# 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 an Amendment to a §1915(c) Home and Community-Based Services Waiver

## 1. Request Information

A. The **State** of **Ohio** requests approval for an amendment to the following Medicaid home and community-based services waiver approved under authority of §1915(c) of the Social Security Act.
B. **Program Title:**
**IO waiver Amendment**
C. **Waiver Number:OH.0231**
**Original Base Waiver Number: OH.0231.**
D. **Amendment Number:OH.0231.R04.01**
E. **Proposed Effective Date:** *(mm/dd/yy)*
07/01/15
**Approved Effective Date of Waiver being Amended: 07/01/14**

## 2. Purpose(s) of Amendment

**Purpose(s) of the Amendment.** Describe the purpose(s) of the amendment:
The amendment includes reserved capacity for: a) To support the transfer of individuals currently enrolled on the Transitions DD Waiver to the Individual Options Waiver and b) Statewide HCBS Waiting List Reduction in accordance with Ohio's budget initiatives.

The amendment reflects the Ohio Department of Developmental Disabilities (DODD) revised eligibility assessment tool for determining eligibility for ICF/IID Level of Care (LOC) 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 amendment reflects Attachment #2:HCB Settings Waiver Transition Plan and Appendix C-5: HCB Settings, as it relates to this particular waiver.

Conflict of interest safeguards were addressed in the following: Appendix D-1-f, D-1-g, 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.

Appendix J was adjusted to reflect a rate increase of three percent for Homemaker Personal Care (HPC), OnSite/OnCall, HPC Daily Billing Unit, Adult Foster Care and Adult Family Living. The rate increase is based on Ohio's 16/17 budget initiatives.

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

Ohio Department of Medicaid Statutes and Rules were renumbered during this past year. Ohio Administrative Code and Ohio Revised Codes rule cites have been updated throughout the application to reflect the rules that were renumbered.

## 3. Nature of the Amendment

**A. Component(s) of the Approved Waiver Affected by the Amendment.** This amendment affects the following component(s) of the approved waiver. Revisions to the affected subsection(s) of these component(s) are being submitted concurrently *(check each that applies):*

| Component of the Approved Waiver | Subsection(s) |
|---|---|
| ☑ Waiver Application | Main 6,7,8, Att.1-a., |
| ☑ Appendix A – Waiver Administration and Operation | A-1,2,4,6 QI a-i, b-i |
| ☑ Appendix B – Participant Access and Eligibility | B-3-a, B-3-c,B-5-a,c, |
| ☑ Appendix C – Participant Services | C-1-a, C-5, QI a-i-a, |
| ☑ Appendix D – Participant Centered Service Planning and Delivery | D-1-f & g, D-2-a, QI |
| ☐ Appendix E – Participant Direction of Services | |
| ☑ Appendix F – Participant Rights | F-3-c |
| ☑ Appendix G – Participant Safeguards | G-1-b, G-2 a & c, QI |
| ☑ Appendix H | H-1-a- i & ii, H-1-b-i |
| ☑ Appendix I – Financial Accountability | QI a-i-a |
| ☑ Appendix J – Cost-Neutrality Demonstration | J-2-a, J-2-d |

**B. Nature of the Amendment.** Indicate the nature of the changes to the waiver that are proposed in the amendment *(check each that applies):*

- ☐ **Modify target group(s)**
- ☐ **Modify Medicaid eligibility**
- ☐ **Add/delete services**
- ☐ **Revise service specifications**
- ☑ **Revise provider qualifications**
- ☑ **Increase/decrease number of participants**
- ☐ **Revise cost neutrality demonstration**
- ☐ **Add participant-direction of services**
- ☑ **Other**

Specify:
The Quality Improvement Strategy and Measures were updated under each of the waiver assurances.

The amendment reflects Attachment #@: HCB Settings Waiver Transition Plan and Appendix C-5: HCB Settings, as it relates to this particular waiver.

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

In addition, the Single State Medicaid name has been updated from Ohio Department of Jobs and Family Services (ODJFS) to 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*):
**IO waiver Amendment**

**C. Type of Request: amendment**

**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**

**Original Base Waiver Number: OH.0231**
**Waiver Number:OH.0231.R04.01**
**Draft ID: OH.007.04.01**

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

**E. Proposed Effective Date of Waiver being Amended: 07/01/14**
**Approved Effective Date of Waiver being Amended: 07/01/14**

## 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**

☑ **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.
The purpose of the Individual Options waiver is to provide home and community-based service options to individuals with a developmental disability in order to avoid or delay institutionalization.

The goal and objective of the Individual Options waiver is to provide home and community-based waiver services to Ohio residents with a developmental disability. These services are provided in community settings of the individual's choice and may include living with family, in their own home, in adult foster care settings, or in small congregate settings.

The objective is to provide needed services to individuals with developmental disabilities and to increase enrollment capacity in a systematic manner in order to reduce waiting lists for these services.

The organizational structure for this waiver includes the Ohio Department of Medicaid (ODM) as the Single State Medicaid Agency, the Ohio Department of Developmental Disabilities (DODD) as the administrator of the waiver, and the County Boards of Developmental Disabilities (County Boards of DD) as the local operating entity. The two state departments operate in accordance with an interagency agreement. ODM retains final authority for the waiver, its administration and operation.

The traditional method of service delivery is used. Providers include County Boards of DD, agency providers and independent providers, for profit and not-for-profit.

## 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 Individual Options Waiver, including parents and other caregivers, providers, and other advocates in both a formal and informal capacity to discuss potential changes to the Individual Options 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 Individual Options waiver amendment application. These public notices include mass distribution using multiple listservs via 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 Individual Options Waiver amendment application.

The public notice for IO Waiver amendment was disseminated on February 20, 2015. Formalized public comment period was held from February 20, 2015 through March 23, 2015. The notice was sent through multiple listservs, posted to DODD's website, and sent through DODD's newsletter. Individuals were given the option to request a non-electronic copy of the waiver applications and were given the option to submit public comment non-electronically. No comments were received during this period.

