

Provider Checklist for Structural Compliance Review

Please review each of the sections. The information provided below can be utilized as a checklist for your upcoming precertification or structural compliance review.

Conditions of Participation Policies, Procedures and Statements –

[Rule 173-39-02 - Ohio Administrative Code | Ohio Laws](#)

We need to collect the following policies and procedures during precertification reviews and structural compliance reviews:

- ☐ Complete BCI -FBI Roster for all employees and owners
- ☐ Record Retention Policy
- ☐ Updated Provider Information Form (blank excel copy provided in email)
- ☐ Certificate of Insurance (COI)
- ☐ Written Instructions for Consumers to file a claim
- ☐ Written instructions any individual may use to obtain payment for loss due to theft or property damage caused by the provider, or if applicable, the provider's employee.
- ☐ Incident Reporting Policy, Procedure and Form.
- ☐ EVV Enrollment Documentation – Sandata Certificate of Completion or alternative system approval
- ☐ Abuse, Neglect or Exploitation Policy
- ☐ Significant Change Policy.
- ☐ 30 Day Notice policy and procedure.
- ☐ Confidentiality policies and procedures.
- ☐ Family Relations/ Direct Care Worker Policy or statement

Direct-care worker relationships: Rule 5160-44-32 of the Administrative Code establishes standards for which relationships are eligible for payment for providing services.

[Rule 5160-44-32 - Ohio Administrative Code | Ohio Laws](#)

- ☐ Volunteer policy and procedure.

☐ Person -Centered Planning Policy.

☐ Code of Ethics or Code of Conduct

☐ Ownership Statement/ Disclosure of Ownership

(1) Agency providers:(a) Disclosures: The provider shall disclose the following:

(i) The name of any person with an ownership interest in the provider.

(ii) The name of any person with an ownership interest in the provider who was convicted of a felony under a state or federal law.

☐ Table of Organization

(iii) A table of organization clearly identifying lines of administrative, advisory, contractual, and supervisory responsibilities.

☐ Secretary of State Certificate

☐ Mission Statement

☐ Equal Employment Opportunity Statement/Attestation

☐ Nondiscrimination Statement/Attestation

☐ Bureau of Workers' Compensation Certificate

☐ Signed, dated written Tax Statement

EXAMPLE: On company letterhead -

“ I, OWNER, of AGENCY attest that all applicable federal, state, and local income and employment taxes for the most recent year, YEAR.”

Signature, 03/31/2025

☐ Articles of Organization/Incorporation

☐ NPI Number

☐ HHA License Number (if applicable)

☐ Employee Handbook

☐ Locked Storage verification (viewed during onsite)

Service Specific Policies, Procedures, Attestations/Statements and other supporting documentation – We need to collect the following policies and procedures during precertification reviews and structural compliance reviews: ?

Adult Day Service/ Adult Day Service Transportation

[Rule 173-39-02.1 - Ohio Administrative Code | Ohio Laws](#)

☐ Transportation policies - annual inspections, daily logs, ODA0008/ODA0011 for wheelchair vehicles; maintenance records; transfer policy.

[Rule 173-39-02.18 - Ohio Administrative Code | Ohio Laws](#)

☐ Forms - Initial Assessment; Social Profile; Health Assessment; Activity Plan; Plan of Treatment; Interdisciplinary Care Conference (all should be submitted with consumer file)

☐ Activity Calendar/Schedule for 3-month review period listed on letter/email

☐ Menu for 3-month review period listed on letter/email

☐ Current Food Service license

☐ Latest Food safety inspection report

☐ If purchasing food, License and Inspection reports of the food vendor

☐ Most recent Fire Inspections

☐ Emergency Plan policy/procedure

☐ Staffing Levels - staffing schedule

☐ Staff Qualifications - Kitchen; Activity Director; RN; Aides; Drivers

☐ Kitchen - Temperature Check Logs; for 3-month review period listed on the SCR letter

☐ HCBS Setting Requirements - [HCBS SETTINGS CHECKLIST FOR PROVIDERS.pdf](#)

☐ Staff Interview (completed onsite)

☐ Facility Tour (completed onsite)

☐ Kitchen and Temperature Check review (completed onsite)

☐ Vehicle review completed (completed onsite)

Home Maintenance and Chore

[Rule 173-39-02.5 - Ohio Administrative Code | Ohio Laws](#)

