Application for a §1915(c) Home and Community-Based Services Waiver

PURPOSE OF THE HCBS WAIVER PROGRAM

The Medicaid Home and Community-Based Services (HCBS) waiver program is authorized in §1915(c) of the Social Security Act. The program permits a State to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. The State has broad discretion to design its waiver program to address the needs of the waiver's target population. Waiver services complement and/or supplement the services that are available to participants through the Medicaid State plan and other federal, state and local public programs as well as the supports that families and communities provide.

The Centers for Medicare & Medicaid Services (CMS) recognizes that the design and operational features of a waiver program will vary depending on the specific needs of the target population, the resources available to the State, service delivery system structure, State goals and objectives, and other factors. A State has the latitude to design a waiver program that is cost-effective and employs a variety of service delivery approaches, including participant direction of services.

Request for a Renewal to a §1915(c) Home and Community-Based Services Waiver

1. Major Changes

Describe any significant changes to the approved waiver that are being made in this renewal application:
The renewal reflects the Ohio Department of Developmental Disabilities (DODD) revised eligibility assessment tool for determining eligibility for ICF/IID Level of Care (LOC) to include more relevant items and greater specificity in describing applicant/beneficiary disability and functioning. The State presented to CMS the Maintenance of Effort (MOE) Analyses Summary (4/25/14) of the new LOC tool that concluded the Ohio demonstrated 100% MOE.

The renewal includes both Attachment #2:HCB Settings Waiver Transition Plan and Appendix C-5: HCB Settings, as it relates to this particular waiver.

The renewal includes a reserved capacity for the Statewide HCBS Waiting List Reduction in accordance with Ohio's budget initiatives.

Conflict of interest were addressed in the following: Appendix D-1-g, D-1-f, D-2-a, and F-3-c.

The State has updated the quality oversight strategy and performance measures to ensure alignment with CMS Quality Letter (dated March 12, 2014), titled "Modifications to Quality Measures and Reporting in 1915c Home and Community Based Waivers".

The State has updated Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions to reflect the departments "Behavior Support Strategies that Include Restrictive Measures" (OAC 5123:2-2-06) that regulates the use of all restraints and restrictive measures.

Throughout the application we replaced Ohio Department of Job and Family Services (ODJFS) with Ohio Department of Medicaid (ODM).

Application for a §1915(c) Home and Community-Based Services Waiver

1. Request Information (1 of 3)

A. The **State** of **Ohio** requests approval for a Medicaid home and community-based services (HCBS) waiver under the authority of §1915(c) of the Social Security Act (the Act).

B. Program Title (*optional - this title will be used to locate this waiver in the finder*):
Self Empowered Life Funding (SELF) Waiver Renewal

C. Type of Request: renewal

Requested Approval Period:*(For new waivers requesting five year approval periods, the waiver must serve individuals who are dually eligible for Medicaid and Medicare.)*

○ **3 years** ◉ **5 years**

Draft ID: **OH.014.01.00**

D. Type of Waiver *(select only one):*
Regular Waiver

E. Proposed Effective Date: *(mm/dd/yy)*
07/01/15

1. Request Information (2 of 3)

F. Level(s) of Care. This waiver is requested in order to provide home and community-based waiver services to individuals who, but for the provision of such services, would require the following level(s) of care, the costs of which would be reimbursed under the approved Medicaid State plan (*check each that applies*):

- [ ] **Hospital**

  Select applicable level of care

  - ( ) **Hospital as defined in 42 CFR §440.10**

    If applicable, specify whether the State additionally limits the waiver to subcategories of the hospital level of care:

  - ( ) **Inpatient psychiatric facility for individuals age 21 and under as provided in42 CFR §440.160**

- [ ] **Nursing Facility**

  Select applicable level of care

  - ( ) **Nursing Facility as defined in 42 CFR □□440.40 and 42 CFR □□440.155**

    If applicable, specify whether the State additionally limits the waiver to subcategories of the nursing facility level of care:

  - ( ) **Institution for Mental Disease for persons with mental illnesses aged 65 and older as provided in 42 CFR §440.140**

- [x] **Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) (as defined in 42 CFR §440.150)**

  If applicable, specify whether the State additionally limits the waiver to subcategories of the ICF/IID level of care:

1. Request Information (3 of 3)

G. Concurrent Operation with Other Programs. This waiver operates concurrently with another program (or programs) approved under the following authorities

Select one:

- (•) **Not applicable**
- ( ) **Applicable**

  Check the applicable authority or authorities:

  - [ ] **Services furnished under the provisions of §1915(a)(1)(a) of the Act and described in Appendix I**
  - [ ] **Waiver(s) authorized under §1915(b) of the Act.**

    Specify the §1915(b) waiver program and indicate whether a §1915(b) waiver application has been submitted or previously approved:

    Specify the §1915(b) authorities under which this program operates *(check each that applies):*

    - [ ] **§1915(b)(1) (mandated enrollment to managed care)**
    - [ ] **§1915(b)(2) (central broker)**
    - [ ] **§1915(b)(3) (employ cost savings to furnish additional services)**
    - [ ] **§1915(b)(4) (selective contracting/limit number of providers)**
  - [ ] **A program operated under §1932(a) of the Act.**

    Specify the nature of the State Plan benefit and indicate whether the State Plan Amendment has been submitted or previously approved:

  - [ ] **A program authorized under §1915(i) of the Act.**
  - [ ] **A program authorized under §1915(j) of the Act.**
  - [ ] **A program authorized under §1115 of the Act.**

    Specify the program:

H. Dual Eligiblity for Medicaid and Medicare.

Check if applicable:

- [x] **This waiver provides services for individuals who are eligible for both Medicare and Medicaid.**

2. Brief Waiver Description

Brief Waiver Description. *In one page or less*, briefly describe the purpose of the waiver, including its goals, objectives, organizational structure (e.g., the roles of state, local and other entities), and service delivery methods.
Ohio created a 1915c Home and Community-Based Services waiver, entitled the Self-Empowered Life Funding (SELF) Waiver, for individuals with a developmental disability who meet an intermediate care facility for individuals with intellectual disabilities (ICF/IID) level of care.

The purpose of the waiver is to provide services under a participant-directed model to individuals with developmental disabilities in order to avoid or delay their institutionalization.

The goal of the waiver is to allow individuals with developmental disabilities who met an ICF/IID level of care to direct their own waiver services. The waiver will establish a reserved capacity for the Statewide HCBS Waiting List Reduction in accordance with Ohio's budget.

The objective of the waiver is to establish a participant-directed system of waiver services statewide for individuals with a developmental disability.

The organizational structure for this waiver is that the single State Medicaid Agency (the Ohio Department of Medicaid or ODM) provides oversight of the operating agency. The Ohio Department of Developmental Disabilities (DODD) is the operating agency for this waiver, and the County Boards are the administering local entity.

The waiver offers a participant-direction service delivery model of services and supports, and will utilize an individualized planning and budgeting approach.

3. Components of the Waiver Request

The waiver application consists of the following components.*Note: Item 3-E must be completed.*

A. **Waiver Administration and Operation. Appendix A** specifies the administrative and operational structure of this waiver.

B. **Participant Access and Eligibility. Appendix B** specifies the target group(s) of individuals who are served in this waiver, the number of participants that the State expects to serve during each year that the waiver is in effect, applicable Medicaid eligibility and post-eligibility (if applicable) requirements, and procedures for the evaluation and reevaluation of level of care.

C. **Participant Services. Appendix C** specifies the home and community-based waiver services that are furnished through the waiver, including applicable limitations on such services.

D. **Participant-Centered Service Planning and Delivery.Appendix D** specifies the procedures and methods that the State uses to develop, implement and monitor the participant-centered service plan (of care).

E. **Participant-Direction of Services.** When the State provides for participant direction of services, **Appendix E** specifies the participant direction opportunities that are offered in the waiver and the supports that are available to participants who direct their services. (*Select one*):

- (●) **Yes. This waiver provides participant direction opportunities.** *Appendix E is required.*
- ( ) **No. This waiver does not provide participant direction opportunities.** *Appendix E is not required.*

F. **Participant Rights.Appendix F** specifies how the State informs participants of their Medicaid Fair Hearing rights and other procedures to address participant grievances and complaints.

G. **Participant Safeguards.Appendix G** describes the safeguards that the State has established to assure the health and welfare of waiver participants in specified areas.

H. **Quality Improvement Strategy.Appendix H** contains the Quality Improvement Strategy for this waiver.

I. **Financial Accountability.Appendix I** describes the methods by which the State makes payments for waiver services, ensures the integrity of these payments, and complies with applicable federal requirements concerning payments and federal financial participation.

J. **Cost-Neutrality Demonstration.Appendix J** contains the State's demonstration that the waiver is cost-neutral.

4. Waiver(s) Requested

A. **Comparability.** The State requests a waiver of the requirements contained in §1902(a)(10)(B) of the Act in order to provide the services specified in **Appendix C** that are not otherwise available under the approved Medicaid State plan to individuals who: (a) require the level(s) of care specified in Item 1.F and (b) meet the target group criteria specified in **Appendix B**.

B. **Income and Resources for the Medically Needy.** Indicate whether the State requests a waiver of §1902(a)(10)(C)(i)(III) of the Act in order to use institutional income and resource rules for the medically needy *(select one)*:

- (●) **Not Applicable**
- ( ) **No**
- ( ) **Yes**

C. **Statewideness.** Indicate whether the State requests a waiver of the statewideness requirements in §1902(a)(1) of the Act *(select one)*:

- (●) **No**
- ( ) **Yes**

If yes, specify the waiver of statewideness that is requested *(check each that applies)*:

☐ **Geographic Limitation.** A waiver of statewideness is requested in order to furnish services under this waiver only to individuals who reside in the following geographic areas or political subdivisions of the State.
Specify the areas to which this waiver applies and, as applicable, the phase-in schedule of the waiver by geographic area:

☐ **Limited Implementation of Participant-Direction.** A waiver of statewideness is requested in order to make *participant-direction of services* as specified in **Appendix E** available only to individuals who reside in the following geographic areas or political subdivisions of the State. Participants who reside in these areas may elect to direct their services as provided by the State or receive comparable services through the service delivery methods that are in effect elsewhere in the State.
Specify the areas of the State affected by this waiver and, as applicable, the phase-in schedule of the waiver by geographic area:

5. Assurances

In accordance with 42 CFR §441.302, the State provides the following assurances to CMS:

A. **Health & Welfare:** The State assures that necessary safeguards have been taken to protect the health and welfare of persons receiving services under this waiver. These safeguards include:

1. As specified in **Appendix C**, adequate standards for all types of providers that provide services under this waiver;
2. Assurance that the standards of any State licensure or certification requirements specified in **Appendix C** are met for services or for individuals furnishing services that are provided under the waiver. The State assures that these requirements are met on the date that the services are furnished; and,
3. Assurance that all facilities subject to §1616(e) of the Act where home and community-based waiver services are provided comply with the applicable State standards for board and care facilities as specified in **Appendix C**.

B. **Financial Accountability.** The State assures financial accountability for funds expended for home and community-based services and maintains and makes available to the Department of Health and Human Services (including the Office of the Inspector General), the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver. Methods of financial accountability are specified in **Appendix I**.

C. **Evaluation of Need:** The State assures that it provides for an initial evaluation (and periodic reevaluations, at least annually) of the need for a level of care specified for this waiver, when there is a reasonable indication that an individual might need such services in the near future (one month or less) but for the receipt of home and community-based services under this waiver. The procedures for evaluation and reevaluation of level of care are specified in **Appendix B**.

D. Choice of Alternatives: The State assures that when an individual is determined to be likely to require the level of care specified for this waiver and is in a target group specified in **Appendix B**, the individual (or, legal representative, if applicable) is:

1. Informed of any feasible alternatives under the waiver; and,
2. Given the choice of either institutional or home and community-based waiver services. **Appendix B** specifies the procedures that the State employs to ensure that individuals are informed of feasible alternatives under the waiver and given the choice of institutional or home and community-based waiver services.

E. **Average Per Capita Expenditures:** The State assures that, for any year that the waiver is in effect, the average per capita expenditures under the waiver will not exceed 100 percent of the average per capita expenditures that would have been made under

the Medicaid State plan for the level(s) of care specified for this waiver had the waiver not been granted. Cost-neutrality is demonstrated in **Appendix J**.

F. **Actual Total Expenditures:** The State assures that the actual total expenditures for home and community-based waiver and other Medicaid services and its claim for FFP in expenditures for the services provided to individuals under the waiver will not, in any year of the waiver period, exceed 100 percent of the amount that would be incurred in the absence of the waiver by the State's Medicaid program for these individuals in the institutional setting(s) specified for this waiver.

G. **Institutionalization Absent Waiver:** The State assures that, absent the waiver, individuals served in the waiver would receive the appropriate type of Medicaid-funded institutional care for the level of care specified for this waiver.

H. **Reporting:** The State assures that annually it will provide CMS with information concerning the impact of the waiver on the type, amount and cost of services provided under the Medicaid State plan and on the health and welfare of waiver participants. This information will be consistent with a data collection plan designed by CMS.

I. **Habilitation Services.** The State assures that prevocational, educational, or supported employment services, or a combination of these services, if provided as habilitation services under the waiver are: (1) not otherwise available to the individual through a local educational agency under the Individuals with Disabilities Education Act (IDEA) or the Rehabilitation Act of 1973; and, (2) furnished as part of expanded habilitation services.

J. **Services for Individuals with Chronic Mental Illness.** The State assures that federal financial participation (FFP) will not be claimed in expenditures for waiver services including, but not limited to, day treatment or partial hospitalization, psychosocial rehabilitation services, and clinic services provided as home and community-based services to individuals with chronic mental illnesses if these individuals, in the absence of a waiver, would be placed in an IMD and are: (1) age 22 to 64; (2) age 65 and older and the State has not included the optional Medicaid benefit cited in 42 CFR §440.140; or (3) age 21 and under and the State has not included the optional Medicaid benefit cited in 42 CFR § 440.160.

6. Additional Requirements

Note: Item 6-I must be completed.

A. **Service Plan**. In accordance with 42 CFR §441.301(b)(1)(i), a participant-centered service plan (of care) is developed for each participant employing the procedures specified in **Appendix D**. All waiver services are furnished pursuant to the service plan. The service plan describes: (a) the waiver services that are furnished to the participant, their projected frequency and the type of provider that furnishes each service and (b) the other services (regardless of funding source, including State plan services) and informal supports that complement waiver services in meeting the needs of the participant. The service plan is subject to the approval of the Medicaid agency. Federal financial participation (FFP) is not claimed for waiver services furnished prior to the development of the service plan or for services that are not included in the service plan.

B. **Inpatients**. In accordance with 42 CFR §441.301(b)(1)(ii), waiver services are not furnished to individuals who are in-patients of a hospital, nursing facility or ICF/IID.

C. **Room and Board**. In accordance with 42 CFR §441.310(a)(2), FFP is not claimed for the cost of room and board except when: (a) provided as part of respite services in a facility approved by the State that is not a private residence or (b) claimed as a portion of the rent and food that may be reasonably attributed to an unrelated caregiver who resides in the same household as the participant, as provided in **Appendix I**.

D. **Access to Services**. The State does not limit or restrict participant access to waiver services except as provided in **Appendix C**.

E. **Free Choice of Provider**. In accordance with 42 CFR §431.151, a participant may select any willing and qualified provider to furnish waiver services included in the service plan unless the State has received approval to limit the number of providers under the provisions of §1915(b) or another provision of the Act.

F. **FFP Limitation**. In accordance with 42 CFR §433 Subpart D, FFP is not claimed for services when another third-party (e.g., another third party health insurer or other federal or state program) is legally liable and responsible for the provision and payment of the service. FFP also may not be claimed for services that are available without charge, or as free care to the community. Services will not be considered to be without charge, or free care, when (1) the provider establishes a fee schedule for each service available and (2) collects insurance information from all those served (Medicaid, and non-Medicaid), and bills other legally liable third party insurers. Alternatively, if a provider certifies that a particular legally liable third party insurer does not pay for the service(s), the provider may not generate further bills for that insurer for that annual period.

G. **Fair Hearing:** The State provides the opportunity to request a Fair Hearing under 42 CFR §431 Subpart E, to individuals: (a) who are not given the choice of home and community-based waiver services as an alternative to institutional level of care specified for this waiver; (b) who are denied the service(s) of their choice or the provider(s) of their choice; or (c) whose services are denied, suspended, reduced or terminated. **Appendix F** specifies the State's procedures to provide individuals the opportunity to request a Fair Hearing, including providing notice of action as required in 42 CFR §431.210.

H. Quality Improvement. The State operates a formal, comprehensive system to ensure that the waiver meets the assurances and other requirements contained in this application. Through an ongoing process of discovery, remediation and improvement, the State assures the health and welfare of participants by monitoring: (a) level of care determinations; (b) individual plans and services delivery; (c) provider qualifications; (d) participant health and welfare; (e) financial oversight and (f) administrative oversight of the waiver. The State further assures that all problems identified through its discovery processes are addressed in an appropriate and timely manner, consistent with the severity and nature of the problem. During the period that the waiver is in effect, the State will implement the Quality Improvement Strategy specified in **Appendix H**.

I. Public Input. Describe how the State secures public input into the development of the waiver:
Throughout the life of the waiver, DODD has engaged individuals enrolled in the SELF Waiver, including parents and other caregivers, providers, and other advocates in both a formal and informal capacity to discuss potential changes to the SELF Waiver.

DODD follows a protocol to advance-publish the changes in the waiver application and provide notice to inform the public including but not limited to individuals, families, County Boards, provider association, and advocates of changes incorporated in the SELF waiver renewal application. These public notices include distribution of newsletters including DODD's Pipeline, e-mail, and updates to DODD's website. Individuals are able to obtain the waiver application which is available in both hard copies and online and requests may be through mail or phone request. By providing public notice it allows an opportunity for public input prior to submission of the SELF application.

J. Notice to Tribal Governments. The State assures that it has notified in writing all federally-recognized Tribal Governments that maintain a primary office and/or majority population within the State of the State's intent to submit a Medicaid waiver request or renewal request to CMS at least 60 days before the anticipated submission date is provided by Presidential Executive Order 13175 of November 6, 2000. Evidence of the applicable notice is available through the Medicaid Agency.

K. Limited English Proficient Persons. The State assures that it provides meaningful access to waiver services by Limited English Proficient persons in accordance with: (a) Presidential Executive Order 13166 of August 11, 2000 (65 FR 50121) and (b) Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003). **Appendix B** describes how the State assures meaningful access to waiver services by Limited English Proficient persons.

7. Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the waiver is:

Last Name: Moscardino

First Name: Debra

Title: Bureau Chief, Bureau of Long Term Care Services and Supports

Agency: Ohio Department of Medicaid

Address: 50 West Town Street, Suite 400

Address 2: 5th floor

City: Columbus

State: **Ohio**

Zip: 43218-2709

Phone: (614) 752-3633 **Ext:** ☐ **TTY**

Fax: (614) 466-6945

E-mail: debra.moscardino@medicaid.ohio.gov

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

Last Name: Horvath

First Name: Lori

Title: Deputy Director, Medicaid Development and Administration

Agency: Ohio Department of Developmental Disabilities

Address: 30 East Broad Street

Address 2: 13th Floor

City: Columbus

State: **Ohio**

Zip: 43215

Phone: (614) 387-0375 **Ext:** ☐ **TTY**

Fax: (614) 752-5303

E-mail: lori.horvath@dodd.ohio.gov

8. Authorizing Signature

This document, together with Appendices A through J, constitutes the State's request for a waiver under §1915(c) of the Social Security Act. The State assures that all materials referenced in this waiver application (including standards, licensure and certification requirements) are ***readily*** available in print or electronic form upon request to CMS through the Medicaid agency or, if applicable, from the operating agency specified in Appendix A. Any proposed changes to the waiver will be submitted by the Medicaid agency to CMS in the form of waiver amendments.

Upon approval by CMS, the waiver application serves as the State's authority to provide home and community-based waiver services to the specified target groups. The State attests that it will abide by all provisions of the approved waiver and will continuously operate the waiver in accordance with the assurances specified in Section 5 and the additional requirements specified in Section 6 of the request.

Signature:

State Medicaid Director or Designee

Submission Date:

Note: The Signature and Submission Date fields will be automatically completed when the State Medicaid Director submits the application.

Last Name: McCarthy

First Name: John B.

Title: Director

Agency: Ohio Department of Medicaid

Address: 50 West Town Street, Suite 400

Address 2: P.O. Box 182709

City: Columbus

State: **Ohio**

Zip: 43218

Phone: (614) 466-4443 **Ext:** ☐ **TTY**

Fax: (614) 752-3986

E-mail: john.mccarthy@medicaid.ohio.gov

Attachments

Attachment #1: Transition Plan

Check the box next to any of the following changes from the current approved waiver. Check all boxes that apply.

- ☐ **Replacing an approved waiver with this waiver.**
- ☐ **Combining waivers.**
- ☐ **Splitting one waiver into two waivers.**
- ☐ **Eliminating a service.**
- ☐ **Adding or decreasing an individual cost limit pertaining to eligibility.**
- ☐ **Adding or decreasing limits to a service or a set of services, as specified in Appendix C.**
- ☐ **Reducing the unduplicated count of participants (Factor C).**
- ☐ **Adding new, or decreasing, a limitation on the number of participants served at any point in time.**
- ☐ **Making any changes that could result in some participants losing eligibility or being transferred to another waiver under 1915(c) or another Medicaid authority.**
- ☐ **Making any changes that could result in reduced services to participants.**

Specify the transition plan for the waiver:

Attachment #2: Home and Community-Based Settings Waiver Transition Plan

Specify the state's process to bring this waiver into compliance with federal home and community-based (HCB) settings requirements at 42 CFR 441.301(c)(4)-(5), and associated CMS guidance.

Consult with CMS for instructions before completing this item. This field describes the status of a transition process at the point in time of submission. Relevant information in the planning phase will differ from information required to describe attainment of milestones.

To the extent that the state has submitted a statewide HCB settings transition plan to CMS, the description in this field may reference that statewide plan. The narrative in this field must include enough information to demonstrate that this waiver complies with federal HCB settings requirements, including the compliance and transition requirements at 42 CFR 441.301(c)(6), and that this submission is consistent with the portions of the statewide HCB settings transition plan that are germane to this waiver. Quote or summarize germane portions of the statewide HCB settings transition plan as required.

Note that Appendix C-5 HCB Settings describes settings that do not require transition; the settings listed there meet federal HCB setting requirements as of the date of submission. Do not duplicate that information here.

Update this field and Appendix C-5 when submitting a renewal or amendment to this waiver for other purposes. It is not necessary for the state to amend the waiver solely for the purpose of updating this field and Appendix C-5. At the end of the state's HCB settings transition process for this waiver, when all waiver settings meet federal HCB setting requirements, enter "Completed" in this field, and include in Section C-5 the information on all HCB settings in the waiver.

The State plans to submit the final statewide transition plan to CMS no later than March 17, 2015.

Under the umbrella of the Office of Health Transformation (http://www.healthtransformation.ohio.gov), an interagency project team, comprised of state staff from the Ohio Department of Aging (ODA), the Ohio Department of Developmental Disabilities (DODD), and the Ohio Department of Medicaid (ODM) developed a shared approach for developing the draft statewide transition plan. Compliance with the CMS rule creates different opportunities and challenges for the Intermediate Care Facilities for Individuals with an Intellectual Disability (ICF-IID) waiver system and the Nursing-facility based level of care (NF-LOC) waiver system. As a result, the project team leveraged the existing resources and infrastructures of each waiver system to established system specific assessment methodologies to conduct a review of the applicable state statutes, administrative rules, approved waivers, provider licensing, qualifications and waiver certification requirements, service specifications, case management administrative and operational processes, monitoring and operational oversight activities, and quality improvement strategies to determine the current level of compliance and identify areas for improvement and remediation to achieve and maintain full compliance.

A copy of the full draft transition plan was posted by Ohio's Office of Health Transformation from December 15, 2014 through January 23, 2015. Notice of public input was posted on DODD's website, included in DODD's Pipeline publication which is available in both hard copies and online, and distributed to all stakeholder mailing lists, including individuals served, families, county boards of developmental disabilities, and providers of HCBS. Stakeholders were afforded the opportunity to provide input through email, a mailing address, through voicemail, and through two public hearings DODD participated in the state agency panel for public hearings that was held to obtain feedback from the public.

The results of the preliminary assessments for both residential and non-residential adult day services settings is described below. In addition, the remediation strategies as outlined in the Ohio Statewide Transition Plan Appendix 2: ICF-IID Level of Care Waivers Setting Remediation Grid for each of the settings not in full compliance are specified below.

I. Residential Settings

The results of the state's preliminary assessment of the residential settings are described below.

A. Settings which currently do not meet HCBS characteristics

The SELF Waiver transition plan assumes the Residential Supports are compliant since the majority of individuals enrolled in this waiver live with families or other caregivers. Service and Support Administrators (SSA) conduct home visits, in accordance with individual plans. Through the residential survey process, no county board identified a residential setting in which SELF services are provided as non-compliant with the regulation. These residential settings will be monitored on an ongoing basis through SSA monitoring and DODD's provider compliance process.

No remediation strategies needed at this time.

II. Non-Residential Adult Day Waiver Services

The results of the state's preliminary assessment of the non-residential adult day waiver service settings are described below.

A. Settings which currently do not meet HCBS characteristics but may with modifications

The survey results show that 50 of the 464 settings, or 8.4%, believe that, while they don't have the qualities of an institution, some improvement could be made for how those services are delivered to the individuals they serve. Although these self-assessment results from providers indicate a relatively low number of settings that have the qualities of an institution, DODD believes the self-reporting significantly underrepresents the number of Adult Day Waiver Services settings that possess these qualities.

Remediation Strategies/Action Steps/Timelines as outlined in the Ohio Statewide Transition Plan Appendix 2: ICF-IID Level of Care Waivers Setting Remediation Grid:

1. Create and implement a new Adult Day Waiver Service (ADWS) package (service definitions, provider qualifications, rate structure) that maximizes opportunities for integrated employment and integrated wrap-around supports.
Action Steps:
a. Submit waiver amendment to CMS. Submit by early 2016
b. Submit DODD HCBS Rule and the new Day Services rules through rule review and implementation process. Complete by 3/2016

2. Monitor compliance with the provision of services in integrated settings.
Action Steps:
a. Form a workgroup with a broad cross-section of individuals/families, providers of HCBS and county boards to develop an HCBS settings evaluation tool utilized to conduct compliance reviews of providers to ensure that HCBS services are provided in settings that comport with the regulation. Complete by 6/2015
b. Request remediation plans from providers who identified the ability to comply with the regulation with modifications. Complete by 7/2015
c. Verify implementation of providers' remediation strategies to determine completion of action steps in relation to the identified remediation timeframes. 50% complete by 7/1/2016, remainder by 7/1/2017
d. Monitor ongoing compliance with standards via monitoring by Service and Support Administrators and ongoing provider compliance

reviews. Ongoing

B. Settings which are presumed to have the qualities of an institution and may be subject to heightened scrutiny review.

In terms of those settings that would be subject to heightened scrutiny, 19 settings (4.1%) identified that the location where they provide services would place them into this category.

Remediation Strategies/Action Steps/Timelines as outlined in the Ohio Statewide Transition Plan Appendix 2: ICF-IID Level of Care Waivers Setting Remediation Grid:

1. Create and implement a new Adult Day Waiver Service (ADWS) package (service definitions, provider qualifications, rate structure) that maximizes opportunities for integrated employment and integrated wrap-around supports.
Action Step:
a. Submit waiver amendment to CMS and modify service rules. Submit by 3/2016. Implement by 7/2016

2. Determine the locations for which heighted scrutiny will be requested.
Action Steps:
a. Conduct on-site evaluations of locations, which include interviews with individuals served to gain insight into the opportunities for integration they experience at the setting and also a review of policies/practices adopted by the provider to promote these opportunities. Complete by 12/2017
b. Compile evidence for settings that were presumed to have institutional qualities but were determined to have HCBS characteristics based upon the on-site evaluation. Complete by 12/2017
c. Submit requests for heightened scrutiny to CMS. Complete by 1/2018

3. Implement setting-specific remediation strategies for settings determined to have institutional qualities based upon the on-site evaluation.
Action Steps:
a. Verify implementation of providers' remediation strategies to determine completion of action steps in relation to the identified remediation timeframes. Complete by 3/2024
b. Monitor ongoing compliance with standards via monitoring by Service and Support Administrators and ongoing provider compliance reviews. Ongoing

4. Develop relocation plans for settings that, based upon the on-site evaluation, cannot comply with the HCBS characteristics, even with modifications.
Action Step:
a. Work with individuals, providers, and county boards to identify new locations in which individuals may receive HCBS from the provider of their choice. Complete by 3/2024

C. Settings which cannot meet the HCBS characteristics

Thirteen (13) settings (2.8%) stated they cannot meet the HCBS requirements. To determine the level of compliance for these settings, an on-site review will be conducted and, if the review aligns with the assessment, a carefully constructed plan will be developed for any individual receiving waiver services at that location to ensure as smooth a transition as possible.

Remediation Strategies/Action Steps/Timelines as outlined in the Ohio Statewide Transition Plan Appendix 2: ICF-IID Level of Care Waivers Setting Remediation Grid:

1. Providers will be given the option to relocate the place where they provide waiver services to more integrated setting, or opt to no longer receive Medicaid waiver funds for services that continue to be provided in these institutional settings.
Action Steps:
a. Inform these providers the location where they are providing services does not meet HCBS Criteria. Complete by 6/2016
b. DODD will inform individuals served in these settings that the location does not meet HCBS criteria. DODD will ensure the individuals' service and support administrators assist individuals with transitioning to a setting that does comply with the criteria and, if necessary, with choosing a new provider. Complete by 3/2019

Additional Needed Information (Optional)

Provide additional needed information for the waiver (optional):

Appendix A: Waiver Administration and Operation

1. **State Line of Authority for Waiver Operation.** Specify the state line of authority for the operation of the waiver (*select one*):

The waiver is operated by the State Medicaid agency.

Specify the Medicaid agency division/unit that has line authority for the operation of the waiver program *(select one)*:

The Medical Assistance Unit.

Specify the unit name:

(Do not complete item A-2)

Another division/unit within the State Medicaid agency that is separate from the Medical Assistance Unit.

Specify the division/unit name. This includes administrations/divisions under the umbrella agency that has been identified as the Single State Medicaid Agency.

(Complete item A-2-a).

The waiver is operated by a separate agency of the State that is not a division/unit of the Medicaid agency.

Specify the division/unit name:
The Ohio Department of Developmental Disabilities (DODD)

In accordance with 42 CFR §431.10, the Medicaid agency exercises administrative discretion in the administration and supervision of the waiver and issues policies, rules and regulations related to the waiver. The interagency agreement or memorandum of understanding that sets forth the authority and arrangements for this policy is available through the Medicaid agency to CMS upon request. *(Complete item A-2-b).*

Appendix A: Waiver Administration and Operation

2. **Oversight of Performance.**

   a. **Medicaid Director Oversight of Performance When the Waiver is Operated by another Division/Unit within the State Medicaid Agency.** When the waiver is operated by another division/administration within the umbrella agency designated as the Single State Medicaid Agency. Specify (a) the functions performed by that division/administration (i.e., the Developmental Disabilities Administration within the Single State Medicaid Agency), (b) the document utilized to outline the roles and responsibilities related to waiver operation, and (c) the methods that are employed by the designated State Medicaid Director (in some instances, the head of umbrella agency) in the oversight of these activities:
   As indicated in section 1 of this appendix, the waiver is not operated by another division/unit within the State Medicaid agency. Thus this section does not need to be completed.

   b. **Medicaid Agency Oversight of Operating Agency Performance.** When the waiver is not operated by the Medicaid agency, specify the functions that are expressly delegated through a memorandum of understanding (MOU) or other written document, and indicate the frequency of review and update for that document. Specify the methods that the Medicaid agency uses to ensure that the operating agency performs its assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify the frequency of Medicaid agency assessment of operating agency performance:
   The single State Medicaid Agency (ODM) assures the compliant performance of this waiver by: delegating specific responsibilities to the Operating Agency (DODD) through an interagency agreement; managing Medicaid provider agreements; establishing general Medicaid rules; approving the Operating Agency's program-specific rules related to Medicaid requirements; processing claims for federal reimbursement, conducting audits; conducting post-payment review of Medicaid claims; monitoring the compliance and effectiveness of the Operating Agency's operations; leading the development of quality improvement plans; and facilitating interagency data-sharing and collaboration.

   Responsibilities delegated to the Operating Agency include: assuring compliant and effective case management for applicants and waiver participants by county boards of dd; managing a system for participant protection from harm; certifying particular types of waiver service providers; assuring compliance of non-licensed providers; assuring that paid claims are for services authorized in individual service plans; setting program standards/expectations; monitoring and evaluating local administration of the waiver; providing technical assistance; facilitating continuous quality improvement in the waiver's local administration; and more generally, ensuring that all waiver assurances are addressed and met for all waiver participants. These requirements are articulated in an interagency agreement which is reviewed and re-negotiated at least every two years.

   The single State Medicaid Agency's (ODM) oversight of the Operating Agency's (DODD) performance occurs through a combination of reviews of performance data, interagency quality briefings, and fiscal reviews.

ODM monitors DODD's compliance and performance by:

1) Conducting the Continuous Review of DODD performance measure data (described below and in Appendix H);

3) Assuring the resolution of case-specific problems (describe below is the ODM Adverse Outcome and Alert Monitoring processes);

4) Assuring systemic remediation (Quality Improvement Plan) whenever a performance measure is not fully met, and falls below a threshold of 86% (described in Appendix H);

5) Convening operating agency Quality Briefings twice a year;

6) Convening interagency HCBS waiver Quality Steering Committee (QSC) approximately four times per year; and

7) Fiscal reviews and audits (described below and in Appendix I).

ODM's primary means for monitoring waiver compliance with federal waiver assurances occurs through the ongoing review of performance data gathered by DODD and ODM. ODM will examine performance data and other information gathered both by ODM and DODD to measure compliance and performance with respect to the federal waiver assurances including service planning, care management, free choice of provider, level of care, health and welfare, participant satisfaction, and validation of service delivery. This data and any remediation (if necessary) will be submitted in accordance with the approved performance measures in the waiver. This information will also be used by ODM to complete the quality sections of the CMS 372 report (submitted to CMS annually) and include in the Evidence Report submitted for each waiver as part of the renewal process. If areas of non-compliance or opportunities to improve program performance are identified through this process, ODM may require DODD to develop and implement quality improvement plans and monitor their effectiveness at achieving desired outcomes.

As part of the state's oversight strategy, each year ODM will host Quality Briefings between ODM and DODD to review and discuss both monitoring and oversight processes and quality data. In these meetings, which will occur approximately twice per year, the departments will include a discussion about opportunities for program improvement that were detected, what corrective measures are/or were taken, and how the operating agency verified, or intends to verify, that the actions were effective. The quality briefings will also serve as the forum for ODM and DODD to share and review the validity and/or usefulness of performance metrics identified in this application. Throughout this review process, if areas of non-compliance or opportunities to improve program performance are identified through this or other processes, ODM may require DODD to develop and implement quality improvement plans and monitor their effectiveness at achieving desired outcomes.

ODM also convenes the interagency HCBS waiver quality steering committee (QSC). The committee compares performance across Ohio's Medicaid HCBS waiver systems, to identify cross-system structural weaknesses, to support collaborative efforts to improve program performance, to identify best practices and to help Ohio move toward a more unified quality management system. In 2013, Ohio engaged with Truven to update and revise the performance measures used in the State's HCBS waivers. The QSC was instrumental in facilitating collaborative interaction across state agencies and with Truven to support the development of the "core measures" that are reflected in this waiver application.

In addition to the DODD's program review and compliance monitoring, fiscal reviews occur on a regular basis. This includes desk reviews of administrative costs and A-133 Audits, which occur at least every three years based on risk.

ODM Adverse Outcomes process-When ODM personnel have reason to believe that a waiver recipient(s)'s health or welfare is or has been at substantial risk of being negatively affected, they will follow a protocol to assure timely reporting, intervention, and resolution in order that to the extent possible the person is made whole. These cases are managed through the Adverse Outcome (AO) Process. AOs are categorized into eight types based upon the level of harm severity: Imminent, Serious, Moderate, Failure to Report, Level of Care, Care Planning, Complaint and Financial Findings. Depending on the level of severity members will take immediate action; contact emergency response and protective service authorities as appropriate; coordinate intervention with providers, case managers, and other authorities; and report the finding to the Operating Agency. The Operating Agency is then required, within certain time frames, to describe and report the progress of their plan(s) for resolution and remediation (including at the systems level). ODM convenes an internal Adverse Outcomes committee to determine if the AO status is merited; make referrals and review responses/action of other mandated/interested parties (Attorney General, ODM's Surveillance/Utilization Review (SUR), Ohio Department of Health, Children/Adult Protective Services, etc.), determine if resolution/remediation plans are appropriate, and determine when the AO is resolved/remedied.

ODM Alert Monitoring – ODM Protection from Harm Unit monitors both prevention and outcome activities performed by DODD to protect Medicaid consumers on HCBS waivers from significant incidents impacting their health and safety. ODM staff review incident alerts, track and monitor them until, resolution has been reached, the individual is healthy and safe, the cause has been identified and remedied, and preventive measures have been taken.
The discovery of potential Incident Alerts may occur through the following means: ODM may be notified by DODD via

Director's Alert e-mail or other means; by ODM Protection from Harm Unit; through ODM monitoring of DODD Incident Tracking System (ITS); through other service delivery systems; media; or complaints received directly by ODM.

Appendix A: Waiver Administration and Operation

3. **Use of Contracted Entities.** Specify whether contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable) (*select one*):

   (●) **Yes. Contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or operating agency (if applicable).**
   Specify the types of contracted entities and briefly describe the functions that they perform. *Complete Items A-5 and A-6.:*
   ODM and DODD entered into a contractual relationship with an entity to perform the function of Financial Management Services (FMS). The FMS entity will be responsible for utilization management to ensure the payment for waiver services delivered match what is authorized in the Individual Service Plan.

   ( ) **No. Contracted entities do not perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable).**

Appendix A: Waiver Administration and Operation

4. **Role of Local/Regional Non-State Entities.** Indicate whether local or regional non-state entities perform waiver operational and administrative functions and, if so, specify the type of entity (*Select One*):

   ( ) **Not applicable**

   (●) **Applicable** - Local/regional non-state agencies perform waiver operational and administrative functions.
   Check each that applies:

   [x] **Local/Regional non-state public agencies** perform waiver operational and administrative functions at the local or regional level. There is an **interagency agreement or memorandum of understanding** between the State and these agencies that sets forth responsibilities and performance requirements for these agencies that is available through the Medicaid agency.