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:** Donica

**First Name:** Kimberly J.

**Title:** Interim Bureau Chief, Bureau of Long-term Care Services and Supports

**Agency:** Ohio Department of Medicaid

**Address:** 50 West Town Street, 5th floor, Columbus, OH 43215

**Address 2:** P.O. Box 182709

**City:** Columbus

**State:** **Ohio**

**Zip:** 43218-2709

**Phone:** (614) 752-3523 **Ext:** ☐ **TTY**

**Fax:** (614) 644-6945

**E-mail:** Kimberly.donica@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 E. Broad St., 12th Floor

**Address 2:**

**City:** Columbus

**State:** **Ohio**

**Zip:** 43215

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

**Fax:** (614) 644-0501

**E-mail:** Lori.Horvath@dodd.ohio.gov

## 8. Authorizing Signature

This document, together with the attached revisions to the affected components of the waiver, constitutes the State's request to amend its approved waiver under §1915(c) of the Social Security Act. The State affirms that it will abide by all provisions of the waiver, including the provisions of this amendment when approved by CMS. The State further attests that it will continuously operate the waiver in accordance with the assurances specified in Section V and the additional requirements specified in Section VI of the approved waiver. The State certifies that additional proposed revisions to the waiver request will be submitted by the Medicaid agency in the form of additional waiver amendments.

**Signature:** ROSEANN CULVER

State Medicaid Director or Designee

**Submission Date:** Jun 16, 2015

**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:

Phase-out schedule of Transitions Developmental Disability Waiver

The phase-out of Transitions DD Waiver will occur over a two year period, beginning July 1, 2015 through June 30, 2017.

Effective July 1, 2015, no new entrants will be enrolled in Transitions DD. It is presumed that most individuals enrolled in the Transitions DD Waiver will choose to enroll in the Individual Options (IO) Waiver (OH.0231) which offers the most robust array of services. However, individuals may choose to enroll in the SELF (OH.0877) or Level One (OH.0380) Waivers, as well.

During the initial year of the phase-out, from July 1, 2015 through, June 30, 2016, DODD will begin with voluntary enrollments for those individuals receiving Personal Care Aide (PCA) services only. County Board Service and Support Administrators (SSA) will assist individuals through this transition.
The final phase-out will occur July 1, 2016 through June 30, 2017 for individuals enrolled on Transitions DD who require and are receiving nursing services. In order to meet the needs of those requiring nursing services, Waiver Nursing is being added to the IO Waiver with an effective target date of July 1, 2016.

Summary of how the applicable waiver (IO, SELF and Level One)was updated/amended to accommodate those individual who are transitioning to the waiver from the Transitions DD Waiver:

INDIVIDUAL OPTIONS (OH.0231) WAIVER CHANGES

SELF (OH.0877) and Level One (OH.0877) Waivers Changes
IO Waiver Amendment was submitted to CMS for proposed effective date of 7/1/15 to include reserved capacity of 3,000 to support the transfer of individuals enrolled on the Transitions DD Waiver to the Individual Options Waiver.

The IO Waiver will be amended with a submission date of 4/1/16 to add Waiver Nursing Services with an effective date of July 1, 2016 to allow for continuity of care.

The SELF and Level One waiver applications do not need amended to accommodate those individuals who chose to transfer to either of these waivers. SELF and Level One Waiver Capacity does not need to be increased to accommodate transfers since the State anticipates very few will chose the SELF or Level One Waivers.

HCBS CERTIFIED WAIVER PROVIDERS
All Transitions DD providers will be certified under the Individual Options, Level One and SELF waivers beginning July 1, 2015 to allow for continuity of care. This initial certification will be time-limited for one year. These providers will be required to submit renewal applications to DODD by July 1, 2016.

RULES
Rescission of Transitions DD authorization rule and rescission of Ohio Administrative Code 2-9-50 through 2-9-59 will be effective June 30, 2017. A new service rule related to the IO Waiver Nursing service will be effective July 1, 2016.

IMPACT OF PROPOSED PHASE-OUT OF THE TDD WAIVER
ODM and DODD are confident that by working in partnership, Ohio can accomplish undertaking the phase out Transitions DD and transitioning individuals into the Individuals Options, Level One and SELF Waivers in a manner that allows for the safe transfer of individuals, emphasizing continuity of care and minimizing service disruptions. Both Transitions DD and IO, Level One and SELF Waivers are administered by the same operational agencies promoting continuity of care. The Transitions DD waiver renewal included the new ICF/IID LOC process that is the same as the LOC process for IO, Level One and SELF waivers. Appendix A:7 Waiver Administration and Operation section aligns operation of all four DODD administered waivers.

CASE MANAGEMENT
The Transitions DD and Individual Options, Level One, and SELF waivers are presently administered by the same State agency. In addition, case management for both the Transitions DD and Individual Options, Level One and SELF Waivers is provided by local county boards of developmental disabilities. This provides continuity of care for the individuals transitioning to the IO, Level One and SELF waivers.

LEVEL OF CARE AND SERVICE PLANNING
The ICF/IID LOC will be the same for all waivers administered by DODD effective July 1, 2015. The new LOC rule of the Ohio Administrative Code 5123:2-8-01 will be effective for all waivers (Transitions DD, IO, Level One and SELF).
Service planning will remain with the same entity and SSA's will work with the individuals and their teams to develop a Person Centered Individual Service Plan.

COMMUNICATIONS
Ohio will communicate its plan to close the Transitions DD waiver and transfer eligible individuals to Individual Options

Waiver with all affected parties. This will include, but not be limited to individuals enrolled on the Transitions DD Waiver, County Boards, Transitions DD providers, and other stakeholders. A communication strategy and timeline will be developed by DODD for this purpose. ODM and DODD will coordinate the issuance of an initial public notice about the phase-out and termination of the Transitions DD Waiver in a number of ways.
-DODD will have an announcement that will be posted on the department's respective website.
-Notice will be issued to the County Boards who are responsible for Case Management and provider oversight contractors, and they will be asked to disseminate the information to their local partners
-Notice will be issued to stakeholders on DODD's respective rule distribution lists (including but not limited to County Boards, the Ohio Olmstead Task Force, Disability Rights Ohio, Ohio County Board Association, the Ohio Provider Resource Association, the Ohio Waiver Network, Values and Faith Alliance, the Arc of Ohio, the Family Advisory Council, the Ohio Council of Home Care and Hospice).
-ODM and DODD will issue notice through their departmental advisory groups, including HCBS Policy

TIMELINE OF MAJOR MILESTONES

April 1, 2015
Transitions DD – Submit waiver amendment request to CMS proposing closure and phase-out (beginning July 1, 2015

April 1, 2015
Stakeholder Communications – Initial stakeholder communication commences

July 1, 2015
Begin transfer of Transitions DD to another DD Waiver selected by the individual (IO, Level One, SELF)
Transitions DD providers certified for Individual Options, Level One, and SELF Waivers for one year.

