual Provider: 5123:2-8-07 (D) Standards and requirements for continuing certification of individual providers. (10) ISP compliance The individual provider shall implement transportation services in accordance with the ISP.</p>		
	<p>Is there evidence that service delivery documentation for waiver services is in compliance with the waiver documentation requirements below?</p> <p>Documentation Requirements Agency and Individual Providers: 5123:2-9-05(B) Definition of service documentation: “Service documentation” means the maintenance of all records and information on one or more documents, including documents that can be printed from electronic software programs, in such a manner as to fully disclose the nature and extent of the services delivered and must include each of the following items to validate Medicaid reimbursement:</p> <ul style="list-style-type: none"> 1) Date of service 2) Place of service 3) Name of the recipient 4) Medicaid identification # of the recipient 5) Name of the provider 6) Provider identifier/contract # 7) 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 8) Type of service (for homemaker/personal care, type must include if routine, on-site/on-call, or level one emergency) 9) Number of units of the delivered service or continuous amount of uninterrupted time during which the service was provided 10) Group size in which the services were delivered as defined in paragraph (D)(12) of rule 5123:2-9-60 of the Administrative Code 11) Arrival and departure times of the provider of service’s site visit to the recipient’s location or of the recipient’s visit to the provider of service’s location 12) Description and details of the services delivered that directly relate to the services specified on the recipient’s approved individual service plan as those services to be provided 13) A notation made as least monthly indicating the response to services delivered 14) Forms that identify, for the individual, the ISP service(s) to be delivered. The forms shall include all of the above and may be checked off and initialed by staff for each continuous period of service delivery time for each date of service. Any variation between the ISP requirements and actual staff to individual ratios, times of service delivery, group size, or type of service delivered shall be documented. Documentation shall reflect the actual staff to individual ratios and the time period of the variation. 		

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