   Specify the nature of these agencies and complete items A-5 and A-6:

   County Boards of DD conduct waiver operational and administrative functions at the local level.
   These responsibilities include performing assessments and evaluations, assisting individuals in exercising free choice of provider, monitoring services, investigations of abuse, neglect and major incidents, case management (known as service and support administration) and managing waiting lists in accordance with Section 5123.042 of the Ohio Revised Code.

   [ ] **Local/Regional non-governmental non-state entities** conduct waiver operational and administrative functions at the local or regional level. There is a contract between the Medicaid agency and/or the operating agency (when authorized by the Medicaid agency) and each local/regional non-state entity that sets forth the responsibilities and performance requirements of the local/regional entity. The **contract(s)** under which private entities conduct waiver operational functions are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

   Specify the nature of these entities and complete items A-5 and A-6:

Appendix A: Waiver Administration and Operation

5. **Responsibility for Assessment of Performance of Contracted and/or Local/Regional Non-State Entities.**Specify the state agency or agencies responsible for assessing the performance of contracted and/or local/regional non-state entities in conducting waiver operational and administrative functions:
   In accordance with Section 5126.054 of the Ohio Revised Code, each County Board develops a plan for Medicaid waiver administration. The plan includes the Planning Implementation Component Tracking document (known as the PICT).
   DODD conducts the following activities:
   * reviews and approves the County Board plan for Medicaid waiver administration,
   * reviews County Board recommendations regarding whether an individual's application for HCBS waiver services should be approved or denied, including whether the individual meets an ICF-IID level of care,
   * retains the authority to review any Individual Service Plan recommended by the County Board for waiver services, and
   * provides communication, technical assistance and training to County Boards regarding their role as local operators for waivers.

   Appendix H provides further discussion of the oversight of County Boards by the DODD.

Appendix A: Waiver Administration and Operation

6. **Assessment Methods and Frequency.** Describe the methods that are used to assess the performance of contracted and/or local/regional non-state entities to ensure that they perform assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify how frequently the performance of contracted and/or local/regional non-state entities is assessed:
The Operating Agency (DODD): 1) accredits each County Board for a period of one to three years, with better performing boards granted the longer accreditation terms,2) conducts tiered reviews every 1-3 years (based on performance) of each county board of dd to evaluate Prevention from Harm Systems, and 3) on an ongoing basis , investigates Major Unusual Incidents that may be considered a conflict of interest for the local county board of dd to investigate. The tools used for accreditation contain questions, probes, and requests for evidence that tie directly to federal assurances, including assurances for: service planning & consumer free choice of provider; level of care determination; health and welfare; and hearing rights. The health and welfare sections of the accreditation tool are used for the tiered Protection from Harm evaluations. The Operating Agency produces regular reports on participant-specific Major Unusual Incidents, including county-specific data, and monitors to detect trends and patterns.

   Regarding the assessment of the contracted entity, DODD has a review process utilizing the standards of a Financial Management Service entity Readiness Review as its base, as detailed in Appendix E ('Oversight of the FMS').

Appendix A: Waiver Administration and Operation

7. **Distribution of Waiver Operational and Administrative Functions.**In the following table, specify the entity or entities that have responsibility for conducting each of the waiver operational and administrative functions listed (*check each that applies*):
In accordance with 42 CFR §431.10, when the Medicaid agency does not directly conduct a function, it supervises the performance of the function and establishes and/or approves policies that affect the function.All functions not performed directly by the Medicaid agency must be delegated in writing and monitored by the Medicaid Agency. *Note: More than one box may be checked per item. Ensure that Medicaid is checked when the Single State Medicaid Agency (1) conducts the function directly; (2) supervises the delegated function; and/or (3) establishes and/or approves policies related to the function.*

Function	Medicaid Agency	Other State Operating Agency	Contracted Entity	Local Non-State Entity
Participant waiver enrollment	☑	☑	☐	☑
Waiver enrollment managed against approved limits	☑	☑	☐	☐
Waiver expenditures managed against approved levels	☑	☑	☑	☑
Level of care evaluation	☑	☑	☐	☑
Review of Participant service plans	☑	☑	☐	☑
Prior authorization of waiver services	☑	☑	☐	☐
Utilization management	☑	☑	☑	☑
Qualified provider enrollment	☑	☑	☐	☑
Execution of Medicaid provider agreements	☑	☐	☐	☐
Establishment of a statewide rate methodology	☑	☑	☐	☐
Rules, policies, procedures and information development governing the waiver program	☑	☑	☐	☐
Quality assurance and quality improvement activities	☑	☑	☐	☑

Appendix A: Waiver Administration and Operation

Quality Improvement: Administrative Authority of the Single State Medicaid Agency

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. **Methods for Discovery: Administrative Authority**
The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.

   i. **Performance Measures**

   For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Performance measures for administrative authority should not duplicate measures found in other appendices of the waiver application. *As necessary and applicable, performance measures should focus on:*
   - Uniformity of development/execution of provider agreements throughout all geographic areas covered by the waiver
   - Equitable distribution of waiver openings in all geographic areas covered by the waiver

- Compliance with HCB settings requirements and other new regulatory components (for waiver actions submitted on or after March 17, 2014)

Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
PM A1: Number and percentage of Quality Briefings conducted between Ohio Department of Medicaid (ODM) to review the operating agency's (Ohio Department of Developmental Disabilities (DODD)) performance data as specified in the waiver application. Numerator: Number of conducted Quality Briefings between ODM. Denominator: Total number of Quality Briefings specified in the waiver.

Data Source (Select one):
Other
If 'Other' is selected, specify:
ODM/DODD Quality Briefing Meeting Minutes/Performance Measure Data

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☑ **Other** Specify: Semi-annually	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
	☐ **Other** Specify:

Performance Measure:
PM A2: Number and percent of performance measures required to be reported as specified in the waiver application that were submitted on time and in the correct format. Numerator: Number of performance measures required to be reported submitted timely and in the correct format. Denominator: Total number of performance measures required to be reported as specified in the waiver application.

Data Source (Select one):
Reports to State Medicaid Agency on delegated Administrative functions
If 'Other' is selected, specify:

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other**

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
	Specify:

Performance Measure:
PM A3: Number and percent of County Board of DD Accreditations that DODD completed timely. Numerator: Number of County Board of DD Accreditations completed timely. Denominator: Total number of County Board of DD Accreditations due for review.

Data Source (Select one):
Other
If 'Other' is selected, specify:
DODD's Acreditation Reviews/Office of Provider Standards and Review (OPSR)

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*

Performance Measure:
PM A4: Number and percent of County Boards of DD Major Unusual Incidents Quality Tier Site reviews that DODD completed timely. Numerator: Number of County Boards of DD Major Unusual Incidents Quality Tier Site reviews completed timely. Denominator: Total number of County Boards of DD due for review.

Data Source (Select one):
Other
If 'Other' is selected, specify:
DODD's Office of Major Unusual Incidents and Investigations Reviews

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*

Performance Measure:
PM A5: Number and percent of individuals enrolled according to State policies and procedures. Numerator: Number of individuals enrolled according to State policies and procedures on last day of the quarter. Denominator: Total number of individuals enrolled during the quarter.

Data Source (Select one):
Other
If 'Other' is selected, specify:
DODD's Waiver Management System (WMS)

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
PM A6: Number and percent of the Office of Medicaid Development and Administration (MDA) Division Operating Plan reports that were submitted timely to ODM. Numerator: Number of MDA Operating Plan reports that were submitted timely to ODM. Denominator: Total number of MDA Operating Plan reports due to be submitted to ODM.

Data Source (Select one):
Reports to State Medicaid Agency on delegated Administrative functions
If 'Other' is selected, specify:

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.
Data for specific waivers will be presented to each operating agency in Quality Briefings twice a year. These Quality Briefings will also be informed by data presented by the operating agencies to report

oversight activities conducted in the period, and including descriptions of any compliance or performance problems, actions taken to remedy those problems, and how the operating agency verified, or intends to verify, that the actions were effective. The Quality Briefings will also serve as the forum for ODM and DODD to share and review performance metrics identified in this application.

b. Methods for Remediation/Fixing Individual Problems

i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.
ODM conducts activities for: 1) case-specific remediation, and 2) system-level remediation.
Activities by ODM for addressing individual problems include:
1) ODM Adverse Outcomes process - during the course of any review conducted by ODM, when staff encounter a situation in which a waiver recipient's health seems to be at risk, the staff follow a protocol to report these observations. Adverse outcomes are prioritized based upon seven reporting levels: Imminent,Serious, Moderate, Failure to Report, Level of Care, Care Planning and Complaint. Depending on the severity of the situation, the staff will take immediate action, coordinate intervention with providers or case managers, or report the finding to ODM staff in Columbus. ODM staff in Columbus communicate findings to the Operating Agency for review and/or intervention, and with explicit variable timeframes within which a report
back to ODM is expected. ODM logs and tracks all such findings and referrals to appropriate assure resolution. ODM convenes an internal Adverse Outcomes committee to determine when an Adverse Outcome is fully resolved and can be closed.
2) Alert Monitoring – ODM Protection from Harm Unit monitors both prevention and outcome activities performed by DODD to protect Medicaid consumers on HCBS waivers from significant incidents impacting their health and safety. ODM staff review incident alerts, track and monitor them until, resolution has been reached, the individual is healthy and safe, the cause has been identified and remedied, and preventive measures have been taken. The discovery of potential Incident Alerts may occur through the following means: may be notified by DODD via Director's Alert e-mail or other means; by ODM Protection from Harm Unit; by DODD; through ODM monitoring of DODD Incident Tracking System (ITS); through other service delivery systems; media; or complaints received directly by ODM.

Activities by ODM geared to support systems level remediation include:
1) Performance Measures data reports submitted to ODM by DODD on a quarterly basis. DODD is able to address individual remediation as they are discovered and provide technical assistance that may include plans of corrective action.
2) Quality Briefings - ODM convenes a bi-annual Quality Briefing with DODD in which the
agencies share and review performance measures data. In addition, data may include performance data reflecting DODD monitoring activities, including how many particular monitoring activities were completed in the period, what areas of non-complaints were identified, and what corrective actions were initiated. This Quality Improvement process is described in greater detail in Appendix H.

ii. Remediation Data Aggregation
Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Other** Specify:	☐ **Annually**
	☐ **Continuously and Ongoing**
	☑ **Other** Specify:

c. Timelines
When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Administrative Authority that are currently non-operational.

◉ **No**
○ **Yes**

Please provide a detailed strategy for assuring Administrative Authority, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix B: Participant Access and Eligibility

B-1: Specification of the Waiver Target Group(s)

a. **Target Group(s).** Under the waiver of Section 1902(a)(10)(B) of the Act, the State limits waiver services to one or more groups or subgroups of individuals. Please see the instruction manual for specifics regarding age limits. *In accordance with 42 CFR §441.301 (b)(6), select one or more waiver target groups, check each of the subgroups in the selected target group(s) that may receive services under the waiver, and specify the minimum and maximum (if any) age of individuals served in each subgroup:*

Target Group	Included	Target SubGroup	Minimum Age	Maximum Age	
				Maximum Age Limit	No Maximum Age Limit
☐ Aged or Disabled, or Both - General					
	☐	Aged			☐
	☐	Disabled (Physical)			
	☐	Disabled (Other)			
☐ Aged or Disabled, or Both - Specific Recognized Subgroups					
	☐	Brain Injury			☐
	☐	HIV/AIDS			☐
	☐	Medically Fragile			☐
	☐	Technology Dependent			☐
☑ Intellectual Disability or Developmental Disability, or Both					
	☐	Autism			☐
	☑	Developmental Disability	0		☑
	☑	Intellectual Disability	0		☑
☐ Mental Illness					
	☐	Mental Illness			
	☐	Serious Emotional Disturbance			

b. **Additional Criteria.** The State further specifies its target group(s) as follows:

To be enrolled on this waiver, an individual (or their representative) must be willing and able to perform the duties associated with Participant Direction. The individual must document what supports will be used for purposes of information and assistance with Participant Direction, and that those supports have received the appropriate training on Participant Direction.

c. **Transition of Individuals Affected by Maximum Age Limitation.** When there is a maximum age limit that applies to individuals who may be served in the waiver, describe the transition planning procedures that are undertaken on behalf of participants affected by the age limit *(select one):*

- ◉ **Not applicable. There is no maximum age limit**
- ○ **The following transition planning procedures are employed for participants who will reach the waiver's maximum age limit.**

Specify:

Appendix B: Participant Access and Eligibility

B-2: Individual Cost Limit (1 of 2)

a. **Individual Cost Limit.** The following individual cost limit applies when determining whether to deny home and community-based services or entrance to the waiver to an otherwise eligible individual *(select one)*. Please note that a State may have only ONE individual cost limit for the purposes of determining eligibility for the waiver:

- **No Cost Limit.** The State does not apply an individual cost limit. *Do not complete Item B-2-b or item B-2-c*.
- **Cost Limit in Excess of Institutional Costs.** The State refuses entrance to the waiver to any otherwise eligible individual when the State reasonably expects that the cost of the home and community-based services furnished to that individual would exceed the cost of a level of care specified for the waiver up to an amount specified by the State. *Complete Items B-2-b and B-2-c*.

  The limit specified by the State is *(select one)*

  - **A level higher than 100% of the institutional average.**

    Specify the percentage:

  - **Other**

    Specify:

- **Institutional Cost Limit.** Pursuant to 42 CFR 441.301(a)(3), the State refuses entrance to the waiver to any otherwise eligible individual when the State reasonably expects that the cost of the home and community-based services furnished to that individual would exceed 100% of the cost of the level of care specified for the waiver. *Complete Items B-2-b and B-2-c.*
- **Cost Limit Lower Than Institutional Costs.** The State refuses entrance to the waiver to any otherwise qualified individual when the State reasonably expects that the cost of home and community-based services furnished to that individual would exceed the following amount specified by the State that is less than the cost of a level of care specified for the waiver.

  Specify the basis of the limit, including evidence that the limit is sufficient to assure the health and welfare of waiver participants. Complete Items B-2-b and B-2-c.

  The incorporation of participant direction and the flexibility of the service package will ensure that an individual has considerable options to obtain the service and supports they would need. In addition, other resources such as natural supports and services funded locally could be accessed to help assure health and welfare of the individual.

  The cost limit specified by the State is *(select one)*:

  - **The following dollar amount:**

    Specify dollar amount:

    The dollar amount *(select one)*

    - **Is adjusted each year that the waiver is in effect by applying the following formula:**

      Specify the formula:

    - **May be adjusted during the period the waiver is in effect. The State will submit a waiver amendment to CMS to adjust the dollar amount.**

  - **The following percentage that is less than 100% of the institutional average:**

    Specify percent:

  - **Other:**

    Specify:

    Children: $25,000/year;
    Adults: $40,000/year

Appendix B: Participant Access and Eligibility

B-2: Individual Cost Limit (2 of 2)

b. **Method of Implementation of the Individual Cost Limit.** When an individual cost limit is specified in Item B-2-a, specify the procedures that are followed to determine in advance of waiver entrance that the individual's health and welfare can be assured within the cost limit:

The SELF Waiver will utilize a pre-screening tool in order to determine that the cost limit is sufficient to assure individual's health and welfare when combined with other paid or unpaid resources.

The SSA will administer the Pre-Screening tool, which requires the SSA to identify if the individual's health and welfare needs can be met within the cost limitations of the waiver, and to identify a financial contingency plan should the individual's needs increase to the extent that the waiver can no longer appropriately meet their needs.

The SSA will inform the individual of the opportunity to request a Fair Hearing at the time of the initial assessment.

c. **Participant Safeguards.** When the State specifies an individual cost limit in Item B-2-a and there is a change in the participant's condition or circumstances post-entrance to the waiver that requires the provision of services in an amount that exceeds the cost limit in order to assure the participant's health and welfare, the State has established the following safeguards to avoid an adverse impact on the participant *(check each that applies)*:

- [x] **The participant is referred to another waiver that can accommodate the individual's needs.**
- [ ] **Additional services in excess of the individual cost limit may be authorized.**

Specify the procedures for authorizing additional services, including the amount that may be authorized:

- [x] **Other safeguard(s)**

Specify:

In the event that a individual's health and safety can no longer be assured through the SELF Waiver and no alternate waiver is available for the individual to transfer to, the individual will be disenrolled and afforded the opportunity for placement in an ICF-IID facility,accessing other Medicaid State plan services and/or may receive services financed by local, non-Medicaid funds.

The participant will be informed during the initial meeting with SSA when choosing the appropriate waiver for that individual.

Appendix B: Participant Access and Eligibility

B-3: Number of Individuals Served (1 of 4)

a. **Unduplicated Number of Participants.** The following table specifies the maximum number of unduplicated participants who are served in each year that the waiver is in effect. The State will submit a waiver amendment to CMS to modify the number of participants specified for any year(s), including when a modification is necessary due to legislative appropriation or another reason. The number of unduplicated participants specified in this table is basis for the cost-neutrality calculations in Appendix J:

Table: B-3-a

Waiver Year	Unduplicated Number of Participants
Year 1	900
Year 2	2000
Year 3	2500
Year 4	3000
Year 5	3500

b. **Limitation on the Number of Participants Served at Any Point in Time.** Consistent with the unduplicated number of participants specified in Item B-3-a, the State may limit to a lesser number the number of participants who will be served at any point in time during a waiver year. Indicate whether the State limits the number of participants in this way: *(select one)*:

- (o) **The State does not limit the number of participants that it serves at any point in time during a waiver year.**

○ **The State limits the number of participants that it serves at any point in time during a waiver year.**

The limit that applies to each year of the waiver period is specified in the following table:

Table: B-3-b

Waiver Year	Maximum Number of Participants Served At Any Point During the Year
Year 1	
Year 2	
Year 3	
Year 4	
Year 5	

Appendix B: Participant Access and Eligibility

B-3: Number of Individuals Served (2 of 4)

c. **Reserved Waiver Capacity.** The State may reserve a portion of the participant capacity of the waiver for specified purposes (e.g., provide for the community transition of institutionalized persons or furnish waiver services to individuals experiencing a crisis) subject to CMS review and approval. The State *(select one)*:

○ **Not applicable. The state does not reserve capacity.**

◉ **The State reserves capacity for the following purpose(s).**

Purpose(s) the State reserves capacity for:

Purposes	
Emergencies and Hearing Decisions	
Statewide HCBS Waiting List Reduction	

Appendix B: Participant Access and Eligibility

B-3: Number of Individuals Served (2 of 4)

Purpose *(provide a title or short description to use for lookup):*

Emergencies and Hearing Decisions

Purpose *(describe):*

1. Emergencies and Hearing Decisions
a. Emergency means any situation that creates, for an individual with developmental disabilities, a risk of substantial self-harm or substantial harm to others if action is not taken within thirty days. An “emergency” may include one or more of the following situations:
i. Loss of present residence for any reason, including legal action;
ii. Loss of present caretaker for any reason, including serious illness of the caretaker, change in the caretaker’s status, or inability of the caretaker to perform effectively for the individual;
iii. Abuse, neglect, or exploitation of the individual;
iv. Health and safety conditions that pose a serious risk to the individual or others of immediate harm or death;
v. Change in the emotional or physical condition of the individual that necessitates substantial accommodation that cannot be reasonably provided by the individual’s existing caretaker.

b. Hearing Decisions: An order for the County Board to enroll an individual on the waiver as the result of a Medicaid state hearing decision made in conformance with 5101.35 of the Revised Code.

Describe how the amount of reserved capacity was determined:

A total number of 3% of unduplicated number of participants (listed in Table B-3-a) is reserved to accommodate emergency situations and hearing decisions during each Waiver Year.

The capacity that the State reserves in each waiver year is specified in the following table:

Waiver Year	Capacity Reserved
Year 1	27
Year 2	60
Year 3	75
Year 4	90
Year 5	105

Appendix B: Participant Access and Eligibility

B-3: Number of Individuals Served (2 of 4)

Purpose *(provide a title or short description to use for lookup):*

Statewide HCBS Waiting List Reduction

Purpose *(describe):*

500 reserve capacity waivers are needed for years one and two for enrollment of individuals in state-funded waivers as part of the State's waiting list reduction initiative.

Describe how the amount of reserved capacity was determined:

Ohio Developmental Disabilities Council and research partner Ohio Colleges of Medicine Government Resource Center conducted a study of people on Ohio's Home and Community-Based Waiver waiting list. The goal was to get more detailed information about the people on the list and the services they require. The entire study is published on www.10percentsolution.org The findings of the study lead the group to propose the 10% Solution to reduce the HCBS waiting list. The reserve capacity of SELF waivers were included within Ohio's budget and initiative to reduce the HCBS waiting list.

The capacity that the State reserves in each waiver year is specified in the following table:

Waiver Year	Capacity Reserved
Year 1	500
Year 2	500
Year 3	0
Year 4	0
Year 5	0

Appendix B: Participant Access and Eligibility

B-3: Number of Individuals Served (3 of 4)

d. **Scheduled Phase-In or Phase-Out.** Within a waiver year, the State may make the number of participants who are served subject to a phase-in or phase-out schedule *(select one)*:

- (●) **The waiver is not subject to a phase-in or a phase-out schedule.**
- ( ) **The waiver is subject to a phase-in or phase-out schedule that is included in Attachment #1 to Appendix B-3. This schedule constitutes an intra-year limitation on the number of participants who are served in the waiver.**

e. **Allocation of Waiver Capacity.**

Select one:

- ( ) **Waiver capacity is allocated/managed on a statewide basis.**
- (●) **Waiver capacity is allocated to local/regional non-state entities.**

Specify: (a) the entities to which waiver capacity is allocated; (b) the methodology that is used to allocate capacity and how often the methodology is reevaluated; and, (c) policies for the reallocation of unused capacity among local/regional non-state entities:

The Ohio Department of Developmental Disabilities (DODD) allocates waiver capacity for the SELF Waiver to the 88 County Boards. The allocation process uses both the Planning and Implementation Component Tracking (PICT) tool (submitted electronically by each county board) and our Waiver Management System (WMS). A county's "floor" or minimum standard number of waiver opportunities established will then be adjusted as waiver growth increases, based on PICT information and waiting list information, and is measured against Ohio county census data.
DODD will continue to utilize priority enrollment categories and develop a process to communicate enrollment via PICT. Individuals who are residents of each of Ohio's 88 counties will have proportionate access to SELF waiver opportunities.
DODD has an application that tracks the enrollment for the waivers operated by DODD, known as the Waiver Management System (WMS). This application combines the waiver enrollment processes and the waiting list and waiver allocation processes of the PICT and allows for a more efficient, integrated database: the system allows real-time status reports of the waiver's capacity. The goal of combining these systems is to assure statewideness and comparability throughout Ohio.
The Waiver Management System gives additional oversight and monitoring capabilities to DODD and ODM. As a result of these improvements in the system, actions taken by county boards related to waiver allocations are now better understood, and any needed review can occur in real-time.
The PICT, along with its data elements, is an electronic submission by the County Boards. The PICT is maintained and reviewed at DODD. ODM staff members have direct access to the data contained in PICT. ODM can also request reports at any time.
Reports comparing the number of individuals enrolled and the number of waiver applications in process with the unduplicated count are tracked. A monthly summary is sent by DODD to ODM and OBM. Once the unduplicated count approaches the approved count, the actual enrollments are monitored closely, as well as the number of applications in process to assure that the unduplicated count is not exceeded. The PICT data has both quarterly and annual enrollment projections. This will be used to project future requests to CMS to increase the number of individuals served through the waiver.

The formula for allocation of waiver capacity is mathematical, based on demographic information and census data. The selection for entrance onto the waiver does not have any effect on the formula, as the criteria for selecting entrants onto the waiver is based on the Waiting List rule.

f. **Selection of Entrants to the Waiver.**Specify the policies that apply to the selection of individuals for entrance to the waiver:

Section 5126.042 of the Ohio Revised Code and rule 5123:2-1-08 of the Ohio Administrative Code specify how individuals are selected for entrance to the waiver. Priority for waiver enrollment is given to the following groups:
• Individuals who have been granted waiting list emergency status advancement receive the highest priority for services which may include waiver enrollment;
• Individuals who are in a priority category*;
• Individuals who are on the waiting list that do not meet the above-mentioned criteria.

*Priority categories are defined in Ohio statute at 5126.042.

Rule 5123:2-1-08 of the Ohio Administrative Code clarifies that there is one statewide process for selecting entrants onto a DODD-operated waiver.

Appendix B: Participant Access and Eligibility

B-3: Number of Individuals Served - Attachment #1 (4 of 4)

Answers provided in Appendix B-3-d indicate that you do not need to complete this section.

Appendix B: Participant Access and Eligibility

B-4: Eligibility Groups Served in the Waiver

a.

1. **State Classification.** The State is a *(select one)*:
   - ○ **§1634 State**
   - ○ **SSI Criteria State**
   - ◉ **209(b) State**

2. **Miller Trust State.**
   Indicate whether the State is a Miller Trust State *(select one)*:
   - ○ **No**
   - ◉ **Yes**

b. **Medicaid Eligibility Groups Served in the Waiver.** Individuals who receive services under this waiver are eligible under the following eligibility groups contained in the State plan. The State applies all applicable federal financial participation limits under the plan. *Check all that apply*:

Eligibility Groups Served in the Waiver (excluding the special home and community-based waiver group under 42 CFR §435.217)

- [x] **Low income families with children as provided in §1931 of the Act**
- [ ] **SSI recipients**
- [x] **Aged, blind or disabled in 209(b) states who are eligible under 42 CFR §435.121**
- [x] **Optional State supplement recipients**
- [ ] **Optional categorically needy aged and/or disabled individuals who have income at:**

Select one:

- ( ) **100% of the Federal poverty level (FPL)**
- ( ) **% of FPL, which is lower than 100% of FPL.**

Specify percentage:

- [ ] **Working individuals with disabilities who buy into Medicaid (BBA working disabled group as provided in §1902(a)(10)(A)(ii)(XIII)) of the Act)**
- [x] **Working individuals with disabilities who buy into Medicaid (TWWIIA Basic Coverage Group as provided in §1902(a)(10)(A)(ii)(XV) of the Act)**
- [x] **Working individuals with disabilities who buy into Medicaid (TWWIIA Medical Improvement Coverage Group as provided in §1902(a)(10)(A)(ii)(XVI) of the Act)**
- [ ] **Disabled individuals age 18 or younger who would require an institutional level of care (TEFRA 134 eligibility group as provided in §1902(e)(3) of the Act)**
- [ ] **Medically needy in 209(b) States (42 CFR §435.330)**
- [ ] **Medically needy in 1634 States and SSI Criteria States (42 CFR §435.320, §435.322 and §435.324)**
- [ ] **Other specified groups (include only statutory/regulatory reference to reflect the additional groups in the State plan that may receive services under this waiver)**

Specify:

Special home and community-based waiver group under 42 CFR §435.217) *Note: When the special home and community-based waiver group under 42 CFR §435.217 is included, Appendix B-5 must be completed*

- ( ) **No.The State does not furnish waiver services to individuals in the special home and community-based waiver group under 42 CFR §435.217.** *Appendix B-5 is not submitted.*
- (•) **Yes.The State furnishes waiver services to individuals in the special home and community-based waiver group under 42 CFR §435.217.**

Select one and complete Appendix B-5.

- ( ) **All individuals in the special home and community-based waiver group under 42 CFR §435.217**
- (•) **Only the following groups of individuals in the special home and community-based waiver group under 42 CFR §435.217**

Check each that applies:

- [x] **A special income level equal to:**

Select one:

- (•) **300% of the SSI Federal Benefit Rate (FBR)**
- ( ) **A percentage of FBR, which is lower than 300% (42 CFR §435.236)**

Specify percentage:

- ( ) **A dollar amount which is lower than 300%.**

Specify dollar amount:

- [x] **Aged, blind and disabled individuals who meet requirements that are more restrictive than the SSI program (42 CFR §435.121)**

☐ **Medically needy without spenddown in States which also provide Medicaid to recipients of SSI (42 CFR §435.320, §435.322 and §435.324)**
☐ **Medically needy without spend down in 209(b) States (42 CFR §435.330)**
☐ **Aged and disabled individuals who have income at:**

Select one:

○ **100% of FPL**
○ **% of FPL, which is lower than 100%.**

Specify percentage amount:

☐ **Other specified groups (include only statutory/regulatory reference to reflect the additional groups in the State plan that may receive services under this waiver)**

Specify:

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (1 of 7)

In accordance with 42 CFR §441.303(e), Appendix B-5 must be completed when the State furnishes waiver services to individuals in the special home and community-based waiver group under 42 CFR §435.217, as indicated in Appendix B-4. Post-eligibility applies only to the 42 CFR §435.217 group.

a. **Use of Spousal Impoverishment Rules.** Indicate whether spousal impoverishment rules are used to determine eligibility for the special home and community-based waiver group under 42 CFR §435.217:

Note: For the five-year period beginning January 1, 2014, the following instructions are mandatory. The following box should be checked for all waivers that furnish waiver services to the 42 CFR §435.217 group effective at any point during this time period.

☐ **Spousal impoverishment rules under §1924 of the Act are used to determine the eligibility of individuals with a community spouse for the special home and community-based waiver group. In the case of a participant with a community spouse, the State uses *spousal* post-eligibility rules under §1924 of the Act.**
Complete Items B-5-e (if the selection for B-4-a-i is SSI State or §1634) or B-5-f (if the selection for B-4-a-i is 209b State) and Item B-5-g unless the state indicates that it also uses spousal post-eligibility rules for the time periods before January 1, 2014 or after December 31, 2018.

Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018 (select one).

◉ **Spousal impoverishment rules under §1924 of the Act are used to determine the eligibility of individuals with a community spouse for the special home and community-based waiver group.**

In the case of a participant with a community spouse, the State elects to (*select one*):

◉ **Use spousal post-eligibility rules under §1924 of the Act.**
(Complete Item B-5-c (209b State) and Item B-5-d)

○ **Use regular post-eligibility rules under 42 CFR §435.726 (SSI State) or under §435.735 (209b State)**
(Complete Item B-5-c (209b State). Do not complete Item B-5-d)

○ **Spousal impoverishment rules under §1924 of the Act are not used to determine eligibility of individuals with a community spouse for the special home and community-based waiver group. The State uses regular post-eligibility rules for individuals with a community spouse.**
(Complete Item B-5-c (209b State). Do not complete Item B-5-d)

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (2 of 7)

Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018.

b. **Regular Post-Eligibility Treatment of Income: SSI State.**

Answers provided in Appendix B-4 indicate that you do not need to complete this section and therefore this section is not visible.

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (3 of 7)

Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018.

c. Regular Post-Eligibility Treatment of Income: 209(B) State.

The State uses more restrictive eligibility requirements than SSI and uses the post-eligibility rules at 42 CFR 435.735 for individuals who do not have a spouse or have a spouse who is not a community spouse as specified in §1924 of the Act. Payment for home and community-based waiver services is reduced by the amount remaining after deducting the following amounts and expenses from the waiver participant's income:

i. Allowance for the needs of the waiver participant (*select one*):

- **The following standard included under the State plan**

  (*select one*):

  - **The following standard under 42 CFR §435.121**

    Specify:

  - **Optional State supplement standard**
  - **Medically needy income standard**
  - **The special income level for institutionalized persons**

    (*select one*):

    - **300% of the SSI Federal Benefit Rate (FBR)**
    - **A percentage of the FBR, which is less than 300%**

      Specify percentage:
    - **A dollar amount which is less than 300%.**

      Specify dollar amount:
  - **A percentage of the Federal poverty level**

    Specify percentage:
  - **Other standard included under the State Plan**

    Specify:
- **The following dollar amount**

  Specify dollar amount: If this amount changes, this item will be revised.
- **The following formula is used to determine the needs allowance:**

  Specify:
- **Other**

  Specify:

  65% of 300% of the Social Security Income Federal Benefit Rate (SSI/FBR).

ii. Allowance for the spouse only (*select one*):

- (●) **Not Applicable**
- ( ) **The state provides an allowance for a spouse who does not meet the definition of a community spouse in §1924 of the Act. Describe the circumstances under which this allowance is provided:**
  Specify:

Specify the amount of the allowance (*select one*):

- ( ) **The following standard under 42 CFR §435.121**

  Specify:

- ( ) **Optional State supplement standard**
- ( ) **Medically needy income standard**
- ( ) **The following dollar amount:**

  Specify dollar amount: If this amount changes, this item will be revised.

- ( ) **The amount is determined using the following formula:**

  Specify:

iii. Allowance for the family (*select one*):

- ( ) **Not Applicable (see instructions)**
- (●) **AFDC need standard**
- ( ) **Medically needy income standard**
- ( ) **The following dollar amount:**

  Specify dollar amount: The amount specified cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically needy income standard established under 42 CFR §435.811 for a family of the same size. If this amount changes, this item will be revised.

- ( ) **The amount is determined using the following formula:**

  Specify:

- ( ) **Other**
  Specify:

iv. Amounts for incurred medical or remedial care expenses not subject to payment by a third party, specified in 42 §CFR 435.726:

a. Health insurance premiums, deductibles and co-insurance charges
b. Necessary medical or remedial care expenses recognized under State law but not covered under the State's Medicaid plan, subject to reasonable limits that the State may establish on the amounts of these expenses.

Select one:

- ( ) **Not Applicable (see instructions)***Note: If the State protects the maximum amount for the waiver participant, not applicable must be selected.*
- (●) **The State does not establish reasonable limits.**

The State establishes the following reasonable limits

Specify:

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (4 of 7)

Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018.

d. Post-Eligibility Treatment of Income Using Spousal Impoverishment Rules

The State uses the post-eligibility rules of §1924(d) of the Act (spousal impoverishment protection) to determine the contribution of a participant with a community spouse toward the cost of home and community-based care if it determines the individual's eligibility under §1924 of the Act. There is deducted from the participant's monthly income a personal needs allowance (as specified below), a community spouse's allowance and a family allowance as specified in the State Medicaid Plan. The State must also protect amounts for incurred expenses for medical or remedial care (as specified below).

i. Allowance for the personal needs of the waiver participant

(*select one*):

SSI standard

Optional State supplement standard

Medically needy income standard

The special income level for institutionalized persons

A percentage of the Federal poverty level

Specify percentage:

The following dollar amount:

Specify dollar amount: If this amount changes, this item will be revised

The following formula is used to determine the needs allowance:

Specify formula:

Other

Specify:

65% of 300% of the Social Security Income Federal Benefit Rate (SSI/FBR).

ii. If the allowance for the personal needs of a waiver participant with a community spouse is different from the amount used for the individual's maintenance allowance under 42 CFR §435.726 or 42 CFR §435.735, explain why this amount is reasonable to meet the individual's maintenance needs in the community.

Select one:

Allowance is the same

Allowance is different.

Explanation of difference:

iii. Amounts for incurred medical or remedial care expenses not subject to payment by a third party, specified in 42 CFR §435.726:

a. Health insurance premiums, deductibles and co-insurance charges

b. Necessary medical or remedial care expenses recognized under State law but not covered under the State's Medicaid plan, subject to reasonable limits that the State may establish on the amounts of these expenses.

Select one:

- ○ **Not Applicable (see instructions)***Note: If the State protects the maximum amount for the waiver participant, not applicable must be selected.*
- ◉ **The State does not establish reasonable limits.**
- ○ **The State uses the same reasonable limits as are used for regular (non-spousal) post-eligibility.**

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (5 of 7)

Note: The following selections apply for the five-year period beginning January 1, 2014.

e. Regular Post-Eligibility Treatment of Income: SSI State or §1634 State - 2014 through 2018.

Answers provided in Appendix B-5-a indicate that you do not need to complete this section and therefore this section is not visible.

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (6 of 7)

Note: The following selections apply for the five-year period beginning January 1, 2014.

f. Regular Post-Eligibility Treatment of Income: 209(B) State - 2014 through 2018.

Answers provided in Appendix B-5-a indicate that you do not need to complete this section and therefore this section is not visible.

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (7 of 7)

Note: The following selections apply for the five-year period beginning January 1, 2014.

g. Post-Eligibility Treatment of Income Using Spousal Impoverishment Rules - 2014 through 2018.

The State uses the post-eligibility rules of §1924(d) of the Act (spousal impoverishment protection) to determine the contribution of a participant with a community spouse toward the cost of home and community-based care. There is deducted from the participant's monthly income a personal needs allowance (as specified below), a community spouse's allowance and a family allowance as specified in the State Medicaid Plan. The State must also protect amounts for incurred expenses for medical or remedial care (as specified below).

Answers provided in Appendix B-5-a indicate that you do not need to complete this section and therefore this section is not visible.

Appendix B: Participant Access and Eligibility

B-6: Evaluation/Reevaluation of Level of Care

As specified in 42 CFR §441.302(c), the State provides for an evaluation (and periodic reevaluations) of the need for the level(s) of care specified for this waiver, when there is a reasonable indication that an individual may need such services in the near future (one month or less), but for the availability of home and community-based waiver services.

a. Reasonable Indication of Need for Services. In order for an individual to be determined to need waiver services, an individual must require: (a) the provision of at least one waiver service, as documented in the service plan, and (b) the provision of waiver services at least monthly or, if the need for services is less than monthly, the participant requires regular monthly monitoring which must be documented in the service plan. Specify the State's policies concerning the reasonable indication of the need for services:

i. Minimum number of services.

The minimum number of waiver services (one or more) that an individual must require in order to be determined to need waiver services is: 1

ii. Frequency of services. The State requires (select one):

- ○ **The provision of waiver services at least monthly**
- ◉ **Monthly monitoring of the individual when services are furnished on a less than monthly basis**

If the State also requires a minimum frequency for the provision of waiver services other than monthly (e.g., quarterly), specify the frequency:

The minimum number of waiver services that an individual must require in order to be determined to need this waiver is one (1). The Support Broker, in conjunction with the SSA, will provide day-to-day oversight of implementation of the services used by the individual according to the Individual Service Plan (ISP). Should the individual not use services for thirty consecutive calendar days, the SSA will initiate a conversation with the family to determine why the individual is not utilizing the waiver and perform an assessment to determine if the individual still needs the waiver.