July 1, 2015-June 30, 2016 Transitions DD Quarterly Transfer Plan

| July-Sept 2015 | Oct-Dec 2015 | Jan-March 2016 | April-June 2016 |
|---|---|---|---|
| 410 | 293 | 452 | 511 |

July 1, 2016
Effective date of IO Waiver Nursing and initial transfer of individuals who require waiver nursing to IO Waiver
Transitions DD providers renew certification for Individual Options, Level One, and SELF Waivers

July 1, 2016-June 30, 2017 Transitions DD Quarterly Transfer Plan

| July-Sept 2016 | Oct-Dec 2016 | Jan-March 2017 | April-June 2017 |
|---|---|---|---|
| 313 | 242 | 315 | 318 |

February 1, 2017-March 3, 2017
Public Hearing regarding Transitions DD Waiver Amendment to terminated on June 30, 2017

April 1, 2017
Submit Waiver Amendment to CMS to close the Transitions DD Waiver with proposed effective date of June 30, 2017.

June 30, 2017
Rescind Ohio Administrative Code rules pertaining to Transitions DD Waiver

Quarterly progress reports to CMS should occur on 10/1/15, 1/1/16, 4/1/16, 7/1/16, 10/1/16, 1/1/17, 4/1/17, and final on 7/1/17

**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, person-centered planning 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

A. Settings which currently do not meet HCBS characteristics but may with modifications.
Of the settings providing DODD waiver services, 5.9% (578 settings, housing 2,045 individuals) fall under the category of not currently meeting all of the HCBS characteristics, but recognize that they could become compliant with modifications. The providers completing the self-assessment were asked to identify barriers to compliance and potential timeframes for remediation. The majority identified changes to person-centered plans, improved linkage to the community, and staff development and training as their primary barriers. To help address these barriers, DODD has included, as part of its remediation strategy, continuation of its statewide person-centered planning training and development of web-based person-centered planning resources to be available to county boards, providers, individuals, and families.

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. Adopt and implement an overarching DODD HCBS Waiver Administration rule that details the CMS HCBS settings characteristics that providers must incorporate to be compliant.
Action Step:
a. Post draft rule for comment, make necessary revisions, final file, and final file with proposed implementation date by 6/1/15

2. Modify Homemaker/Personal Care (HPC) service definition to incorporate CMS' required HCBS community integration/access characteristics.
Action Step:
a. Submit waiver amendment to CMS and modify service rules by 4/1/16. Implement 7/1/16.

3. Implement a new HCBS settings evaluation tool to assess the HCBS settings standards.
Action Step:

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

4. Implement setting-specific remediation strategies.
Action Steps:
a. Request remediation plans from providers who identified the ability to comply with the regulation with modifications. Complete by 7/1/2015
b. Verify implementation of providers' remediation strategies to determine completion of action steps in relation to the identified remediation timeframes. 50% complete by 7/1/16, remainder by 7/1/17
c. 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 effect of isolating individuals and may be subject to heightened scrutiny review

CMS described settings "presumed to have the qualities of an institution" as those located in a public or private facility that provides inpatient treatment, settings located on the grounds of or adjacent to a public institution, or other settings with the effect of isolating individuals. No settings were located in a building that is also a public or private facility that provides inpatient treatment. Additionally, no settings were located in a building on the grounds of, or immediately adjacent to, a public institution. An additional 75 settings serving 335 individuals, approximately 1% of the DODD waiver population, were identified through a combination of the Residential Settings survey and previous on-site compliance reviews by DODD as potentially having the effect of isolating individuals receiving HCBS, and, therefore, would likely be subject to heightened scrutiny.

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. Adopt and implement an overarching DODD HCBS Waiver Administration rule that details the CMS HCBS settings characteristics that providers must incorporate to be compliant.
Action Step:
a. Post draft rule for comment, make necessary revisions, final file, and final file with proposed implementation date by 6/1/15

2. Modify Homemaker/Personal Care (HPC) service definition to incorporate CMS' required HCBS community integration/access characteristics.
Action Step:
a. Submit waiver amendment to CMS and modify service rules by 10/1/15, implement 1/1/16.

3. Implement a new HCBS settings evaluation tool to assess the HCBS settings standards.
Action Step:
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

4. 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 12/2016
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 12/2016
c. Submit requests for heightened scrutiny to CMS. Complete by 1/2017

5. Implement setting-specific remediation strategies for settings that, based upon the on-site evaluation, do not currently comply, but have the ability to do so with modifications.
Action Steps:
a. Verify implementation of providers' remediation strategies to determine completion of action steps in relation to the identified remediation timeframes. Complete by 1/2019
b. Monitor ongoing compliance with standards via monitoring by Service and Support Administrators and ongoing provider compliance reviews. Ongoing

6. 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 1/2019

C. Settings which cannot meet the HCBS characteristics

Providers at 4 settings housing a total of 31 individuals indicated in the Residential Settings survey that the settings cannot meet the HCBS settings characteristics.

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. DODD will conduct site visits of the 4 settings whose providers that indicated through the self-assessment survey that relocation may be necessary. These visits will 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 9/2015
b. If necessary, DODD will provide technical assistance to the provider regarding modifications which may be made to enable the setting to comply with the HCBS characteristics. Complete by 9/2015
c. If the site visits confirms the setting has the qualities of an institution, DODD will inform these providers the location where they are providing waiver services does not meet HCBS Criteria. Complete by 9/2015
d. DODD will inform individuals served in these settings that the location does not meet HCBS criteria. Complete by 9/2015
e. 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. Transition complete by 3/2019

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.

As a means of incorporating the CMS HCBS requirements into the Adult Day Waiver Services, DODD is working with an outside consultant who is facilitating a stakeholder group charged with creating a new service package to maximize opportunities for integrated employment and integrated wrap-around supports. The work for this waiver service package redesign is slated to conclude in mid-2015.

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. Complete by 6/2015
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

D. Settings which cannot meet the HCBS characteristics

Thirteen 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

The state assures that the settings transition plan included with this waiver renewal will be subject to any provisions or requirements included in the State's approved Statewide Transition Plan. The State will implement any required changes upon approval of the Statewide Transition Plan and will make conforming changes to its waiver when it submits the next amendment or renewal.

## 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);

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

3) 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);

4) Convening operating agency Quality Briefings twice a year;

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

6) 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.:*

   ◉ **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:

   ☑ **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 in the preparation and submission of prior authorization requests for waiver services, 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 of dd develops a plan for Medicaid waiver administration. The plan includes the Planning Implementation Component Tracking document (known as the PICT).
   DODD oversight activities:
   * reviews and approves the county board of dd Plan for Medicaid waiver administration,
   * reviews county board of dd 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 (ISP) recommended by the county board of dd for waiver services, and
   * provides communication, technical assistance and training to county board of ddregarding their role as local operators for waivers.
   Appendix H provides further discussion of the oversight of county board of dd by 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 annual reviews of each County Board to evaluate participant Prevention from Harm systems, and 3) on an ongoing basis, investigates complaints and individual incidents of abuse, neglect, or exploitation, especially when the alleged problem potentially resulted from a local system failure. 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 annual 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.