[Rule 5160-44-12 - Ohio Administrative Code | Ohio Laws](#)

- ☐ Service Provisions Policy
- ☐ Person Centered Planning Policy
- ☐ Authorization Process*
- ☐ Proposal Guidelines *
- ☐ Permits*
- ☐ Written Consent *
- ☐ Staff Certification/Licensure
- ☐ Inspections*

**elements can be viewed as part of consumer file or written policies/statements*

Personal Emergency Response System

[Rule 173-39-02.6 - Ohio Administrative Code | Ohio Laws](#)

[Rule 5160-44-16 - Ohio Administrative Code | Ohio Laws](#)

- ☐ Service Provisions Policy
- ☐ PERS Equipment
- ☐ Training for equipment- how to respond (employee)
- ☐ CM Authorization - Person Centered planning *
- ☐ Installation Verification *
- ☐ Training for equipment- how to use (consumer)*
- ☐ Language Assistance policy/procedure
- ☐ Written Response plan*
- ☐ Annual Testing policy

- ☐ Annual Testing log*
- ☐ Replacement policy/procedure
- ☐ Customer Support policy
- ☐ Monitoring policy
- ☐ Monitoring subcontract agreement (if applicable)
- ☐ Primary System and Secondary Systems - please identify
- ☐ Response time/steps/ emergency services - policy/procedure
- ☐ Notification to CM policy/procedure

**elements can be viewed as part of consumer file or written policies/statements*

Home Medical Equipment and Supplies

[Rule 173-39-02.7 - Ohio Administrative Code | Ohio Laws](#)

- ☐ Service Provisions Policy
- ☐ Ongoing Assistance Policy/Procedure
- ☐ Repair/Replacement policy/procedure
- ☐ Warranties*
- ☐ Authorization process *
- ☐ Delivery verification process*

**elements can be viewed as part of consumer file or written policies/statements*

Homemaker

[Rule 173-39-02.8 - Ohio Administrative Code | Ohio Laws](#)

- ☐ Provision of Service Policy
- ☐ Service Verification - Task/Time sheet with all required elements within rule linked above

- ☐ Availability - Staffing Levels
- ☐ Back Up Plan
- ☐ Job Description policy
- ☐ Employee Qualification policy
- ☐ Performance Appraisal policy
- ☐ Orientation Checklist with all required elements listed within rule linked above
- ☐ Expectations of Homemaker Staff
- ☐ Code of Ethics
- ☐ Employee Handbook and Employee Handbook Acknowledgement
- ☐ Lines of Communication
- ☐ Incident Reporting policy and procedure; incident form; incident log
- ☐ Person Centered Planning Process
- ☐ Inservice/ Continuing Education policy
- ☐ Supervisory Visit policy and procedure; Supervisory Visit form
- ☐ Initial Assessment

Home Modification

[Rule 173-39-02.9 - Ohio Administrative Code | Ohio Laws](#)

[Rule 5160-44-13 - Ohio Administrative Code | Ohio Laws](#)

- ☐ Service Provisions Policy
- ☐ Authorization process *
- ☐ Proposal process and elements *
- ☐ Permits*
- ☐ Warranties/Guarantees*
- ☐ Inspections - pre and post*

- ☐ Person Centered Service Plan*
- ☐ Staff Certifications/Licensure/Bonding to complete jobs
- ☐ Final written approval for job completion*

**elements can be viewed as part of consumer file or written policies/statements*

Personal Care

[Rule 173-39-02.11 - Ohio Administrative Code | Ohio Laws](#)

- ☐ Service Provisions Policy
- ☐ Service Verification - Task/Time sheet
- *Blank if no consumers served during review period.
- *Completed for all service verification of the selected clients for specified review period
- ☐ EVV Reports for all services provided for the selected clients for specified review period
- ☐ Availability - Staffing Levels
- ☐ Job Description policy
- ☐ Employee Qualification policy
- ☐ PCA requirement compliance verification – for each employee selected
- ☐ Completed written competency testing
- ☐ Return skill demonstration
- ☐ Performance Appraisal policy
- ☐ Orientation Checklist with all required elements within rule linked above
- ☐ Expectations of employees' policy
- ☐ PCA supervisor availability statement
- ☐ The PCA receives supervision from an RN or LPN under the direction of an RN during all hours that PCAs are scheduled to work.
- ☐ Code of Ethics