Pursuant to ORC 5126.15, County Boards have primary responsibility in monitoring ISP implementation and service use by individuals on the waiver. When an individual does not use any waiver service every thirty consecutive days, the County Board must assess the individual's need for continued waiver services. If, through the assessment, it is determined that the individual does not need any waiver services, the County Board must recommend to DODD that individual be disenrolled from the waiver.

If an individual is anticipated to need waiver services less frequently than every thirty calendar days, the County Board SSA is to indicate in the ISP the method of monitoring they will employ to assure that the individual's health and welfare is not in jeopardy. Monitoring by the County Board is to occur no less frequently than once each calendar month. Completion of this monitoring activity and the outcomes of the reviews are to be documented, and the documentation is to be maintained in the individual's file.

b. Responsibility for Performing Evaluations and Reevaluations. Level of care evaluations and reevaluations are performed (*select one*):

- ○ **Directly by the Medicaid agency**
- ◉ **By the operating agency specified in Appendix A**
- ○ **By an entity under contract with the Medicaid agency.**

Specify the entity:

- ○ **Other**

Specify:

c. Qualifications of Individuals Performing Initial Evaluation: Per 42 CFR §441.303(c)(1), specify the educational/professional qualifications of individuals who perform the initial evaluation of level of care for waiver applicants:

Initial Levels of Care are determined by Qualified Intellectual Disabilities Professional staff, as defined in 42 CFR 483.430(a).

d. Level of Care Criteria. Fully specify the level of care criteria that are used to evaluate and reevaluate whether an individual needs services through the waiver and that serve as the basis of the State's level of care instrument/tool. Specify the level of care instrument/tool that is employed. State laws, regulations, and policies concerning level of care criteria and the level of care instrument/tool are available to CMS upon request through the Medicaid agency or the operating agency (if applicable), including the instrument/tool utilized.

As a condition of waiver eligibility, applicants must meet an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) Level of Care as defined in OAC rule 5123:2-8-01.
Criteria for ICF-IID level of care:

(1) For individuals birth through age nine, the criteria for a developmental disabilities level of care is met when:

(a) The individual has a substantial developmental delay or specific congenital or acquired condition other than an impairment caused solely by mental illness; and

(b) In the absence of individually planned supports, the individual has a high probability of having substantial functional limitations in at least three areas of major life activities set forth in OAC rule 5123:2-8-01 later in life:
(i) Self-care;
(ii) Receptive and expressive communication;
(iii) Learning;
(iv) Mobility;
(v) Self- direction;
(vi) Capacity for independent living; and

(vii) Economic self-sufficiency.

(2) For individuals age ten and older, the criteria for a developmental disabilities level of care is met when:

(a) The individual has been diagnosed with a severe, chronic disability that:

(i) Is attributable to a mental or physical impairment or combination of mental and physical impairments, other than an impairment caused solely by mental illness;
(ii) Is manifested before the individual is age twenty-two; and
(iii) Is likely to continue indefinitely.

(b) The condition described in paragraph (C)(2)(a) of OAC rule 5123:2-8-01 results in substantial functional limitations in three or more of the following areas of major life activities, as determined through use of the standardized level of care assessment instrument approved by the Ohio Department of Medicaid:

(i) Self-care;
(ii) Receptive and expressive communication;
(iii) Learning;
(iv) Mobility;
(v) Self- direction;
(vi) Capacity for independent living; and
(vii) Economic self-sufficiency.
(c) The condition described in paragraph (C)(2)(a) of this rule reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance of lifelong or extended duration that are individually planned and coordinated.
DODD uses a standardized functional assessment, which is part of the department's web-based applications to ensure all required information has been submitted.

e. **Level of Care Instrument(s).** Per 42 CFR §441.303(c)(2), indicate whether the instrument/tool used to evaluate level of care for the waiver differs from the instrument/tool used to evaluate institutional level of care *(select one)*:

- (●) **The same instrument is used in determining the level of care for the waiver and for institutional care under the State Plan.**
- ( ) **A different instrument is used to determine the level of care for the waiver than for institutional care under the State plan.**

Describe how and why this instrument differs from the form used to evaluate institutional level of care and explain how the outcome of the determination is reliable, valid, and fully comparable.

f. **Process for Level of Care Evaluation/Reevaluation:**Per 42 CFR §441.303(c)(1), describe the process for evaluating waiver applicants for their need for the level of care under the waiver. If the reevaluation process differs from the evaluation process, describe the differences:

The detailed information for this section can also be found in Appendix B-6-d. The requirements and processes for ICF-IID Level of Care determinations and redetermination is prescribed in OAC rule 5123:2-8-01. The level of care initial evaluation and annual reevaluation is completed using the standardize assessment maintained in the DODD's Level of Care application. In order for the ICF-IID LOC request to be approved, each initial LOC recommendation must include:
a) current diagnoses, including an indication of whether the individual has been diagnosed with a severe, chronic disability as described in paragraph (C)(2)(a) of in OAC rule 5123:2-8-01;
b) Review of current functional capacity. This review shall be documented using a standardized functional assessment tool that is approved by the Ohio department of Medicaid.
c) The assessment documentation shall be maintained in the individual's record and made available for state and federal quality assurance and audit purposes.
Initial level of care recommendations for individuals seeking enrollment in a Medicaid home and community-based services waiver must be approved by the DODD prior to enrollment in the waiver. Level of care recommendations may be submitted to the DODD up to ninety days in advance of the proposed enrollment date.

For reevaluations the County Board will submit an ICF-IID level of care redetermination to DODD within twelve months of the previous level of care determination and whenever the individual experiences a significant change of condition as described in paragraph (D) (5)(a-b) in OAC rule 5123:2-8-01.

g. **Reevaluation Schedule.** Per 42 CFR §441.303(c)(4), reevaluations of the level of care required by a participant are conducted no less frequently than annually according to the following schedule *(select one)*:

- ( ) **Every three months**
- ( ) **Every six months**
- (●) **Every twelve months**

- ○ **Other schedule**
  Specify the other schedule:

h. **Qualifications of Individuals Who Perform Reevaluations.** Specify the qualifications of individuals who perform reevaluations *(select one)*:
- ◉ **The qualifications of individuals who perform reevaluations are the same as individuals who perform initial evaluations.**
- ○ **The qualifications are different.**
  Specify the qualifications:

i. **Procedures to Ensure Timely Reevaluations.**Per 42 CFR §441.303(c)(4), specify the procedures that the State employs to ensure timely reevaluations of level of care *(specify):*

DODD staff receive alerts from the Level of Care system which gives the waiver participants names (by county), and the level of care due date for all redeterminations due within 90 days and 15 days prior to the redetermination due date. A Prior Notice letter (named such as it provides the individual their rights to a prior notice for a pending action) is issued to the individual and/or guardian and to the County Board alerting them of the pending timelines, and encourages collaboration with the County Board to ensure all necessary documentation is submitted to DODD prior to the due date. The information generated from these reports is monitored by DODD staff for the purpose of working with the external customers to ensure the timely submittal of the redetermination.

j. **Maintenance of Evaluation/Reevaluation Records.**Per 42 CFR §441.303(c)(3), the State assures that written and/or electronically retrievable documentation of all evaluations and reevaluations are maintained for a minimum period of 3 years as required in 45 CFR §92.42. Specify the location(s) where records of evaluations and reevaluations of level of care are maintained:

Electronically retrievable documentation of all level of care evaluations and reevaluations are maintained in accordance with state and federal regulations.

Appendix B: Evaluation/Reevaluation of Level of Care

Quality Improvement: Level of Care

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. **Methods for Discovery: Level of Care Assurance/Sub-assurances**

The state demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care consistent with level of care provided in a hospital, NF or ICF/IID.

i. **Sub-Assurances:**

a. ***Sub-assurance: An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
PM B1: Number and percent of new enrollees who had a LOC indicating need for institutional LOC prior to receipt of services. Numerator: Number of new enrollees who had a LOC indicating need for institutional LOC prior to receipt of services. Denominator: Total number new enrollees.

Data Source (Select one):
Other

If 'Other' is selected, specify:
DODD's Waiver Management System (WMS)

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☑ **Other** Specify: County boards of DD	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

b. ***Sub-assurance: The levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
PM B2: Number and percent of level of care redetermination completed within 12 months of the previous level of care determination. Numerator: Number of level of care redetermination completed within 12 months of the previous level of care determination. Denominator: Total number of waiver participants with redetermination needed.

Data Source (Select one):
Other
If 'Other' is selected, specify:
DODD's Waiver Management System (WMS)

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☑ **Other** Specify: County boards of DD	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*

c. ***Sub-assurance: The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
PM B3: Number and percent of participants that initial LOC determinations reviewed were completed using the process required by the approved waiver. Numerator: Number of participants with initial LOC determinations that were completed using the process required by the approved waiver. Denominator: Total number of participants with initial LOC determinations.

Data Source (Select one):
Other
If 'Other' is selected, specify:
DODD's Waiver Management System (WMS)

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

b. Methods for Remediation/Fixing Individual Problems

i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.
DODD becomes aware of problems through a variety of mechanisms including, but not limited to, formal & informal complaints, technical assistance requests, and routine & special regulatory review processes (accreditation, licensure, provider compliance, etc). As problems are discovered, the individual County Board is notified and technical assistance is provided using email, phone contact and/or letters to the County Board Superintendent. During the DODD regulatory review process citations may be issued and plans of correction required as needed and appropriate. When issues are noted that are systemic, DODD will provide statewide training and additional technical assistance and monitor for improvement during subsequent monitoring cycles.

ICF-IID Level of Care is determined by a DODD QIDP. Per rule they must make a determination within 30 days of receipt of the application. If Level of Care cannot be determined based on the documentation submitted by the county board with the application, the QIDP is required to perform a Face to Face interview prior to denial of Level of Care. If the QIDP determines the individual does not meet level of care, prior notice of denial with hearing rights is provided to all concerned parties.

DODD staff receive alerts from the Level of Care system which gives the waiver participants names (by county), their LOC due dates 90 days prior and 15 days prior to the redetermination due date. County boards are again notified and prior notices with hearing rights are provided to all concerned parties. If redeterminations are not received prior to the waiver end date, county boards are solicited to provide a reason for the delay and if continued waiver services are not planned they are instructed to submit the proper paperwork to recommend disenrollment or suspension of the waiver per rule. Application received after the due date will result in a gap in waiver services and a resetting of the annual redetermination date.

DODD central office staff review each application for completion upon receipt. If application upon that review are found to be on the incorrect form or missing required information to determine level of care, we initiate our incomplete application procedure which results in a 15-day prior notice to deny or disenroll along with hearing rights. The specific reason for the notice is included in the body of the letter. If the requested information or proper documents are not submitted within the 15-day time limit, the county board can request one extension. If at that time, the incomplete application has not been rectified, the application will be denied if an initial application or the individual will be disenrolled if a redetermination. All initial applications are reviewed prior to archival by central office waiver managment for completeness and correctness.

DODD will measure the percentage of people whose annual level of care evaluation occurs within 12 months of their previous or initial level of care evaluation (but not more than 90 days before the due date).

ii. Remediation Data Aggregation
Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Other** Specify:	☐ **Annually**
	☐ **Continuously and Ongoing**
	☑ **Other** Specify: Semi-annually

c. **Timelines**
When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Level of Care that are currently non-operational.

◉ **No**

○ **Yes**
Please provide a detailed strategy for assuring Level of Care, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix B: Participant Access and Eligibility

B-7: Freedom of Choice

Freedom of Choice. *As provided in 42 CFR §441.302(d), when an individual is determined to be likely to require a level of care for this waiver, the individual or his or her legal representative is:*

i. informed of any feasible alternatives under the waiver; and
ii. given the choice of either institutional or home and community-based services.

a. **Procedures.**Specify the State's procedures for informing eligible individuals (or their legal representatives) of the feasible alternatives available under the waiver and allowing these individuals to choose either institutional or waiver services. Identify the form(s) that are employed to document freedom of choice. The form or forms are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

At the time the individual requests HCBS waiver services, the County Board in the county in which the individual resides is responsible for explaining the services available under the SELF waiver and the alternative of services delivered in an ICF-IID. The County Boards “use the Freedom of Choice” form to document that the individual has chosen to enroll on the waiver as an alternative to services in an ICF-IID. When the “Freedom of Choice” form is signed by the individual, the county board shall provide a copy of the Medicaid Fair Hearings Right to the individual using the Ohio Department of Jobs and Family Services (ODJFS) 4074.

b. **Maintenance of Forms.**Per 45 CFR §92.42, written copies or electronically retrievable facsimiles of Freedom of Choice forms are maintained for a minimum of three years. Specify the locations where copies of these forms are maintained.

The completed Freedom of Choice forms are maintained by the 88 county boards.

Appendix B: Participant Access and Eligibility

B-8: Access to Services by Limited English Proficiency Persons

Access to Services by Limited English Proficient Persons. Specify the methods that the State uses to provide meaningful access to the waiver by Limited English Proficient persons in accordance with the Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003):
Individuals with limited English proficiency have access to a range of supportive services at the time of application and throughout their participation in the waiver program. The need for language accommodation is determined by the County Board. The County Board SSA makes arrangements for individuals to receive interpretation services as needed to ensure individuals can access services. DODD will

monitor access to services by persons with limited English proficiency through its ongoing monitoring and technical assistance process.

ODJFS makes interpretation services available at the county and state levels. A variety of ODJFS forms have been translated into Spanish and Somali, including the Medicaid Consumer guide and state hearing forms. The County Departments of Job and Family Services (CDJFS) also make interpreter services available to individuals when needed during the eligibility determination process.

Appendix C: Participant Services

C-1: Summary of Services Covered (1 of 2)

a. **Waiver Services Summary.** *List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:*

Service Type	Service		
Statutory Service	Community Inclusion		
Statutory Service	Residential Respite		
Statutory Service	Supported Employment - Enclave		
Supports for Participant Direction	Participant-Directed Goods and Services		
Supports for Participant Direction	Participant/Family Stability Assistance		
Supports for Participant Direction	Support Brokerage		
Other Service	Clinical/Therapeutic Intervention		
Other Service	Community Respite		
Other Service	Functional Behavioral Assessment		
Other Service	Habilitation - Adult Day Support		
Other Service	Habilitation - Vocational Habilitation		
Other Service	Integrated Employment		
Other Service	Non-Medical Transportation		
Other Service	Remote Monitoring Equipment		
Other Service	Remote Monitoring		

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Personal Care

Alternate Service Title (if any):

Community Inclusion

HCBS Taxonomy:

Category 1: 08 Home-Based Services

Sub-Category 1: 08030 personal care

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*
"Community Inclusion" means supports that promote an individual's full participation in his or her community, but does not include services that are otherwise available under the state Medicaid plan, or experimental or prohibited treatments. Community Inclusion includes, but is not limited to, such developmental and other supportive services as may be required to assist an individual with a developmental disability. Community Inclusion also includes opportunities and experiences that focus on socialization and/or therapeutic recreational activities as well as personal growth, peer support activities, and organization and participation in self-advocacy events. Community Inclusion is comprised of the following components:

(a) Personal assistance in the home and/or the community with life activities;

(b) Transportation services including, but not limited to, fees for accessible transportation; taxi, bus and light rail transit fares; and mileage reimbursement for up to the Federal reimbursable mileage rate.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Cost Limitation for this service: $25,000 per waiver eligibility span combined limitation for Community Inclusion, Residential Respite, Community Respite, and Remote Monitoring.

Service Delivery Method *(check each that applies)*:

- [x] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [x] **Relative**
- [x] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Community Inclusion – Personal Assistance
Agency	Community Inclusion – Transportation
Individual	Community Inclusion – Personal Assistance
Individual	Community Inclusion – Transportation

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Community Inclusion

Provider Category:
Agency
Provider Type:
Community Inclusion – Personal Assistance
Provider Qualifications
License *(specify):*

Certificate *(specify):*
Certified per standards listed in OAC 5123:2-9-42.
Other Standard *(specify):*

Verification of Provider Qualifications

Entity Responsible for Verification:
DODD
Frequency of Verification:
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Community Inclusion

Provider Category:
Agency
Provider Type:
Community Inclusion – Transportation
Provider Qualifications
License *(specify):*

Certificate *(specify):*
Certified per standards listed in OAC 5123:2-9-42.
Other Standard *(specify):*

Verification of Provider Qualifications
Entity Responsible for Verification:
DODD
Frequency of Verification:
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Community Inclusion

Provider Category:
Individual
Provider Type:
Community Inclusion – Personal Assistance
Provider Qualifications
License *(specify):*

Certificate *(specify):*
Certified per standards listed in OAC 5123:2-9-42.
Other Standard *(specify):*

Verification of Provider Qualifications
Entity Responsible for Verification:
DODD
Frequency of Verification:
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers , DODD compliance reviews of

certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Community Inclusion

Provider Category:
Individual
Provider Type:
Community Inclusion – Transportation
Provider Qualifications
License *(specify):*

Certificate *(specify):*
Certified per standards listed in OAC 5123:2-9-42.
Other Standard *(specify):*

Verification of Provider Qualifications
Entity Responsible for Verification:
DODD
Frequency of Verification:
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers , DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).
Service Type:
Statutory Service
Service:
Respite
Alternate Service Title (if any):
Residential Respite

HCBS Taxonomy:

Category 1:	Sub-Category 1:
09 Caregiver Support	09011 respite, out-of-home
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**

Category 4: **Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*
"Residential Respite" means services provided to individuals unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the individuals. Residential Respite shall only be provided in the following locations:
(a) An ICF/IID; or
(b) A residential facility, other than an ICF/IID, licensed by the department under section 5123.19 of the Revised Code; or
(c) A residence, other than an ICF/IID or a facility licensed by the department under section 5123.19 of the Revised Code, where Residential Respite is provided by an agency provider.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Cost Limitation for this service: $25,000 per waiver eligibility span combined limitation for Community Inclusion, Residential Respite, Community Respite, and Remote Monitoring.

Residential Respite is limited to 90 calendar days per waiver eligibility span.

The cost for Residential Respite services does not include room and board.
Only one provider of Residential Respite or Community Respite shall use a daily billing unit on any given day.

Service Delivery Method *(check each that applies)*:

- [x] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Facilities licensed by DODD under section 5123.19 of the Revised Code
Agency	Agency Providers of Residential Respite
Agency	Facilities certified as ICFs-IID

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Residential Respite

Provider Category:
Agency
Provider Type:
Facilities licensed by DODD under section 5123.19 of the Revised Code
Provider Qualifications
License *(specify):*
Licensed by the Ohio Department of Developmental Disabilities under 5123.19 of the Revised Code.
Certificate *(specify):*
Certified under standards listed in OAC 5123:2-9-34.
Other Standard *(specify):*

Verification of Provider Qualifications

Entity Responsible for Verification:
DODD
Frequency of Verification:
All licensed facilities are awarded term license of one to three years based upon the results of a licensure survey. The reviews measure compliance with provider standards, including the physical environment, quality of services and areas that ensure the individual's health and welfare. At the end of each term, a review is conducted and a new term is issued (OAC 5123:2-3-02, 5123:2-3-03).

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Residential Respite

Provider Category:
Agency
Provider Type:
Agency Providers of Residential Respite
Provider Qualifications
License *(specify):*

Certificate *(specify):*
Certified under standards listed in OAC 5123:2-9-34.
Other Standard *(specify):*

Verification of Provider Qualifications
Entity Responsible for Verification:
DODD
Frequency of Verification:
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Residential Respite

Provider Category:
Agency
Provider Type:
Facilities certified as ICFs-IID
Provider Qualifications
License *(specify):*
Licensed by the Ohio Department of Health as an ICF-MR under Chapter 3721 of the Revised Code.
Certificate *(specify):*
Certified under standards listed in OAC 5123:2-9-34.
Other Standard *(specify):*

Verification of Provider Qualifications
Entity Responsible for Verification:
DODD
Frequency of Verification:
All licensed facilities are awarded term license of one to three years based upon the results of a licensure survey. The reviews measure compliance with provider standards, including the physical environment, quality of

services and areas that ensure the individual's health and welfare. At the end of each term, a review is conducted and a new term is issued (OAC 5123:2-3-02, 5123:2-3-03).

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:
Statutory Service

Service:
Supported Employment

Alternate Service Title (if any):
Supported Employment - Enclave

HCBS Taxonomy:

Category 1:	Sub-Category 1:
03 Supported Employment	03022 ongoing supported employment, group
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*
"Supported employment services" consist of intensive, ongoing supports that enable participants, for whom competitive employment at or above the minimum wage is unlikely absent the provisions of supports, and who, because of their disabilities, need supports to perform in a regular work setting. "Supported employment" does not include sheltered work or other similar types of vocational services furnished in specialized facilities.

'Supported Employment - Enclave' means Supported Employment services provided to waiver enrollees who work as a team at a single work site of the 'host' community business or industry with initial training, supervision and ongoing support provided by specially trained, on-site supervisors.

Two unique service arrangements have been identified in which Supported Employment – Enclave waiver services are provided:

a.) Dispersed enclaves' in which individuals with developmental disabilities work as a self-contained unit within a company or service site in the community or perform multiple jobs in the company, but are not integrated with non-disabled employees of the company.
b.)'Mobile work crews comprised solely of individuals with developmental disabilities operating as distinct units and/or self-contained businesses working in several locations within the community.

Supported employment - enclave services shall normally be made available four or more hours per day on a regularly

scheduled basis, for one or more days per week, unless provided as an adjunct to other day activities included in an ISP and shall take place in a non-residential setting separate from any home or facility in which an individual resides.

Supported employment - enclave services are provided to eligible waiver enrollees who participate in a work program that meets the criteria for employment of workers with disabilities under certificates at special minimum wage rates issued by the department of labor, as required by the "Fair Labor Standards Act," and in accordance with the requirements of 29 C.F.R. Part 525: "Employment of Workers with Disabilities Under Special Certificates" (revised as of July 1, 2005).

Supported Employment - Enclave services are available to individuals who are no longer eligible for educational services based on their graduation and/or receipt of a diploma/equivalency certificate and/or their permanent discontinuation of educational services within parameters established by the Ohio Department of Education.

Supported Employment - Enclave services furnished under the waiver are not available under a program funded by the "Rehabilitation Act of 1973", 29 U.S.C.701, as amended and in effect on the effective date of approval of this waiver service by CMS.

Activities That Constitute Supported Employment – Enclave
1. "Vocational assessment" that is conducted through formal and informal means for the purpose of developing a vocational profile and employment goals. The profile may contain information about the individual's educational background, work history and job preferences; will identify the individual's strengths, values, interests, abilities, available natural supports and access to transportation; and will identify the earned and unearned income available to the individual.

2. "Job development and placement" includes some or all of the following activities provided directly or on behalf of the individual:

(a) Developing a resume that identifies the individual's job related and/or relevant vocational experiences;
(b) Training and assisting the individual to develop job-seeking skills;
(c) Targeting jobs on behalf of the individual that are available in the individual's work location of choice;
(d) Assisting the individual to find jobs that are well matched to his/her employment goals;
(e) Developing job opportunities on behalf of the individual through direct and indirect promotional strategies and relationship -building with employers;
(f) Conducting work-site analyses, including customizing jobs;
(g) Increasing potential employers' awareness of available incentives that could result from employment of the individual.

3. "Job training/coaching" includes some or all of the following activities:

(a) Developing a systematic plan of on-the-job instruction and support, including task analyses;
(b) Assisting the individual to perform activities that result in his/her social integration with disabled and non-disabled employees on the work-site;
(c) Supporting and training the individual in the use of generic and/or individualized transportation services;
(d) Providing off-site services and training that assist the individual with problem solving and meeting job-related expectations;
(e) Developing and implementing a plan to assist the individual to transition from his/her prior vocational or educational setting to employment, emphasizing the use of natural supports.

4. "Ongoing job support" includes direct supervision, telephone and/or on-site monitoring and counseling and the provision of some or all of the following supports to promote the individual's job adjustment and retention.

(a) Following-up with the employer and/or the individual at the frequency required to assist the individual to retain employment;
(b) Assisting the individual to use natural supports and generic community resources;
(c) Providing training to the individual to maintain work skills, enhance personal hygiene, learn new work skills, improve social skills and/or modify behaviors that are interfering with the continuation of his/her employment.
(d) Assisting the individual with self-medication or provision of medication administration for prescribed medication and assisting the individual with or performing health-related activities as identified in rule 5123:2-6-01 of the Administrative Code, which a licensed nurse agrees to delegate in accordance with requirements of Chapters 4723., 5123., and 5126. of the Revised Code and rules adopted under those chapters.

5. "Worksite accessibility" includes some or all of the following activities:

(a) Time spent identifying the need for and assuring the provision of reasonable job site accommodations that allow the individual to gain and retain employment;
(b) Time spent assuring the provision of these accommodations through partnership efforts with the employer;

6. "Training in self-determination" includes assisting the individual to develop self-advocacy skills, to exercise his/her civil rights, to exercise control and responsibility over the services he/she receives and to acquire skills that enable him/her to

become more independent, productive and integrated within the community.

7. Assisting the individual with self-medication or provision of medication administration for prescribed medication and assisting the individual with or performing health-related activities as identified in rule 5123:2-6-01 of the Administrative Code, which a licenses nurse agrees to delegate in accordance with requirements of Chapters 4723., 5123., and 5126. of the Revised Code and rules adopted under those chapters.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

For purposes of the SELF Waiver, DODD instituted an "Employment First" policy concerning the Adult Day Waiver Services whereby, when non-employment Adult Day Waiver services (Adult Day Support or Vocational Habilitation) are utilized over other employment-related services (such as Supported Employment – Enclave or Integrated Employment), a justification must be provided in the individual's ISP.

See Appendix C-4 for cost-limitations for this service.

Service Delivery Method *(check each that applies)*:

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [x] **Relative**
- [x] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	For profit and non-profit private providers of supported employment - enclave services
Agency	County board of DD providers of supported employment - enclave services

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Supported Employment - Enclave

Provider Category:

Agency

Provider Type:

For profit and non-profit private providers of supported employment - enclave services

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certification standards will be promulgated in Ohio Administrative Code 5123:2-9-16.

Other Standard *(specify):*

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Supported Employment - Enclave

Provider Category:
Agency
Provider Type:
County board of DD providers of supported employment - enclave services
Provider Qualifications
License *(specify):*

Certificate *(specify):*
Certification standards will be promulgated in Ohio Administrative Code 5123:2-9-16
Other Standard *(specify):*

Verification of Provider Qualifications
Entity Responsible for Verification:
DODD
Frequency of Verification:
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).
Service Type:
Supports for Participant Direction
The waiver provides for participant direction of services as specified in Appendix E. Indicate whether the waiver includes the following supports or other supports for participant direction.
Support for Participant Direction:
Other Supports for Participant Direction
Alternate Service Title (if any):
Participant-Directed Goods and Services

HCBS Taxonomy:

Category 1:	Sub-Category 1:
17 Other Services	17010 goods and services
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*
"Participant-Directed Goods and Services" means services, equipment, or supplies not otherwise provided through this waiver or through the state's Medicaid plan that address a need identified in the ISP (including maintaining and improving an individual's opportunities for full membership in the community) and meet the following requirements:

(a) The services, equipment, or supplies would:

(i) Decrease the need for other Medicaid services;
(ii) Promote inclusion in the community; or
(iii) Increase the individual's safety in his or her home;

(b) The services, equipment, or supplies are not illegal or otherwise prohibited by Federal or State statutes and regulations;

(c) The individual does not have the funds to purchase the services, equipment, or supplies, and they are not available through another resource; and

(d) The services, equipment, or supplies are required to meet the needs and outcomes identified in the individual's ISP; would assure the health and welfare of the individual; are the least costly alternative that reasonably meets the individual's assessed needs; and are for the direct benefit of the individual in achieving at least one of the following outcomes:
(i) Improving cognitive, social or behavioral functioning;
(ii) Maintaining the ability of the individual to remain in the community;
(iii) Enhancing community inclusion and family involvement;
(iv) Developing or maintaining personal, social, or physical skills;
(v) Decreasing dependency on formal support services; or
(vi) Increasing independence of the individual.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Experimental treatments are excluded.

Service Delivery Method *(check each that applies)*:

- [x] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [x] **Relative**
- [x] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Independent Providers of Participant-Directed Goods and Services
Agency	Agency Providers of Participant-Directed Goods and Services

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Supports for Participant Direction
Service Name: Participant-Directed Goods and Services

Provider Category:
Individual
Provider Type:
Independent Providers of Participant-Directed Goods and Services
Provider Qualifications
License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*
Provider qualification standards are listed in 5123:2-9-45.

Verification of Provider Qualifications

Entity Responsible for Verification:
DODD

Frequency of Verification:
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers , DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Supports for Participant Direction
Service Name: Participant-Directed Goods and Services

Provider Category:
Agency

Provider Type:
Agency Providers of Participant-Directed Goods and Services

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*
Provider qualification standards are listed in 5123:2-9-45.

Verification of Provider Qualifications

Entity Responsible for Verification:
DODD

Frequency of Verification:
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:
Supports for Participant Direction

The waiver provides for participant direction of services as specified in Appendix E. Indicate whether the waiver includes the following supports or other supports for participant direction.

Support for Participant Direction:
Other Supports for Participant Direction

Alternate Service Title (if any):
Participant/Family Stability Assistance

HCBS Taxonomy:

Category 1:	Sub-Category 1:
09 Caregiver Support	09020 caregiver counseling and/or training
Category 2:	**Sub-Category 2:**
13 Participant Training	13010 participant training
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*
"Participant/Family Stability Assistance" means services that enable the participant/family to understand how best to support the individual in their home and/or to enhance the individual's ability to direct their own services. Participant/family stability assistance is intended to support both the participant and the family to live as much like other families as possible in order to prevent or delay unwanted out-of-home placement. The service can only be utilized by the individual or by family members who reside with the individual and must be outcomes-based, meaning that there must be a goal for the service which is listed in the individual's ISP.
Participant/Family Stability Assistance includes training and/or counseling in the following areas:

(1) Accommodating the individual's disability in the home;

(2) Accessing supports offered in the community;

(3) Effectively supporting the individual so that he or she may be fully engaged in the life of the family; and

(4) Supporting the unique needs of the individual.

Participant/Family Stability Assistance includes the cost of enrollment fees and materials, but does not cover travel expenses.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
The service can only be utilized by the participant or family members who reside with the participant.
Experimental treatments are excluded.

Service Delivery Method *(check each that applies)*:

- [x] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Independent Providers of Participant/Family Stability Assistance – Training
Agency	Agency Providers of Participant/Family Stability Assistance - Counseling
Agency	Agency Providers of Participant/Family Stability Assistance – Training
Individual	Independent Providers of Participant/Family Stability Assistance - Counseling

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Supports for Participant Direction
Service Name: Participant/Family Stability Assistance

Provider Category:
Individual
Provider Type:
Independent Providers of Participant/Family Stability Assistance – Training
Provider Qualifications
License *(specify):*

Certificate *(specify):*
Certified per standards listed in OAC 5123:2-9-46.
Other Standard *(specify):*

Verification of Provider Qualifications
Entity Responsible for Verification:
DODD
Frequency of Verification:
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Supports for Participant Direction
Service Name: Participant/Family Stability Assistance

Provider Category:
Agency
Provider Type:
Agency Providers of Participant/Family Stability Assistance - Counseling
Provider Qualifications
License *(specify):*

Certificate *(specify):*
Certified per standards listed in OAC 5123:2-9-46.
Other Standard *(specify):*

Verification of Provider Qualifications
Entity Responsible for Verification:
DODD
Frequency of Verification:
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Supports for Participant Direction

Service Name: Participant/Family Stability Assistance

Provider Category:
Agency
Provider Type:
Agency Providers of Participant/Family Stability Assistance – Training
Provider Qualifications
License *(specify):*

Certificate *(specify):*
Certified per standards listed in OAC 5123:2-9-46.
Other Standard *(specify):*

Verification of Provider Qualifications
Entity Responsible for Verification:
DODD
Frequency of Verification:
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Supports for Participant Direction
Service Name: Participant/Family Stability Assistance

Provider Category:
Individual
Provider Type:
Independent Providers of Participant/Family Stability Assistance - Counseling
Provider Qualifications
License *(specify):*

Certificate *(specify):*
Certified per standards listed in OAC 5123:2-9-46.
Other Standard *(specify):*

Verification of Provider Qualifications
Entity Responsible for Verification:
DODD
Frequency of Verification:
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).
Service Type:

Supports for Participant Direction

The waiver provides for participant direction of services as specified in Appendix E. Indicate whether the waiver includes the following supports or other supports for participant direction.

Support for Participant Direction:

Information and Assistance in Support of Participant Direction

Alternate Service Title (if any):

Support Brokerage

HCBS Taxonomy:

Category 1:	**Sub-Category 1:**
12 Services Supporting Self-Direction	12020 information and assistance in support of self-direction
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

A Support Broker is responsible, on a continuing basis, for providing the individual with representation, advocacy, advice, and assistance related to the day-to-day coordination of services (particularly those associated with participant direction) in accordance with the ISP. The Support Broker assists the individual with the individual's responsibilities regarding participant direction, including understanding Employer Authority and Budget Authority, negotiating rates, locating and selecting providers, and keeping the focus of the services and support delivery on the individual and his/her desired outcomes. The Support Broker, working in conjunction with the Service and Support Administrator, will assist the individual with creating the Individual Service Plan (ISP), developing the budget, and conducting day-to-day monitoring of the provision of services as specified in the ISP.

Support Brokerage is not duplicative of services available under the Medicaid State Plan.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Cost Limitation for this service: $8,000 per waiver eligibility span.

This service cannot be provided by any of the following entities or any of their employees:

• a county board, or its affiliated housing or adult service non-profit corporations

• a provider of another SELF Waiver service, or any related entities affiliated with that provider (including, but not limited to, contractors of providers).

In addition, this waiver service cannot be provided on a paid basis by the parents of a minor child, spouse of an individual, legal guardian, or relative that resides with the individual.

Service Delivery Method *(check each that applies)*:

- [x] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [x] **Relative**

☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Independent Provider of Support Brokerage
Agency	Agency Provider of Support Brokerage

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Supports for Participant Direction
Service Name: Support Brokerage

Provider Category:
Individual
Provider Type:
Independent Provider of Support Brokerage
Provider Qualifications
License *(specify):*

Certificate *(specify):*
Certified per standards listed in OAC 5123:2-9-47.
Other Standard *(specify):*

Verification of Provider Qualifications
Entity Responsible for Verification:
DODD
Frequency of Verification:
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Supports for Participant Direction
Service Name: Support Brokerage

Provider Category:
Agency
Provider Type:
Agency Provider of Support Brokerage
Provider Qualifications
License *(specify):*

Certificate *(specify):*
Certified per standards listed in OAC 5123:2-9-47.
Other Standard *(specify):*

Verification of Provider Qualifications
Entity Responsible for Verification:
DODD
Frequency of Verification:
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of

certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Clinical/Therapeutic Intervention

HCBS Taxonomy:

Category 1:	Sub-Category 1:
10 Other Mental Health and Behavioral Services	10040 behavior support
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Clinical/Therapeutic Intervention means services that assist unpaid caregivers and/or paid support staff in carrying out individual treatment/support plans, and that are not covered by the Medicaid State Plan, and are necessary to improve the individual's independence and inclusion in their community. Clinical/Therapeutic Intervention includes consultation activities that are provided by professionals in psychology, counseling and behavior management. The service includes the development of a treatment/support plan, training and technical assistance to carry out the plan, delivery of the services described in the plan, and monitoring of the individual and the provider in the implementation of the plan. This service may be delivered in the individual's home or in the community, as described in the individual service plan.

Clinical/Therapeutic Intervention is not duplicative of services available under the Medicaid State Plan. Early Periodic Screening, Diagnosis and Treatment (EPSDT) services, as applicable, must be exhausted prior to accessing Clinical/Therapeutic Intervention services under the waiver.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Experimental treatments are prohibited.

This service must be deemed necessary to reduce an individual's intensive behaviors. A determination of whether or not this service will provide the desired benefit, in the form of a Functional Behavioral Assessment (which may be pre-existing or supplied as a waiver service), will be determined on an individual basis by one of the following: Licensed Professional Clinical Counselor (per OAC 4757.22), Licensed Professional Counselor (per OAC 4757.23), Licensed Independent Social Worker (LISW) (per OAC 4757.27), or Licensed Social Worker under supervision of an LISW (per OAC 4757.28).

A Clinical/Therapeutic Interventionist must work under supervision of a Specialized Clinical/Therapeutic Interventionist or a Senior Level Specialized Clinical/Therapeutic Interventionist.

Service Delivery Method *(check each that applies)*:

- [x] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Senior Level Specialized Clinical/Therapeutic Interventionist
Agency	Specialized Clinical/Therapeutic Interventionist
Agency	Senior Level Specialized Clinical/Therapeutic Interventionist
Individual	Clinical/Therapeutic Interventionist
Individual	Specialized Clinical/Therapeutic Interventionist
Agency	Clinical/Therapeutic Interventionist

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Clinical/Therapeutic Intervention

Provider Category:
Individual

Provider Type:
Senior Level Specialized Clinical/Therapeutic Interventionist

Provider Qualifications

License *(specify)*:

Certificate *(specify)*:

Other Standard *(specify)*:
Provider qualification standards are listed in 5123:2-9-41.

Verification of Provider Qualifications

Entity Responsible for Verification:
DODD

Frequency of Verification:
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Clinical/Therapeutic Intervention

Provider Category:
Agency

Provider Type:
Specialized Clinical/Therapeutic Interventionist
Provider Qualifications
License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*
Provider qualification standards are listed in 5123:2-9-41.
Verification of Provider Qualifications
Entity Responsible for Verification:
DODD
Frequency of Verification:
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers , DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Clinical/Therapeutic Intervention

Provider Category:
Agency
Provider Type:
Senior Level Specialized Clinical/Therapeutic Interventionist
Provider Qualifications
License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*
Provider qualification standards are listed in 5123:2-9-41.
Verification of Provider Qualifications
Entity Responsible for Verification:
DODD
Frequency of Verification:
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Clinical/Therapeutic Intervention

Provider Category:
Individual
Provider Type:
Clinical/Therapeutic Interventionist
Provider Qualifications
License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*
Provider qualification standards are listed in 5123:2-9-41.

Verification of Provider Qualifications

Entity Responsible for Verification:
DODD

Frequency of Verification:
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Clinical/Therapeutic Intervention

Provider Category:
Individual

Provider Type:
Specialized Clinical/Therapeutic Interventionist

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*
Provider qualification standards are listed in 5123:2-9-41.