## 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 | 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-Annual | |

**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: Semi-Annual |

**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** 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 Accreditation Reviews/Office of Provider Standards and Review**

| **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 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: |

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

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**DODD's Individual Data System (IDS) and 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 ODA; 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**<br>Specify: | ☐ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☑ **Other**<br>Specify:<br>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 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:

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 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:*

## Appendix B: Participant Access and Eligibility

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

**Answers provided in Appendix B-2-a indicate that you do not need to complete this section.**

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:

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)*:

☐ **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:

☐ **Other safeguard(s)**

Specify:

## 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 | 19000 |
| Year 2 | 21000 |
| Year 3 | 23600 |
| Year 4 | 24000 |
| Year 5 | 24400 |

| Waiver Year | Unduplicated Number of Participants |
|---|---|

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)*:

- (●) **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 | |
|---|---|
| Transfer Individuals on Transitions DD Waiver | |
| Emergencies and Hearing Decisions | |
| Community Alternative | |
| 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):*

Transfer Individuals on Transitions DD Waiver

**Purpose** *(describe):*

To support the transfer of individuals currently enrolled on the Transitions DD Waiver.

**Describe how the amount of reserved capacity was determined:**

The reserved capacity was determined based on Table B-3-a Unduplicated Number of Participants.

Max number of Unduplicated Number of Participants is 3000.

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

| Waiver Year | Capacity Reserved |
|---|---|
| Year 1 | 0 |
| Year 2 | 1711 |
| Year 3 | 1289 |
| Year 4 | 0 |
| Year 5 | 0 |

## 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):*

2. Emergencies and Hearing Decisions
a. Emergencies: An individual is involved in a situation that meets the at least one of the following definitions of an emergency and when the situation creates a risk of substantial self harm or harm to others if action is not taken in 30 days:
i. Loss of present residence for involuntary reasons, including legal action;
ii. Loss of caretaker for involuntary reasons including serious illness of the caretaker or similar inability of the caretaker to provide supports effectively for the individual;
iii. Abuse, neglect or exploitation of the individual;
iv. Health and safety reasons that pose a serious risk of harm or death to the individual or to others;
v. Change in the emotional or physical condition of the individual that necessitates substantial accommodation that cannot be provided reasonably by the individual's caretaker; or

b. Hearing Decisions: An order for the county DD 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 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 | 570 |
| Year 2 | 588 |
| Year 3 | 609 |
| Year 4 | 630 |
| Year 5 | 651 |

## 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):*

Community Alternative

**Purpose** *(describe):*

Community option of individuals seeking placement or residing in a public or private ICF/IID.

**Describe how the amount of reserved capacity was determined:**

The number for this reserved capacity was derived as a result of meetings with stakeholders on how to advance Ohio's support of the Olmstead Initiative in terms of individual's seeking placement in an ICF/IID and for moving individuals out of institutional setting.

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

| Waiver Year | Capacity Reserved |
|---|---|
| Year 1 | 400 |
| Year 2 | 300 |
| Year 3 | 850 |
| Year 4 | 400 |
| Year 5 | 400 |

## 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):*

864 reserve capacity waivers are needed for years two and three 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. These reserve capacity of Individual Options 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 | 0 |
| Year 2 | 216 |
| Year 3 | 648 |
| 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 allocates waiver capacity for Individual Options to the 88 county boards of dd. The allocation process uses both the Planning and Implementation Component Tracking (PICT) document submitted by each county board of dd and waiting list data. Ohio's focus is to maintain the current number of Individual Options enrollees and limit projected growth in the short run. 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. County-specific waiting lists will continue to be maintained by each county board of dd, with direct electronic linkage to DODD. Individuals who are residents of each of Ohio's 88 counties will have proportionate access to Individual Options waiver opportunities. Training of county board staff will occur as well as information sharing with consumers and families to explain how the shift in distribution of new opportunities will be managed.

Individuals who live in counties with longer waiting lists will be able to access waiver opportunities on a proportionately higher level as opportunities become available. Additionally, counties that have higher levels of state/local funding available to pledge as waiver match for the state's use will be able to access opportunities on behalf of their county residents at a level proportionate to the number of opportunities available to individuals in all other counties of the state. The DODD's Waiver Management System (WMS) gives additional oversight and monitoring capabilities to DODD and ODM. As a result of improvements in the system, actions taken by county boards of dd related to waiver allocations are now better understood, and any needed review can occur in real-time.

County Boards may request additional waiver capacity within 90 days of the disenrollment notification when an individual disenrolls from the waiver.

The PICT, along with its data elements, is an electronic submission by the county boards of dd. 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 weekly. A monthly summary is sent by DODD to ODM and OBM. Once the unduplicated count approaches the approved count, the actual enrollments are monitored quite closely, as well as the number of applications in process to assure that the unduplicated count is not exceeded. The PICT data has short-term county by county enrollment projections. This will be used to project future requests to CMS to increase the number of individuals served through the waiver.

There is currently an application tracking each and every enrollment opportunity on our waivers, known as the Waiver Management System (WMS). This application combines the waiver enrollment processes formally in the Waiver Tracking System (WTS) and the waiting list and waiver allocation processes of the PICT and allows for a more efficient, integrated database: the new system allows real-time status reports of the waiver's capacity. This combined system's goals are to assure state-wideness and comparability throughout Ohio.

**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 are twenty-two years or older, receive supported living or family support services and whose adult services can be refinanced;
• individuals who receive adult services and who reside in their own homes or the home of the individual's family and intend to remain in that home;
• individuals who do not receive supported living or family support services, who need services in their current living arrangement and whose primary caregiver is sixty years or older;
• individuals who are under age twenty-two and whose needs are unusual in scope or intensity; and
• individuals who are twenty-two years of age or older, who do not receive residential or family support services and who have intensive needs for in-home or out-of-home waiver services.

"Whose adult services can be refinanced" - These are services, such as day habilitation, that are available as HCBS waiver services. At the time it was written, it was assumed that moving the funding for these individuals' services plans from local dollars to a HCBS waiver would free local resources. In turn, these "freed" resources would be available as match, resulting in increased waiver capacity.

"Needs that are unusual in scope or intensity" - This term includes individuals with:
- severe behavior problems for which a behavior support plan is required;
- an emotional disorder for which anti-psychotic medication is needed;
- a medical condition that leaves the individual dependent on life-support medical technology;
- a medical condition affecting multiple body systems for which a combination of specialized medical, psychological, educational or habilitation services are needed; or
- a condition the county board believes to be comparable in severity to any of the above conditions and places the individual at risk of institutionalization.