- ☐ Employee Handbook and Employee Handbook Acknowledgement
- ☐ Lines of Communication
- ☐ Incident Reporting policy and procedure; incident form; incident log
- ☐ Person Centered Planning Process
- ☐ Inservice/ Continuing Education policy
- ☐ Supervisory Visit policy and procedure; Supervisory Visit form
- ☐ Release of Information Form
- ☐ Initial Assessment
- ☐ Mechanism to Verify

[Section 121.36 - Ohio Revised Code | Ohio Laws](#)(C)

- (1) When providing home care services to home care dependent adults who have a mental impairment or life-threatening health condition, a mechanism to verify whether the provider's employees are present at the location where the services are to be provided and at the time the services are to be provided;
- (2) When providing home care services to all other home care dependent adults, a system to verify at the end of each working day whether the provider's employees have provided the services at the proper location and time;
- (3) A protocol to be followed in scheduling a substitute employee when the monitoring system identifies that an employee has failed to provide home care services at the proper location and time, including standards for determining the length of time that may elapse without jeopardizing the health and safety of the home care dependent adult;
- (4) Procedures for maintaining records of the information obtained through the monitoring system;
- (5) Procedures for compiling annual reports of the information obtained through the monitoring system, including statistics on the rate at which home care services were provided at the proper location and time;
- (6) Procedures for conducting random checks of the accuracy of the monitoring system. For purposes of conducting these checks, a random check is considered to be a check of not more than five per cent of the home care visits the provider's employees make to different home care dependent adults within a particular work shift.

- ☐ Random Checks Log
- ☐ Back Up Plan
- ☐ Monitoring Annual Report of Random Calls

Social Work Counseling

[Rule 173-39-02.12 - Ohio Administrative Code | Ohio Laws](#)

- ☐ Service Provisions Policy
- ☐ Assessment forms *
- ☐ Treatment Plan *
- ☐ Clinical Record *
- ☐ Staff Qualifications*
- ☐ Service Records*

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Transportation

[Rule 173-39-02.18 - Ohio Administrative Code | Ohio Laws](#)

- ☐ Service Provisions Policy
- ☐ Availability
- ☐ Back Up Plan - Vehicle and Driver
- ☐ Transferring policy
- ☐ Two Way Communication compliance - vehicle radios or cellular telephones
- ☐ Maintenance policy
- ☐ Maintenance records
- ☐ Inspections – Completed Annual and Daily for the review period
- ☐ Ambulette License/ State highway Bus Decal (if applicable)

- ☐ Driver Requirement policy
- ☐ Trip Verification Sheet

Home Delivered Meals

[Rule 173-39-02.14 - Ohio Administrative Code | Ohio Laws](#)

[Rule 5160-44-11 - Ohio Administrative Code | Ohio Laws](#)

- ☐ Service Provisions Policy
- ☐ Meal Specifications/Instructions on how to safely maintain, heat, reheat and/or assemble the meal
- ☐ Approved Menus for the review period listed on the SCR letter
- ☐ Ingredient list
- ☐ Delivery Verification policy
- ☐ Person Centered Planning policy/ Service plan
- ☐ Replacement policy
- ☐ Valid Food Operating License or appropriate certificate
- ☐ Latest Ohio Department of Health Reports
- ☐ Latest Food Inspection report
- ☐ Licensure for safety, storage, sanitization (servsafe certificate)
- ☐ Licensure for Registered Dietician
- ☐ Orientation checklist with all required elements listed in rule linked above
- ☐ Continuing education policy
- ☐ Rx for selected consumers (if applicable)
- ☐ Delivery Verification – Route Sheets

Assisted Living

[Rule 173-39-02.16 - Ohio Administrative Code | Ohio Laws](#)

- ☐ Service Provisions Policy
- ☐ Staffing Schedule for selected review period
- ☐ Menus for the selected review period
- ☐ Assessment forms
- ☐ Medication Management policy and procedure
- ☐ Current RCF License
- ☐ Master Key policy
- ☐ Door Lock policy
- ☐ Resident Rights statement
- ☐ Resident handbook
- ☐ Employee handbook
- ☐ Employee qualification policy
- ☐ Release of information form
- ☐ Orientation/Initial Training checklist with all required elements listed within linked rule above
- ☐ Person-centered planning policy
- ☐ Quarterly assessment form
- ☐ Subcontract agreements
- ☐ Activity Calendar for the selected review period
- ☐ Transportation Schedule for the selected review period
- ☐ Visitor policy
- ☐ HCBS Setting Requirements - [HCBS_SETTINGS_CHECKLIST_FOR_PROVIDERS.pdf](#)
- ☐ Staff Interview (completed onsite)