Verification of Provider Qualifications

Entity Responsible for Verification:
DODD

Frequency of Verification:
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Clinical/Therapeutic Intervention

Provider Category:
Agency

Provider Type:
Clinical/Therapeutic Interventionist

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*
Provider qualification standards are listed in 5123:2-9-41.

Verification of Provider Qualifications

Entity Responsible for Verification:
DODD

Frequency of Verification:
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:
Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:
Community Respite

HCBS Taxonomy:

Category 1:	Sub-Category 1:
09 Caregiver Support	09011 respite, out-of-home
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*
"Community Respite" means services provided to individuals unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the individuals. Community Respite shall only be provided outside of an individual's home in a camp, recreation center, or other place where an organized community program or activity occurs.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Cost Limitation for this service: $25,000 per waiver eligibility span combined limitation for Community Inclusion, Residential Respite, Community Respite, and Remote Monitoring.
Payment for Community Respite does not include room and board.

Community Respite is limited to 60 calendar days per waiver eligibility span.

Community Respite shall not be provided in any residence or a location where Adult Day Support or Vocational Habilitation is provided.

Community Respite shall not be provided to an individual at the same time as Community Inclusion – Personal Assistance. Only one provider of Residential Respite or Community Respite shall use a daily billing unit on any given day.

Service Delivery Method *(check each that applies)*:

- [x] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Agency Community Respite Providers

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Community Respite

Provider Category:
Agency
Provider Type:
Agency Community Respite Providers
Provider Qualifications
License *(specify):*

Certificate *(specify):*
Certified under standards listed in OAC 5123:2-9-34.
Other Standard *(specify):*

Verification of Provider Qualifications
Entity Responsible for Verification:
DODD
Frequency of Verification:
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).
Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Functional Behavioral Assessment

HCBS Taxonomy:

Category 1:	Sub-Category 1:
10 Other Mental Health and Behavioral Services	10040 behavior support
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Functional Behavioral Assessment is an assessment not otherwise available under the state Medicaid program to determine why an individual engages in intensive behaviors and how the individual's behaviors relate to the environment. Functional Behavioral Assessments describe the relationship between a skill or performance problem and the variables that contribute to its occurrence. Functional Behavioral Assessments can provide information to develop a hypothesis as to why the individual engages in the behavior; when the individual is most likely to demonstrate the behavior; and situations in which the behavior is least likely to occur.

Functional Behavioral Assessment is not duplicative of services available under the Medicaid State Plan. Early Periodic Screening, Diagnosis and Treatment (EPSDT) services, as applicable, must be exhausted prior to accessing Functional Behavioral Assessment services under the waiver.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Cost Limitation for this service: $1,500 per waiver eligibility span.

Limit of 1 Functional Behavioral Assessment per waiver eligibility span.

Service Delivery Method *(check each that applies)*:

- [x] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Independent Provider of Functional Behavioral Assessment
Agency	Agency Provider of Functional Behavioral Assessment

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Functional Behavioral Assessment

Provider Category:
Individual
Provider Type:
Independent Provider of Functional Behavioral Assessment
Provider Qualifications
License *(specify):*
Must be licensed as one of the following: Licensed Professional Clinical Counselor per OAC 4757.22; Licensed Professional Counselor per OAC 4757.23; Licensed Independent Social Worker per OAC 4757.27; or Licensed Social Worker (under the supervision of an LISW) per OAC 4757.28
Certificate *(specify):*

Other Standard *(specify):*
Provider qualification standards are listed in 5123:2-9-43.
Verification of Provider Qualifications
Entity Responsible for Verification:
DODD
Frequency of Verification:
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Functional Behavioral Assessment

Provider Category:
Agency
Provider Type:
Agency Provider of Functional Behavioral Assessment
Provider Qualifications
License *(specify):*
Must be licensed as one of the following: Licensed Professional Clinical Counselor per OAC 4757.22; Licensed Professional Counselor per OAC 4757.23; Licensed Independent Social Worker per OAC 4757.27; or Licensed Social Worker (under the supervision of an LISW) per OAC 4757.28
Certificate *(specify):*

Other Standard *(specify):*
Provider qualification standards are listed in 5123:2-9-43.
Verification of Provider Qualifications
Entity Responsible for Verification:
DODD
Frequency of Verification:
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Habilitation - Adult Day Support

HCBS Taxonomy:

Category 1:	Sub-Category 1:
04 Day Services	04020 day habilitation
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

'Adult Day Support' encompasses non-vocational day services needed to assure the optimal functioning of individuals who participate in these activities in a non-residential setting.

Adult Day Support services are available to individuals who are no longer eligible for educational services based on their graduation and /or receipt of a diploma/equivalency certificate and/or their permanent discontinuation of educational services within parameters established by the Ohio Department of Education.

Services take place in a non-residential setting separate from any home or facility in which an individual resides. Services shall normally be made available four or more hours per day on a regularly scheduled basis, for one or more days per week unless provided as an adjunct to other day activities included in an Individual Service Plan (ISP).

Activities that Constitute Adult Day Support

1. 'Assessment' that is conducted through formal and informal means for the purpose of developing components of an Individual Service Plan pertaining to the provision of Adult Day Support Services.
2. 'Personal care' includes providing supports and supervision in the areas of personal hygiene, eating, communication, mobility, toileting and dressing to ensure an individual's ability to experience and participate in community living.
3. 'Skill reinforcement' includes the implementation of behavioral intervention plans and assistance in the use of communication and mobility devices. Activities also include the reinforcement of skills learned by the individual that are necessary to ensure his/her initial and continued participation in community living, including training in self-determination.
4. 'Training in self-determination' includes assisting the individual to develop self-advocacy skills, to exercise his/her civil rights, to exercise control and responsibility over the services he/she receives and to acquire skills that enable him/her to become more independent, productive and integrated within the community.
5. 'Recreation and leisure' includes supports identified in the individual's service plan as being therapeutic in nature, rather than merely providing a diversion, and/or as being necessary to assist the individual to develop and/or maintain social relationships and family contacts.
6. Assisting the individual with self-medication or provision of medication administration for prescribed medication and assisting the individual with or performing health-related activities as identified in rule 5123:2-6-01 of the Administrative Code, which a licensed nurse agrees to delegate in accordance with requirements of Chapters 4723., 5123., and 5126. of the Revised Code and rules adopted under those chapters.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

For purposes of the SELF Waiver, DODD plans to institute an "Employment First" policy concerning the Adult Day Waiver Services whereby, when non-employment Adult Day Waiver services (Adult Day Support or Vocational Habilitation) are utilized over other employment-related services (such as Supported Employment – Enclave or Integrated Employment), an justification must be provided in the individual's ISP.

See Appendix C-4 for cost-limitations for this service.

Service Delivery Method *(check each that applies)*:

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [x] **Relative**
- [x] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	County Board of DD providers of Adult Day Support
Agency	For profit and not-for-profit private providers of Adult Day Support

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Habilitation - Adult Day Support

Provider Category:
Agency
Provider Type:
County Board of DD providers of Adult Day Support
Provider Qualifications
License *(specify):*

Certificate *(specify):*
Certification standards are contained in Ohio Administrative Code 5123:2-9-17.
Other Standard *(specify):*

Verification of Provider Qualifications
Entity Responsible for Verification:
DODD
Frequency of Verification:
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Habilitation - Adult Day Support

Provider Category:
Agency
Provider Type:
For profit and not-for-profit private providers of Adult Day Support

Provider Qualifications

License *(specify):*

Certificate *(specify):*
Certification standards are contained in Ohio Administrative Code 5123:2-9-17.

Other Standard *(specify):*

Verification of Provider Qualifications

Entity Responsible for Verification:
DODD

Frequency of Verification:
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:
Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:
Habilitation - Vocational Habilitation

HCBS Taxonomy:

Category 1:	Sub-Category 1:
04 Day Services	04020 day habilitation
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*
'Vocational Habilitation' means services designed to teach and reinforce habilitation concepts related to work including responsibility, attendance, task completion, problem solving, social interaction, motor skill development, and safety.

Vocational Habilitation services are available to individuals who are no longer eligible for educational services based on their graduation and/or receipt of a diploma/equivalency certificate and/or their permanent discontinuation of educational services within parameters established by the Ohio Department of Education.

Vocational Habilitation is provided to eligible waiver enrollees who participate in a work program that meets the criteria for employment of workers with disabilities under certificates at special minimum wage rates issued by the Department of Labor, as required by the Fair Labor Standards Act, and in accordance with the requirements of 29CFR Part 525: Employment of Workers with Disabilities Under Special Certificates.

Services take place in a non-residential setting separate from any home or facility in which an individual resides.

Vocational Habilitation services shall normally be made available four or more hours per day on a regularly scheduled basis, for one or more days per week unless provided as an adjunct to other day activities included in an ISP.

Activities that Constitute Vocational Habilitation Services

1. 'Assessment' that is conducted through formal and informal means for the purpose of developing a vocational profile. The profile will contain information about the individual's job preferences; will identify the individual's strengths, values, interests, abilities, available natural supports and access to transportation; and will identify the earned and unearned income of the individual.

2. 'Ongoing Job Support' includes direct supervision, telephone and/or in person monitoring and/or counseling and the provision of some or all of the following supports to promote the individual's job adjustment and retention.

a. Developing a systematic plan of on-the-job instruction and support, including task analyses;
b. Assisting the individual to perform activities that result in his/her social integration with disabled and non-disabled employees on the work-site;
c. Supporting and training the individual in the use of generic and/or individualized transportation services;
d. Providing services and training that assist the individual with problem solving and meeting job-related expectations;
e. Assisting the individual to use natural supports and generic community resources;
f. Providing training to the individual to maintain current skills, enhance personal hygiene, learn new work skills, attain self-determination goals and improve social skills and/ or modify behaviors that are interfering with the continuation of his/her employment.
g. Developing and implementing a plan to assist the individual to transition from his/her vocational setting to supported and/or competitive employment, emphasizing the use of natural supports.
h. Assisting the individual with self-medication or provision of medication administration for prescribed medication and assisting the individual with or performing health-related activities as identified in rule 5123:2-6-01 of the Administrative Code, which a licenses nurse agrees to delegate in accordance with requirements of Chapters 4723., 5123., and 5126. of the Revised Code and rules adopted under those chapters.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:
For purposes of the SELF Waiver, DODD plans to institute an "Employment First" policy concerning the Adult Day Waiver Services whereby, when non-employment Adult Day Waiver services (Adult Day Support or Vocational Habilitation) are utilized over other employment-related services (such as Supported Employment – Enclave or Integrated Employment), an justification must be provided in the individual's ISP.

See Appendix C-4 for cost-limitations for this service.

Service Delivery Method *(check each that applies)*:

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [x] **Relative**
- [x] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	County Board of DD providers of Vocational Habilitation
Agency	For-profit and not-for profit private providers of Vocational Habilitation

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Habilitation - Vocational Habilitation

Provider Category:
Agency
Provider Type:
County Board of DD providers of Vocational Habilitation
Provider Qualifications
License *(specify):*

Certificate *(specify):*
Certification standards will be promulgated in Ohio Administrative Code 5123:2-9-17.
Other Standard *(specify):*

Verification of Provider Qualifications
Entity Responsible for Verification:
DODD
Frequency of Verification:
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Habilitation - Vocational Habilitation

Provider Category:
Agency
Provider Type:
For-profit and not-for profit private providers of Vocational Habilitation
Provider Qualifications
License *(specify):*

Certificate *(specify):*
Certification standards will be promulgated in Ohio Administrative Code 5123:2-9-17
Other Standard *(specify):*

Verification of Provider Qualifications
Entity Responsible for Verification:
DODD
Frequency of Verification:
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Integrated Employment

HCBS Taxonomy:

Category 1:	Sub-Category 1:
03 Supported Employment	03021 ongoing supported employment, individual
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

"Integrated Employment" means the initial and ongoing supports an individual needs to acquire and maintain a job in the general workforce at or above the state's minimum wage. The intended outcome of this service is sustained paid employment in an integrated setting in the general workforce and a job that meets an individual's personal and career goals. Integrated employment is comprised of two distinct components:

a) Initial supports necessary for an individual to acquire a job in the general workforce, provided in advance of the individual securing a job in the general workforce, related to career planning, placement, and training including:
¬(i) Person-centered employment planning, job development, and job placement;

¬(ii) Training and systematic instruction;¬

¬(iii) Supports an individual needs to acquire an internship or apprenticeship of limited duration; and¬

¬(iv) Supports an individual needs to achieve self-employment through the operation of a business, but not including funding for start-up costs or ongoing business operation expenses.¬

(b) Retention supports necessary for an individual to maintain a job in the general workforce including:

¬(i) Periodic contact with the individual to ensure the job match remains successful;

¬(ii) Ongoing assistance navigating the work environment (e.g., problem-solving issues with coworkers and/or supervisors, interpreting social cues, understanding office/organizational policies and practices); and

¬(iii) Job coaching (i.e., one-on-one instruction that helps an individual adjust to the work environment and/or to learn specific job tasks);

¬(iv) Advocacy coaching (e.g., assistance developing and practicing a script to request a reasonable accommodation).

Integrated Employment may be provided by a co-worker or other job site personnel provided that the services that are

furnished are not part of that person's normal duties for which he or she is compensated by the employer and the person meets the qualifications established in the corresponding rule to this service.

Integrated Employment does not include sheltered work or other types of vocational services furnished in specialized facilities. Integrated employment is individual-specific and may not be provided to two or more individuals working in an enclave.

Integrated Employment services are available to individuals who are no longer eligible for educational services based on their graduation and/or receipt of a diploma/equivalency certificate and/or their permanent discontinuation of educational services within parameters established by the Ohio department of education. Integrated employment does not include services that are available under a program funded by the Rehabilitation Act of 1973, 29 U.S.C. 701 et seq., as amended, and in effect on the effective date of this waiver upon approval from CMS.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Integrated Employment does not include sheltered work or other types of vocational services furnished in specialized facilities. Integrated Employment is individual-specific and does not cover employment in an enclave.

Service Delivery Method *(check each that applies)*:

- [x] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [x] **Relative**
- [x] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Agency Provider of Integrated Employment
Individual	Independent Provider of Integrated Employment

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Integrated Employment

Provider Category:

Agency

Provider Type:

Agency Provider of Integrated Employment

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Certified per standards listed in OAC 5123:2-9-44.

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Integrated Employment

Provider Category:
Individual
Provider Type:
Independent Provider of Integrated Employment
Provider Qualifications
License *(specify):*

Certificate *(specify):*
Certified per standards listed in OAC 5123:2-9-44.
Other Standard *(specify):*

Verification of Provider Qualifications
Entity Responsible for Verification:
DODD
Frequency of Verification:
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).
Service Type:
Other Service
As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.
Service Title:
Non-Medical Transportation

HCBS Taxonomy:

Category 1:	Sub-Category 1:
15 Non-Medical Transportation	15010 non-medical transportation
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*
Non-medical Transportation as a waiver service is available to enable waiver participants to access Adult Day Support, Vocational Habilitation, and Supported Employment-Enclave waiver services, as specified by the Individual Service Plan. Whenever possible, family, friends, neighbors, or community agencies that can provide this service without charge shall be used. Transportation services that are not provided free of charge and are required by enrollees in HCBS waivers administered by DODD to access one or more of these services shall be considered to be Non-medical Transportation services and the payment rates, service limitations and provider qualifications associated with the provision of this service shall be applicable.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
The annual Non-Medical Transportation service limit is determined by multiplying the cost of 2 one-way trips for each of 240 days within 12-months of the individual's waiver span by the per trip payment rates established in rule by DODD for the geographic cost of doing business area (category) in the state in which the preponderance of the transportation is projected to occur. Additional information regarding the service limitations for Non-Medical Transportation can be found in OAC 5123:2-9-19.

Service Delivery Method *(check each that applies)*:

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [x] **Relative**
- [x] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Individual private providers of non-medical transportation per trip
Agency	County board of DD providers of non-medical transportation per mile
Agency	County board of DD providers of non-medical transportation per trip
Agency	For profit and non-profit private providers of non-medical transportation per trip
Individual	Individual private providers of non-medical transportation per mile
Agency	For profit and non-profit private providers of non-medical transportation per mile
Agency	Commercial buses, livery vehicles and taxicabs providing non-medical transportation per trip
Agency	Commercial buses, livery vehicles and taxicabs per mile

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Non-Medical Transportation

Provider Category:
Individual
Provider Type:
Individual private providers of non-medical transportation per trip
Provider Qualifications
License *(specify):*

Certificate *(specify):*
Certification standards will be promulgated in Ohio Administrative Code 5123:2-9-18.
Other Standard *(specify):*
Providers of transportation that is not available to the general public who are using vehicles of any capacity size modified to be handicapped accessible and/or non-modified vehicles with a capacity of nine or more passengers are eligible to bill on a per trip basis when the vehicles, the providers and the drivers/attendants of these vehicles meet the certification standards listed in administrative rules.

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Non-Medical Transportation

Provider Category:

Agency

Provider Type:

County board of DD providers of non-medical transportation per mile

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certification standards will be promulgated in Ohio Administrative Code 5123:2-9-18

Other Standard *(specify):*

Providers of transportation that is not available to the general public who are using non- modified vehicles with a capacity of eight or fewer passengers are eligible to bill on a per mile basis when the vehicles/providers/drivers meet the certification standards of the Department. In addition all other providers who do not meet the qualifications necessary to bill on a per trip basis are afforded the opportunity to bill on a per mile basis when the vehicles, the providers and the drivers/attendants of these vehicles meet the certification standards related to per mile billing.

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Non-Medical Transportation

Provider Category:

Agency

Provider Type:

County board of DD providers of non-medical transportation per trip

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certification standards will be promulgated in Ohio Administrative Code 5123:2-9-18

Other Standard *(specify):*

Providers of transportation that is not available to the general public who are using vehicles of any capacity size modified to be handicapped accessible and/or non-modified vehicles with a capacity of nine or more passengers are eligible to bill on a per trip basis, when the vehicles, the providers and the drivers/attendants of these vehicles meet the certification standards listed in administrative rules.

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Non-Medical Transportation

Provider Category:

Agency

Provider Type:

For profit and non-profit private providers of non-medical transportation per trip

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certification standards will be promulgated in Ohio Administrative Code 5123:2-9-18

Other Standard *(specify):*

Providers of transportation that is not available to the general public who are using vehicles of any capacity size modified to be handicapped accessible and/or non-modified vehicles with a capacity of nine or more passengers are eligible to bill on a per trip basis, when the vehicles, the providers and the drivers/attendants of these vehicles meet the certification standards listed in administrative rules.

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Non-Medical Transportation

Provider Category:

Individual

Provider Type:

Individual private providers of non-medical transportation per mile

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certification standards will be promulgated in Ohio Administrative Code 5123:2-9-18.

Other Standard *(specify):*

Providers of transportation that is not available to the general public who are using non- modified vehicles with a capacity of eight or fewer passengers are eligible to bill on a per mile basis when the vehicles/providers/drivers meet the certification standards of the Department. In addition all other providers who do not meet the qualifications necessary to bill on a per trip basis are afforded the opportunity to bill on a per mile basis when the vehicles, the providers and the drivers/attendants of these vehicles meet the certification standards related to per mile billing.

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Non-Medical Transportation

Provider Category:

Agency

Provider Type:

For profit and non-profit private providers of non-medical transportation per mile

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certification standards will be promulgated in Ohio Administrative Code 5123:2-9-18

Other Standard *(specify):*

Providers of transportation that is not available to the general public who are using non- modified vehicles with a capacity of eight or fewer passengers are eligible to bill on a per mile basis when the vehicles/providers/drivers meet the certification standards of the Department. In addition all other providers who do not meet the qualifications necessary to bill on a per trip basis are afforded the opportunity to bill on a per mile basis when the vehicles, the providers and the drivers/attendants of these vehicles meet the certification standards related to per mile billing.

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Non-Medical Transportation

Provider Category:

Agency

Provider Type:

Commercial buses, livery vehicles and taxicabs providing non-medical transportation per trip

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certification standards will be promulgated in Ohio Administrative Code 5123:2-9-18

Other Standard *(specify):*

Non-Medical transportation providers whose services are available to the general public will not be subject to certification when the transportation service is subcontracted by or purchased on behalf of a waiver recipient by a waiver provider certified to provide Adult Day Support, Vocational Habilitation, and/or Supported Employment-Enclave.

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Non-Medical Transportation

Provider Category:

Agency

Provider Type:

Commercial buses, livery vehicles and taxicabs per mile

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certification standards will be promulgated in Ohio Administrative Code 5123:2-9-18

Other Standard *(specify):*

Non-Medical transportation providers whose services are available to the general public will not be subject to certification when the transportation service is subcontracted by or purchased on behalf of a waiver recipient by a waiver provider certified to provide Adult Day Support, Vocational Habilitation, and/or Supported Employment-Enclave.

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Remote Monitoring Equipment

HCBS Taxonomy:

Category 1:	Sub-Category 1:
17 Other Services	17990 other

Category 2: **Sub-Category 2:**

Category 3: **Sub-Category 3:**

Category 4: **Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*
"Remote Monitoring Equipment" means the equipment used to operate systems such as live video feed, live audio feed, motion sensing system, radio frequency identification, web-based monitoring system, or other device approved by the department. It also means the equipment used to engage in live two-way communication with the individual being monitored.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Remote Monitoring Equipment must be leased.

Service Delivery Method *(check each that applies)*:

- [x] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [x] **Relative**
- [x] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Independent Providers of Remote Monitoring Equipment
Agency	Agency Providers of Remote Monitoring Equipment

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Remote Monitoring Equipment

Provider Category:
Individual
Provider Type:
Independent Providers of Remote Monitoring Equipment
Provider Qualifications
License *(specify):*

Certificate *(specify):*
Certified per standards listed in OAC 5123:2-9-35.
Other Standard *(specify):*

Verification of Provider Qualifications
Entity Responsible for Verification:
DODD

Frequency of Verification:
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Remote Monitoring Equipment

Provider Category:
Agency
Provider Type:
Agency Providers of Remote Monitoring Equipment
Provider Qualifications
License *(specify):*

Certificate *(specify):*
Certified per standards listed in OAC 5123:2-9-35.
Other Standard *(specify):*

Verification of Provider Qualifications
Entity Responsible for Verification:
DODD
Frequency of Verification:
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).
Service Type:
Other Service
As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.
Service Title:
Remote Monitoring

HCBS Taxonomy:

Category 1:	Sub-Category 1:
17 Other Services	17990 other
Category 2:	**Sub-Category 2:**

Category 3: **Sub-Category 3:**

Category 4: **Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*
"Remote Monitoring" means the monitoring of an individual in his or her residence by remote monitoring staff using one or more of the following systems: live video feed, live audio feed, motion sensing system, radio frequency identification, web-based monitoring system, or other device approved by the department. The system shall include devices to engage in live two-way communication with the individual being monitored as described in the individual's ISP.

To address potential issues of privacy, informed consent for using this service will be documented in the ISP.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Cost Limitation for this service: $25,000 per waiver eligibility span combined limitation for Community Inclusion, Residential Respite, Community Respite, and Remote Monitoring.

Remote Monitoring shall only be used to reduce or replace the amount of Community Inclusion – Personal Assistance an individual needs.

Remote Monitoring shall not be provided in an adult foster care, adult family living, supported employment or non-residential habilitation setting.

Service Delivery Method *(check each that applies)*:

- [x] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [x] **Relative**
- [x] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Agency Providers of Remote

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Remote Monitoring

Provider Category:
Agency
Provider Type:
Agency Providers of Remote
Provider Qualifications
License *(specify):*

Certificate *(specify):*
Certified per standards listed in OAC 5123:2-9-35.
Other Standard *(specify):*

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to OAC 5123:2-2-04 Compliance Reviews of Certified Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1: Summary of Services Covered (2 of 2)

b. **Provision of Case Management Services to Waiver Participants.** Indicate how case management is furnished to waiver participants (*select one*):

- ○ **Not applicable** - Case management is not furnished as a distinct activity to waiver participants.
- ◉ **Applicable** - Case management is furnished as a distinct activity to waiver participants.

  Check each that applies:

  - ☐ **As a waiver service defined in Appendix C-3.** *Do not complete item C-1-c.*
  - ☐ **As a Medicaid State plan service under §1915(i) of the Act (HCBS as a State Plan Option).** *Complete item C-1-c.*
  - ☑ **As a Medicaid State plan service under §1915(g)(1) of the Act (Targeted Case Management).** *Complete item C-1-c.*
  - ☐ **As an administrative activity.** *Complete item C-1-c.*

c. **Delivery of Case Management Services.**Specify the entity or entities that conduct case management functions on behalf of waiver participants:

County boards conduct case management services (Targeted Case Management, or TCM) through Service and Support Administrators (SSAs) who are certified/registered through the Ohio Department of Developmental Disabilities.

Appendix C: Participant Services

C-2: General Service Specifications (1 of 3)

a. **Criminal History and/or Background Investigations.**Specify the State's policies concerning the conduct of criminal history and/or background investigations of individuals who provide waiver services (select one):

- ○ **No. Criminal history and/or background investigations are not required.**
- ◉ **Yes. Criminal history and/or background investigations are required.**

Specify: (a) the types of positions (e.g., personal assistants, attendants) for which such investigations must be conducted; (b) the scope of such investigations (e.g., state, national); and, (c) the process for ensuring that mandatory investigations have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid or the operating agency (if applicable):

At the time of initial enrollment and renewal, DODD requests that every independent provider and every agency have a report sent to the Department as part of their application requirements. Certification will not be granted without this document, which must be sent directly from the Bureau of Criminal Identification and Investigation (BCII) to DODD.

DODD does not enroll an applicant who provides direct services to individuals with developmental disabilities as a SELF waiver provider until a background check has been satisfactorily completed.

Criminal history/background checks are conducted for all providers having direct contact with waiver participants. Background investigations follow the requirements listed in Section 5123.081 of the Ohio Revised Code.

A report is submitted by the Ohio's Bureau of Criminal Identification and Investigation (BCII) directly to DODD regarding an applicant's criminal record. If the applicant who is the subject of a background investigation does not present proof that he/she has been a resident of Ohio for the five-year period immediately prior to the date of the background investigation, a request that BCII obtain information regarding the applicant's criminal record from the federal bureau of investigation (FBI) shall be made. If the applicant presents proof that he/she has been a resident of Ohio for that five-year period, a request may be made

that BCII include information from the FBI in its report.

An individual provider is required to report to DODD if he or she is ever formally charged with, convicted of, or pleads guilty to any of the disqualifying offenses listed or described in divisions (A)(3)(a) to (e) of section 109.572 of the Revised Code. The individual provider shall make such report, in writing, no later than fourteen calendar days after the date of such charge, conviction or guilty plea.

An agency provider shall require any employee in a direct services position to report, in writing, to the agency provider if the employee is every formally charged with , convicted of, or plead guilty to any of the disqualifying offenses listed or described in divisions (A)(3)(a) to (e) of section 109.572 of the Revised Code no later than fourteen calendar days after the date of such charge, conviction, or guilty plea.

b. Abuse Registry Screening. Specify whether the State requires the screening of individuals who provide waiver services through a State-maintained abuse registry (select one):

- ○ **No. The State does not conduct abuse registry screening.**
- ◉ **Yes. The State maintains an abuse registry and requires the screening of individuals through this registry.**

Specify: (a) the entity (entities) responsible for maintaining the abuse registry; (b) the types of positions for which abuse registry screenings must be conducted; and, (c) the process for ensuring that mandatory screenings have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

The requirements for the abuser registry are contained in Sections 5123.50 through 5123.54 of the Ohio Revised Code. DODD maintains an abuser registry and screens provider applicants for waiver services that have direct contact with waiver participants against the abuser registry. Certification as an independent waiver provider who is engaged in a direct services position shall not be approved until the screening has been satisfactorily completed. Agency providers must assure that all employees or contractors who are engaged in a direct services position have been screened against the abuser registry. Agency providers will not hire or employ anyone engaged in a direct services position who is on the abuser registry.

Certification shall be denied to any applicant whose name appears on the abuser registry. For waiver providers who previously have been certified, DODD regulations require the revocation of all providers' certifications whose names have been placed on the registry. If a provider is employing someone in a direct services position that is on the registry, DODD would immediately require the person on the registry to be removed from contact with any person with a developmental disability. The provider would be sanctioned for violating the abuse registry guidelines, which may involve revocation of the provider's certification.

Additionally, contact is made with 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 applicant. The Ohio Department of Developmental Disabilities will deny certification to an applicant whose name appears on the nurse aide registry with regard to abuse, neglect or misappropriation.

For employees, subcontractors of the applicant, and employees of subcontractors who provide specialized services to an individual with a developmental disability as defined in division (G) of section 5123.50 of the Revised Code, the applicant shall provide to DODD written assurance that, as of the date of the application, no such persons are listed on the abuser registry established pursuant to sections 5123.50 to 5123.54 of the Revised Code.

DODD compliance reviews verify whether the provider has checked the registry to ensure none of the employees have been placed on the registry.

Appendix C: Participant Services

C-2: General Service Specifications (2 of 3)

c. Services in Facilities Subject to §1616(e) of the Social Security Act. *Select one:*

- ○ **No. Home and community-based services under this waiver are not provided in facilities subject to §1616(e) of the Act.**
- ◉ **Yes. Home and community-based services are provided in facilities subject to §1616(e) of the Act. The standards that apply to each type of facility where waiver services are provided are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).**

i. Types of Facilities Subject to §1616(e). Complete the following table for each type of facility subject to §1616(e) of the Act:

Facility Type	
Facilities licensed by DODD under ORC 5123.19	

ii. **Larger Facilities:** In the case of residential facilities subject to §1616(e) that serve four or more individuals unrelated to the proprietor, describe how a home and community character is maintained in these settings.

Residential Respite is a short-term service that can be provided in facilities licensed by DODD. These facilities may be licensed for fewer or more than four individuals. Individuals, parents, guardians, family members, SSAs and Support Brokers provide necessary information to the facility to ensure that individuals receive their respite service in a manner that resembles their home life as much as possible.

Each facility in which more than four individuals with developmental disabilities reside must be licensed by DODD in accordance with Chapter 5123.19 of the Ohio Revised Code. Licensure requirements assure that the home provides individualized services, based on the assessed needs and wants of the individual, including the opportunity to interact with individuals without disabilities, that residents have access to laundry facilities, personalized bedrooms that cannot be occupied by more than two individuals and accessible bathrooms. Homes are required to have food preparation and dining areas and non-sleeping areas that meet minimum square footage requirements. No rooms within the home, other than staff living areas, are to be 'off limits' to any resident. Residential providers are required to provide or arrange for transportation of individuals to access community services including community services/programs/activities that are available to all community members regardless of disability, in accordance with their Individual Service Plans. Licensed facilities may not erect any sign or otherwise differentiate the home from other private residences in the community.

DODD licenses 2 types of facilities: ICF/IID and non-ICF/IID. ('Non-ICF/IID' refers to the type of facility; it does not refer to the individual/their level of care.) Currently, OAC 5123:2-3-26 limits the number of beds in new non-ICF/IID licensed facilities to 4, however, facilities licensed for more than 4 prior to this rule becoming effective may maintain their current capacity.

Facilities are located in residential neighborhoods where access to community activities and public transportation are available. This provides individuals in these homes to interact with individuals without disabilities. The facilities physically resemble large homes, not institutions, as much as possible and provide services in a family-like way (meals, outings).

Appendix C: Participant Services

C-2: Facility Specifications

Facility Type:

Facilities licensed by DODD under ORC 5123.19

Waiver Service(s) Provided in Facility:

Waiver Service	Provided in Facility
Integrated Employment	☐
Community Respite	☐
Participant-Directed Goods and Services	☐
Support Brokerage	☐
Functional Behavioral Assessment	☐
Remote Monitoring	☐
Supported Employment - Enclave	☐
Habilitation - Adult Day Support	☐
Community Inclusion	☐
Clinical/Therapeutic Intervention	☐
Remote Monitoring Equipment	☐
Participant/Family Stability Assistance	☐
Residential Respite	☑

Waiver Service	Provided in Facility
Habilitation - Vocational Habilitation	☐
Non-Medical Transportation	☐

Facility Capacity Limit:

OAC 5123:2-3-26 limits the number of beds in new non-ICF/IID licensed facilities to 4, but facilities licensed >4 prior to this rule becoming effective may maintain their current capacity.

Scope of Facility Sandards. For this facility type, please specify whether the State's standards address the following topics (*check each that applies*):

Scope of State Facility Standards

Standard	Topic Addressed
Admission policies	☑
Physical environment	☑
Sanitation	☑
Safety	☑
Staff : resident ratios	☑
Staff training and qualifications	☑
Staff supervision	☑
Resident rights	☑
Medication administration	☑
Use of restrictive interventions	☑
Incident reporting	☑
Provision of or arrangement for necessary health services	☑

When facility standards do not address one or more of the topics listed, explain why the standard is not included or is not relevant to the facility type or population. Explain how the health and welfare of participants is assured in the standard area(s) not addressed:

Appendix C: Participant Services

C-2: General Service Specifications (3 of 3)

d. Provision of Personal Care or Similar Services by Legally Responsible Individuals. A legally responsible individual is any person who has a duty under State law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child or (b) a spouse of a waiver participant. Except at the option of the State and under extraordinary circumstances specified by the State, payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a waiver participant. *Select one*:

- (●) **No. The State does not make payment to legally responsible individuals for furnishing personal care or similar services.**
- ( ) **Yes. The State makes payment to legally responsible individuals for furnishing personal care or similar services when they are qualified to provide the services.**

Specify: (a) the legally responsible individuals who may be paid to furnish such services and the services they may provide; (b) State policies that specify the circumstances when payment may be authorized for the provision of ***extraordinary care*** by a legally responsible individual and how the State ensures that the provision of services by a legally responsible individual is in the best interest of the participant; and, (c) the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 the personal care or similar services for which payment may be made to legally responsible individuals under the State policies specified here.*

e. **Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians.** Specify State policies concerning making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item C-2-d. *Select one*:

- **The State does not make payment to relatives/legal guardians for furnishing waiver services.**
- **The State makes payment to relatives/legal guardians under specific circumstances and only when the relative/guardian is qualified to furnish services.**

  Specify the specific circumstances under which payment is made, the types of relatives/legal guardians to whom payment may be made, and the services for which payment may be made. Specify the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 each waiver service for which payment may be made to relatives/legal guardians.*

- **Relatives/legal guardians may be paid for providing waiver services whenever the relative/legal guardian is qualified to provide services as specified in Appendix C-1/C-3.**

  Specify the controls that are employed to ensure that payments are made only for services rendered.

  Relatives/legal guardians may be paid for providing waiver services whenever the relative/legal guardian is qualified to provide services as specified in Appendix C-1/C-3, except as follows:
  • Legally responsible individuals are not permitted to furnish any waiver services to the individuals for whom they are responsible.
  • Spouses are not permitted to furnish waiver services to their spouses.
  • Parents are not permitted to furnish waiver services to their children (defined as biological children, adoptive children, or stepchildren) who are under the age of eighteen.
  • Guardians of individuals who are not related to the individuals are not permitted to furnish waiver services to those individuals.
  • Legally responsible persons, legal guardians (related or unrelated) of individuals, and family members that reside with the individual are not permitted to furnish Support Brokerage on a paid basis to those individuals.

  Procedures that have been established to ensure that payment is made only for services rendered:
  The Individual Service Plan (ISP) developed by the County Board specifies the waiver services eligible for payment. Waiver services specified in the ISP are entered into the Medicaid Services System(MSS)/Payment Authorization for Waiver Services (PAWS) system to ensure that payment is made only for waiver services specified in ISP and only in the amounts specified in the ISP.

  Consistent with the limitations in Appendix C-2-e and Appendix C-1/C-3, relatives/family members who are otherwise qualified to provide services as specified in Appendix C-1/C-3 may become qualified waiver providers by following the same certification process as DODD's other waiver providers.

  Monitoring of the ISP implementation is done by the County Board's Service and Support Administrator (SSA), and provider compliance reviews conducted by DODD include a review of whether services were actually delivered in accordance with the individual's ISP.

  Relatives may be employed by agencies that provide the Adult Day Waiver Services of Adult Day Support, Vocational Habilitation, Supported Employment – Enclave

  During the completion of the Pre-Screen Tool for the SELF Waiver, the SSA is to identify who the individual chooses as their Support Broker. As the County Board representative that has the primary responsibility for the creation of the Individual Service Plan, the Service and Support Administrator is the primary point of coordination for ensuring that providers of service act in the best interest of the individual and in accordance with what the individual needs and wants. If the Support Broker does not appear to be acting in the best interest of the individual, as with any provider, the ISP team will be convened to discuss the situation and determine what course of action should be taken to ensure that the individual's preferences are enacted (barring any preference that may cause harm to the individual).
- **Other policy.**

  Specify:

f. **Open Enrollment of Providers.**Specify the processes that are employed to assure that all willing and qualified providers have the opportunity to enroll as waiver service providers as provided in 42 CFR §431.51:

DODD continuously certifies applicants to be providers of waiver services. Prospective providers must access the Provider Certification Wizard (PCW) to make application for certification. All documents required to be certified as a waiver provider, along with information regarding the certification process, are posted on DODD's website. Prospective providers may call or email DODD for information about the requirements or assistance with the application process. Once certified by the DODD, the Medicaid Provider application is forwarded to ODM for review and assignment of a Medicaid provider number.

County Boards also assist in the open enrollment of providers by passing along information regarding waiver services and the provider application process to potential providers.

Appendix C: Participant Services

Quality Improvement: Qualified Providers

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. **Methods for Discovery: Qualified Providers**

The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

i. **Sub-Assurances:**

a. ***Sub-Assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
PM C1:Number and percent of new independent providers that meet initial certification requirements prior to providing waiver services. Numerator: Total number of new independent providers enrolled that meet initial certification requirements prior to providing waiver services. Denominator: Total number of new independent providers enrolled.

Data Source (Select one):
Other
If 'Other' is selected, specify:
DODD's Provider Certification Wizard

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
		☐ **Other**

	☐ **Continuously and Ongoing**	Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
PM C2: Number and percent of new agency providers that meet initial certification requirements prior to providing waiver services Numerator: Number of new agency providers that meet initial certification requirements prior to providing waiver services. Denominator: Total number of new agency providers enrolled.

Data Source (Select one):
Other
If 'Other' is selected, specify:
DODD's Provider Certification Wizard

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:

	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
PM C3: Number and percent of independent providers that continue to meet certification requirements at recertification or review. Numerator: Number of independent providers that continue to meet certification requirements at recertification or review. Denominator: Total number of independent providers due for a re-certification or review.