Please note that these priority categories are defined in Ohio statute at 5126.042

## 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)***

- [ ] **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)**
- [x] **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:*

Sec. 1902(a)(10)(A)(i)(l) - Children with Title IV-E Adoption assistance or Foster Care payments
Sec. 1902(a)(10)(A)(i)(Vlll) - Adult Expansion
Sec.1902(a)(10)(A)(i)(IX) - Former Foster Children
Sec.1902(a)(10)(A)(ii)(VIII) - Children with Non-IV-E Adoption Assistance
Sec.1902(a)(10)(A)(ii)(XVII) - Independent foster care adolescents
42 CFR 435.110 - Parents/Caretaker Relatives
42 CFR 435.116 - Pregnant Women
42 CFR 435.118 - Infants and children under age 19

***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:

**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:*

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

- **Other**

  *Specify:*

**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:*

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

**Other**

*Specify:*

**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-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 (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 the selections in B-5-c also apply to B-5-f.**

## 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 the selections in B-5-d also apply to B-5-g.**

## 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:*

Pursuant to the provision of ODM rule 5160-40-01, Medicaid home and community-based services program – individual options waiver, DODD advised County Board Superintendents of DD and HCBS waiver providers in an Information Notice dated January 13, 2006 that the HCBS waiver programs are not to be utilized for the sole purpose of obtaining Medicaid eligibility. During each calendar month, county board of dd personnel are to monitor the service used by individuals whose Individual Service Plans (ISPs) indicate the need for waiver services. Consistent with ODM authorizing rules, when an individual does not use any waiver service every thirty consecutive days, the county board of dd 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 of dd board must recommend the individual for disenrollment from the waiver.

If an individual is anticipated to need waiver services less frequently than every thirty calendar days, Service and Support Administrators (SSAs) are 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 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):
(a) Qualified intellectual disability professional:
(1) Has at least one year of experience working directly with persons with intellectual disability or other developmental disabilities; and
(2) Is one of the following:
(i) A doctor of medicine or osteopathy.
(ii) A registered nurse.
(iii) An individual who holds at least a bachelor's degree in a human services field (including, but not limited to: sociology, special education, rehabilitation counseling, and psychology).

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 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:

(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 application 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 details 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 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 LOC system which gives the waiver particpants names (by county), their LOC due date 90 days prior 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 entered into an excel spreadsheet and is monitored by DODD staff (at two levels) 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 - 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: |

**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-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: |

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-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, quality assurance, etc). As problems are discovered, the individual county board of dd is notified and technical assistance is provided using email, phone contact and/or letters to the

County Board of DD 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.

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 of dd in the county in which the individual resides is responsible for explaining the services available under the Individual Options waiver and the alternative of services delivered in an ICF-IID facility.

The county boards of dd 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 facility. When the “Freedom of Choice” form is signed by the individual, the county board of dd shall provide a copy of the “Right to a State Hearing” Brochure (ODHS 8007) or “Notice of Approval of Your Application for Assistance” (ODJFS 4074) to the individual.

DODD maintains a database of all currently certified providers throughout the state, which is accessible on the DODD

website. Each county board of dd has access to the provider database on the DODD website. In addition, the county board of dd may also maintain a list of willing and qualified providers who have identified that they are willing to provide services in that particular county. This county-specific list of providers utilizes the information contained on the DODD provider database; the purpose in making it county-specific is to assist the individual in locating providers in the individual's county of residence who are willing and qualified to provide the services the individual needs. The Service and Support Administrator (SSA who functions as a case manager) at the county board of dd provides this information to waiver recipients at least annually and upon request. The free choice of provider process in outlined in the Ohio Administrative Code rule 5123: 2-9-11.

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 of dd.

## 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, and is the responsibility of, the county board of dd. The 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.

ODM 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 Respite** | | |
| **Statutory Service** | **Habilitation – Adult Day Support** | | |
| **Statutory Service** | **Homemaker/Personal Care** | | |
| **Statutory Service** | **Supported Employment - Community** | | |
| **Extended State Plan Service** | **Adaptive and Assistive Equipment** | | |
| **Other Service** | **Adult Family Living** | | |
| **Other Service** | **Adult Foster Care** | | |
| **Other Service** | **Environmental Accessibility Adaptations** | | |
| **Other Service** | **Habilitation - Vocational Habilitation** | | |
| **Other Service** | **Home Delivered Meals** | | |
| **Other Service** | **Homemaker/Personal Care - Daily Billing Unit** | | |
| **Other Service** | **Interpreter** | | |
| **Other Service** | **Non-Medical Transportation** | | |
| **Other Service** | **Nutrition** | | |
| **Other Service** | **Remote Monitoring Equipment** | | |
| **Other Service** | **Remote Monitoring** | | |
| **Other Service** | **Residential Respite** | | |

| Service Type | Service | | |
|---|---|---|---|
| Other Service | Social Work | | |
| Other Service | Supported Employment - Enclave | | |
| Other Service | Transportation | | |

## 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):**

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: |
|---|---|
| | |

**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:**

Community Respite shall not be provided in any residence and shall not be simultaneously provided at the same location where Adult Day Support or Vocational Habilitation is provided.

Payment for Community Respite does not include room and board.

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

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

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

☐ **Participant-directed as specified in Appendix E**

☑ **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: Statutory Service**
**Service Name: Community Respite**

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

**Certificate** *(specify):*
Certification standards listed in rule 5123: 2-9-22 of the Ohio Administrative Code
**Other Standard** *(specify):*

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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:**
Habilitation
**Alternate Service Title (if any):**
Habilitation – Adult Day Support

**HCBS Taxonomy:**

**Category 1:** 04 Day Services

**Sub-Category 1:** 04020 day habilitation

**Category 2:**

**Sub-Category 2:**

**Category 3:**

**Sub-Category 3:**

**Category 4:**

**Sub-Category 4:**

**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 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:**
See Appendix C-4, "Other Type of Limit"

**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**

☑ **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: Statutory 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 promulgated in Ohio Administrative Code 5123:2-9-17
**Other Standard** *(specify):*

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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: 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 promulgated in Ohio Administrative Code 5123:2-9-17
**Other Standard** *(specify):*

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**

Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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:**
Personal Care

**Alternate Service Title (if any):**
Homemaker/Personal Care

**HCBS Taxonomy:**

| Category 1: | Sub-Category 1: |
|---|---|
| 08 Home-Based Services | 08010 home-based habilitation |
| **Category 2:** | **Sub-Category 2:** |
| | |
| **Category 3:** | **Sub-Category 3:** |
| | |
| **Category 4:** | **Sub-Category 4:** |
| | |