☐ Facility Tour (completed onsite)

Community Transitions –

[Rule 173-39-02.17 - Ohio Administrative Code | Ohio Laws](#)

[Rule 5160-44-26 - Ohio Administrative Code | Ohio Laws](#)

☐ Service Provisions Policy

☐ Person Centered Planning Policy*

☐ CM Authorization *

☐ Receipts*

☐ Record Retention Policy

**elements can be viewed as part of consumer file or written policies/statements*

Community Integration –

[Rule 173-39-02.15 - Ohio Administrative Code | Ohio Laws](#)

[Rule 5160-44-14 - Ohio Administrative Code | Ohio Laws](#)

☐ Service Provisions Policy

☐ Person Centered Planning*

☐ CM Authorization *

☐ Initial Orientation

☐ Annual Training

☐ Employee Qualification Policy

☐ Record of Service with all required elements*

**elements can be viewed as part of consumer file or written policies/statements*

Enhanced Community Living –

[Rule 173-39-02.20 - Ohio Administrative Code | Ohio Laws](#)

- ☐ Service Provisions Policy
- ☐ Person Centered Planning*
- ☐ CM Authorization *
- ☐ Housing Site information – Where is the building location where services are provided?
- ☐ Initial Assessment *
- ☐ Regular Health Monitoring record
- ☐ Goals, Risks Plan review (60-day review)*
- ☐ Staffing level - Staffing Schedule for selected review period
- ☐ Supervisor Accessibility
- ☐ Mechanism to contact method
- ☐ Service Record that includes - Individuals name, date of service, activities provided, description of status, response to activity provided, total number of units provided, name and unique identifier of staff member, unique identifier of the individual to attest to receiving activities*

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Waiver Nursing –

[Rule 173-39-02.22 - Ohio Administrative Code | Ohio Laws](#)

[Rule 5160-44-22 - Ohio Administrative Code | Ohio Laws](#)

- ☐ RN or LPN Licensure
- ☐ Person Centered Care Planning*
- ☐ Task time sheets - visit tracking * for each selected client
- ☐ Nursing Notes *
- ☐ Training for Staff - including individuals' rights and responsibilities

- ☐ Family Relation policy
- ☐ RN Assessments
- ☐ Client Clinical Record for each selected client
- ☐ Communication Log

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Home Care Attendant-

[Rule 173-39-02.24 - Ohio Administrative Code | Ohio Laws](#)

[Rule 5160-44-27 - Ohio Administrative Code | Ohio Laws](#)

- ☐ Service Provisions Policy
- ☐ Person Centered Planning
- ☐ Policy and Procedure attestation
- ☐ SSN Card
- ☐ Code of Ethics
- ☐ ODM 02389 "Home Care Attendant Medication Authorization" form * (if applicable)
- ☐ ODM 02390 "Home Care Attendant Skilled Task Authorization" form. * (if applicable)
- ☐ Qualification
- ☐ Written competency testing
- ☐ Return Skill demonstration
- ☐ First Aid Certification
- ☐ CPR Certification
- ☐ Record of RN Visits (must be at least 2 per year in person)
- ☐ Certifications/Licensures (if applicable)
- ☐ Written Consent *
- ☐ Written Attestation to direct services *

- ☐ Service delivery records - task/time sheets* for specified review period listed on the SCR letter
- ☐ Written Back up plan
- ☐ CM Authorization * for each selected client
- ☐ Clinical record * for each selected client
- ☐ CM Communication* for each selected client
- ☐ Record Retention Policy
- ☐ Confidentiality Policy

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Choices – HCAS applicants and providers –

[Rule 173-39-02.4 - Ohio Administrative Code | Ohio Laws](#)