Data Source (Select one):
Other
If 'Other' is selected, specify:
DODD's Provider Certification Wizard

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:

	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
PM C4: Number and percent of agency providers that continue to meet certification requirements at recertification or review. Numerator: Number of agency providers that continue to meet certification requirements at recertification or review. Denominator: Total number of agency providers due for a re-certification or review.

Data Source (Select one):
Other
If 'Other' is selected, specify:
DODD's Provider Certification Wizard

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other**	

	Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
PM C5: Number and percent of enrolled providers for which an appropriate background and registry checks were conducted timely. Numerator: Number of enrolled providers for which an appropriate background and registry checks were conducted timely. Denominator: Total number of enrolled providers due for a background and registry checks.

Data Source (Select one):
Other
If 'Other' is selected, specify:
DODD's Provider Certification Wizard

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

b. ***Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.***

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
PM C6: Number and percent of non-licensed/non-certified providers that meet requirements.
Numerator: Number of non-licensed/non-certified providers that meet requirements.
Denominator: Total number of non-licensed/non-certified providers.

Data Source (Select one):
Other
If 'Other' is selected, specify:
DODD's Provider Certification Wizard

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☑ **Annually**	☐ **Stratified** Describe Group:

	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

c. ***Sub-Assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.***

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
PM C7: Number and percent of independent providers who were not certified for failure to meet training requirements. Numerator: Number of independent providers who were not certified for failure to meet training requirements. Denominator: Total number of independent providers due for a review.

Data Source (Select one):
Other
If 'Other' is selected, specify:
DODD's Provider Certification Wizard

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**

☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
PM C8: Number and percent of agency providers who were not certified for failure to meet training requirements. Numerator: Number of agency providers who were not certified for failure to meet training requirements. Denominator: Total number of agency providers due for a review.

Data Source (Select one):
Other
If 'Other' is selected, specify:
DODD's Provider Certification Wizard

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**

☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

b. Methods for Remediation/Fixing Individual Problems

i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

Provider applicants cannot provide waiver services prior to meeting initial certification requirements. Providers are not given their DODD contract number or Medicaid Provider number until the standards of certification have been met as established in OAC 5123:2-2-01. Requirements are specific to independent providers verse agency providers; all approved providers are identified in the provider database as either being an agency or independent provider. Effective dates of certification are not granted until DODD has received all documentation supporting the initial certification requirements. Requirements, including documents, for certification are currently listed by provider type on the DODD website. Provider applicants must use the online certification tool, the Provider Certification Wizard (PCW) to apply for certification. The application process consists of the applicant being asked a series of questions that will determine a list of required documentation based on their answers. Once the application is submitted by the applicant, it is forwarded to an

electronic workflow program that is used to ensure requirements of initial and renewal certification are met.
All providers are notified within 90 days of their expiration date that they must renew their certification. They are sent a list of requirements via letter sent through the US Postal Service; this letter includes information pertaining to their expiration date and instructions as to how to proceed with certification renewal. If the provider does not meet the standards of certification to renew, the provider can no longer provide services and will not be able to bill for services provided after their expiration date. If the provider submits their application after their expiration date, a new effective date will be assigned that will align with the date that all completed documentation was received. This can result in a lapse in the certification record for the provider. If the application is submitted prior to expiration, but is incomplete, per OAC 5123:2-2-01, the provider has 90 days to submit a completed application.
Providers are able to apply for certification for services under all of the DODD waivers using PCW. The services are listed within the application and the request for documentation is dependent upon the services selected. Goods and service providers are not included as DODD certified providers. Providers are only certified once the requirements of certification have been verified. Providers who do not submit documentation within the required timeframe are not denied; they are simply not certified. This includes providers who have not met the requirement for training documentation for initial and renewal certification. The Office of Provider Standards and Review will conduct compliance reviews to ensure anyone working for an agency in a direct service position has met any certification requirements. If they have not, citations will be issued by the Department. Reports can be accessed by Department staff outlining the number of providers who have been certified for initial or renewal certification, the type of provider, and the services for which they have been certified.

ii. **Remediation Data Aggregation**
Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

c. **Timelines**
When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Qualified Providers that are currently non-operational.

◉ **No**
○ **Yes**
Please provide a detailed strategy for assuring Qualified Providers, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix C: Participant Services

C-3: Waiver Services Specifications

Section C-3 'Service Specifications' is incorporated into Section C-1 'Waiver Services.'

Appendix C: Participant Services

C-4: Additional Limits on Amount of Waiver Services

a. **Additional Limits on Amount of Waiver Services.** Indicate whether the waiver employs any of the following additional limits on the amount of waiver services (*select one*).

○ **Not applicable**- The State does not impose a limit on the amount of waiver services except as provided in Appendix C-3.
◉ **Applicable** - The State imposes additional limits on the amount of waiver services.

When a limit is employed, specify: (a) the waiver services to which the limit applies; (b) the basis of the limit, including its basis in historical expenditure/utilization patterns and, as applicable, the processes and methodologies that are used to determine the amount of the limit to which a participant's services are subject; (c) how the limit will be adjusted over the course of the waiver period; (d) provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors specified by the state; (e) the safeguards that are in effect when the amount of the limit is insufficient to meet a participant's needs; (f) how participants are notified of the amount of the limit. (*check each that applies*)

☑ **Limit(s) on Set(s) of Services.** There is a limit on the maximum dollar amount of waiver services that is authorized for one or more sets of services offered under the waiver.
Furnish the information specified above.

An annual cost limitation has been placed on the following set of services: Community Inclusion, Remote Monitoring, Residential Respite and Community Respite. These services are grouped together in order to provide the waiver participant the flexibility of choosing the particular service necessary to maintain the individual in his/her current environment. The annual limitation for these collective services is set at $25,000; this limitation was established for a number of reasons and supported by data drawn from DODD's existing waivers.

It was clear through our collaborations with stakeholders that there is a desired need to support individuals in the community in both the areas of personal assistance as well as with employment services. To that end, we examined data within our existing waivers to help assist us with the process of setting a reasonable and appropriate limitation by conducting a targeted analysis of individuals served on our existing waivers whose annual expenditures were less than $40,000. The results of the analysis showed that the average expenditures related to personal care services was $22,196. We also found that the proportion of total expenditures typically associated with personal care services was about 75% of the total annual expenditures per person (which would be $30,000 for this waiver). We then averaged the two amounts ($22,196 & $30,000) to $26,098. We further refined it to $25,000 for the sake of simplicity.

The above limitations were developed as a result of discussions with the County Boards, providers, and advocacy organizations. Based on the historical data above, these limitations have shown to be adequate in meeting individuals' needs. DODD, with assistance from with ODM, County Boards, and advocacy groups, will monitor the adequacy of these limitations once the waiver is operationalized to determine if the dollar limitations would need to be adjusted.

There are no built-in exceptions for individuals to exceed the limit. Proper service planning should ensure that the limit is upheld. If an individual's needs cannot be met within the limit for these services, it is likely that the individual is not appropriate for enrollment.

In cases of an emergency, DODD and County Boards will seek alternative funding mechanisms to ensure the individual's health and safety. In this circumstance, local funds, the Individual Options Waiver, or placement in an ICF-IID are three potential options to ensure health and safety.

The individual is informed of the cost limitation for the aforementioned set of services by the SSA when he/she is informed about the waiver.

☑ **Prospective Individual Budget Amount.** There is a limit on the maximum dollar amount of waiver services authorized for each specific participant.
Furnish the information specified above.

The overall cost limitations for this waiver are $25,000/year for children (defined as under age 22) and $40,000/year for adults.

DODD analyzed data on the average costs for both children and adults on the DODD-operated waivers Individual Options and Level One. Research shows that children have an average of approximately $15,000/year in waiver costs; we opted to increase that amount for this waiver in an attempt to provide the appropriate level of supports needed for individuals with intensive behavioral needs. Adults (defined as age 22 and over, unless eligible for one of the following services: Adult Day Support, Vocational Habilitation, Supported Employment – Enclave, or Integrated Employment) have an average of approximately $45,600 in waiver expenses (which includes the cost of Adult Day Waiver Services); however, that factors in the Individual Options waiver costs, which is considered to be DODD's comprehensive waiver. Given that the SELF Waiver is aimed to be a mid-level waiver, the data supports our decision to make the cost limitation $40,000/year, as national trends indicate that individuals on a participant-directed waiver who are given control over their budget use the dollars wisely and seldom reach the cost limitation.

☐ **Budget Limits by Level of Support.** Based on an assessment process and/or other factors, participants are assigned to funding levels that are limits on the maximum dollar amount of waiver services.
Furnish the information specified above.

☑ **Other Type of Limit.** The State employs another type of limit.

Describe the limit and furnish the information specified above.

Sets of Services to Which Annual Budget Limits Are Applied:
Following are the annual budget limitations that apply to Adult Day Support, Vocational Habilitation, and Supported Employment – Enclave waiver services when these services are provided separately or in combination.

CODB	Group A	Group A-1	Group B	Group C
Category 1	$9,480	$9,480	$17,040	$28,380
Category 2	$9,540	$9,540	$17,220	$28,680
Category 3	$9,660	$9,660	$17,400	$28,980
Category 4	$9,780	$9,780	$17,580	$29,280
Category 5	$9,840	$9,840	$17,760	$29,580
Category 6	$9,960	$9,960	$17,940	$29,880
Category 7	$10,080	$10,080	$18,120	$30,120
Category 8	$10,140	$10,140	$18,240	$30,420

The annual service limit that is applicable to the adult day service set of Adult Day Support, Vocation Habilitation, and Supported Employment – Enclave Waiver services is determined by use of a projected service utilization of 240 days per year multiplied by 6.25 hours of attendance each day multiplied by four 15-minute units per hour to obtain the maximum base of 6,000 15-minute units of service that may be received per person per twelve month waiver year. The 6,000 units are then multiplied by the rate for Vocational Habilitation/Adult Day Support that corresponds to the group to which each individual would be assigned based on completion of the Acuity Assessment Instrument. The rate selected when calculating an individual's service limit will be further determined by the cost of doing business adjustment (category) that applies to the county in which the individual is anticipated to receive the preponderance of Vocational Habilitation, Adult Day Support, and/or Supported Employment – Enclave services during the individual's twelve month waiver span. The methodology used to establish service limits will be periodically re¬evaluated by the Department.

Ohio has developed the DODD Acuity Assessment Instrument to determine the levels of direct service staff supports and related resource allocations required to provide quality adult day services to individuals with similar characteristics. The score resulting from the application of the assessment is used to determine the adjusted statewide payment rates, staff intensity ratios and group assignments applicable to each individual participating in Adult Day Support, Vocational Habilitation and Supported Employment – Enclave services. Assessment scores resulting from administration of the DODD Acuity Assessment Instrument were then grouped into ranges and subsequently linked with group size expectations that result in four payment rates that have been calibrated on group size.

Service and Support Administrators (SSA) employed by County Boards will be assigned the responsibility to submit to DODD information contained on the DODD Acuity Assessment Instrument for each waiver recipient for whom Adult Day Supports, Vocational Habilitation, or Supported Employment-Enclave waiver services have been authorized through the individual planning process. The SSA will be responsible to inform the waiver enrollee/guardian of the assessment score and resulting group assignment initially and at each time the assessment instrument is re-administered.

Each provider shall document the ratios of staff members to individuals served in a grouping during the times or span of times in each calendar day when Adult Day Support, Vocational Habilitation and Supported Employment - Enclave services were provided. When determining that an individual received services at the staff intensity ratio indicated by the Acuity Assessment Instrument score, a certified provider may use the average of the staff to individual ratios at which he/she provided each waiver service to the individual during one calendar day.

An administrative review processes internal to DODD and subject to ODM oversight will be available to individuals who believe that their DODD's Acuity Assessment Instrument scores and subsequent placement in Group A, A-1 and B prohibit their access to or continuation in the Vocational Habilitation or Adult Day Support and/or Supported Employment – Enclave services they have selected. In no instance will the total annual budget limit approved through the administrative review exceed the published amount for Group C in the cost of doing business region in which the individual receives the preponderance of his/her adult service set.

Appendix C: Participant Services

C-5: Home and Community-Based Settings

Explain how residential and non-residential settings in this waiver comply with federal HCB Settings requirements at 42 CFR 441.301(c)(4)-(5) and associated CMS guidance. Include:

1. Description of the settings and how they meet federal HCB Settings requirements, at the time of submission and in the future.
2. Description of the means by which the state Medicaid agency ascertains that all waiver settings meet federal HCB Setting requirements, at the time of this submission and ongoing.

Note instructions at Module 1, Attachment #2, HCB Settings Waiver Transition Plan for description of settings that do not meet requirements at the time of submission. Do not duplicate that information here.

The SELF Waiver transition plan assumes the Residential Supports and Integrated Employment Services are compliant since the majority of individuals enrolled in this waiver live with families or other caregivers. Service and Support Administrators (SSA) conduct home visits, in accordance with individual plans. Through the residential survey process, no county board identified a residential setting in which SELF services are provided as non-compliant with the regulation. These residential settings will be monitored on an ongoing basis through SSA monitoring and the provider compliance process.

Remediation Strategies/Action Steps/Timelines as outlined in the Ohio Statewide Transition Plan Appendix1: ICF-IID Level of Care Waivers System Remediation Grid that will provide for ongoing monitoring of HCB setting requirements in the future:

1. Implement new Home and Community-Based Services Administration rule that describes the characteristics required of all settings in which HCBS is provided and recognizes the individual's opportunity to choose among services/settings that address assessed needs in the least restrictive manner, promote autonomy and full access to the community, and minimize dependency on paid supports. Including the requirements specific to provider owned or controlled settings.
Action Steps:
a. Developed content with the sub-committee with equal representation from advocates/self-advocates, county boards, and providers of HCBS.
b. Formal clearance for draft rule.
c. Final file. Complete by 6/1/2015

2. Revise service definition of Homemaker/Personal Care under the Individual Options and Level One Waivers to include language that supports the use of this service to promote individuals' integration in and access to the greater community.
Action Steps:
a. Submit waiver amendments to CMS.
b. Formal clearance for draft rule.
c. Final file. Complete by 1/1/2016

3. Implement a new HCBS settings evaluation tool utilized to conduct compliance reviews of providers of HCBS to include prompts for ensuring HCBS are provided in settings that comport with the regulation.
Action Steps:
a. Convene workgroup with broad cross-section of individuals/families, providers of HCBS, and county board personnel.
b. Develop draft tool.
c. Share draft with stakeholders for feedback.
d. Provide training on new tool. Complete by 6/1/2015

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (1 of 8)

State Participant-Centered Service Plan Title:
Individual Service Plan

a. **Responsibility for Service Plan Development.** Per 42 CFR §441.301(b)(2), specify who is responsible for the development of the service plan and the qualifications of these individuals *(select each that applies):*
   - [ ] **Registered nurse, licensed to practice in the State**
   - [ ] **Licensed practical or vocational nurse, acting within the scope of practice under State law**
   - [ ] **Licensed physician (M.D. or D.O)**
   - [ ] **Case Manager** (qualifications specified in Appendix C-1/C-3)
   - [x] **Case Manager** (qualifications not specified in Appendix C-1/C-3).

   Specify qualifications:

   Service and support administrators (SSA) are responsible for service plan development and revision (ORC 5126.15 and rule 5123:2-1-11 of the Administrative Code). A service and support administrator must be, regardless of title, employed by or under subcontract with a County Board to perform the functions of service and support administration, and must hold the appropriate certification in accordance with rule 5123:2-5-02 of the Ohio Administrative Code. The minimum qualifications for certification are an associate's degree from a college or university and the successful completion of following:

   (1) The Ohio Alliance of Direct Support Professionals Professional Advancement Through Training and Education in Human Services (PATHS) Certificate of Initial Proficiency program; OR
   (2) An orientation program of at least eight hours that addresses: Organizational background of the county board or contracting entity. Components of quality care for individuals served including Person-centered philosophy. Health and safety. Positive behavior support. Services that comprise service and support administration.

☐ **Social Worker**

Specify qualifications:

☑ **Other**

Specify the individuals and their qualifications:

The Support Broker, considered to be an "agent of the individual", is responsible for assisting the individual and the SSA with the development of the Individual Service Plan (ISP). The Support Broker will be a person selected by the participant who has successfully completed the Support Broker training established by DODD and meets the qualifications as listed in 5123:2-9-47. Support Brokerage may be provided as a waiver service or on an unpaid basis. Whether a Support Broker would be paid or unpaid will be individual-specific and will be a decision made by the individual and their ISP team based on the resources available to, and requested by, the individual.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (2 of 8)

b. Service Plan Development Safeguards. *Select one:*

◉ **Entities and/or individuals that have responsibility for service plan development may not provide other direct waiver services to the participant.**

○ **Entities and/or individuals that have responsibility for service plan development may provide other direct waiver services to the participant.**

The State has established the following safeguards to ensure that service plan development is conducted in the best interests of the participant. *Specify:*

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (3 of 8)

c. Supporting the Participant in Service Plan Development. Specify: (a) the supports and information that are made available to the participant (and/or family or legal representative, as appropriate) to direct and be actively engaged in the service plan development process and (b) the participant's authority to determine who is included in the process.

(a) Each participant receives information and support from the SSA and the Support Broker to direct and be actively engaged in the service plan development process. The DODD website publishes a variety of handbooks and brochures to assist participants and family members to understand HCBS waivers and the service planning process. A handbook will be created to be used as an informational resource concerning the participant-direction specifications of this waiver.
(b) The participant selects who is included in the planning process, and the Support Broker will assist with ensuring those persons selected by the individual are involved in the planning process. In addition, SSAs will undergo training on what Support Brokerage and Participant Direction are as a means of gaining a more comprehensive understanding for the process and requirements for this waiver. The Support Broker assists the individual in developing the plan and selecting providers. The SSA has ultimate responsibility for ensuring the completion of the ISP (as well as for the annual re-determination and ISP review) and for implementation and monitoring of the ISP.

SSA is ultimately responsible for the actual creation of plan and recommendation of approval, etc. and for resolving any issues that may arise in relation to the creation and implementation of the ISP.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (4 of 8)

d. Service Plan Development Process. In four pages or less, describe the process that is used to develop the participant-centered service plan, including: (a) who develops the plan, who participates in the process, and the timing of the plan; (b) the types of assessments that are conducted to support the service plan development process, including securing information about participant needs, preferences and goals, and health status; (c) how the participant is informed of the services that are available under the waiver; (d) how the plan development process ensures that the service plan addresses participant goals, needs (including health care needs), and preferences; (e) how waiver and other services are coordinated; (f) how the plan development process provides for the assignment of responsibilities to implement and monitor the plan; and, (g) how and when the plan is updated, including when the participant's needs change. State laws, regulations, and policies cited that affect the service plan development process are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

a.)The primary point of coordinating and entity responsible for the development of the Individual Service Plan (ISP) is the County Board Service and Support Administrator (SSA). The SSA will assist the participant, at the time of initial enrollment, in selecting a Support Broker who, in conjunction with the SSA, will help the participant with the development of their Individual Service Plan (ISP). At the time of initial enrollment, in order to assure health and welfare of participants disenrolling from other DODD administered waivers and to allow the participant to have access to an Support Broker, the SSA and the participant create an interim plan which only identifies the provider of Support Brokerage and the budget associated with the service of Support Brokerage, where applicable. This interim plan authorizes the Support Broker to begin working with the participant and the SSA in the creation of the ISP and individual budget for the other services the individual will receive. The interim plan will indicate that the SSA, Support Broker, and individual will have no more than 30 days from date of enrollment to develop a full Individual Service Plan. The details contained in the interim plan will be transferred to the ISP prior to the expiration of the interim plan. The Support Broker is responsible for working with the SSA to identify all potentially viable resources, as well as assisting the participant to implement what is in his/her plan. The participant, with assistance of the Support Broker, determines who participates in the person -centered ISP development process. The SSA is responsible to actively participate on the planning team as well as for reviewing the ISP and budget to recommend for approval.

b.)The SSA is responsible for ensuring the development of the ISP and for ensuring that this process occurs with the active participation of the individual to be served, the Support Broker, the guardian/representative of the individual, as applicable, other persons selected by the individual (including, but not limited to, family members), and the provider(s) selected by the individual. The ISP shall focus on the individual's strengths, interests, and talents, and will integrate all services and supports, regardless of funding, available to meet the needs and desired outcomes of the individual. The SSA is also responsible for ensuring the ISP addresses the results of the assessment process and results from service monitoring. Input from the individual, the individual's guardian/representative, the SSA, the Support Broker, and other team members determines the types of assessments that are included in the planning process. Assessments and evaluations by certified and/or licensed professionals shall be completed as dictated by the needs of the individual. Assessments shall also include evaluation of the individual's likes, dislikes, priorities, and desired outcomes, as well as what is important to and for the individual, including skill development, health, safety, and welfare needs, as applicable.

c.)It will be the County Board Service and Supports Administrator (SSA)'s responsibility to inform the participant of the services that are available under this waiver and the responsibilities associated with participant-direction.

d.)The participant, the Support Broker, and the SSA, will determine what services would best meet the needs of the participant. The ISP shall include services and supports that assist the individual to engage in meaningful, productive activities and develop community connections. All services and activities indicated shall include the provider type, the frequency, and the funding source; and specify how services will be coordinated among providers and across all settings for the individual. The SSA will also review the ISP to ensure the amount, scope, frequency, and duration of the services selected will meet the participant's needs.

e.)The participant, the Support Broker, and the SSA will coordinate the services that are listed in the individual's service plan.

f.)The Support Broker will assist the participant to find potential providers for their ISP services. The participant and the Support Broker will implement and provide day-to-day oversight of the plan. The SSA has responsibility for ensuring that the services stated in the ISP are implemented in the timeframes specified, for monitoring that the services have been delivered and continue based on the requirements of the ISP, and that the services in the ISP continue to meet the health and welfare needs of the individual.

g.)Once developed, the plan will be reviewed by the Support Broker and participant, with the SSA, at least annually, unless there is a change in participant need/circumstance or the participant requests a change to their ISP. After the participant and Support Broker submit the requested changes and review with the SSA, revisions to the ISP will be recommended by the SSA for approval to ensure the ISP will continue to address the participant's needs and desired outcomes. DODD requires an ISP review within 10 days of request. In addition, requests may be addressed sooner in cases of emergency.

When an individual requests to move funds from one service to another, the individual and the Support Broker will request a meeting with the individual's SSA and, upon determining that no health and welfare issues would be caused by change in funds for the identified services, the SSA is to modify the ISP and budget accordingly, then notify the FMS about the changes. The SSA would have the responsibility of verifying utilization with the FMS prior to movement of funds so that rejections do not occur. The FMS will provide monthly utilization reports to assist with tracking the individual's budget.

All ISPs are subject to the approval and review of the single state Medicaid agency (ODM).

In those instances when an independent provider is selected for a service that is subject to rate negotiation, the rate used in the individual's budget is developed from a collaborative process. As stated in the language in the waiver application, the first step in the process is the development of the individual's ISP, which details the actual services that the individual will receive and the level of service that they will need for the services listed in the plan. The ISP team (which includes the individual and the Support Broker) will devise the options that will work for the individual in terms of determining, based on the level of need and the waiver services selected, what range of rates can be offered to the prospective provider while still keeping to the overall cost limitations of the waiver. Based on this, the individual and the Support Broker will present an offer to the prospective provider and the rate

negotiation process will begin. Once a rate has been settled upon, that rate will be used in the final formulation of the individual's budget.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (5 of 8)

e. **Risk Assessment and Mitigation.** Specify how potential risks to the participant are assessed during the service plan development process and how strategies to mitigate risk are incorporated into the service plan, subject to participant needs and preferences. In addition, describe how the service plan development process addresses backup plans and the arrangements that are used for backup.

The service and support administrator (SSA) is required to perform/coordinate assessments after the initial request for services and at least annually thereafter to determine the health, safety and welfare needs of the participant as part of the service planning process. Assessments by licensed and/or certified professionals shall be completed as dictated by the needs of the individual or the requirements of the service. The SSA is also required to monitor incident trends and the development and implementation of prevention and/or risk management plans as needed for the participant.
Back-up plans are part of the discussion during the person-centered planning process about what is needed for the participant. The back-up plan will be specifically tailored to each participant and will incorporate a variety of approaches, including back up-workers and/or family/natural support who can be called when a scheduled worker does not arrive at their designated time. The participant can also contact their County Boards emergency service (available 24 hours/day, 7 days/week).

Backup plans are required in each ISP. SSAs, individuals and their ISP team engage in risk evaluation and assessment on an ongoing basis. SSAs facilitate discussion of services requested and/or denied by the individual that may create a concern for the health and welfare of the individual. The team works collaboratively with the individual in the process of balancing rights, risks and responsibility.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (6 of 8)

f. **Informed Choice of Providers.**Describe how participants are assisted in obtaining information about and selecting from among qualified providers of the waiver services in the service plan.

DODD ensures individuals have Free Choice of Provider through interviews and documentation reviews conducted during the accreditation review process. In accordance with OAC 5123:2-9-11 DODD assures the free choice of provider processes are adhered to and is intended to emphasize the right of individuals to choose any qualified provider of home and community-based services.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (7 of 8)

g. **Process for Making Service Plan Subject to the Approval of the Medicaid Agency.**Describe the process by which the service plan is made subject to the approval of the Medicaid agency in accordance with 42 CFR §441.301(b)(1)(i):

The single State Medicaid Agency (ODM) assures the compliant performance of this waiver by: delegating specific responsibilities to the Operating Agency (DODD) through an interagency agreement; establishing general Medicaid rules processing claims for federal reimbursement, conducting audits; conducting post-payment review of Medicaid claims; monitoring the compliance and effectiveness of the Operating Agency's operations; leading the development of quality improvement plans; and facilitating interagency data-sharing and collaboration.

Responsibilities delegated to the Operating Agency (DODD) include: assuring compliant and effective case management for applicants and waiver participants by County Boards; managing a system for participant protection from harm; certifying particular types of waiver service providers; assuring that paid claims are for services authorized in individual service plans; setting program standards/expectations; monitoring and evaluating local administration of the waiver; providing technical assistance; facilitating continuous quality improvement in the waiver's local administration; and more generally, ensuring that all waiver assurances are addressed and met for all waiver participants. These requirements are articulated in an interagency agreement which is reviewed and re-negotiated at least every two years.

Case management shall not be assigned responsibilities for implementing other services for individuals and shall not be employed by or serve in other administrative functions for any other entity that provides programs or services to individuals with developmental disabilities in accordance with section 5126.15 of the Ohio Revised Code.

So long as a county board is a provider of home and community-based services, the
county board shall:(1) Ensure administrative separation between county board staff doing assessments and service planning and county board staff delivering direct services; and (2) implement a process and establish annual benchmarks for recruitment of sufficient providers of adult day support, integrated employment, supported employment-community, supported employment-

enclave, and vocational habilitation.

Requirements to comply with federal assurances are also codified in state statute and administrative rules, and clarified in procedure manuals. While some rules and guidelines apply narrowly to specific programs administered by the operating agency, other rules promulgated by ODM authorize those rules or guidelines, establish overarching standards for Medicaid programs, and further establish the authority and responsibility of ODM to assure the federal compliance of all Medicaid programs.

In additon, ODM monitors service planning activity through the quality performance measures. ODM also retains the right to review and modify service plans at any time.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (8 of 8)

h. Service Plan Review and Update. The service plan is subject to at least annual periodic review and update to assess the appropriateness and adequacy of the services as participant needs change. Specify the minimum schedule for the review and update of the service plan:

- ○ **Every three months or more frequently when necessary**
- ○ **Every six months or more frequently when necessary**
- ◉ **Every twelve months or more frequently when necessary**
- ○ **Other schedule**

Specify the other schedule:

i. Maintenance of Service Plan Forms. Written copies or electronic facsimiles of service plans are maintained for a minimum period of 3 years as required by 45 CFR §92.42. Service plans are maintained by the following *(check each that applies):*

- ☐ **Medicaid agency**
- ☐ **Operating agency**
- ☐ **Case manager**
- ☑ **Other**

Specify:

The participant and their local County Board of DD.

Appendix D: Participant-Centered Planning and Service Delivery

D-2: Service Plan Implementation and Monitoring

a. Service Plan Implementation and Monitoring. Specify: (a) the entity (entities) responsible for monitoring the implementation of the service plan and participant health and welfare; (b) the monitoring and follow-up method(s) that are used; and, (c) the frequency with which monitoring is performed.

a) The SSA will establish an individualized level of monitoring to readily identify problems while continuing to support self-direction by the participant. The SSA is responsible for monitoring the implementation of the ISP in order to verify the health, safety and welfare of the participant.
The participant and the Support Broker are responsible for ensuring consistent implementation of services and the achievement of the desired outcomes for the participant as stated in the ISP.

b) The monitoring provided by the SSA, as applicable to each participant, includes, but is not limited to, behavior support plans and services; emergency interventions; identified trends and patterns of unusual incidents and major unusual incidents; the development and implementation of prevention and/or risk management plans; the results of reviews; and other participant needs determined by the assessment process.

DODD, as the operating agency for this waiver, also has a role in the oversight of the ISP's implementation. DODD reviews the County Board to ensure they are fulfilling their obligations in regards to annual redetermination, service plan development, and monitoring. DODD reviews certified HCBS waiver providers to ensure they are also meeting their obligations around implementing services as written in the plan, waiver service documentation, and provider certification standards. As part of the DODD review of HCBS waiver services, the assessments and service plans (including the need for a back-up plan) are a large component of the review process. County Boards cannot complete compliance reviews of day services while providing day services. This function can only be performed by DODD.

c) The on-going oversight provided by the Support Broker occurs through regular interaction with the participant and their provider

(s), as defined within the ISP. The ISP monitoring conducted by the County Board occurs as indicated in the plan but no less than annually.

b) The service and support administrator is the primary entity responsible to monitor the local implementation of the ISP in order to verify the health, safety and welfare of the individual; consistent implementation of services; achievement of the desired outcomes for the individual as stated in the ISP; and that services received are those reflected in the ISP. The ISP team meets initially to create the plan, and then at least annually thereafter they review the plan to determine if changes need to be made. This monitoring of implementation of the plan, includes, but is not limited to behavior support plan implementation; emergency intervention; identified trends and patterns of unusual incidents and major unusual incidents and the development and implementation of prevention and/or risk management plans; results of quality assurance reviews; and other individual needs determined by the assessment process (OAC 5123:2-1-11). Documentation of the above-listed items, as applicable, must be contained in the individual's file, which is reviewed when the Office of Provider Standards and Review conducts their County Board Accreditation reviews.

b. Monitoring Safeguards.*Select one:*

- (●) **Entities and/or individuals that have responsibility to monitor service plan implementation and participant health and welfare may not provide other direct waiver services to the participant.**
- ( ) **Entities and/or individuals that have responsibility to monitor service plan implementation and participant health and welfare may provide other direct waiver services to the participant.**

The State has established the following safeguards to ensure that monitoring is conducted in the best interests of the participant. *Specify:*

Appendix D: Participant-Centered Planning and Service Delivery

Quality Improvement: Service Plan

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. Methods for Discovery: Service Plan Assurance/Sub-assurances

The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

i. Sub-Assurances:

a. ***Sub-assurance: Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
PM D1: Number and percent of participants whose service plans address their assessed needs, including health and safety risk factors, and personal goals. Numerator: Number of participants whose service plans address their assessed needs, including health and safety risk factors, and personal goals. Denominator: Total number of participants reviewed.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**

☑ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☑ **Other** Specify: Records review - Sample selected based in regulatory review schedule & number of members receiving services through that provider - minimum of 10% of members per year
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

b. ***Sub-assurance: The State monitors service plan development in accordance with its policies and procedures.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
PM D2: Number and percent of service plans that were developed according to policies and procedures as described in the approved waiver. Numerator: Number of service plans that were developed according to policies and procedures as described in the approved waiver. Denominator: Total number of participants reviewed.

Data Source (Select one):
Record reviews, off-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☑ **Other** Specify: Records review - Sample selected based in regulatory review schedule & number of members receiving services through that provider - minimum of 10% of members per year
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other**	☑ **Annually**

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
Specify:	
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

c. ***Sub-assurance: Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
PM D3: Number and percent of service plans reviewed that were updated at least annually.
Numerator: Number of service plans reviewed that were updated at least annually.
Denominator: Denominator: Total number of service plans reviewed that an annual update were due.

Data Source (Select one):
Record reviews, off-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☑ **Other** Specify: Records review - Sample selected based in regulatory review schedule & number of members receiving services through

		that provider - minimum of 10% of members per year
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
PM D4:Number and percent of service plans reviewed that were updated when the participant's needs changed. Numerator: Number of service plans reviewed that were updated when the participant's needs changed. Denominator: Total number of service plan reviewed for whom participants experienced a change in need.

Data Source (Select one):
Record reviews, off-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☑ **Other** Specify:

		Records review - Sample selected based in regulatory review schedule & number of members receiving services through that provider - minimum of 10% of members per year
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

d. ***Sub-assurance: Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
PM D5: Number and percent of participants reviewed who received services in the type, scope, amount, duration and frequency specified in the service plan. Numerator: Number of participants reviewed who received services in the type, scope, amount, duration and frequency specified in the service plan. Denominator: Total number of participants reviewed.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

		Sampling Approach*(check each that applies):*

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☑ **Other** Specify: Records review - Sample selected based in regulatory review schedule & number of members receiving services through that provider - minimum of 10% of members per year
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

e. ***Sub-assurance: Participants are afforded choice: Between waiver services and institutional care; and between/among waiver services and providers.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
PM D6: Number and percent of participants notified of their rights to choose among waiver services and/or providers. Numerator: Number of participants notified of their rights to choose among waiver services and/or providers. Denominator: Total number of participants reviewed.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☑ **Other** Specify: Records review - Sample selected based in regulatory review schedule & number of members receiving services through that provider - minimum of 10% of members per year
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

b. Methods for Remediation/Fixing Individual Problems

i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

DODD becomes aware of problems through a variety of mechanisms including, but not limited to, formal & informal complaints, technical assistance requests, and routine & special regulatory review processes (accreditation, licensure, provider compliance, ect. During the DODD regulatory review process in the areas of Service Plan Development and Service Plan Implementation are reviewed to ensure that the service plan meets the assessed needs and the wants of the waiver recipient. When non-compliance in this area is identified, a citation is issued to the provider. The provider will be required to submit a plan of correction by the specified due date. Verification of the plan of correction will be done to ensure that the plan of correction has been implemented to correct the area of non-compliance. When issues are noted that are systemic, DODD will provide statewide training and additional technical assistance and monitor for improvement during subsequent monitoring cycles.

It is the responsibility of the County Board SSA to ensure that the individual service plan is compiled correctly and timely. During the DODD regulatory review process in the areas of Service Plan Development and Service Plan Implementation the following are reviewed 1) the service plan meets the assessed needs and the wants of the waiver recipient, 2) it is developed according to the required processes, 3) it is developed utilizing the correct forms, 4)it is updated at least annually, 5) it updated when the needs of the waiver recipient change, and 6) the recipient receives services in the type, scope, amount, duration, and frequency identified in the service plan. When non-compliance in an area is identified, a citation is issued to the County Board and the County Board will be required to submit a plan of correction by the specified due date. Verification of the plan of correction will be done to ensure that the plan of correction has been implemented to correct the area of non-compliance. When issues are noted that are systemic, DODD will provide statewide training and additional technical assistance and monitor for improvement during subsequent monitoring cycles.

During the DODD regulatory review process the waiver recipient's SSA is asked to complete a questionnaire which asks for copies of the Freedom of Choice and the Freedom Choice of Provider forms. When non-compliance in this area is identified, a citation is issued to the County Board. The County Board will be required to submit a plan of correction by the specified due date. Verification of the plan of correction will be done to ensure that the plan of correction has been implemented to correct the area of non-compliance. When issues are noted that are systemic, DODD will provide statewide training and additional technical assistance and monitor for improvement during subsequent monitoring cycles.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**

Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **Other** Specify:	☐ **Annually**
	☐ **Continuously and Ongoing**
	☑ **Other** Specify: Semi-annually

c. **Timelines**
When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Service Plans that are currently non-operational.

- ◉ **No**
- ○ **Yes**
Please provide a detailed strategy for assuring Service Plans, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix E: Participant Direction of Services

Applicability*(from Application Section 3, Components of the Waiver Request)*:

- ◉ **Yes. This waiver provides participant direction opportunities.** Complete the remainder of the Appendix.
- ○ **No. This waiver does not provide participant direction opportunities.** Do not complete the remainder of the Appendix.

CMS urges states to afford all waiver participants the opportunity to direct their services. Participant direction of services includes the participant exercising decision-making authority over workers who provide services, a participant-managed budget or both. CMS will confer the Independence Plus designation when the waiver evidences a strong commitment to participant direction.

Indicate whether Independence Plus designation is requested *(select one):*

- ○ **Yes. The State requests that this waiver be considered for Independence Plus designation.**
- ◉ **No. Independence Plus designation is not requested.**

Appendix E: Participant Direction of Services

E-1: Overview (1 of 13)

a. **Description of Participant Direction.**In no more than two pages, provide an overview of the opportunities for participant direction in the waiver, including: (a) the nature of the opportunities afforded to participants; (b) how participants may take advantage of these opportunities; (c) the entities that support individuals who direct their services and the supports that they provide; and, (d) other relevant information about the waiver's approach to participant direction.

a.) This waiver includes many opportunities for participants to control and manage his or her supports and services by allowing the participant to:

• Develop a person-centered plan that ensures health and welfare (with assistance from the Service and Supports Administrator (SSA) and Support Broker)
• Develop an individual budget
• Negotiate rates within a range for applicable services
• Serve as the employer of record, if applicable
• Recruit, hire, and manage providers
• Establish work schedules
• Train and supervise providers
• Discharge providers when necessary (or request that the co-employer do it on their behalf, if applicable)
• Participate in the development and implementation of a backup/emergency plan

b.) Prior to entrance on this waiver, all participants will be informed that they will need to self-direct at least one service under this waiver, which at minimum means deciding what portion of their individual budget they wish to allocate to at least one of their service provider(s) in accordance with the cost limitations established for the services.

c.) The SSA will assist the participant in directing their services by helping them to select a Support Broker. Once the Support Broker is chosen, that person, in conjunction with the SSA, will assist the individual in selecting the services for their ISP and determining the budget amounts for those services.

DODD included budget methodology for the SELF waiver available on our website once the waiver has been approved. In addition, information on what individual budgets are contained in the SELF waiver handbook.