**Service Definition** *(Scope):*
Homemaker/personal care (HPC) means the coordinated provision of a variety of services, supports and supervision necessary for the health and welfare of an individual which enables the individual to live in the community. These are tasks directed at increasing the independence of the individual within his/her home or community. The service includes tasks directed at the individual's immediate environment that are necessitated by his or her physical or mental condition, including emotional and/or behavioral, and is of a supportive or maintenance type. This service will help the individual meet daily living needs, and without this service, alone or in combination with other waiver services, the individual would require institutionalization.
The homemaker/personal care provider should perform such tasks as assisting the individual with activities of daily living, personal hygiene, dressing, feeding, transfer, and ambulatory needs or skills development. Skills development is intervention that focuses on both preventing the loss of skills and enhancing skills that are already present that will lead to greater independence within the residence or the community. The provider may also perform homemaking tasks for the individual. These tasks may include cooking, cleaning, laundry and shopping, among others. Homemaking and personal tasks are combined into a single service titled homemaker/personal care because, in actual practice, a single person provides both services and does so as part of the natural flow of the day. For example, the provider may prepare a dish and place it in the oven to cook (homemaking), assist the individual in washing up before a meal and assist him/her to the table (personal care), put the prepared meal on the table

(homemaking), and assist the individual in eating (personal care). Segregating these activities into discrete services is impractical.

(b) Services provided include the following:

(i) Basic personal care and grooming, including bathing, care of the hair and assistance with clothing;

(ii) Assistance with bladder and/or bowel requirements or problems, including helping the individual to and from the bathroom or assisting the individual with bedpan routines;

(iii) Assisting the individual with self-medication or provision of medication administration for prescribed medications, and assisting the individual with, or performing health care activities ;

(iv) Performing household services essential to the individual's health and comfort in the home (e.g., necessary changing of bed linens or rearranging of furniture to enable the individual to move about more easily in his/her home);

(v) Assessing, monitoring, and supervising the individual to ensure the individual's safety, health, and welfare.;

(vi) Light cleaning tasks in areas of the home used by the individual;

(vii) Preparation of a shopping list appropriate to the individual's dietary needs and financial circumstances, performance of grocery shopping activities as necessary, and preparation of meals;

(viii) Personal laundry;

(ix) Incidental neighborhood errands as necessary, including accompanying the individual to medical and other appropriate appointments and accompanying the individual for short walks outside the home; and

The individual provider shall comply with the requirements of rule 5123:2-1-02 (J) regarding behavior supports. If there is an individual behavior support plan, the individual provider shall be trained in the components of the plan. The individual provider shall maintain documentation of such training in accordance with paragraph (J)(8) of rule 5123:2-9-30 and present such documentation upon request by ODM, DODD, or the county board of dd.

On Site/On Call is a subservice of Homemaker Personal Care. The on-site/on-call rate is paid when no need for supervision or supports is anticipated and a provider must be on-site and available to provide homemaker/personal care but is not required to remain awake. This service must be documented in the Individual Service Plan.
**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**
Due to the scope of services available, homemaker/personal care services may not be used at the same time as any non-residential habilitation or supported employment service. Homemaker/Personal Care services shall not be deemed to be services provided under Adult Foster Care as defined in 5123:2-9-33. Homemaker/personal care shall not be provided on the same day as adult foster care. Homemaker/personal Care is not available to individuals who receive Adult Foster Care as a waiver service except when circumstances arise that require the individual to be served in a setting other than the home of the individual provider or agency provider of adult foster care or if arranged as substitute coverage for an individual foster care provider. A provider of Homemaker/Personal Care cannot bill for both Homemaker/Personal Care and HPC - Daily Billing Unit on the same day.

**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 |
|---|---|

| Provider Category | Provider Type Title |
|---|---|
| Agency | Agency Homemaker/Personal Care Providers |
| Individual | Independent Homemaker/Personal Care Providers |

## Appendix C: Participant Services

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

**Service Type: Statutory Service**
**Service Name: Homemaker/Personal Care**

**Provider Category:**
Agency
**Provider Type:**
Agency Homemaker/Personal Care Providers
**Provider Qualifications**
**License** *(specify):*

**Certificate** *(specify):*
Certification standards listed in rule 5123:2-9-30 of the Ohio Administrative Code.
**Other Standard** *(specify):*

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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: Homemaker/Personal Care**

**Provider Category:**
Individual
**Provider Type:**
Independent Homemaker/Personal Care Providers
**Provider Qualifications**
**License** *(specify):*

**Certificate** *(specify):*
Certification standards listed in rule 5123:2-9-30 of the Ohio Administrative Code.
**Other Standard** *(specify):*

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities

**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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:**
Supported Employment

**Alternate Service Title (if any):**
Supported Employment - Community

**HCBS Taxonomy:**

| Category 1: | Sub-Category 1: |
|---|---|
| 03 Supported Employment | 03021 ongoing supported employment, individual |
| **Category 2:** | **Sub-Category 2:** |
| 03 Supported Employment | 03022 ongoing supported employment, group |
| **Category 3:** | **Sub-Category 3:** |
| 03 Supported Employment | 03010 job development |
| **Category 4:** | **Sub-Category 4:** |
| | |

**Service Definition** *(Scope):*
"Supported employment services" are ongoing supports to participants who, because of their disabilities, need intensive on-going support to obtain and maintain an individual job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. Where applicable, the proposed outcome of this service is sustained paid employment at or above the minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals. "Supported employment" does not include sheltered work or other similar types of vocational services furnished in specialized facilities. ¬¬
¬
"Supported employment - community" means supported employment services provided in an integrated community work setting where waiver recipients and persons without disabilities are employed to perform the same or similar work tasks. ¬¬ Supported employment - community may also include services and supports that assist an individual to achieve self-employment through the operation of a business. Such self employment assistance may be provided in the individual's home or the residence of another person and may include:¬
¬
¬1. Aiding the individual to identify potential business opportunities;¬
¬¬¬2. Participating in developing a business plan, including identifying potential sources of business financing and

gaining assistance to launch a business;¬
¬¬¬3. Identifying supports necessary for the individuals to operate the business;¬
¬¬¬4. Providing ongoing counseling and guidance once the business has been launched.¬
¬¬¬
¬Supported employment - community waiver funds may not be used to either start-up or operate a business.¬

Supported Employment – Community 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- Community 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 – community services follow:¬
¬
¬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 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.
¬¬¬
¬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.