- ☐ 7 database checks for 5 year recheck (when applicable)
- ☐ BCI 5 year recheck Result Letter (when applicable)
- ☐ Initial training Tool (provided as attachment in email)
- ☐ Driver's License or State Identification Card
- ☐ Proof of Car insurance or Will Not transport attestation
- ☐ Policy and Procedure attestation (provided as attachment in email)
- ☐ Provider Training and Education Attestation (provided as attachment in email)
- ☐ Provider Information Form (blank copy attached to email)
- ☐ Provider Questionnaire (attached to email)
- ☐ Service Delivery Record – time/task sheets for each selected client
- ☐ EVV Records for each selected client for the specified review period listed on the SCR letter

Consumer file Information –

Home Health Services –

- ☐ Start Date (Start of Care)
- ☐ Care Plan/Service Plan
- ☐ Release of Information
- ☐ Initial Assessment
- ☐ Supervisory Visits
- ☐ Instructions to file a claim
- ☐ CM communication
- ☐ Written aide activity plan
- ☐ Missed Visits
- ☐ Incident Reports
- ☐ Random Checks Log

Transportation Services –

- ☐ Start Date (Start of Care)
- ☐ Service Plan/ CM Authorization
- ☐ Release of Information
- ☐ Trip Sheets – Service delivery
- ☐ Instructions to file a claim
- ☐ CM communication
- ☐ Incident Reports

Home Delivered Meals Services -

- ☐ Start Date (Start of Care)
- ☐ Care Plan/Service Plan
- ☐ Release of Information
- ☐ Route Sheets – Service delivery

- ☐ Instructions to file a claim
- ☐ CM communication
- ☐ Incident Reports
- ☐ Diet Orders (if applicable)

Employee Information –

Home health Aide –

- ☐ Application/Resume
- ☐ Reference Check/employment verification
- ☐ 7 database checks
- ☐ BCI Receipt
- ☐ BCI Result letter
- ☐ Certificates/licensure or qualifications
- ☐ Written Competency Testing
- ☐ Return Skill demonstration
- ☐ Orientation Checklist
- ☐ Code of Ethics
- ☐ Employee Handbook Acknowledgment
- ☐ Continuing Education
- ☐ Additional Training
- ☐ Performance Evaluations
- ☐ Job descriptions

Technician –

- ☐ Application/Resume
- ☐ Reference Check/employment verification

- ☐ 7 database checks
- ☐ BCI Receipt
- ☐ BCI Result letter
- ☐ Certificates/licensure or qualifications
- ☐ Orientation Checklist with all required elements in linked rule above
- ☐ Code of Ethics
- ☐ Employee Handbook Acknowledgment
- ☐ Continuing Education
- ☐ Performance Evaluations
- ☐ Job descriptions

Driver –

- ☐ Application/Resume
- ☐ Reference Check/employment verification
- ☐ 7 database checks
- ☐ BCI Receipt
- ☐ BCI Result letter
- ☐ Orientation Checklist
- ☐ Code of Ethics
- ☐ Employee Handbook Acknowledgment
- ☐ Continuing Education
- ☐ Performance Evaluations
- ☐ Job descriptions
- ☐ Driver's license
- ☐ Annual Driver's Abstract
- ☐ CPR/First Aide

- ☐ Physician statement
- ☐ Drug and Alcohol testing with results
- ☐ Drive training (within 6 months of hire)
- ☐ Passenger assistance training (within 6 months of hire)
- ☐ Ability to understand English and complete trip sheets

RN/LPN –

- ☐ Application/Resume
- ☐ Reference Check/employment verification
- ☐ 7 database checks
- ☐ BCI Receipt
- ☐ BCI Result letter
- ☐ RN license
- ☐ Orientation Checklist
- ☐ Code of Ethics
- ☐ Employee Handbook Acknowledgement
- ☐ Performance Review
- ☐ Job Description

Other Helpful information

- ☐ Criminal Records requirements – for all owners and employees

[Chapter 173-9 - Ohio Administrative Code | Ohio Laws](#)

[Provider BCI Instructions | Department of Aging](#)

- ☐ Rules for PASSPORT –

[Chapter 173-39 - Ohio Administrative Code | Ohio Laws](#)

- ☐ Rules for Elderly Services –

[Information for Current Elderly Services Program Providers](#)

- ☐ Rules for Title III -

[Information for Current Title III Providers](#)

- ☐ ODA Structural Compliance Review Guide -

[Structural Compliance Review and Discipline Guidance](#)

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