Appendix E: Participant Direction of Services

E-1: Overview (2 of 13)

b. Participant Direction Opportunities. Specify the participant direction opportunities that are available in the waiver. *Select one*:

- ○ **Participant: Employer Authority.** As specified in ***Appendix E-2, Item a***, the participant (or the participant's representative) has decision-making authority over workers who provide waiver services. The participant may function as the common law employer or the co-employer of workers. Supports and protections are available for participants who exercise this authority.
- ○ **Participant: Budget Authority.** As specified in ***Appendix E-2, Item b***, the participant (or the participant's representative) has decision-making authority over a budget for waiver services. Supports and protections are available for participants who have authority over a budget.
- ◉ **Both Authorities.** The waiver provides for both participant direction opportunities as specified in ***Appendix E-2***. Supports and protections are available for participants who exercise these authorities.

c. Availability of Participant Direction by Type of Living Arrangement.*Check each that applies*:

- ☑ **Participant direction opportunities are available to participants who live in their own private residence or the home of a family member.**
- ☑ **Participant direction opportunities are available to individuals who reside in other living arrangements where services (regardless of funding source) are furnished to fewer than four persons unrelated to the proprietor.**
- ☐ **The participant direction opportunities are available to persons in the following other living arrangements**

Specify these living arrangements:

Appendix E: Participant Direction of Services

E-1: Overview (3 of 13)

d. Election of Participant Direction. Election of participant direction is subject to the following policy *(select one):*

- ◉ **Waiver is designed to support only individuals who want to direct their services.**
- ○ **The waiver is designed to afford every participant (or the participant's representative) the opportunity to elect to direct waiver services. Alternate service delivery methods are available for participants who decide not to direct their services.**
- ○ **The waiver is designed to offer participants (or their representatives) the opportunity to direct some or all of their services, subject to the following criteria specified by the State. Alternate service delivery methods are available for participants who decide not to direct their services or do not meet the criteria.**

Specify the criteria

Appendix E: Participant Direction of Services

E-1: Overview (4 of 13)

e. Information Furnished to Participant. Specify: (a) the information about participant direction opportunities (e.g., the benefits of participant direction, participant responsibilities, and potential liabilities) that is provided to the participant (or the participant's

representative) to inform decision-making concerning the election of participant direction; (b) the entity or entities responsible for furnishing this information; and, (c) how and when this information is provided on a timely basis.

A handbook was created as a means to inform the participant about the rights, responsibilities and services available under this waiver. This handbook is available on DODD's website and will be given to the participant by the SSA prior to enrollment on this waiver to ensure the participant understands the responsibilities associated both with this waiver and with participant-direction. This information will also be revisited with the participant by the Support Broker and the SSA at least annually when the ISP is reviewed and revised.

Appendix E: Participant Direction of Services

E-1: Overview (5 of 13)

f. Participant Direction by a Representative. Specify the State's policy concerning the direction of waiver services by a representative *(select one):*

- ○ **The State does not provide for the direction of waiver services by a representative.**
- ◉ **The State provides for the direction of waiver services by representatives.**

Specify the representatives who may direct waiver services: *(check each that applies)*:

- ☑ **Waiver services may be directed by a legal representative of the participant.**
- ☑ **Waiver services may be directed by a non-legal representative freely chosen by an adult participant.**

Specify the policies that apply regarding the direction of waiver services by participant-appointed representatives, including safeguards to ensure that the representative functions in the best interest of the participant:

The participant who wishes to designate a non-legal representative/designee would do so by signing a form. A power of attorney may be used for this. Unless otherwise limited by the participant, the non-legal representative/designee would have direction over the ISP, the budget, selection of residence and providers, and negotiation of rates. If the participant objects to a decision made by the non-legal representative/designee, the participant's decision prevails. The participant may revoke the designation at any time, and the revocation should be in writing.

The non-legal representative/designee cannot be a provider, nor can they be employed by a county board, or a provider, or a contractor of either. The ISP process, along with the involvement of the SSA and support broker, will provide the mechanism for ensuring decisions are made in the best interests of the participant. Safeguards include the participation and watchfulness of the support broker and the service and support administrator as would be expected in their roles.

Appendix E: Participant Direction of Services

E-1: Overview (6 of 13)

g. Participant-Directed Services. Specify the participant direction opportunity (or opportunities) available for each waiver service that is specified as participant-directed in Appendix C-1/C-3.

Waiver Service	Employer Authority	Budget Authority
Integrated Employment	☑	☑
Community Respite	☐	☑
Participant-Directed Goods and Services	☑	☑
Support Brokerage	☑	☑
Functional Behavioral Assessment	☑	☑
Remote Monitoring	☐	☑
Community Inclusion	☑	☑
Clinical/Therapeutic Intervention	☐	☑
Remote Monitoring Equipment	☐	☑
Participant/Family Stability Assistance	☑	☑
Residential Respite	☐	☑

Appendix E: Participant Direction of Services

E-1: Overview (7 of 13)

h. **Financial Management Services.** Except in certain circumstances, financial management services are mandatory and integral to participant direction. A governmental entity and/or another third-party entity must perform necessary financial transactions on behalf of the waiver participant. *Select one*:

- (●) **Yes. Financial Management Services are furnished through a third party entity.***(Complete item E-1-i)*.

  Specify whether governmental and/or private entities furnish these services. *Check each that applies*:

  - [ ] **Governmental entities**
  - [x] **Private entities**

- ( ) **No. Financial Management Services are not furnished. Standard Medicaid payment mechanisms are used.***Do not complete Item E-1-i.*

Appendix E: Participant Direction of Services

E-1: Overview (8 of 13)

i. **Provision of Financial Management Services.** Financial management services (FMS) may be furnished as a waiver service or as an administrative activity. *Select one*:

- ( ) **FMS are covered as the waiver service specified in Appendix C-1/C-3**

  The waiver service entitled:

- (●) **FMS are provided as an administrative activity.**

Provide the following information

i. **Types of Entities:** Specify the types of entities that furnish FMS and the method of procuring these services:

The entity who provides the FMS service is a statewide FMS vendor that was selected via a competitive bidding request for proposals (RFPs) process which DODD participated in.

ii. **Payment for FMS.** Specify how FMS entities are compensated for the administrative activities that they perform:

The FMS will be paid as a monthly fee per participant as part of their contract with the state.

iii. **Scope of FMS.** Specify the scope of the supports that FMS entities provide *(check each that applies)*:

Supports furnished when the participant is the employer of direct support workers:

- [x] **Assist participant in verifying support worker citizenship status**
- [x] **Collect and process timesheets of support workers**
- [x] **Process payroll, withholding, filing and payment of applicable federal, state and local employment-related taxes and insurance**
- [ ] **Other**

Specify:

Supports furnished when the participant exercises budget authority:

- [x] **Maintain a separate account for each participant's participant-directed budget**
- [x] **Track and report participant funds, disbursements and the balance of participant funds**
- [x] **Process and pay invoices for goods and services approved in the service plan**
- [x] **Provide participant with periodic reports of expenditures and the status of the participant-directed budget**
- [ ] **Other services and supports**

Specify:

Additional functions/activities:

- [ ] **Execute and hold Medicaid provider agreements as authorized under a written agreement with the Medicaid agency**
- [x] **Receive and disburse funds for the payment of participant-directed services under an agreement with the Medicaid agency or operating agency**
- [x] **Provide other entities specified by the State with periodic reports of expenditures and the status of the participant-directed budget**
- [ ] **Other**

Specify:

iv. **Oversight of FMS Entities.** Specify the methods that are employed to: (a) monitor and assess the performance of FMS entities, including ensuring the integrity of the financial transactions that they perform; (b) the entity (or entities) responsible for this monitoring; and, (c) how frequently performance is assessed.

DODD monitors and assesses the performance of the FMS in the following ways:
• Annual reviews conducted by DODD Audit staff or by a contract with an audit agency that review a representative sample of participant files including all fiscal and financial records. Expenditures are reviewed for being allowed under the waiver and Ohio Administrative Code, and whether expenditures are accurately and appropriately assigned and reported.
• All expenditures are reported monthly to DODD from the FMS. DODD staff identifies inconsistencies based on information including utilization, individual budgets, expenditures, dates of service, waiver enrollment date and then follow up with FMS staff to see correction of errors.
• The FMS will be required by contract to comply with applicable audit requirements and responsibilities of the Office of Management and Budget (OMB) Circular A-133.
On a quarterly basis, DODD will review the timeliness of processing payroll and payment of other invoices by the FMS.

Periodically, DODD will randomly select a number of provider files maintained by the FMS to verify qualifications of these providers.
At the end of the first year, DODD will review all systems and practices to confirm compliance with the contract and Medicaid regulations.
An independent outside audit group will conduct internal audits in accordance with a Compliance Plan which must be approved by DODD.

Appendix E: Participant Direction of Services

E-1: Overview (9 of 13)

j. **Information and Assistance in Support of Participant Direction.** In addition to financial management services, participant direction is facilitated when information and assistance are available to support participants in managing their services. These supports may be furnished by one or more entities, provided that there is no duplication. Specify the payment authority (or authorities) under which these supports are furnished and, where required, provide the additional information requested *(check each that applies)*:

- [ ] **Case Management Activity.** Information and assistance in support of participant direction are furnished as an element of Medicaid case management services.

Specify in detail the information and assistance that are furnished through case management for each participant direction opportunity under the waiver:

- [x] **Waiver Service Coverage.** Information and assistance in support of participant direction are provided through the following waiver service coverage(s) specified in Appendix C-1/C-3 (check each that applies):

Participant-Directed Waiver Service	Information and Assistance Provided through this Waiver Service Coverage
Integrated Employment	☐
Community Respite	☐

Participant-Directed Waiver Service	Information and Assistance Provided through this Waiver Service Coverage
Participant-Directed Goods and Services	☐
Support Brokerage	☑
Functional Behavioral Assessment	☐
Remote Monitoring	☐
Supported Employment - Enclave	☐
Habilitation - Adult Day Support	☐
Community Inclusion	☐
Clinical/Therapeutic Intervention	☐
Remote Monitoring Equipment	☐
Participant/Family Stability Assistance	☐
Residential Respite	☐
Habilitation - Vocational Habilitation	☐
Non-Medical Transportation	☐

☐ **Administrative Activity.** Information and assistance in support of participant direction are furnished as an administrative activity.

Specify (a) the types of entities that furnish these supports; (b) how the supports are procured and compensated; (c) describe in detail the supports that are furnished for each participant direction opportunity under the waiver; (d) the methods and frequency of assessing the performance of the entities that furnish these supports; and, (e) the entity or entities responsible for assessing performance:

Appendix E: Participant Direction of Services

E-1: Overview (10 of 13)

k. Independent Advocacy *(select one).*

○ **No. Arrangements have not been made for independent advocacy.**

◉ **Yes. Independent advocacy is available to participants who direct their services.**

Describe the nature of this independent advocacy and how participants may access this advocacy:

Independent advocacy can be accessed as a waiver service under Community Inclusion.

Appendix E: Participant Direction of Services

E-1: Overview (11 of 13)

l. Voluntary Termination of Participant Direction. Describe how the State accommodates a participant who voluntarily terminates participant direction in order to receive services through an alternate service delivery method, including how the State assures continuity of services and participant health and welfare during the transition from participant direction:

If a participant chooses to voluntarily terminate from the waiver, a waiver opportunity from the DODD-operated waivers known as Individual Options (IO) or Level One may be made available to the participant. If there are no waivers available, a secondary option would be to access other available state/local resources. If no other alternatives are appropriate to meet the individual's needs, he/she will be referred for ICF/IID services.
The SSA and Support Broker will assist the participant in order to responsibly transfer the participant to waiver or community-based services, or to assist the participant in ICF/IID placement.

The individual, their Support Broker, and their SSA will devise and implement a transition plan that will assure the individual's health and welfare is not put in jeopardy if an individual decides they no longer want to direct their services.

Appendix E: Participant Direction of Services

E-1: Overview (12 of 13)

m. Involuntary Termination of Participant Direction. Specify the circumstances when the State will involuntarily terminate the use of participant direction and require the participant to receive provider-managed services instead, including how continuity of services and participant health and welfare is assured during the transition.

If the participant's health and welfare can no longer be assured, the participant may be involuntarily terminated from the waiver. A waiver opportunity from the DODD-operated waivers known as Individual Options (IO) or Level One may be made available to the participant. If there are no waivers available, a secondary option would be to access other available state/local resources. If no other alternatives are appropriate to meet the participant's needs, he/she will be referred for ICF/MR services.

The SSA and Support Broker will assist the participant in order to responsibly transfer the participant to waiver or community-based services, or to assist the participant in ICF/MR placement.

When a participant is involuntarily terminated from the use of participant-direction, they will be offered fair hearing rights and provided with an explanation of how to access these rights.

The SSA is required to implement a transition plan in the case of an individual's involuntary termination of participant direction.

Appendix E: Participant Direction of Services

E-1: Overview (13 of 13)

n. Goals for Participant Direction. In the following table, provide the State's goals for each year that the waiver is in effect for the unduplicated number of waiver participants who are expected to elect each applicable participant direction opportunity. Annually, the State will report to CMS the number of participants who elect to direct their waiver services.

Table E-1-n

	Employer Authority Only	Budget Authority Only or Budget Authority in Combination with Employer Authority
Waiver Year	Number of Participants	Number of Participants
Year 1		900
Year 2		2000
Year 3		2500
Year 4		3000
Year 5		3500

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant Direction (1 of 6)

a. Participant - Employer Authority *Complete when the waiver offers the employer authority opportunity as indicated in Item E-1-b:*

i. Participant Employer Status. Specify the participant's employer status under the waiver. *Select one or both*:

☑ **Participant/Co-Employer.** The participant (or the participant's representative) functions as the co-employer (managing employer) of workers who provide waiver services. An agency is the common law employer of participant-selected/recruited staff and performs necessary payroll and human resources functions. Supports are available to assist the participant in conducting employer-related functions.

Specify the types of agencies (a.k.a., agencies with choice) that serve as co-employers of participant-selected staff:

The contracted FMS entity may serve as the Employer of Record in a Co-Employer if the individual chooses them. The FMS entity's qualifications will be detailed in the requirements of the contract that the FMS holds with the State.

Agencies with Choice may also serve as the Employer of Record in a Co-Employer arrangement. In those instances, the agencies must meet the qualifications for the waiver service they are certified to provide.

The SSA and the Support Broker will have responsibility for ensuring that the individual is the managing employer and that the Employer of Record operates in accordance to the individual's preferences as permitted by law.

☑ **Participant/Common Law Employer.** The participant (or the participant's representative) is the common law employer of workers who provide waiver services. An IRS-approved Fiscal/Employer Agent functions as the participant's agent in performing payroll and other employer responsibilities that are required by federal and state law. Supports are available to assist the participant in conducting employer-related functions.

ii. **Participant Decision Making Authority.** The participant (or the participant's representative) has decision making authority over workers who provide waiver services. *Select one or more decision making authorities that participants exercise*:

- [x] **Recruit staff**
- [x] **Refer staff to agency for hiring (co-employer)**
- [x] **Select staff from worker registry**
- [x] **Hire staff common law employer**
- [x] **Verify staff qualifications**
- [x] **Obtain criminal history and/or background investigation of staff**

Specify how the costs of such investigations are compensated:

Provider applicants incur the expense of the background (BCII) check.

- [x] **Specify additional staff qualifications based on participant needs and preferences so long as such qualifications are consistent with the qualifications specified in Appendix C-1/C-3.**
- [x] **Determine staff duties consistent with the service specifications in Appendix C-1/C-3.**
- [x] **Determine staff wages and benefits subject to State limits**
- [x] **Schedule staff**
- [x] **Orient and instruct staff in duties**
- [x] **Supervise staff**
- [x] **Evaluate staff performance**
- [x] **Verify time worked by staff and approve time sheets**
- [x] **Discharge staff (common law employer)**
- [x] **Discharge staff from providing services (co-employer)**
- [ ] **Other**

Specify:

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant-Direction (2 of 6)

b. **Participant - Budget Authority** *Complete when the waiver offers the budget authority opportunity as indicated in Item E-1-b:*

i. **Participant Decision Making Authority.** When the participant has budget authority, indicate the decision-making authority that the participant may exercise over the budget. *Select one or more*:

- [x] **Reallocate funds among services included in the budget**
- [x] **Determine the amount paid for services within the State's established limits**
- [x] **Substitute service providers**
- [x] **Schedule the provision of services**
- [x] **Specify additional service provider qualifications consistent with the qualifications specified in Appendix C-1/C-3**
- [x] **Specify how services are provided, consistent with the service specifications contained in Appendix C-1/C-3**
- [x] **Identify service providers and refer for provider enrollment**
- [x] **Authorize payment for waiver goods and services**
- [x] **Review and approve provider invoices for services rendered**
- [ ] **Other**

Specify:

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant-Direction (3 of 6)

b. Participant - Budget Authority

ii. Participant-Directed Budget Describe in detail the method(s) that are used to establish the amount of the participant-directed budget for waiver goods and services over which the participant has authority, including how the method makes use of reliable cost estimating information and is applied consistently to each participant. Information about these method(s) must be made publicly available.

The person-centered planning process will result in an ISP that details the services that the participant needs, regardless of funding source. Once the plan is developed, the frequency, duration and provider rates for each of the waiver services are used to calculate the cost for each waiver service. Once the annual cost for each waiver service is calculated, they are totaled to establish the projected, annualized cost within the waiver's cost limitations (also known as the Individual Budget) of all waiver services for the participant. Additional information regarding cost limitations for this waiver can be found in Appendix C-4.

Information regarding the Individual Budgeting process will be provided to the individual by the County Board SSA and will be available upon request.

All participants on the SELF Waiver will have control over the allocated amount for the majority of services on this waiver within the cost limitations of the services (where applicable), with the exception of the Adult Day Waiver Services (Adult Day Support, Vocational Habilitation, Supported Employment – Enclave, and Non-Medical Transportation).
* The individual budgeting process will involve the SSA, the participant and their Support Broker.
* Individual budgets are determined through the planning process.
* The budget will include the dollar amount over which the individual exercises decision-making authority and control over the types and amounts of services and supports.
* The budget is reviewed and approved at least annually by the county board SSA.
* The County Board will review and recommend approval of the ISP and authorize the Individual Budget. The authorized ISP and budget amount shall be provided to the FMS.
* Direct oversight of the Individual Budget is the responsibility of the individual, the FMS entity, the individual's Support Broker and the SSA. The individual, their Support Broker, the county board, and DODD shall receive a fiscal report monthly from the FMS.

When an individual requests to move funds from one service to another, the individual and the Support Broker will request a meeting with the individual's SSA and, upon determining that no health and welfare issues would be caused by change in funds for the identified services, the SSA is to modify the ISP and budget accordingly, then notify the FMS about the changes.

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant-Direction (4 of 6)

b. Participant - Budget Authority

iii. Informing Participant of Budget Amount. Describe how the State informs each participant of the amount of the participant-directed budget and the procedures by which the participant may request an adjustment in the budget amount.

The participant and their Support Broker will devise the participant's Individual Budget based on the services listed in the ISP. Participants will be notified of the cost limitations associated with the waiver by the SSA prior to enrolling on the waiver.

If an individual wants to adjust their plan or budget, the individual and Support Broker will contact and set up a meeting with the SSA to discuss this request for an adjustment. If the request for an adjustment is reasonable, is within the established cost limitations for the waiver, and does not jeopardize the individual's health and welfare, the SSA should approve the request, then notify the FMS about the changes.

Determining the reasonableness of a participant's request for a budget adjustment will take into consideration the extent to which the request addresses the participant's needs, goals and preferences as described in the service plan and strategies identified there to mitigate risks to the participant.

DODD's Service and Support Administration rule (OAC 5123:2-1-11) requires that an individual must be provide with written notification and an explanation of the individual's right to a Medicaid fair hearing "…if the ISP process results in a recommendation for the approval, reduction, denial, or termination of an HCBS waiver service or Medicaid case management service." The participant's request for a budget adjustment would be predicated on an underlying service request, the denial of which would trigger the hearing rights referenced in the rule.

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant-Direction (5 of 6)

b. Participant - Budget Authority

iv. Participant Exercise of Budget Flexibility.*Select one*:

- (●) **Modifications to the participant directed budget must be preceded by a change in the service plan.**
- ( ) **The participant has the authority to modify the services included in the participant directed budget without prior approval.**

Specify how changes in the participant-directed budget are documented, including updating the service plan. When prior review of changes is required in certain circumstances, describe the circumstances and specify the entity that reviews the proposed change:

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant-Direction (6 of 6)

b. Participant - Budget Authority

v. Expenditure Safeguards. Describe the safeguards that have been established for the timely prevention of the premature depletion of the participant-directed budget or to address potential service delivery problems that may be associated with budget underutilization and the entity (or entities) responsible for implementing these safeguards:

The SSA and Support Broker work with the participant to ensure that the budget is utilized according to the ISP. When problems are identified such as underutilization, the Support Broker and the SSA work together with the participant to find solutions and make changes as necessary.

In addition, the FMS entity, based on the participant's individual budget, pays expenditures that in accordance with the authorized budget, and provides the participant, the Support Broker, the county board, and DODD with a monthly report of expenditures and budget status to ensure that the budget is not being depleted prematurely. The FMS entity will also not submit claims for reimbursement if they are not included in the ISP.

It is the FMS' responsibility to monitor and track the budget; provide reports to the individual, Support Broker, SSA, and DODD; and to identify and provide notification of any problems that occur. It is the SSA's responsibility to convene a meeting with the individual and their Support Broker to address any problems identified by the FMS.

It is the FMS' responsibility to make adjustments in a timely manner, and it is the responsibility of DODD to ensure that this occurs as part of its contract with the FMS.

Appendix F: Participant Rights

Appendix F-1: Opportunity to Request a Fair Hearing

The State provides an opportunity to request a Fair Hearing under 42 CFR Part 431, Subpart E to individuals: (a) who are not given the choice of home and community-based services as an alternative to the institutional care specified in Item 1-F of the request; (b) are denied the service(s) of their choice or the provider(s) of their choice; or, (c) whose services are denied, suspended, reduced or terminated. The State provides notice of action as required in 42 CFR §431.210.

Procedures for Offering Opportunity to Request a Fair Hearing. Describe how the individual (or his/her legal representative) is informed of the opportunity to request a fair hearing under 42 CFR Part 431, Subpart E. Specify the notice(s) that are used to offer individuals the opportunity to request a Fair Hearing. State laws, regulations, policies and notices referenced in the description are available to CMS upon request through the operating or Medicaid agency.

At the time of application for benefits, the individual or authorized representative is informed, in writing of the right to a state hearing, of the method by which a state hearing may be requested and that the case may be presented by an authorized representative, such as legal counsel, relative, friend, or other spokesperson. Individuals receive an "Explanation of State Hearing Procedures," JFS 04059(rev 4/2005), or its computer-generated equivalent, to provide this notice in accordance with rule 5101:6-2-01 of the Ohio Administrative Code.

Applicants for SELF waiver enrollment, and waiver enrollees, who are affected by any agency decision made to approve, reduce, suspend deny or terminate enrollment or to deny the choice of a qualified and willing provider or any agency decision to change the level and/or type of waiver service delivered, including any changes made to the individual service plan, shall be afforded Medicaid due process. As part of the waiver enrollment process, all applicants for the SELF waiver receive written information about the procedures for requesting a Medicaid Fair Hearing. If enrollment on the waiver is denied, the applicant will be given written notice of the denial and information about how to request a Fair Hearing to appeal the denial of enrollment. All waiver enrollees receive prior notice for any adverse action proposed by the agency. This notice includes the right to a state hearing and an explanation of the hearing procedures and is either generated manually by County Boards or electronically by county Department of Job and Family Services. Each agency retains copies of any notices it issues.

The individual must call or write their local county agency or write the Ohio Department of Job and Family Services (ODJFS), Office of Legal Services, Bureau of State Hearings (BSH). A hearing request must be received within 90 days of the mailing date of the notice of action.

DODD assures participation through an agency representative (DODD and/or County Board) pursuant to OAC 5101:6-6-01 and OAC 5101:6-6-02 at hearings requested by applicants, enrollees and disenrolled individuals of the SELF waiver.

Individuals who request hearings are notified about the action to be taken regarding the hearing request and are informed of the date, time, and location of the hearing at least ten days in advance. Services proposed to be reduced or terminated must be continued at the same level when the hearing is requested within fifteen days of the mailing date on the notice. Hearing decisions are rendered no later than 90 days after the hearing request. When agency compliance with a hearing decision is required, it must be acted upon within 15 calendar days of the decision or within 90 days of request for hearing, whichever is first.

Individuals are informed in writing of the hearing decision and are notified of the right to request an administrative appeal if they disagree with the hearing decision. If an administrative appeal is requested, a decision must be issued within 15 days of the appeal request. The individual is informed in writing of the decision and compliance, if ordered, must be acted upon within 15 calendar days of the decision.

Appendix F: Participant-Rights

Appendix F-2: Additional Dispute Resolution Process

a. **Availability of Additional Dispute Resolution Process.** Indicate whether the State operates another dispute resolution process that offers participants the opportunity to appeal decisions that adversely affect their services while preserving their right to a Fair Hearing. *Select one:*

- (●) **No. This Appendix does not apply**
- ( ) **Yes. The State operates an additional dispute resolution process**

b. **Description of Additional Dispute Resolution Process.** Describe the additional dispute resolution process, including: (a) the State agency that operates the process; (b) the nature of the process (i.e., procedures and timeframes), including the types of disputes addressed through the process; and, (c) how the right to a Medicaid Fair Hearing is preserved when a participant elects to make use of the process: State laws, regulations, and policies referenced in the description are available to CMS upon request through the operating or Medicaid agency.

Appendix F: Participant-Rights

Appendix F-3: State Grievance/Complaint System

a. **Operation of Grievance/Complaint System.***Select one:*

- ( ) **No. This Appendix does not apply**
- (●) **Yes. The State operates a grievance/complaint system that affords participants the opportunity to register grievances or complaints concerning the provision of services under this waiver**

b. **Operational Responsibility.** Specify the State agency that is responsible for the operation of the grievance/complaint system:

The Ohio Department of Developmental Disabilities (DODD)

c. **Description of System.** Describe the grievance/complaint system, including: (a) the types of grievances/complaints that participants may register; (b) the process and timelines for addressing grievances/complaints; and, (c) the mechanisms that are used to resolve grievances/complaints. State laws, regulations, and policies referenced in the description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

DODD receives and acts upon complaints in a variety of ways. DODD's Major Unusual Incident/Registry Unit receives complaints through a toll-free number for reporting abuse/neglect and other MUIs. Complaints are also received via email and U.S. mail. Each complaint received is logged and acted upon the same or next day and followed up until the issue is resolved. Some calls result in MUIs while other calls are assorted complaints which are referred to other department staff, county boards, or outside entities such as the Department of Health. These include medical, behavior, environmental and other miscellaneous subjects. Managers in the MUI/Registry Unit recommend closure when the issue has been resolved. The case is then closed by unit supervisors.

DODD employs a Family Advocate who works with families to provide technical assistance, including addressing complaints.

DODD Provider Standards and Review will follow up on any complaints regarding County Boards or certified waiver providers. This could result in citations being issued. Citations require a plan of correction that must be approved by DODD. Individuals may also contact their SSA to voice any concerns or complaints. Each County Board is required to have a complaint resolution process.

None of the above complaint resolution processes may be used in place of or to delay a Medicaid state hearing. As an alternative dispute resolution process that does not involve a decision by the SSA or County Board, Individuals who wish to appeal a decision related to their Home and Community-based services may request a state hearing in accordance with section 5101.35 of the Revised Code and Chapters 5101:6-1 to 5101:6-9 of the Administrative Code.

Appendix G: Participant Safeguards

Appendix G-1: Response to Critical Events or Incidents

a. **Critical Event or Incident Reporting and Management Process.**Indicate whether the State operates Critical Event or Incident Reporting and Management Process that enables the State to collect information on sentinel events occurring in the waiver program.*Select one:*

- (●) **Yes. The State operates a Critical Event or Incident Reporting and Management Process** *(complete Items b through e)*
- ( ) **No. This Appendix does not apply** *(do not complete Items b through e)*

If the State does not operate a Critical Event or Incident Reporting and Management Process, describe the process that the State uses to elicit information on the health and welfare of individuals served through the program.

b. **State Critical Event or Incident Reporting Requirements.** Specify the types of critical events or incidents (including alleged abuse, neglect and exploitation) that the State requires to be reported for review and follow-up action by an appropriate authority, the individuals and/or entities that are required to report such events and incidents and the timelines for reporting. State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Reportable Incidents
• "Major Unusual Incident" means the alleged, suspected, or actual occurrence of an incident when there is reason to believe the health or safety of an individual may be adversely affected or an individual may be placed at a reasonable risk of harm as listed in this paragraph, if such individual is receiving services through the DD service delivery system or will be receiving such services as a result of the incident. Major unusual incidents (MUIs) include the following:

1. Accidental or Suspicious death
2. Attempted Suicide
3. Death other than accidental or suspicious death
4. Exploitation
5. Failure to report
6. Law enforcement
7. Medical emergency
8. Misappropriation
9. Missing individual
10. Neglect
11. Peer-to-peer acts
12. Physical abuse
13. Prohibited sexual relations
14. Rights code violation
15. Significant injury
16. Sexual abuse
17. Unapproved behavior support
18. Unscheduled Hospitalization
19. Verbal abuse

Required Reporters

- County Boards of Developmental Disabilities
- Ohio Department of Developmental Disabilities
- Support Brokers
- DODD operated Developmental Centers
- All DD licensed or certified providers
- DD employees providing specialized services
- Financial Management Service entity

Reporting Methods and Timeframes
The timeframe for reporting abuse, neglect, misappropriation, exploitation, peer to peer acts, suspicious or accidental death or MUIs for which the provider has received an inquiry from the media is immediate to four (4) hours.
The remaining MUIs must be reported no later than three p.m. the next working day. DODD is notified by the county board through the Incident Tracking System by three p.m. on the working day following notification by the provider or becoming aware of the MUI.

Immediate action to protect the individual(s) is taken by the provider and ensured by the county board. Notifications are made immediately to law enforcement for alleged criminal acts and to Children's Services if the individual is under 22.

The SSA and the Support Broker are mandated reporters and will play key roles in reporting and prevention planning for individuals on the waiver. Individuals enrolled on this waiver will be given reporting information upon enrollment so they can immediately contact the county board regarding any concerns. The county board has the obligation to ensure immediate actions and conduct the investigation.

Reference Rule: OAC 5123:2-17-02

Any incident meeting the definition of a Major Unusual Incident (MUI) is required to be reported by the provider; the type of provider and who they work for is irrelevant. Immediate actions to protect the health and welfare of the individual are to be completed by the provider, with the county board having the obligation to assure that the immediate action implemented is appropriate for the incident involved. If there are disagreements between a provider and a county board involving immediate actions to be taken, DODD is consulted and shall make the determination.

c. **Participant Training and Education.** Describe how training and/or information is provided to participants (and/or families or legal representatives, as appropriate) concerning protections from abuse, neglect, and exploitation, including how participants (and/or families or legal representatives, as appropriate) can notify appropriate authorities or entities when the participant may have experienced abuse, neglect or exploitation.

DODD's website home page lists the Hotline complaint telephone number for reporting of Abuse, Neglect, and MUIs.

DODD, County Boards, and providers conduct annual trainings on reporting and investigation of Major Unusual Incidents for county boards, DODD employees, providers, Support Brokerage entities, Financial Management Services entities, and families.

DODD sends out Field Alerts on health and safety issues through an on-line newsletter that goes to families, providers, and county boards. The Alerts also go to all county boards and certified and licensed providers through a listserv.

DODD and county boards have Hotlines/Help Lines for receiving reports that have been communicated to providers and families.

DODD published a family handbook on MUIs which was distributed through the county boards and placed on the Department's website.

DODD, in addition to the hotline for reporting abuse and neglect, lists each County Boards after-hours number for reporting MUIs on its website.

The individual will receive specific information at enrollment and at the time of the ISP team meeting regarding protection and reporting. The information will include specific contact numbers for reporting as well as easily understood definitions of what can be reported. In addition, providers are required to take MUI rule training prior to providing services to an individual. The rule requires annual MUI training for providers thereafter. The names of all certified providers are automatically included in the list serve when they become certified. If they do not have to access the list serve, the information is sent to the email address provided at time of certification.

Within five calendar days of receiving a complaint, the department shall confirm that all administrative remedies as described in the administrative rules or existing in contract between the conflicting parties have been exhausted. Upon confirming that all existing remedies have been exhausted, the department shall review the record and issue a decision within thirty days.

d. **Responsibility for Review of and Response to Critical Events or Incidents.** Specify the entity (or entities) that receives reports of critical events or incidents specified in item G-1-a, the methods that are employed to evaluate such reports, and the processes and time-frames for responding to critical events or incidents, including conducting investigations.

The County Boards Major Unusual Incident Unit receives reports of critical incidents from providers, families, county board operated programs, support brokers, and financial management services entities. This Unit is responsible for determining if the report meets the criteria of a Major Unusual Incident, ensuring immediate actions have been taken to protect the individual(s), making notifications, and initiating the investigation for all Major Unusual Incidents.

Investigations into allegations of abuse, neglect, misappropriation, exploitation, suspicious or accidental deaths, failure to report, peer to peer acts and right code violation are initiated within 24 hours. For all other MUIs the investigation is initiated within a reasonable amount of time based on the initial information received and consistent with the health and safety of the individual(s) but no later than three (3) working days. All investigations are to be completed within 30 working days unless extensions are granted by DODD based upon established criteria.

Reference Rule: OAC 5123 :2-17-02.

ODM Protection from Harm Unit

Alert Process Summary - One way ODM assures that the health and safety needs of individuals enrolled on DODD HCBS waivers are adequately addressed is by ODM Protection from Harm Unit monitoring the progress and contributing to the investigatory process by mandated state agencies for certain incidents that impacted those individuals. Those incidents include but are not limited to incidents of alleged neglect or abuse resulting in hospitalization or removal by law enforcement; suspicious, unusual, accidental deaths, and misappropriations valued at over $500.

ODM is made aware of these incidents through various means including: notification by DODD, discovery during other ODM oversight activities, contact by other agencies, media sources, stakeholders and citizens.

The monitoring is completed by viewing the report and all investigation updates recorded in DODD's Incident Tracking System (ITS) and other DODD and ODM electronic sources. Inquires and concerns by ODM regarding any aspect of the investigation process/progress are added to the report by DODD with timelines for responses included.

Prior to ODM considering a case closed, members ensure if the steps taken to determine that the immediate health and safety of the individual(s) involved in the incident are and continue to be adequate; that appropriate notification was made to law enforcement, children's services, guardians, other appropriate agencies and parties; that all of the causes and contributing factors are identified, and are adequately remedied and/or addressed in the prevention plans; and that all questions by all parties have been answered, that the recommendations and prevention plans have been implemented/completed.

After the initial review the progress of the incident investigations are periodically reviewed until closed. If during the process of getting a Director's Alert MUI case to closure it becomes apparent the efforts to provide for the waiver recipient(s)'s health or welfare are not being assured for any reason, ODM will address those issues through the Adverse Outcome process describe in Appendix A.

e. **Responsibility for Oversight of Critical Incidents and Events.** Identify the State agency (or agencies) responsible for overseeing the reporting of and response to critical incidents or events that affect waiver participants, how this oversight is conducted, and how frequently.

DODD reviews all initial MUI/Registry Unit incident reports to ensure the health and safety of individuals. All substantiated reports of abuse, neglect, and misappropriation involving staff are reviewed. Other incidents are reviewed as deemed necessary to ensure the health and safety of individuals.

DODD MUI/Registry Unit conducts assessments of county boards to ensure the following:

- Appropriate reporting
- Immediate actions
- Appropriate notifications
- Thorough investigations
- Preventative measures to address the cause and contributing facts
- Trend and Pattern analysis and remediation
- Appropriate reporting of unusual incidents (local reporting)
- Training requirements

Assessments are conducted based on the performance of the county board but at least on a three (3) year cycle. Triggers are identified which could result in the assessment being done sooner.

There is an MUI assessment that is part of the Accreditation review; however, the MUI division also conducts their own 3-year performance-based cycle of reviews (which are separate from the Accreditation reviews) based on the MUI division's assessment of a county board's performance. For example: If, in 2013, the MUI assesses the county board and the county board is eligible for a 3-year MUI review based on their performance, but there is an Accreditation review scheduled in 2014, the MUI team would still return in 2014 for another assessment along with the Accreditation team.

MUI Trend and Pattern analyses and remediation is done twice a year by agency providers and county boards. DODD reviews all analyses completed by county boards and samples those completed by agency providers. County boards are responsible for reviewing the analyses for agency providers in their county.

DODD MUI/Registry Unit flags serious or egregious incidents as Director's Alerts. These cases are closely monitored for a thorough investigation and good prevention planning. Examples include accidental or suspicious deaths, neglect or physical abuse resulting in serious injuries or death, missing persons with high risk, serious unknown injuries and others as deemed appropriate.

• DODD holds a quarterly Mortality Review Committee compiled of stakeholders, including ODM, to review deaths for the purpose of identifying trends, possible Alerts, notification to other jurisdiction entities or licensing boards. In addition, the committee looks at causes of deaths and what steps might be taken to educate the field on the causes.

•A statewide Trend and Pattern Committee, made up of stakeholders, including ODM, meets twice a year to review statewide trends and patterns along with activities and initiatives being taken by DODD in regards to health and safety.

•DODD's MUI/Registry Unit conducts annual, in-depth analysis on Abuse, Neglect, and Misappropriation to determine root causes and outcomes, and provide interventions to help reduce reoccurrences. This is communicated through Alerts and during annual trainings.

•DODD's MUI/Registry Unit notifies the county board of individual trends and requires the county board to identify what action will be implemented to address the trends.

•DODD works in conjunction with it's Provider Compliance and Accreditation Units when trends and patterns are noted with a particular provider.

Reference Rule: OAC 5123:2-17-02

ODM Protection from Harm Unit Additional Oversight Responsibilities:

1. Participate in DODD's semi-annual Trends and Patterns Committee
2. Participate in DODD's quarterly Mortality Review Committee

Critical Events / MUI's for new independent providers will be monitored through the local county boards. New independent providers are required to have training on appropriate reporting of MUI's prior to providing services. The county boards are then responsible to monitor MUI reports for independent providers for potential pattern/trend identification. DODD reviews all initial MUI reports through the Incident Tracking System (ITS) to assure that incidents are coded properly and appropriate immediate action has taken place. In addition, DODD provides oversight through review of MUI's to assure that, thorough investigations have been completed, causes and contributing factors have been identified and prevention plans are developed and implemented prior to the MUI being closed on the ITS.