Documentation is maintained that this service is not available under section 110 of the Rehabilitation Act of 1973 or IDEA (20 U.S.C. 1401 et seq.). Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following: 1) Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment; or 2) Payments that are passed through to users of supported employment services.
**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**
As indicated in Appendix C-4, "Other Type of Limit":

Budget Limitations – Based on final rate models

Following are the annual budget limitations that apply to Adult Day Support, Vocational Habilitation, Supported Employment -– Enclave and Supported Employment - Community 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, Supported Employment – Enclave, Supported Employment – and Community 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, Supported Employment – Enclave, Supported Employment – and/or Community Waiver services during the individual's twelve month waiver span. The methodology used to establish service limits will be periodically re-evaluated by the Department in light of changes in utilization factors.

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 of dd will be assigned the responsibility to submit to the Department information contained on the DODD Acuity Assessment Instrument for each waiver

recipient for whom Adult Day Supports, Vocational Habilitation, Supported Employment-Enclave or Supported Employment-Community 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 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.

**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 | Independent Providers of supported employment community |
| Agency | County board of dd providers of supported employment community services |
| Agency | For profit and non-profit private providers of supported employment community services |

## Appendix C: Participant Services

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

**Service Type: Statutory Service**
**Service Name: Supported Employment - Community**

**Provider Category:**
Individual
**Provider Type:**
Independent Providers of supported employment community
**Provider Qualifications**
**License** *(specify):*

**Certificate** *(specify):*
Certification standards are contained in Ohio Administrative Code 5123:2-9-15
**Other Standard** *(specify):*

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities
**Frequency of Verification:**

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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 - Community**

**Provider Category:**
Agency
**Provider Type:**
County board of dd providers of supported employment community services
**Provider Qualifications**
**License** *(specify):*

**Certificate** *(specify):*
Certification standards are contained in Ohio Administrative Code 5123:2-9-15
**Other Standard** *(specify):*

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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 - Community**

**Provider Category:**
Agency
**Provider Type:**
For profit and non-profit private providers of supported employment community services
**Provider Qualifications**
**License** *(specify):*

**Certificate** *(specify):*
Certification standards are contained in Ohio Administrative Code 5123:2-9-15
**Other Standard** *(specify):*

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities

**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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:**
Extended State Plan Service

**Service Title:**
Adaptive and Assistive Equipment

**HCBS Taxonomy:**

| Category 1: | Sub-Category 1: |
|---|---|
| 14 Equipment, Technology, and Modifications | 14031 equipment and technology |
| **Category 2:** | **Sub-Category 2:** |
| | |
| **Category 3:** | **Sub-Category 3:** |
| | |
| **Category 4:** | **Sub-Category 4:** |
| | |

**Service Definition** *(Scope):*
Adaptive and assistive equipment means those specialized medical equipment and supplies that include devices, controls, or appliances, specified in the individual's ISP, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live.

This service also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the medicaid state plan. To the extent that such equipment or supplies are available under the state plan or could be covered under the provisions of 1905(r) of the Social Security Act, they will not be covered as HCBS services for waiver participants less than twenty-one years of age. Excluded are those items that are not of direct medical or remedial benefit to the individual. All items shall meet applicable standards of manufacture, design, and installation.

**Specify applicable (if any) limits on the amount, frequency, or duration of 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 | Agency Provider of Specialized Medical Equipment and Supplies |
| Individual | Independent Provider of Specialized Medical Equipment and Supplies |

## Appendix C: Participant Services

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

**Service Type: Extended State Plan Service**
**Service Name: Adaptive and Assistive Equipment**

**Provider Category:**
Agency

**Provider Type:**
Agency Provider of Specialized Medical Equipment and Supplies

**Provider Qualifications**

**License** *(specify):*

**Certificate** *(specify):*

**Other Standard** *(specify):*
Medical equipment vendors who provide adaptive and/or assistive equipment, including those agencies and individuals approved as adaptive/assistive equipment providers under the Medicaid State Plan.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities

**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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: Extended State Plan Service**
**Service Name: Adaptive and Assistive Equipment**

**Provider Category:**
Individual

**Provider Type:**
Independent Provider of Specialized Medical Equipment and Supplies

**Provider Qualifications**

**License** *(specify):*

**Certificate** *(specify):*

**Other Standard** *(specify):*
Medical equipment vendors who provide adaptive and/or assistive equipment, including those agencies and individuals approved as adaptive/assistive equipment providers under the Medicaid State Plan.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities

**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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:**
Adult Family Living

**HCBS Taxonomy:**

| Category 1: | Sub-Category 1: |
|---|---|
| 02 Round-the-Clock Services | 02023 shared living, other |

| Category 2: | Sub-Category 2: |
|---|---|
| | |

| Category 3: | Sub-Category 3: |
|---|---|
| | |

| Category 4: | Sub-Category 4: |
|---|---|
| | |

**Service Definition** *(Scope):*
"Adult Family Living" means personal care and support services provided to an adult by a caregiver who is related and lives with the individual receiving the services. Adult Family Living is provided in conjunction with residing in the home and is part of the rhythm of life that naturally occurs when people live together as a family. Due to the environment provided by living together as a family, segregating these activities into discrete services is impractical. The supports that may be provided as a component of adult family living include the following:

(a) Basic personal care and grooming, including bathing, care of the hair, and assistance with clothing.

(b) Assistance with bladder and/or bowel requirements or problems, including helping the individual to and from

the bathroom or assisting the individual with bedpan routines.

(c) Assisting the individual with self-medication or provision of medication administration for prescribed medications and assisting the individual with, or performing, health care activities.

(d) Performing household services essential to the individual's health and comfort in the home (e.g., necessary changing of bed linens or rearranging of furniture to enable the individual to move about more easily in his or her home).

(e) Assessing, monitoring, and supervising the individual to ensure the individual's safety, health, and welfare.

(f) Light cleaning tasks in areas of the home used by the individual.

(g) Preparation of a shopping list appropriate to the individual's dietary needs and financial circumstances, performance of grocery shopping activities as necessary, and preparation of meals.

(h) Personal laundry.

(i) Incidental neighborhood errands as necessary, including accompanying the individual to medical and other appropriate appointments and accompanying the individual for walks outside the home.

(j) Skill development to prevent the loss of skills and enhance skills that are already present that lead to greater independence and community integration.

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

Individuals must specify in their Individual Service Plan (ISP) whether they will have Adult Family Living delivered as a daily rate service or in 15-minute units (subject to the same annual cost limitation as the daily rate [as determined by multiplying the daily rate for Adult Family Living by the number of days in the waiver eligibility span]).

The Medicaid Billing System (MBS) processing edits prevent the Homemaker/Personal Care and Adult Family Living services from being billed simultaneously.