Appendix G: Participant Safeguards

Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (1 of 3)

a. Use of Restraints.*(Select one)*: *(For waiver actions submitted before March 2014, responses in Appendix G-2-a will display information for both restraints and seclusion. For most waiver actions submitted after March 2014, responses regarding seclusion appear in Appendix G-2-c.)*

○ **The State does not permit or prohibits the use of restraints**

Specify the State agency (or agencies) responsible for detecting the unauthorized use of restraints and how this oversight is conducted and its frequency:

◉ **The use of restraints is permitted during the course of the delivery of waiver services**. Complete Items G-2-a-i and G-2-a-ii.

i. Safeguards Concerning the Use of Restraints. Specify the safeguards that the State has established concerning the use of each type of restraint (i.e., personal restraints, drugs used as restraints, mechanical restraints). State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

The State of Ohio has in place a "Behavioral Support Strategies that Include Restrictive Measures" (OAC 5123:2-2-06) (Behavior Support Rule) that regulates the use of all restraints (including manual, mechanical, and chemical). Safeguards and protocols in the rule include:
•Behavior support strategies that include restrictive measures (including restraint) may only be used as a last resort

when necessary to keep people safe and with informed consent of the person and prior approval by a human rights committee;
•A list of prohibited measures, including: prone restraint; use of manual or mechanical restraint that causes pain or harm; using any restrictive measure for punishment, retaliation, instruction or teaching, convenience of providers, or substitute for services;
•A comprehensive assessment process that takes into consideration a person's: interpersonal, environmental, medical, mental health, and emotional needs and other motivational factors;
•Requirements for people who are conducting and developing behavior support strategies that include restrictive measures;
•Behavior support strategies that include restrictive measures shall be designed in a manner that promotes healing, recovery, and emotional well-being; be data-driven; recognize the role of environment; capitalize on strengths; delineate measures to be implemented and those responsible for implementation; specify steps to be taken to ensure the safety of the individual and others;
•Behavior support strategies that include restrictive measures shall be implemented with sufficient safeguards and supervision to ensure the health, welfare and rights of individuals receiving specialized services and anyone serving the individual must be trained on the strategy prior to serving;
•Shall be reviewed at least every 90 days;
•All County Boards must have a human rights committee to safeguard individual's rights and protect individuals from physical, emotional, and psychological harm – their role and responsibility is clearly defined in the Behavior Support Rule;
•Use of restrictive measures without prior approval by the human rights committee must be reported as an "unapproved behavior support";
•DODD must be notified after approval of the human rights committee and prior to implementation of all behavior support strategies that include restrictive measures;
•All County Boards must collect and analyze data regarding behavior support strategies that include restrictive measures and furnish data to their human rights committee.

ii. **State Oversight Responsibility.** Specify the State agency (or agencies) responsible for overseeing the use of restraints and ensuring that State safeguards concerning their use are followed and how such oversight is conducted and its frequency:

DODD is responsible for overseeing the use of restraints. The following specifies how the oversight is conducted:
•After approval by the human rights committee and prior to implementation, a County Board must complete and submit the "Restrictive Measure Notification" form electronically to DODD (Note: DODD does not use the notification system as a means to approve plans, the approval of plans that include restrictive measures occurs at the local level. The notification system is used to collect and monitor data for trends and patterns, provide oversight, and to identify cases where technical assistance may be needed.) The notification must be submitted initially, when revised or renewed, and (optionally) when discontinued.

• DODD may select a sample of behavior support strategies for additional review to ensure that the strategies are developed and implemented, and monitored in accordance with this rule.
• DODD shall take immediate action, as necessary, to protect the health and safety of individuals served.
• DODD shall compile and analyze data regarding the use of behavior support strategies throughout the state for the purposes of determining methods for enhancing risk reduction efforts and outcomes, reducing the frequency of restrictive measures, and identifying technical assistance and training needs.

• DODD conducts both MUI, and regular regulatory reviews (Accreditation, Licensure, & Provider Compliance Reviews) to ensure consistent and routine reviews of behavior support policies and procedures that are in place for individuals.

The rule addressing Major Unusual Incidents and Unusual Incidents to Ensure Health, Welfare and Continuous Quality Improvement, and the Behavior Support Rule requires an MUI to be filed when there is an unapproved behavior support. The system has required fields that must be completed plus the intake staff at DODD follow-up on any reports that are incomplete. If an unreported incident is identified during the course of the review or as a part of a complaint received, an MUI is filed, a citation is issued, and a plan of correction is required.

When ODM discovers a case of the improper or unauthorized use of restraint(s) and restrictive intervention(s) that have not yet been reported through DODD ITS system the case is reported to the proper DODD parties. Additionally, that case will be processed through the Adverse Outcome process described in Appendix A in order to ensure that the waiver recipient's health or welfare are being assured.

Appendix G: Participant Safeguards

Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (2 of 3)

b. Use of Restrictive Interventions.*(Select one)*:

The State does not permit or prohibits the use of restrictive interventions

Specify the State agency (or agencies) responsible for detecting the unauthorized use of restrictive interventions and how this oversight is conducted and its frequency:

The use of restrictive interventions is permitted during the course of the delivery of waiver services Complete Items G-2-b-i and G-2-b-ii.

i. **Safeguards Concerning the Use of Restrictive Interventions.** Specify the safeguards that the State has in effect concerning the use of interventions that restrict participant movement, participant access to other individuals, locations or activities, restrict participant rights or employ aversive methods (not including restraints or seclusion) to modify behavior. State laws, regulations, and policies referenced in the specification are available to CMS upon request through the Medicaid agency or the operating agency.

The State of Ohio has in place a "Behavioral Support Strategies that Include Restrictive Measures" (OAC 5123:2-2-06) (Behavior Support Rule) that regulates the use of all restrictive measures.
Safeguards and protocols in the rule include:
•Behavior support strategies that include restrictive measures may only be used as a last resort when necessary to keep people safe, and in the case of rights restrictions, when an individual's actions may result in legal sanction. The strategies require informed consent of the person and prior approval by a human rights committee;
•A list of prohibited measures, including: prone restraint; use of manual or mechanical restraint that causes pain or harm; using any restrictive measure for punishment, retaliation, instruction or teaching, convenience of providers, or substitute for services;
•A comprehensive assessment process that takes into consideration a person's: interpersonal, environmental, medical, mental health, and emotional needs and other motivational factors;
•Requirements for people who are conducting and developing behavior support strategies that include restrictive measures;
•Behavior support strategies that include restrictive measures shall be designed in a manner that promotes healing, recovery, and emotional well-being; be data-driven; recognize the role of environment; capitalize on strengths; delineate measures to be implemented and those responsible for implementation; specify steps to be taken to ensure the safety of the individual and others;
•Behavior support strategies that include restrictive measures shall be implemented with sufficient safeguards and supervision to ensure the health, welfare and rights of individuals receiving specialized services and anyone serving the individual must be trained on the strategy prior to serving;
•Shall be reviewed at least every 90 days;
•All County Boards must have a human rights committee to safeguard individual's rights and protect individuals from physical, emotional, and psychological harm – their role and responsibility is clearly defined in the Behavior Support Rule;
•Use of restrictive measures without prior approval by the human rights committee must be reported as an "unapproved behavior support";
•DODD must be notified after approval of the human rights committee and prior to implementation of all behavior support strategies that include restrictive measures;
•All County Boards must collect and analyze data regarding behavior support strategies that include restrictive measures and furnish data to their human rights committee.

ii. **State Oversight Responsibility.** Specify the State agency (or agencies) responsible for monitoring and overseeing the use of restrictive interventions and how this oversight is conducted and its frequency:

DODD is responsible for overseeing the use of restrictive interventions. The following specifies how the oversight is conducted:

•After approval by the human rights committee and prior to implementation, a County Board must complete and submit the "Restrictive Measure Notification" form electronically to DODD (Note: DODD does not use the notification system as a means to approve plans, the approval of plans that include restrictive measures occurs at the local level. The notification system is used to collect and monitor data for trends and patterns, provide oversight, and to identify cases where technical assistance may be needed.) The notification must be submitted initially, when revised or renewed, and (optionally) when discontinued.

• DODD may select a sample of behavior support strategies for additional review to ensure that the strategies are developed and implemented, and monitored in accordance with this rule.
• DODD shall take immediate action, as necessary, to protect the health and safety of individuals served.
• DODD shall compile and analyze data regarding the use of behavior support strategies throughout the state for the purposes of determining methods for enhancing risk reduction efforts and outcomes, reducing the frequency of restrictive measures, and identifying technical assistance and training needs.

• DODD conducts both MUI, and regular regulatory reviews (Accreditation, Licensure, & Provider Compliance Reviews) to ensure consistent and routine reviews of behavior support policies and procedures that are in place for individuals.

The rule on addressing Major Unusual Incidents and Unusual Incidents to Ensure Health, Welfare and Continuous Quality Improvement and the Behavior Support Rule requires an MUI to be filed when there is an unapproved behavior support. The system has required fields that must be completed plus the intake staff at DODD follow-up on any reports that are incomplete. If an unreported incident is identified during the course of the review or as a part of a complaint received, an MUI is filed, a citation is issued, and a plan of correction is required.

When ODM discovers a case of the improper or unauthorized use of restraint(s) and restrictive intervention(s) that have not yet been reported through DODD ITS system the case is reported to the proper DODD parties. Additionally, that case will be processed through the Adverse Outcome process described in Appendix A in order to ensure that the waiver recipient's health or welfare are being assured.

Appendix G: Participant Safeguards

Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (3 of 3)

c. **Use of Seclusion.***(Select one)*: *(This section will be blank for waivers submitted before Appendix G-2-c was added to WMS in March 2014, and responses for seclusion will display in Appendix G-2-a combined with information on restraints.)*

○ **The State does not permit or prohibits the use of seclusion**

Specify the State agency (or agencies) responsible for detecting the unauthorized use of seclusion and how this oversight is conducted and its frequency:

◉ **The use of seclusion is permitted during the course of the delivery of waiver services**. Complete Items G-2-c-i and G-2-c-ii.

i. **Safeguards Concerning the Use of Seclusion.**Specify the safeguards that the State has established concerning the use of each type of seclusion. State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

The State of Ohio has in place a “Behavioral Support Strategies that Include Restrictive Measures” (OAC 5123:2-2-06) (Behavior Support Rule) that regulates the use of all restrictive measures, including “Time Out.”
Safeguards and protocols in the rule include:
•Behavior support strategies that include restrictive measures (including Time Out) may only be used as a last resort when necessary to keep people safe and with informed consent of the person and prior approval by a human rights committee;
•A list of prohibited measures, including: prone restraint; use of manual or mechanical restraint that causes pain or harm; using any restrictive measure for punishment, retaliation, instruction or teaching, convenience of providers, or substitute for services;
•Time Out may not exceed 30 minutes for any incident or 1 hour in a 24 hour period; may not be key-locked; shall be adequately lighted and ventilated and provide a safe environment for the person;
•An individual in a time-out room or area must be protected from hazardous conditions, shall be under constant visual supervision, and time out shall cease immediately once risk of harm has passed or the individual engages in self-abuse, becomes incontinent, or shows other signs of illness;
•A comprehensive assessment process that takes into consideration a person’s: interpersonal, environmental, medical, mental health, and emotional needs and other motivational factors;
•Requirements for people who are conducting and developing behavior support strategies that include restrictive measures;
•Behavior support strategies that include restrictive measures shall be designed in a manner that promotes healing, recovery, and emotional well-being; be data-driven; recognize the role of environment; capitalize on strengths; delineate measures to be implemented and those responsible for implementation; specify steps to be taken to ensure the safety of the individual and others;
•Behavior support strategies that include restrictive measures shall be implemented with Use of restrictive measures without prior approval by the human rights committee must be reported as an “unapproved behavior support”;
•DODD must be notified after approval of the human rights committee and prior to implementation of all behavior support strategies that include restrictive measures;
•All County Boards must collect and analyze data regarding behavior support strategies that include restrictive measures and furnish data to their human rights committee.
•Sufficient safeguards and supervision to ensure the health, welfare and rights of individuals receiving specialized services and anyone serving the individual must be trained on the strategy prior to serving;
•Shall be reviewed at least every 90 days;

•All County Boards must have a human rights committee to safeguard individual's rights and protect individuals from physical, emotional, and psychological harm – their role and responsibility is clearly defined in the Behavior Support Rule.

ii. **State Oversight Responsibility.** Specify the State agency (or agencies) responsible for overseeing the use of seclusion and ensuring that State safeguards concerning their use are followed and how such oversight is conducted and its frequency:

DODD is responsible for overseeing the use of restrictive interventions, including seclusion ("time out"). The following specifies how the oversight is conducted:
•After approval by the human rights committee and prior to implementation, a County Board must complete and submit the "Restrictive Measure Notification" form electronically to DODD (Note: DODD does not use the notification system as a means to approve plans, the approval of plans that include restrictive measures occurs at the local level. The notification system is used to collect and monitor data for trends and patterns, provide oversight, and to identify cases where technical assistance may be needed.) The notification must be submitted initially, when revised or renewed, and (optionally) when discontinued.

• DODD may select a sample of behavior support strategies for additional review to ensure that the strategies are developed and implemented, and monitored in accordance with this rule.
• DODD shall take immediate action, as necessary, to protect the health and safety of individuals served.
• DODD shall compile and analyze data regarding the use of behavior support strategies throughout the state for the purposes of determining methods for enhancing risk reduction efforts and outcomes, reducing the frequency of restrictive measures, and identifying technical assistance and training needs.
• DODD conducts both MUI, and regular regulatory reviews (Accreditation, Licensure, & Provider Compliance Reviews) to ensure consistent and routine reviews of behavior support policies and procedures that are in place for individuals.

The rule on addressing Major Unusual Incidents and Unusual Incidents to Ensure Health, Welfare and Continuous Quality Improvement and the Behavior Support Rule requires an MUI to be filed when there is an unapproved behavior support. The system has required fields that must be completed plus the intake staff at DODD follow-up on any reports that are incomplete. If an unreported incident is identified during the course of the review or as a part of a complaint received, an MUI is filed, a citation is issued, and a plan of correction is required.

When ODM discovers a case of the improper or unauthorized use of restraint(s) and restrictive intervention(s) that have not yet been reported through DODD ITS system the case is reported to the proper DODD parties. Additionally, that case will be processed through the Adverse Outcome process described in Appendix A in order to ensure that the waiver recipient's health or welfare are being assured.

Appendix G: Participant Safeguards

Appendix G-3: Medication Management and Administration (1 of 2)

This Appendix must be completed when waiver services are furnished to participants who are served in licensed or unlicensed living arrangements where a provider has round-the-clock responsibility for the health and welfare of residents. The Appendix does not need to be completed when waiver participants are served exclusively in their own personal residences or in the home of a family member.

a. **Applicability.** Select one:

- ○ **No. This Appendix is not applicable** *(do not complete the remaining items)*
- ◉ **Yes. This Appendix applies** *(complete the remaining items)*

b. **Medication Management and Follow-Up**

i. **Responsibility.** Specify the entity (or entities) that have ongoing responsibility for monitoring participant medication regimens, the methods for conducting monitoring, and the frequency of monitoring.

Individual medication management and follow up is the responsibility of the physician, clinical nurse specialist, psychiatrist or other prescribing authority. These various health care professionals determine the need to monitor and follow up based on the individual's diagnoses, individual's medication regimen and stability of the individual being served. In addition, a quality assessment is completed for each individual receiving administration of prescribed medications, performance of health-related activities, and/or tube feedings at least once every three years or more frequently if needed (see OAC 5123:2-6-07). The quality assessment includes:
• Observation of administering prescribed medication or performing health-related activities;
• Review of documentation of prescribed medication administration and health-related activities for completeness of documentation and for documentation of appropriate actions taken based on parameters provided in prescribed medication administration and health-related activities training;
• Review of all prescribed medication errors from the past twelve months;

• Review of the system used by the employer or provider to monitor and document completeness and correct techniques used during oral and topical prescribed medication administration and performance of health-related activities.

Plans that incorporate medication for behavior control is prohibited unless it is prescribed by and under the supervision of a licensed physician who is involved in the interdisciplinary planning process. The protocols for this are described under Appendix G-2.

Prior documented informed consent is obtained from the individual receiving services from the County Boards program, or guardian if the individual is eighteen years old or older, or from the parent or guardian if the individual is under eighteen years of age.

ii. **Methods of State Oversight and Follow-Up.** Describe: (a) the method(s) that the State uses to ensure that participant medications are managed appropriately, including: (a) the identification of potentially harmful practices (e.g., the concurrent use of contraindicated medications); (b) the method(s) for following up on potentially harmful practices; and, (c) the State agency (or agencies) that is responsible for follow-up and oversight.

The Ohio Department of Developmental Disabilities (DODD) monitors medication administration through regularly scheduled reviews. The frequency of these reviews is based upon the terms of a provider's certification, license or accreditation, which range from one to three years. Special reviews (not scheduled) can be conducted by DODD if requested by an individual, parent or guardian or if there is suspicion of abuse, neglect, or non¬compliance with laws or rules especially those related to medication administration.

DODD also becomes aware of potentially harmful practices through the review of major unusual incidents. These incidents are initially investigated by local County Board personnel and the results of the investigation forwarded to the state for review. Medication errors that result in harm or reasonable risk of harm to an individual are classified, reported, and investigated as major unusual incidents.

Appendix G: Participant Safeguards

Appendix G-3: Medication Management and Administration (2 of 2)

c. Medication Administration by Waiver Providers

i. **Provider Administration of Medications.***Select one:*

- ○ **Not applicable.***(do not complete the remaining items)*
- ◉ **Waiver providers are responsible for the administration of medications to waiver participants who cannot self-administer and/or have responsibility to oversee participant self-administration of medications.***(complete the remaining items)*

ii. **State Policy.** Summarize the State policies that apply to the administration of medications by waiver providers or waiver provider responsibilities when participants self-administer medications, including (if applicable) policies concerning medication administration by non-medical waiver provider personnel. State laws, regulations, and policies referenced in the specification are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

A self-medication assessment is done to determine if an individual is capable of self-medicating and specifies how and when it is to be reviewed, revised, and redone. This must be reviewed annually and completely re-done at least every 3 years if an individual does not meet the criteria for self medication. This can be done more frequently than every 3 years if there is change in the individual's medication condition or if a problem with self medication is observed. (OAC 5123:2-6-02)

In accordance with Section 5123.47 of the Revised Code, a family member of a person with a developmental disability may authorize an independent provider to administer oral and topical prescribed medications or perform other health care task as part of the in-home care the worker provides to the individual, if all of the following apply:
• The family member is the primary supervisor of the care.

• The independent provider has been selected by the family member or the individual receiving care and is under the direct supervision of the family member.

• The independent provider is providing the care through an employment or other arrangement entered into directly with the family member and is not otherwise employed by or under contract with a person or government entity to provide services to individuals with developmental disabilities.

• A family member shall obtain a prescription, if applicable, and written instructions from a health care professional for the care to be provided to the individual. The family member shall authorize the independent provider to provide the care by preparing a written document granting the authority. The family member shall provide the independent provider with appropriate training and written instructions in accordance with the instructions obtained from the health care professional.

• A family member who authorizes an independent provider to administer oral and topical prescribed medications or perform other health care tasks retains full responsibility for the health and safety of the individual receiving the care and for ensuring that the worker provides the care appropriately and safely. No entity that funds or monitors the provision of in-home care may be held liable for the results of the care provided under this section by an independent provider, including such entities as the county board of developmental disabilities and the department of developmental disabilities.

• An independent provider who is authorized under this section by a family member to provide care to an individual may not be held liable for any injury caused in providing the care, unless the worker provides the care in a manner that is not in accordance with the training and instructions received or the worker acts in a manner that constitutes wanton or reckless misconduct.

Per Ohio Administrative Code (OAC) 5123:2-6-03 (A), staff that will be administering medication to individuals that do not self-medicate as is required to become certified to administer medications. For general medication administration staff are required to meet specific standard and then must attend a class that is a minimum of 14 hours per OAC 5123:2-6-06 (C) (1), do at least one successful return demonstration, and take a written test that must be passed with at least a score of 80% as described in OAC 5123:2-6-06 (C) (6). This certification must be renewed annually. To do this the staff must complete at least 2 hours of continuing education and complete a successful return demonstration per 5123: 2-6-06 (C) (7) (a).

To administer medication per gastrostomy orjejunostomy, the staff must take the general medication administration class and become certified. After completing the initial certification they must take an additional four-hour class per 5123:2-6-06 (D) (1), complete a return demonstration, take a written test and pass with at least 80% as described in OAC 5123:2-6-06 (D) (5). This certification is available to them for one year and must be renewed annually. The renewal process is described in OAC 5123 :2-6-06 (D) (6) and includes annual completion of at least one hour of continuing education and a successful return demonstration. In addition initially individual specific training must be completed and a nurse (an RN or an LPN under the direction of an RN) must delegate this to the staff prior to the medication administration beginning as required per OAC 5123:2-6-06(D) (1) (i).

Certified staff in residential settings of 5 beds or less are permitted to do insulin administration after being certified as in 5123 :2-6-06 (E). The staff must take the general medication administration class and then per 5123:2-6-06 (E) (1) they must take an additional minimum four-hour class. OAC 5123:2-6-06 (E) (4) states that during the class the staff must complete a successful return demonstration, take a written test and pass with at least 80%. In addition, prior to doing medication administration each certified staff must be provided individual specific training related to the individuals they will be serving per OAC 5123 :2-6-06 (E) (1) (k) and a nurse (an RN or an LPN under the direction of an RN) must delegate that specific medication administration to the staff per OAC 5123:2-6-06 (E) (1) (i)

ORC 5123.41 through 5123.46 and 5123.65 of the Ohio Revised Code, along with OAC 5123:2-6-01 through 5123:2-6-07 govern administration of medication to be completed by waiver providers. These laws and rules require staff who will be administering medications to individuals that cannot self-medicate to meet certain standards and to become and maintain certification as described above. Specific curriculum has been developed and must be used unless an individual has developed his/her own and had it approved by the DODD. All tests are developed by the DODD must be administered as the "written test" and no exceptions are granted. Medication administration must be documented on a medication administration record although a specific form is not required.

iii. Medication Error Reporting.*Select one of the following:*

◉ **Providers that are responsible for medication administration are required to both record and report medication errors to a State agency (or agencies).**
Complete the following three items:

(a) Specify State agency (or agencies) to which errors are reported:

Medication errors are required to be reported to the local County Board or DODD dependent upon it being an "unusual incident" or "major unusual incident."

(b) Specify the types of medication errors that providers are required to *record:*

"Prescribed medication error" means the administration of the wrong prescribed medication (which includes outdated prescribed medication and prescribed medication not stored in accordance with the instructions of the manufacturer or the pharmacist), administration of the wrong dose of prescribed medication, administration of prescribed medication at the wrong time, administration of prescribed medication by the wrong route, or administration of prescribed medication to the wrong person. All of these are reported.

(c) Specify the types of medication errors that providers must *report* to the State:

Per 5123:2-17-02 (C) (8) "...administration of incorrect medication or failure to administer medication as prescribed" is an unusual incident unless additional circumstances warrant it to be classified as a Major Unusual Incident in accordance with OAC 5123:2-17-02(C) (6)(iii)(c) &(d) (Neglect or death, by any cause, of an individual.

Providers responsible for medication administration are required to record medication errors but make information about medication errors available only when requested by the State.

Specify the types of medication errors that providers are required to record:

iv. **State Oversight Responsibility.**Specify the State agency (or agencies) responsible for monitoring the performance of waiver providers in the administration of medications to waiver participants and how monitoring is performed and its frequency.

DODD monitors performance of waiver providers through review of various County Board reports and County Board reviews. Incidents or issues that may be questioned can be reported to the County Board or the DODD at times other than when a report is filed or a review is completed. When reported directly to DODD, DODD will complete an investigation to determine necessary action.

ODM also reports non-compliance with laws or rules governing medication administration. When the situation does not meet DODD's MUI definition (5123:2-17-02 C 13), the case is processed as an Adverse Outcome as described in Appendix A. When ODM discovers an situation where harm has occurred, or where there is a reasonable risk of harm to an individual due to medication management or administration issues, and the problem is not already being effectively addressed by DODD (e.g., an MUI was not filed, the situation is not being, or the individual is otherwise still at risk) the case is processed as an Adverse Outcome and reported to DODD's MUI Unit." In those cases where a MUI was filed the AO Committee may also monitor for resolution.

Appendix G: Participant Safeguards

Quality Improvement: Health and Welfare

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. **Methods for Discovery: Health and Welfare**
The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare. *(For waiver actions submitted before June 1, 2014, this assurance read "The State, on an ongoing basis, identifies, addresses, and seeks to prevent the occurrence of abuse, neglect and exploitation.")*

i. **Sub-Assurances:**

a. ***Sub-assurance: The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instancesof abuse, neglect, exploitation and unexplained death.*** *(Performance measures in this sub-assurance include all Appendix G performance measures for waiver actions submitted before June 1, 2014.)*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
PM G1: Number and percent of substantiated cases of abuse, neglect, exploitation and misappropriation of funds where recommended actions to protect health and welfare were implemented. N:Number of substantiated cases where recommended actions to protect health and welfare were implemented. D:Total number of substantiated caseswhere there were recommended actions to protect health and welfare.

Data Source (Select one):
Other
If 'Other' is selected, specify:
DODD's Incident Tracking System (ITS)

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*

☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
PM G2: Number and percent of deaths with a determined need for investigation that were investigated. Numerator: Number of deaths with a determined need for investigation that were investigated. Denominator: Total number of deaths with a determined need for investigation.

Data Source (Select one):
Other
If 'Other' is selected, specify:
DODD's Incident Tracking System (ITS)

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**

☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

b. ***Sub-assurance: The state demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
PM G3: Number and percent of critical incidents that were reported within the required time frames as specified in the waiver application. For all incidents of Abuse; Neglect; Exploitation; and Misappropriation of Funds. N:Number of critical incidents reported in the required time

frames as specified in the waiver applic. D:Total number of reported critical incidents in the specified areas.

Data Source (Select one):
Other
If 'Other' is selected, specify:
DODD's Incident Tracking System (ITS)

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
PM G4: Number and percent of critical incident reviews/investigations that were completed as specified in the approved waiver. Critical incidents related to Abuse; Neglect; Exploitation; and Misappropriation of Funds. Num: Number of critical incident reviews/investigations that

were completed as specified in the approved waiver. Denom: Total number of critical incident reviews/investigations.

Data Source (Select one):
Other
If 'Other' is selected, specify:
DODD's Incident Tracking System (ITS)

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
PM G5: Number and percent of participants with a critical incident who had a plan of prevention/documentation of a plan, developed as a result of the incident. Critical incidents related to Abuse; Neglect; Exploitation; and Misappropriation of Funds. N:# who had a plan

of prevention/doc of a plan as result of incident D: Total # in the sample with a critical incident in specified areas.

Data Source (Select one):
Other
If 'Other' is selected, specify:
DODD's Incident Tracking System

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

c. ***Sub-assurance: The state policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
PM G6: Number and percent of instances of unapproved restraint, seclusion or other restrictive interventions with a prevention plan developed as a result of the incident.
Numerator: Number of instances with a prevention plan developed as a result of the incident.
Denominator: Total number of instances that required development of a prevention plan developed as a result of the incident.

Data Source (Select one):
Other
If 'Other' is selected, specify:
DODD's Incident Tracking System (ITS)

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

d. ***Sub-assurance: The state establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
PM G7: Number and percent of participants reviewed with an identified need for medication administration whose service plan includes a plan for medication administration. N: Total number of participant records reviewed with an identified need for medication administration whose service plan includes a plan for medication administration. D: Total number of participant records reviewed

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☑ **Other** Specify: Less than 100% Review, records review sample based on regulatory review schedule and number of participants

		receiving services through that provider.
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
PM G8: Number and percent of providers reviewed who administer medications hold a current medication administration certification. Numerator: Number of providers reviewed who administer medications hold a current medication administration certification. Denominator: Total number of provider records reviewed.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☑ **Other** Specify: Less than 100% Review, records

		review sample based on regulatory review schedule and number of participants receiving services through that provider.
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

b. Methods for Remediation/Fixing Individual Problems

i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.
For critical incidents, ODM monitors both prevention and outcome activities performed by DODD and the County Boards to assure that all prevention, investigation and resolution protocols are followed through and to completion. ODM meets regularly with DODD and works collaboratively to identify and observe trends, propose changes to rules and protocols, and support ongoing improvement to systems intended to assure prevention and adequate response to incidents of abuse.

DODD becomes aware of problems through a variety of mechanisms including, but not limited to, formal & informal complaints, technical assistance requests, and routine and special regulatory review processes (accreditation, licensure, provider compliance, etc.). As problems are discovered, the individual County Board is notified and technical assistance is provided using email, phone contact and/or letters to the County Board Superintendent. During the DODD regulatory review process citations may be issued and plans of correction required as needed and appropriate. When issues are noted that are systemic, DODD will provide statewide training and additional technical assistance and monitor for improvement during subsequent monitoring cycles.

This aggregate data tracks each MUI category for increases or decreases over time through the Incident Tracking System (ITS). The data is tracked by the DODD MUI / Registry Unit. The outcomes of the data are reviewed by the MUI Registry Unit and referred to the Statewide Pattern / Trend Committee. Prevention planning occurs based on the issue/s identified. Prevention may involve the county board or the MUI Registry Unit based on the data review.

This aggregate data tracks mortality rates by cause of death over time through the Incident tracking System (ITS). The data is tracked by the DODD MUI Registry Unit and referred to the Mortality Review Committee (MRC) quarterly, semi-annually and annually. Prevention planning occurs via Regional Manager incident review / follow up and Mortality Reviw Committee recommendations.

This percentage rate is reviewed semi annually and annually and compared over time. The data is tracked by the MUI Registry Unit and referred to the Statewide Pattern / Trend Committee The information is reviewed to assure that reporting and investigation timelines are continually met. Regional Managers follow up with counties that are not meeting statewide averages as required.

This aggregate data tracks Unapproved Behavior Support (UBS) MUI's to note increases and decreases over time. The information is reviewed by the MUI / Registry Unit and the outcomes referred to the Statewide Pattern / Trend Committee semi-annually and annually. Issues that are identified through MUI Registry Unit review are often referred to the office of Provider Standards and Review (OPSR) for additional follow up.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☑ **Continuously and Ongoing**
	☑ **Other** Specify: Semi-annually

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Health and Welfare that are currently non-operational.

◉ **No**

○ **Yes**

Please provide a detailed strategy for assuring Health and Welfare, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix H: Quality Improvement Strategy (1 of 2)

Under §1915(c) of the Social Security Act and 42 CFR §441.302, the approval of an HCBS waiver requires that CMS determine that the State has made satisfactory assurances concerning the protection of participant health and welfare, financial accountability and other elements of waiver operations. Renewal of an existing waiver is contingent upon review by CMS and a finding by CMS that the assurances have been met. By completing the HCBS waiver application, the State specifies how it has designed the waiver's critical processes, structures and operational features in order to meet these assurances.

- Quality Improvement is a critical operational feature that an organization employs to continually determine whether it operates in accordance with the approved design of its program, meets statutory and regulatory assurances and requirements, achieves desired outcomes, and identifies opportunities for improvement.

CMS recognizes that a state's waiver Quality Improvement Strategy may vary depending on the nature of the waiver target population, the services offered, and the waiver's relationship to other public programs, and will extend beyond regulatory requirements. However, for the purpose of this application, the State is expected to have, at the minimum, systems in place to measure and improve its own performance in meeting six specific waiver assurances and requirements.

It may be more efficient and effective for a Quality Improvement Strategy to span multiple waivers and other long-term care services. CMS recognizes the value of this approach and will ask the state to identify other waiver programs and long-term care services that are addressed in the Quality Improvement Strategy.

Quality Improvement Strategy: Minimum Components

The Quality Improvement Strategy that will be in effect during the period of the approved waiver is described throughout the waiver in the appendices corresponding to the statutory assurances and sub-assurances. Other documents cited must be available to CMS upon request through the Medicaid agency or the operating agency (if appropriate).

In the QIS discovery and remediation sections throughout the application (located in Appendices A, B, C, D, G, and I) , a state spells out:

- The evidence based discovery activities that will be conducted for each of the six major waiver assurances;
- The *remediation* activities followed to correct individual problems identified in the implementation of each of the assurances;

In Appendix H of the application, a State describes (1) the *system improvement* activities followed in response to aggregated, analyzed discovery and remediation information collected on each of the assurances; (2) the correspondent *roles/responsibilities* of those conducting assessing and prioritizing improving system corrections and improvements; and (3) the processes the state will follow to continuously *assess the effectiveness of the OIS* and revise it as necessary and appropriate.

If the State's Quality Improvement Strategy is not fully developed at the time the waiver application is submitted, the state may provide a work plan to fully develop its Quality Improvement Strategy, including the specific tasks the State plans to undertake during the period the waiver is in effect, the major milestones associated with these tasks, and the entity (or entities) responsible for the completion of these tasks.

When the Quality Improvement Strategy spans more than one waiver and/or other types of long-term care services under the Medicaid State plan, specify the control numbers for the other waiver programs and/or identify the other long-term services that are addressed in the Quality Improvement Strategy. In instances when the QIS spans more than one waiver, the State must be able to stratify information that is related to each approved waiver program. Unless the State has requested and received approval from CMS for the consolidation of multiple waivers for the purpose of reporting, then the State must stratify information that is related to each approved waiver program, i.e., employ a representative sample for each waiver.

Appendix H: Quality Improvement Strategy (2 of 2)

H-1: Systems Improvement

a. System Improvements

i. Describe the process(es) for trending, prioritizing, and implementing system improvements (i.e., design changes) prompted as a result of an analysis of discovery and remediation information.

The State's quality oversight strategy for this waiver relies on the collaborative efforts of staff at ODM and DODD to generate and analyze both data and other performance related information to measure compliance with federal waiver assurances and to assure participant health and welfare.

Role of the State Medicaid Agency (SMA)
ODM oversees the operation and performance of DODD to ensure the waiver program is operated in accordance with the approved waiver, and to assess the effectiveness of DODD's oversight of the County Boards operating the waiver locally. Operation of the waiver is delegated by ODM to DODD through an interagency agreement between ODM and DODD. This agreement includes language authorizing ODM to perform oversight activities to establish the program's compliance with federal and state laws and regulations as well as auditing and fiscal compliance. ODM will employ a multifaceted monitoring and oversight process that includes the following activities:

Continuous Review of DODD Performance Data- Under the Continuous Review process, ODM will regularly review, monitor, and dialogue with DODD about data generated quarterly through the approved waiver's performance measures to gauge performance and compliance with federal waiver assurances including service planning, care management, free choice of provider, level of care, health and welfare, and validation of service delivery. Through its review of this data, ODM may request additional information as well as remediation and/or quality improvement strategy as appropriate.

Quality Briefings - Twice per year, ODM and DODD will meet to dialogue about data generated through the departments' quality processes. In these meetings, the departments' will review performance data generated and discuss remediation and/or quality improvement strategy. These Quality Briefings will also be informed by data presented by DODD on the oversight activities conducted by that department including but not limited to problems detected, corrective measures taken, and how the operating agency verified, or intends to verify, that the actions were effective.

Quality Improvement Plan- Whenever a performance measure is not fully met, and falls below a threshold of 86%, a systemic remediation (Quality Improvement Plan (QIP) would be conducted to determine the cause. A QIP must be implemented once the cause is found unless the state provides justification accepted by CMS that a QIP is not necessary. A

QIP may take any of several forms. It may be training, revised policies/procedures, additional waiver services, etc. Each QIP must measure the impact to determine whether it was effective.

Case Specific Resolution – ODM will continue to assure case-specific resolution through "Alert Monitoring" and its "Adverse Outcomes" process.

Quality Steering Committee - ODM convenes the multi-agency HCBS waiver Quality Steering Committee (QSC). The committee collects, compiles, and reports aggregate waiver-specific performance data. The committee uses this data as a means to assess and compare performance across Ohio's Medicaid waiver systems to identify cross-waiver structural weaknesses, support collaborative efforts to improve waiver systems, and to help move Ohio toward a more unified quality management system.

Fiscal Reviews – ODM staff perform regular desk reviews of administrative costs, with A-133 Audits being performed every one to three years based on risk. On a biennial basis, ODM staff conduct audits of County Boards prepared cost reports. Additional detail about Ohio's practice for maintaining fiscal oversight of the waiver can be found in Appendix I.

Open Lines of Communication - ODM and DODD schedule mid-level managers meetings in which the departments discuss issues related to program operations including but not limited to: participant health and safety, program administration, budgeting, enrollment, providers and provider enrollment, provider reimbursement, issues pertaining to Medicaid state plan services, pending legislation, statute and rule changes etc.

Role of the Operating Agency
Through an interagency agreement, ODM delegates to DODD responsibility for the administration of the wavier program. These responsibilities include managing and monitoring the waiver program to assure compliance and quality improvement.
Monitoring by DODD is primarily focused on: 1) assuring compliant and effective case management for applicants and waiver participants by County Boards; 2) managing a system to assure prevention and effective response to incidents of participant abuse and neglect; 3) assuring the qualifications and compliance of particular waiver service providers; 4) assuring that paid claims are for services authorized in individual service plans; 5) setting program standards/expectations; 6) compliance and performance of County Boards which administer the program locally; 7) providing technical assistance; 8) facilitating continuous quality improvement in the waiver's local administration; and more generally, 9) ensuring that all waiver assurances are addressed and met for all waiver participants.

DODD's Office of Provider Standards and Review (OPSR), conducts compliance reviews in licensed waiver funded settings, unlicensed waiver funded settings, and County Board settings. In order to ensure consistency, the review process and tools used are the same in all settings to determine compliance with administrative rules and waiver assurances. A standardized review tool is used to determine if health, safety and individual satisfaction criteria are met.

DODD uses the Participant Experience Survey (PES) when interviewing individuals/families as part of the department's regulatory review processes.

Compliance Review – regularly scheduled reviews of a provider are conducted prior to the end of the provider's term license, accreditation term or at least once every 3 years for non-licensed waiver settings. The review is conducted utilizing a single review tool. A report is issued to the county board and/or provider identifying areas of deficiencies and requiring a plan of compliance (POC). The POC is reviewed and approved by the OPSR and follow-up visits are conducted to verify that the appropriate corrections have been made. In cases where an immediate risk to health or safety is identified, the OPSR reviewer remains onsite until corrective action is taken.

Special Compliance Review – an unscheduled review, which occurs due to identified concerns such as complaints, Major Unusual Incidents, reports of fraud, or adverse outcomes identified by other entities such as the Ohio Department of Health or the ODM. A report is issued to the county board and/or provider identifying areas of deficiencies and requiring a plan of compliance (POC). The findings are reported to appropriate State agency.

ii. System Improvement Activities

Responsible Party*(check each that applies):*	**Frequency of Monitoring and Analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☑ **Quality Improvement Committee**	☐ **Annually**
☑ **Other** Specify:	☑ **Other** Specify:

Responsible Party*(check each that applies):*	**Frequency of Monitoring and Analysis***(check each that applies):*
CBDDs & Waiver Providers	Semi-annually

b. System Design Changes

i. Describe the process for monitoring and analyzing the effectiveness of system design changes. Include a description of the various roles and responsibilities involved in the processes for monitoring & assessing system design changes. If applicable, include the State's targeted standards for systems improvement.

ODM monitoring and oversight responsibilities include ensuring that DODD is exercising its authority for the day-to-day operation of the waiver in accordance with federal Medicaid requirements. ODM supports and facilitates qualitative improvements in the systems, procedures, and protocols DODD employs to ensure conformity of providers, recipients, and other entities with federal Medicaid requirements. ODM will work with DODD to assess the root cause and develop and implement an appropriate course of action to remedy the program.

DODD monitoring and oversight responsibilities include ensuring that the local County Board are establishing and implementing systems, procedures and protocols to ensure conformity of providers, recipients, staff, or other entities with federal Medicaid requirements. The DODD supports and facilitates qualitative improvements in the systems, procedures, and protocols at the County Board level. When a program component is determined to be out of compliance with federal Medicaid requirements, ODM will work with DODD to assess the root cause and develop and implement an appropriate course of action to remedy the program.

ODM is responsible for ensuring DODD and County Boards are in compliance with federal regulations, including the amount, duration and scope of services, free choice of providers, timeliness of delivery of services to waiver eligible participant and the availability of services statewide and conducts A-133 audits at least once every three years based on risk.

ii. Describe the process to periodically evaluate, as appropriate, the Quality Improvement Strategy.

ODM in conjunction with DODD will review the effectiveness of the State's Quality Oversight Strategy including DODD performance data, fiscal reviews results, case-specific resolutions data, quality improvement plans, and technical assistance provided. These discussions will occur through quality briefings outlined in this appendix.

Appendix I: Financial Accountability

I-1: Financial Integrity and Accountability

Financial Integrity. Describe the methods that are employed to ensure the integrity of payments that have been made for waiver services, including: (a) requirements concerning the independent audit of provider agencies; (b) the financial audit program that the state conducts to ensure the integrity of provider billings for Medicaid payment of waiver services, including the methods, scope and frequency of audits; and, (c) the agency (or agencies) responsible for conducting the financial audit program. State laws, regulations, and policies referenced in the description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

The Ohio Department of Developmental Disabilities (DODD), Division of Fiscal Administration –-Audit Office performs waiver reviews utilizing a risk-based approach. The risk-based approach covers a wide range of providers, individuals, and transactions. A risk analysis is performed annually to identify riskier providers. Risk factors used in the analysis include, but are not limited to: dollar amount paid; number of individuals served; complexity of services provided; prior noncompliance issues; prior findings; referrals from Office of Provider Standards and Review (OPSR); and changes in compliance requirements to services provided. Once the selection of higher risk providers is determined, we limit our review to a set number of individuals to be reviewed for each provider selected. Once the individuals are selected for review, a selection of claims paid to each provider for those selected individuals is selected for testing, depending on the number of individuals served, types of services provided, and/or number of and dollar amount of claims paid. Additionally, some of the required OAC compliance testing is performed on a statewide basis to achieve increased coverage across the State and increase the number of County Boards reviewed.

The Financial Management Services (FMS) entity will also be reviewed by the DODD Audit Office or by a contract with an audit agency. Expenditures will be reviewed for allowability under the waiver and the Ohio Administrative Code, and whether expenditures are accurately and appropriately assigned and reported.

The Auditor of the State of Ohio conducts an annual Single State Audit of the Ohio Department of Medicaid (ODM) in accordance with the requirements of the Single Audit Act (31 U.S.C. 7501-7507) as amended by the Single Audit Act Amendments of 1996 (P.L. 104- 146).

In accordance with Ohio Administrative Code rule 5160-1-29, ODM is required to have in effect a program to prevent and detect fraud, waste, and abuse in the Medicaid program. The definition of fraud, waste, and abuse incorporates the concept of payment

integrity. ODM, the Ohio State Auditor, and/or the Ohio Office of Attorney General may recoup any amount in excess of that legitimately due to the provider based on review or audit.

The Department of Medicaid's Surveillance Utilization Review Section (SURS) primary function is to conduct audit and review activities to assure the allowability of claims paid to Medicaid providers. The scope of providers subjected to audit and review activities includes claims paid through sister state agencies which administer Medicaid programs on behalf of ODM.

DODD recovers any overpayments pursuant to Section 5164.58 of the Ohio Revised Code. DODD notifies the provider of the overpayment and requests voluntary repayment. If DODD is unable to obtain voluntary repayment, it shall give the provider notice of an opportunity for a hearing in accordance with Chapter 119 of the Ohio Revised Code. DODD shall conduct the hearing to determine the legal and factual validity of the overpayment. DODD shall submit the hearing officer's report and recommendation and a complete record of the proceedings, including all transcripts to the Director of Ohio Department of Medicaid. The Director of ODM may issue a final adjudication order in accordance with Chapter 119 of the Ohio Revised Code.

Appendix I: Financial Accountability

Quality Improvement: Financial Accountability

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. **Methods for Discovery: Financial Accountability**
State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver. *(For waiver actions submitted before June 1, 2014, this assurance read "State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.")*

i. **Sub-Assurances:**

a. ***Sub-assurance: The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.*** *(Performance measures in this sub-assurance include all Appendix I performance measures for waiver actions submitted before June 1, 2014.)*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
PM I1: Number and percent of paid waiver claims submitted that were authorized.
Numerator: Total number of paid waiver claims submitted that were authorized.
Denominator: Total number of submitted waiver claims.

Data Source (Select one):
Other
If 'Other' is selected, specify:
DODD's Division of Medicaid Development and Administration (MDA)/Claims Services/ Medicaid Information Technology System (MITS)

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =

☐ **Other** Specify:	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
PM I2: Number and percent of waiver claims paid for individuals who were enrolled on the waiver on the date of services. Numerator: Total number of waiver claims paid for individuals who were enrolled on the waiver on the date of services. Denominator: Total number of submitted waiver claims.

Data Source (Select one):
Other
If 'Other' is selected, specify:
DODD's Division of Medicaid Development and Administration (MDA)/Claims Services/ Medicaid Information Technology System (MITS)

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =

☐ **Other** Specify:	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

b. ***Sub-assurance: The state provides evidence that rates remain consistent with the approved rate methodology throughout the five year waiver cycle.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
PM I3: Number and percent of waiver claims that were paid using the correct rate as specified in Chapters 5123:2-9 of the Ohio Administrative Code. Numerator: Total number of paid claims that were paid using the correct rate. Denominator: Total number of approved waiver claims.

Data Source (Select one):
Other
If 'Other' is selected, specify:
DODD's Division of Medicaid Development and Administration (MDA)/Claims Services/ Medicaid Information Technology System (MITS)

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

b. Methods for Remediation/Fixing Individual Problems

i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

Findings included in the State of Ohio Single State Audit are reviewed by the Ohio Department of Medicaid (ODM). Findings related to the Department of Developmental Disabilities (DODD) and Medicaid are communicated to DODD through the single audit. ODM reviews DODD related findings and determines whether a Plan of Correction (POC) proposed by DODD will correct the finding(s). ODM may issue a Management Decision Letter (MDL) to DODD as a means to approve the POC. Compliance with the MDL is reviewed as part of monitoring conducted by ODM.

DODD monitors claim rejections and denials on a quarterly basis by county and by rejection/denial reason code. If there is a large negative change for a county or if a county continuously has a large number of claims rejected or denied, DODD staff will contact the county and offer technical assistance to the county board and their providers. Similarly, if a rejection or denial reason code spikes up in a certain quarter, claims staff will research the reason.

DODD initiates an investigation into rejected or denied claims within two business days of becoming aware that the problem exists. The length of time required to resolve a claim depends on the nature of the claim and the complexities around the issue.

ii. **Remediation Data Aggregation**

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☑ **Other** Specify: As required in relation to any audit finding.

c. **Timelines**

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Financial Accountability that are currently non-operational.

◉ **No**

○ **Yes**

Please provide a detailed strategy for assuring Financial Accountability, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix I: Financial Accountability

I-2: Rates, Billing and Claims (1 of 3)

a. **Rate Determination Methods.** In two pages or less, describe the methods that are employed to establish provider payment rates for waiver services and the entity or entities that are responsible for rate determination. Indicate any opportunity for public comment in the process. If different methods are employed for various types of services, the description may group services for which the same method is employed. State laws, regulations, and policies referenced in the description are available upon request to CMS through the Medicaid agency or the operating agency (if applicable).

The Department of Developmental Disabilities (DODD) is responsible for the development of statewide rates for waiver services through an Interagency Agreement with the Ohio Department of Medicaid (ODM), Ohio''s single state Medicaid agency. The rate development process includes input from stakeholders. Once developed by DODD, ODM is responsible for the final review and approval of all rates. Once approved by ODM, all reimbursement rates are incorporated into Ohio''s Administrative Code, which includes a period for public comment as well as a public hearing process that allows for public testimony before Ohio''s Joint Commission on Agency Rule Review (JCARR), a body compromised of representatives from the Ohio Senate and the Ohio House of Representatives. Public Comments are solicited during the Public Hearing phase for any new/amended/to be rescinded Administrative rules in Ohio. Information about payment rates is made available to the individual during the Individual Service Planning process.

Independent Provider rate model development:
The model begins with Bureau of Labor Statistics (BLS) information specific to Ohio''s job market and incorporates factors for employee-related expenses (payroll taxes, FICA, etc), administrative overhead, and non-billable work time. With the exception of the Support Broker service, this results in a statewide ceiling for each service. Rates can then be negotiated by the participant and Support Broker, but cannot exceed the rate ceiling. For the Support Broker service, the rate is a fixed statewide rate because the Support Broker is the only person allowed to negotiate rates on the participant's behalf.

For all independent rates, there is no adjustment for administrative overhead or non-billable work time. Administrative overhead is assumed to be incurred by the Financial Management Service (FMS), which will be paid separately (contract) for their services. Independent providers are assumed to be 100% productive, thus all time spent with the participant is assumed to be billable work time.

Agency Provider rate model development:
As with the independent provider model, the agency provider rate model begins with Bureau of Labor Statistics (BLS) information specific to Ohio''s job market and incorporates factors for employee-related expenses, administrative overhead, and non-billable work time. The model's assumptions for employee-related expenses, non-billable work time, and administrative overhead are similar to previously approved rate models. For all agency providers, the rate is a fixed statewide rate with no cost of doing business adjustment or negotiation.

For the services of Participant-Directed Goods and Services, and Participant/Family Stability Assistance, claims are reimbursed at the provider's usual and customary charge for the service.

Reimbursement rates for Community Inclusion - Transportation are based on federal mileage reimbursement guidelines. Claims for Community Inclusion - Transportation that are not associated with mileage are reimbursed at the lower of the rate established or the provider's usual and customary charge for the service.

An independent rate model was developed for Adult Day Support, Vocational Habilitation, and Supported Employment - Enclave services. The base hourly wage is calculated using salary survey data as submitted by counties as well as a select set of hourly wages from the U.S. Bureau of Labor Statistics for occupations closely paralleling those for providers of Adult Day Support and Vocational Habilitation services. These wages are averaged to arrive at a base hourly wage that is applied statewide. Data from cost reports as submitted by each county were used to calculate a series of additional cost components that impact the wages. These rates are adjusted for cost of doing business and for the acuity requirements noted in C-4.

Non-Medical Transportation may be billed either per trip or per mile. Per trip Non-Medical Transportation rates are calculated using data from cost reports. From the cost report data, the total reported transportation costs for adults are divided by the total number of reported trips to derive a cost per trip by county. The calculated transportation rates are then adjusted regional cost of doing business factors to derive the final rates. The per mile non-medical transportation rate combines the hourly rate of the provider/vehicle driver with the mileage rate to derive a single payment rate.

Waiver participants will receive information from their Service and Supports Adminsitrator (SSA) about services and rates in written format during the Individual Service Plan process.

b. Flow of Billings. Describe the flow of billings for waiver services, specifying whether provider billings flow directly from providers to the State's claims payment system or whether billings are routed through other intermediary entities. If billings flow through other intermediary entities, specify the entities:

Claims are submitted electronically from all types and classes of SELF service providers to the Department of Developmental Disabilities (DODD), who have voluntarily reassigned DODD to submit claims to the Ohio Department of Medicaid (ODM) on their behalf. Claims for services over which a participant has chosen to exercise employer authority through either the Common Law Employer option or through Co-employer option using the Financial Management Services (FMS) as the co-employer are submitted directly to the FMS. On a weekly basis, DODD compiles all claims received from providers and from the FMS during that week into one billing file which is submitted to ODM for processing and adjudication through the state's Medicaid claims payment system.

Appendix I: Financial Accountability

I-2: Rates, Billing and Claims (2 of 3)

c. Certifying Public Expenditures*(select one)*:

- ○ **No. State or local government agencies do not certify expenditures for waiver services.**
- ◉ **Yes. State or local government agencies directly expend funds for part or all of the cost of waiver services and certify their State government expenditures (CPE) in lieu of billing that amount to Medicaid.**

***Select at least one*:**

☐ **Certified Public Expenditures (CPE) of State Public Agencies.**

Specify: (a) the State government agency or agencies that certify public expenditures for waiver services; (b) how it is assured that the CPE is based on the total computable costs for waiver services; and, (c) how the State verifies that the certified public expenditures are eligible for Federal financial participation in accordance with 42 CFR §433.51(b).*(Indicate source of revenue for CPEs in Item I-4-a.)*

☑ **Certified Public Expenditures (CPE) of Local Government Agencies.**

Specify: (a) the local government agencies that incur certified public expenditures for waiver services; (b) how it is assured that the CPE is based on total computable costs for waiver services; and, (c) how the State verifies that the certified public expenditures are eligible for Federal financial participation in accordance with 42 CFR §433.51(b). *(Indicate source of revenue for CPEs in Item I-4-b.)*

Certified public expenditures are incurred by County Boards when the waiver services are delivered by the boards. The claims for these services are accompanied by an attestation that the services delivered were fully paid for with public funds and are eligible expenditures for FFP. Claims delivered by County Boards are reimbursed at the lower of the County Board''s usual and customary charge for the service or the statewide rates established for those services as described in Section I-2-a of this Appendix.
It is the State of Ohio's responsibility to monitor and audit its subrecipients as Federally required. Ohio Department of Developmental Disabilities (DODD) monitors and audits the cost reports that are prepared as a result of the cost based activity. It is the responsibility of DODD to ensure timely reviews and audits of its subrecipients in order to settle the associated costs for the period under review.
Adult Day Services Reconciliation:
The total annual cost of providing services to the Medicaid consumers will be derived from the cost report.
The annual revenue will be derived by taking reimbursement received for the units of services delivered multiplied by unit rates approved by CMS. The total annual cost of providing services will be reconciled to reimbursement received.

Appendix I: Financial Accountability

I-2: Rates, Billing and Claims (3 of 3)

d. **Billing Validation Process.**Describe the process for validating provider billings to produce the claim for federal financial participation, including the mechanism(s) to assure that all claims for payment are made only: (a) when the individual was eligible for Medicaid waiver payment on the date of service; (b) when the service was included in the participant's approved service plan; and, (c) the services were provided:

The Fiscal Management Services (FMS) is required to verify that the service a provider is billing for was included in the individual''s approved service plan. DODD uses its Medicaid Services System Payment Authorization for Waiver Services (MSS/PAWS) system to validate that the individual was enrolled on the SELF Waiver on the date the service was delivered. The MSS/PAWS system is electronically linked with DODD's Waiver Management System (WMS), which indicates that the individual has a current level of care determination. In addition to the validation by the FMS and DODD, Ohio Department of Medicaid's, ' Medicaid Information Technology System adjudicates all claims for reimbursement and makes the determination that both the individual receiving the service and the provider delivering the service were eligible for Medicaid waiver payment on the date the service was delivered. Further validation is accomplished through various post reviews that track backward from paid claims to actual service delivery documentation.

As part of the monthly billing, the FMS invoices based on a monthly fee per participant served. As part of the reviews DODD will select a sample of those individuals served and ensure what FMS billed DODD for was accurate, supported, in compliance with our Administrative Rules and statute. As part of the review, DODD will ensure what they are billing for is supported by documentation. That documentation would be for the services they billed the providers on behalf of the individuals and would be supported by service documentation. The service documentation which supports the payments to the providers would be reviewed as part of the review to ensure FMS is billing DODD appropriately.

e. **Billing and Claims Record Maintenance Requirement.** Records documenting the audit trail of adjudicated claims (including supporting documentation) are maintained by the Medicaid agency, the operating agency (if applicable), and providers of waiver services for a minimum period of 3 years as required in 45 CFR §92.42.

Appendix I: Financial Accountability

I-3: Payment (1 of 7)

a. **Method of payments -- MMIS** (*select one*):

- (●) **Payments for all waiver services are made through an approved Medicaid Management Information System (MMIS).**
- ( ) **Payments for some, but not all, waiver services are made through an approved MMIS.**

Specify: (a) the waiver services that are not paid through an approved MMIS; (b) the process for making such payments and the entity that processes payments; (c) and how an audit trail is maintained for all state and federal funds expended outside the MMIS; and, (d) the basis for the draw of federal funds and claiming of these expenditures on the CMS-64:

- ( ) **Payments for waiver services are not made through an approved MMIS.**

Specify: (a) the process by which payments are made and the entity that processes payments; (b) how and through which system (s) the payments are processed; (c) how an audit trail is maintained for all state and federal funds expended outside the MMIS; and, (d) the basis for the draw of federal funds and claiming of these expenditures on the CMS-64:

- ( ) **Payments for waiver services are made by a managed care entity or entities. The managed care entity is paid a monthly capitated payment per eligible enrollee through an approved MMIS.**

Describe how payments are made to the managed care entity or entities:

Appendix I: Financial Accountability

I-3: Payment (2 of 7)

b. Direct payment. In addition to providing that the Medicaid agency makes payments directly to providers of waiver services, payments for waiver services are made utilizing one or more of the following arrangements (*select at least one*):

- [ ] **The Medicaid agency makes payments directly and does not use a fiscal agent (comprehensive or limited) or a managed care entity or entities.**
- [ ] **The Medicaid agency pays providers through the same fiscal agent used for the rest of the Medicaid program.**
- [x] **The Medicaid agency pays providers of some or all waiver services through the use of a limited fiscal agent.**

Specify the limited fiscal agent, the waiver services for which the limited fiscal agent makes payment, the functions that the limited fiscal agent performs in paying waiver claims, and the methods by which the Medicaid agency oversees the operations of the limited fiscal agent:

The Ohio Department of Developmental Disabilities (DODD) is available as the limited fiscal agent for this waiver program. DODD is responsible for paying provider claims as authorized in an Interagency Agreement with the Ohio Department of Medicaid (ODM). The ODM will adjudicate the claims and maintain regular, on-going meetings with the Fiscal and Information Systems sections of DODD to assure that claims are paid efficiently and that systems concerns are addressed timely.

Providers may be paid by a Financial Management Service (FMS) as authorized through a contract that is recognized in the Interagency Agreement between DODD and ODM. The contract includes specific information pertinent to reporting responsibilities of the FMS that enable DODD and ODM to effectively oversee the terms of the contract with the FMS.

- [ ] **Providers are paid by a managed care entity or entities for services that are included in the State's contract with the entity.**

Specify how providers are paid for the services (if any) not included in the State's contract with managed care entities.

Appendix I: Financial Accountability

I-3: Payment (3 of 7)

c. **Supplemental or Enhanced Payments.** Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan/waiver. Specify whether supplemental or enhanced payments are made. *Select one:*

- (●) **No. The State does not make supplemental or enhanced payments for waiver services.**
- ( ) **Yes. The State makes supplemental or enhanced payments for waiver services.**

Describe: (a) the nature of the supplemental or enhanced payments that are made and the waiver services for which these payments are made; (b) the types of providers to which such payments are made; (c) the source of the non-Federal share of the supplemental or enhanced payment; and, (d) whether providers eligible to receive the supplemental or enhanced payment retain 100% of the total computable expenditure claimed by the State to CMS. Upon request, the State will furnish CMS with detailed information about the total amount of supplemental or enhanced payments to each provider type in the waiver.

Appendix I: Financial Accountability

I-3: Payment (4 of 7)

d. **Payments to State or Local Government Providers.***Specify whether State or local government providers receive payment for the provision of waiver services.*

- ( ) **No. State or local government providers do not receive payment for waiver services.**Do not complete Item I-3-e.
- (●) **Yes. State or local government providers receive payment for waiver services.**Complete Item I-3-e.

Specify the types of State or local government providers that receive payment for waiver services and the services that the State or local government providers furnish:

County Boards of Developmental Disabilities (CBDD) receive payment for waiver services provided.

Appendix I: Financial Accountability

I-3: Payment (5 of 7)

e. **Amount of Payment to State or Local Government Providers.**

Specify whether any State or local government provider receives payments (including regular and any supplemental payments) that in the aggregate exceed its reasonable costs of providing waiver services and, if so, whether and how the State recoups the excess and returns the Federal share of the excess to CMS on the quarterly expenditure report. *Select one:*

- (●) **The amount paid to State or local government providers is the same as the amount paid to private providers of the same service.**
- ( ) **The amount paid to State or local government providers differs from the amount paid to private providers of the same service. No public provider receives payments that in the aggregate exceed its reasonable costs of providing waiver services.**
- ( ) **The amount paid to State or local government providers differs from the amount paid to private providers of the same service. When a State or local government provider receives payments (including regular and any supplemental payments) that in the aggregate exceed the cost of waiver services, the State recoups the excess and returns the federal share of the excess to CMS on the quarterly expenditure report.**

Describe the recoupment process:

Appendix I: Financial Accountability

I-3: Payment (6 of 7)

f. **Provider Retention of Payments.** Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by states for services under the approved waiver. *Select one:*

- (●) **Providers receive and retain 100 percent of the amount claimed to CMS for waiver services.**

Providers are paid by a managed care entity (or entities) that is paid a monthly capitated payment.

Specify whether the monthly capitated payment to managed care entities is reduced or returned in part to the State.

Appendix I: Financial Accountability

I-3: Payment (7 of 7)

g. Additional Payment Arrangements

i. Voluntary Reassignment of Payments to a Governmental Agency.*Select one:*

No. The State does not provide that providers may voluntarily reassign their right to direct payments to a governmental agency.

Yes. Providers may voluntarily reassign their right to direct payments to a governmental agency as provided in 42 CFR §447.10(e).

Specify the governmental agency (or agencies) to which reassignment may be made.

The Ohio Department of Developmental Disabilities

ii. Organized Health Care Delivery System.*Select one:*

No. The State does not employ Organized Health Care Delivery System (OHCDS) arrangements under the provisions of 42 CFR §447.10.

Yes. The waiver provides for the use of Organized Health Care Delivery System arrangements under the provisions of 42 CFR §447.10.

Specify the following: (a) the entities that are designated as an OHCDS and how these entities qualify for designation as an OHCDS; (b) the procedures for direct provider enrollment when a provider does not voluntarily agree to contract with a designated OHCDS; (c) the method(s) for assuring that participants have free choice of qualified providers when an OHCDS arrangement is employed, including the selection of providers not affiliated with the OHCDS; (d) the method(s) for assuring that providers that furnish services under contract with an OHCDS meet applicable provider qualifications under the waiver; (e) how it is assured that OHCDS contracts with providers meet applicable requirements; and, (f) how financial accountability is assured when an OHCDS arrangement is used:

iii. Contracts with MCOs, PIHPs or PAHPs.*Select one:*

The State does not contract with MCOs, PIHPs or PAHPs for the provision of waiver services.

The State contracts with a Managed Care Organization(s) (MCOs) and/or prepaid inpatient health plan(s) (PIHP) or prepaid ambulatory health plan(s) (PAHP) under the provisions of §1915(a)(1) of the Act for the delivery of waiver and other services. Participants may voluntarily elect to receive waiver and other services through such MCOs or prepaid health plans. Contracts with these health plans are on file at the State Medicaid agency.

Describe: (a) the MCOs and/or health plans that furnish services under the provisions of §1915(a)(1); (b) the geographic areas served by these plans; (c) the waiver and other services furnished by these plans; and, (d) how payments are made to the health plans.

This waiver is a part of a concurrent §1915(b)/§1915(c) waiver. Participants are required to obtain waiver and other services through a MCO and/or prepaid inpatient health plan (PIHP) or a prepaid ambulatory health plan (PAHP). The §1915(b) waiver specifies the types of health plans that are used and how payments to these plans are made.

Appendix I: Financial Accountability

I-4: Non-Federal Matching Funds (1 of 3)

a. **State Level Source(s) of the Non-Federal Share of Computable Waiver Costs.** Specify the State source or sources of the non-federal share of computable waiver costs. *Select at least one*:

- [ ] **Appropriation of State Tax Revenues to the State Medicaid agency**
- [x] **Appropriation of State Tax Revenues to a State Agency other than the Medicaid Agency.**

If the source of the non-federal share is appropriations to another state agency (or agencies), specify: (a) the State entity or agency receiving appropriated funds and (b) the mechanism that is used to transfer the funds to the Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement, and/or, indicate if the funds are directly expended by State agencies as CPEs, as indicated in Item I-2-c:

The Department of Developmental Disabilities (DODD) provides a portion of the non-federal share of computable waiver costs through funds appropriated in its budget. These funds are not transferred to the State Medicaid Agency (Ohio Department of Medicaid), as DODD makes the requests for provider payment to the Auditor and Treasurer of State.
DODD attests to ODM that expenditures included in Intra-State Transfer Vouchers (ISTVs) are based on the state's accounting of actual recorded expenditures.

- [ ] **Other State Level Source(s) of Funds.**

Specify: (a) the source and nature of funds; (b) the entity or agency that receives the funds; and, (c) the mechanism that is used to transfer the funds to the Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement, and/or, indicate if funds are directly expended by State agencies as CPEs, as indicated in Item I-2-c:

Appendix I: Financial Accountability

I-4: Non-Federal Matching Funds (2 of 3)

b. **Local Government or Other Source(s) of the Non-Federal Share of Computable Waiver Costs.** Specify the source or sources of the non-federal share of computable waiver costs that are not from state sources. *Select One*:

- ( ) **Not Applicable**. There are no local government level sources of funds utilized as the non-federal share.
- (•) **Applicable**

Check each that applies:

- [x] **Appropriation of Local Government Revenues.**

Specify: (a) the local government entity or entities that have the authority to levy taxes or other revenues; (b) the source(s) of revenue; and, (c) the mechanism that is used to transfer the funds to the Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement (indicate any intervening entities in the transfer process), and/or, indicate if funds are directly expended by local government agencies as CPEs, as specified in Item I-2-c:

County Boards provide a portion of the non-federal share of computable waiver costs. The Department of Developmental Disabilites (DODD) operates as the Fiscal Agent and will maintain the administrative control of the non-federal share. The non-federal share will be comprised of various funds appropriated through the state legislation and funds generated through local levies. Ohio utilizes a Certified Public Expenditure (CPE) arrangement for the non-federal share when County Boards of DD are the providers.

- [x] **Other Local Government Level Source(s) of Funds.**

Specify: (a) the source of funds; (b) the local government entity or agency receiving funds; and, (c) the mechanism that is used to transfer the funds to the State Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement, and/or, indicate if funds are directly expended by local government agencies as CPEs, as specified in Item I-2-c:

County Boards provide a portion of the non-federal share of computable waiver costs. DODD operates as the Fiscal Agent and will maintain the administrative control of the non-federal share. The non-federal share will be comprised of various funds appropriated through the state legislation and funds generated through local levies. Ohio utilizes a Certified Public Expenditure (CPE)arrangement for the non-federal share when County Boards are the providers.

Appendix I: Financial Accountability

I-4: Non-Federal Matching Funds (3 of 3)

c. **Information Concerning Certain Sources of Funds.** Indicate whether any of the funds listed in Items I-4-a or I-4-b that make up the non-federal share of computable waiver costs come from the following sources: (a) health care-related taxes or fees; (b) provider-related donations; and/or, (c) federal funds. *Select one*:

- (●) **None of the specified sources of funds contribute to the non-federal share of computable waiver costs**
- ( ) **The following source(s) are used**

  Check each that applies:
  - [ ] **Health care-related taxes or fees**
  - [ ] **Provider-related donations**
  - [ ] **Federal funds**

For each source of funds indicated above, describe the source of the funds in detail:

Appendix I: Financial Accountability

I-5: Exclusion of Medicaid Payment for Room and Board

a. **Services Furnished in Residential Settings.***Select one:*

- ( ) **No services under this waiver are furnished in residential settings other than the private residence of the individual.**
- (●) **As specified in Appendix C, the State furnishes waiver services in residential settings other than the personal home of the individual.**

b. **Method for Excluding the Cost of Room and Board Furnished in Residential Settings.**The following describes the methodology that the State uses to exclude Medicaid payment for room and board in residential settings:

The rate setting methodology does not include any factors that represent costs associated with room and board.

Appendix I: Financial Accountability

I-6: Payment for Rent and Food Expenses of an Unrelated Live-In Caregiver

Reimbursement for the Rent and Food Expenses of an Unrelated Live-In Personal Caregiver.*Select one:*

- (●) **No. The State does not reimburse for the rent and food expenses of an unrelated live-in personal caregiver who resides in the same household as the participant.**
- ( ) **Yes. Per 42 CFR §441.310(a)(2)(ii), the State will claim FFP for the additional costs of rent and food that can be reasonably attributed to an unrelated live-in personal caregiver who resides in the same household as the waiver participant. The State describes its coverage of live-in caregiver in Appendix C-3 and the costs attributable to rent and food for the live-in caregiver are reflected separately in the computation of factor D (cost of waiver services) in Appendix J. FFP for rent and food for a live-in caregiver will not be claimed when the participant lives in the caregiver's home or in a residence that is owned or leased by the provider of Medicaid services.**

The following is an explanation of: (a) the method used to apportion the additional costs of rent and food attributable to the unrelated live-in personal caregiver that are incurred by the individual served on the waiver and (b) the method used to reimburse these costs:

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (1 of 5)

a. **Co-Payment Requirements.** Specify whether the State imposes a co-payment or similar charge upon waiver participants for waiver services. These charges are calculated per service and have the effect of reducing the total computable claim for federal financial participation. *Select one:*

- (●) **No. The State does not impose a co-payment or similar charge upon participants for waiver services.**

○ **Yes. The State imposes a co-payment or similar charge upon participants for one or more waiver services.**

i. Co-Pay Arrangement.

Specify the types of co-pay arrangements that are imposed on waiver participants (*check each that applies*):

Charges Associated with the Provision of Waiver Services *(if any are checked, complete Items I-7-a-ii through I-7-a-iv):*

☐ **Nominal deductible**
☐ **Coinsurance**
☐ **Co-Payment**
☐ **Other charge**

Specify:

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (2 of 5)

a. Co-Payment Requirements.

ii. Participants Subject to Co-pay Charges for Waiver Services.

Answers provided in Appendix I-7-a indicate that you do not need to complete this section.

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (3 of 5)

a. Co-Payment Requirements.

iii. Amount of Co-Pay Charges for Waiver Services.

Answers provided in Appendix I-7-a indicate that you do not need to complete this section.

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (4 of 5)

a. Co-Payment Requirements.

iv. Cumulative Maximum Charges.

Answers provided in Appendix I-7-a indicate that you do not need to complete this section.

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (5 of 5)

b. Other State Requirement for Cost Sharing. Specify whether the State imposes a premium, enrollment fee or similar cost sharing on waiver participants. *Select one*:

◉ **No. The State does not impose a premium, enrollment fee, or similar cost-sharing arrangement on waiver participants.**

○ **Yes. The State imposes a premium, enrollment fee or similar cost-sharing arrangement.**

Describe in detail the cost sharing arrangement, including: (a) the type of cost sharing (e.g., premium, enrollment fee); (b) the amount of charge and how the amount of the charge is related to total gross family income; (c) the groups of participants subject to cost-sharing and the groups who are excluded; and, (d) the mechanisms for the collection of cost-sharing and reporting the amount collected on the CMS 64:

Appendix J: Cost Neutrality Demonstration

J-1: Composite Overview and Demonstration of Cost-Neutrality Formula

Composite Overview. Complete the fields in Cols. 3, 5 and 6 in the following table for each waiver year. The fields in Cols. 4, 7 and 8 are auto-calculated based on entries in Cols 3, 5, and 6. The fields in Col. 2 are auto-calculated using the Factor D data from the J-2-d Estimate of Factor D tables. Col. 2 fields will be populated ONLY when the Estimate of Factor D tables in J-2-d have been completed.

Level(s) of Care: ICF/IID

Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
Year	Factor D	Factor D'	Total: D+D'	Factor G	Factor G'	Total: G+G'	Difference (Col 7 less Column4)
1	12397.93	19794.87	32192.80	111624.56	12212.52	123837.08	91644.28
2	12497.41	20388.72	32886.13	114973.30	12578.90	127552.20	94666.07
3	12488.76	21000.38	33489.14	118422.50	12956.27	131378.77	97889.63
4	12481.62	21630.39	34112.01	121975.18	13334.96	135310.14	101198.13
5	12486.72	22279.30	34766.02	125634.44	13745.31	139379.75	104613.73

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (1 of 9)

a. **Number Of Unduplicated Participants Served.**Enter the total number of unduplicated participants from Item B-3-a who will be served each year that the waiver is in operation. When the waiver serves individuals under more than one level of care, specify the number of unduplicated participants for each level of care:

Table: J-2-a: Unduplicated Participants

Waiver Year	Total Unduplicated Number of Participants (from Item B-3-a)	Distribution of Unduplicated Participants by Level of Care (if applicable)
		Level of Care: ICF/IID
Year 1	900	900
Year 2	2000	2000
Year 3	2500	2500
Year 4	3000	3000
Year 5	3500	3500

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (2 of 9)

b. **Average Length of Stay.**Describe the basis of the estimate of the average length of stay on the waiver by participants in item J-2-a.

Ohio assumed a 5% disenrollment rate per year for Waiver Years 1-5.

Ohio will accrue total person-days of service:
Waiver Year 1: 215,686
Waiver Year 2: 514,653
Waiver Year 3: 789,825
Waiver Year 4: 971,950
Waiver Year 5: 1,153,300

The average number of days each person is served:
Waiver Year 1: 240
Waiver Year 2: 257
Waiver Year 3: 316
Waiver Year 4: 324
Waiver Year 5: 330

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (3 of 9)

c. **Derivation of Estimates for Each Factor.** Provide a narrative description for the derivation of the estimates of the following factors.

i. **Factor D Derivation.** The estimates of Factor D for each waiver year are located in Item J-2-d. The basis for these estimates is as follows:

Ohio assumes all SELF waiver services will be utilized by differing percentages of the total waiver population based on past service utilization patterns.

ii. **Factor D' Derivation.** The estimates of Factor D' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Projected service utilization for non-waiver services is based on actual utilization of the SELF waiver population during State Fiscal Year (SFY) 2014. Eligibility data was used to identify dual eligibles. Drug expenditures were then removed for the dual eligibles. An annual inflation factor of 3% was applied to the historical expenditures to project costs for future waiver years.

iii. **Factor G Derivation.** The estimates of Factor G for each waiver year are included in Item J-1. The basis of these estimates is as follows:

The control group includes individuals of any age who were institutionalized in an ICF/IID facility during State Fiscal Year (SFY) 2014. The institutional costs were obtained using claims data and they include the ICF/IID facility expenditures for the individuals in the control group. Institutional costs were projected using calendar year 2014 expenditures as the baseline and applying an annual inflation factor of 3%.

iv. **Factor G' Derivation.** The estimates of Factor G' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

The control group is specified in c.iii. The G prime estimates includes an analysis of non-institutional claims for dates of service during State Fiscal Year (SFY) 2014. Eligibility data was used to identify dual eligibles. Drug expenditures were then removed for the dual eligibles. An annual inflation factor of 3% was applied to the historical expenditures to project costs for future waiver years.

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (4 of 9)

Component management for waiver services. If the service(s) below includes two or more discrete services that are reimbursed separately, or is a bundled service, each component of the service must be listed. Select "*manage components*" to add these components.

Waiver Services	
Community Inclusion	
Residential Respite	
Supported Employment - Enclave	
Participant-Directed Goods and Services	
Participant/Family Stability Assistance	
Support Brokerage	
Clinical/Therapeutic Intervention	
Community Respite	
Functional Behavioral Assessment	
Habilitation - Adult Day Support	
Habilitation - Vocational Habilitation	
Integrated Employment	
Non-Medical Transportation	
Remote Monitoring Equipment	
Remote Monitoring	

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (5 of 9)

d. **Estimate of Factor D.**

i. Non-Concurrent Waiver. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 1

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Community Inclusion Total:						**8267376.70**
Community Inclusion - Personal Assistance	Hour	550	907.00	15.97	**7966634.50**	
Community Inclusion - Transportation	Mile	549	996.00	0.55	**300742.20**	
Residential Respite Total:						**172449.00**
Residential Respite	Day	90	10.00	191.61	**172449.00**	
Supported Employment - Enclave Total:						**205717.50**
Supported Employment - Enclave	Hour	45	82.00	55.75	**205717.50**	
Participant-Directed Goods and Services Total:						**202662.00**
Participant-Directed Goods and Services	Item	417	10.00	48.60	**202662.00**	
Participant/Family Stability Assistance Total:						**16684.80**
Participant/Family Stability Assistance	Hour	32	11.00	47.40	**16684.80**	
Support Brokerage Total:						**257286.00**
Support Brokerage	Hour	60	137.00	31.30	**257286.00**	
Clinical/Therapeutic Intervention Total:						**195577.20**
Clinical/Therapeutic Intervention	Hour	54	70.00	51.74	**195577.20**	
Community Respite Total:						**15811.20**
Community Respite						