The implementation specifications of this service are outlined in paragraph G of 5123:2-9-32.

**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 | Agency Providers of Adult Family Living |
| Individual | Independent Providers of Adult Family Living |

## Appendix C: Participant Services

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

**Service Type: Other Service**
**Service Name: Adult Family Living**

**Provider Category:**

Agency

**Provider Type:**

Agency Providers of Adult Family Living

**Provider Qualifications**

**License** *(specify):*

**Certificate** *(specify):*
Certified under standards listed in rule 5123:2-9-32.
**Other Standard** *(specify):*

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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: Adult Family Living**

**Provider Category:**
Individual
**Provider Type:**
Independent Providers of Adult Family Living
**Provider Qualifications**
**License** *(specify):*

**Certificate** *(specify):*
Certified under standards listed in rule 5123:2-9-32.
**Other Standard** *(specify):*

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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:**
Adult Foster Care

**HCBS Taxonomy:**

| Category 1: | Sub-Category 1: |
|---|---|
| 02 Round-the-Clock Services | 02023 shared living, other |

| Category 2: | Sub-Category 2: |
|---|---|
| | |

| Category 3: | Sub-Category 3: |
|---|---|
| | |

| Category 4: | Sub-Category 4: |
|---|---|
| | |

**Service Definition** *(Scope):*
"Adult foster care" means personal care and supportive services (e.g., homemaker, chore, and medication oversight to the extent permitted under state law) provided in a private home by an unrelated, principal care provider who lives in the home and whose primary, legal residence is that home. Foster care is furnished to adults who receive these services in conjunction with residing in the home. The total number of individuals (including participants served under the waiver) with mental retardation or other developmental disability living in the home shall not exceed four. Unless the home is licensed under section 5123.19 of the Revised Code, the adult foster care provider shall not provide adult foster care services under the waiver to more than three of the individuals living in the home. Adult foster care services, their associated activities, and skill development proximate the rhythm of life that naturally occurs as part of living in the family home. Homemaker and chore services are furnished to the individual as a component of adult foster care. Due to the environment provided by foster care, segregating these activities into discrete services is impractical. ¬Without this service, alone or in combination with other waiver services, the individual would require institutionalization.

Services provided include the following:

(i) Basic personal care and grooming, including bathing, care of the hair and assistance with clothing;

(ii) Assistance with bladder and/or bowel requirements or problems, including helping the individual to and from the bathroom or assisting the individual with bedpan routines;

(iii) Assisting the individual with self-medication or provision of medication administration for prescribed medications, and assisting the individual with, or performing health care activities ;

(iv) Performing household services essential to the individual's health and comfort in the home (e.g., necessary changing of bed linens or rearranging of furniture to enable the individual to move about more easily in his/her home);

(v) Assessing, monitoring, and supervising the individual to ensure the individual's safety, health, and welfare.;

(vi) Light cleaning tasks in areas of the home used by the individual;

(vii) Preparation of a shopping list appropriate to the individual's dietary needs and financial circumstances, performance of grocery shopping activities as necessary, and preparation of meals;

(viii) Personal laundry;

(ix) Incidental neighborhood errands as necessary, including accompanying the individual to medical and other appropriate appointments and accompanying the individual for short walks outside the home; and

(10) Skill development to prevent the loss of skills and enhancing skills that are already present that will lead to greater independence and community integration.

The adult foster care provider shall comply with the requirements of rule 5123:2-1-02 (J) regarding behavior supports. If there is an individual behavior support plan, the individual provider shall be trained in the components of the plan. The individual provider shall maintain documentation of such training in accordance with paragraph (J)(8) of rule 5123:2-9-30 and present such documentation upon request by ODM, DODD, or the county board of dd.

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

Adult Foster Care is not available for individuals who are eligible to receive foster care services funded under Title IV-E. Individuals who receive personal care services and supports in adult foster care settings shall receive Adult Foster Care services in lieu of Homemaker/Personal Care except when circumstances arise that require the individual to be served in a setting other than the home of the individual provider or agency provider of adult foster care or if arranged as substitute coverage for an individual foster care provider. Adult foster care shall not be provided on the same day as homemaker/personal care.

Payments for adult foster care services are not made for room and board, items of comfort or convenience, or the costs of facility maintenance, upkeep and improvement. Payment for adult foster care services does not include payments made, directly or indirectly, to members of the participant's immediate family. The methodology by which the costs of room and board are excluded from payments for adult foster care is described in Appendix I."

Adult Foster Care rates have been developed on a per diem basis by each ODDP funding range and adjusted for each cost of doing business (CODB) factor. Due to the per diem nature of the service, Adult Foster Care services are subject to the annual maximum limitation as outlined in Ohio Administrative Code 5123:2-9-13.

**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**
- [ ] **Relative**
- [ ] **Legal Guardian**

**Provider Specifications:**

| Provider Category | Provider Type Title |
|---|---|
| Agency | Agency providers of Adult Foster Care |
| Individual | Independent providers of Adult Foster Care |

## Appendix C: Participant Services

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

**Service Type: Other Service**
**Service Name: Adult Foster Care**

**Provider Category:**
Agency

**Provider Type:**
Agency providers of Adult Foster Care

**Provider Qualifications**

**License** *(specify):*

**Certificate** *(specify):*
OAC 5123:2-9-33 (H) (1-3) Provider qualifications:
i. Providers of adult foster care shall complete an application and meet the applicable individual options waiver homemaker/personal care certification requirements (i.e., individual, agency, or licensed facility) as outlined in rule OAC 5123:2-9-30.
ii. Providers currently certified to deliver individual options waiver homemaker/personal care services are only required to complete and submit to the department the adult foster care service application.
iii. A county board shall not be certified to provide adult foster care services or enter into a Medicaid provider agreement with ODJFS for adult foster care services.
**Other Standard** *(specify):*

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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: Adult Foster Care**

**Provider Category:**
Individual
**Provider Type:**
Independent providers of Adult Foster Care
**Provider Qualifications**
**License** *(specify):*

**Certificate** *(specify):*
OAC 5123:2-9-33(H) (1-3) Provider qualifications:
i. Providers of adult foster care shall complete an application and meet the applicable individual options waiver homemaker/personal care certification requirements (i.e., individual, agency, or licensed facility) as outlined in rule OAC 5123:2-9-30.
ii. Providers currently certified to deliver individual options waiver homemaker/personal care services are only required to complete and submit to the department the adult foster care service application.
iii. A county board shall not be certified to provide adult foster care services or enter into a Medicaid provider agreement with ODM for adult foster care services.
**Other Standard** *(specify):*

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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:**

Environmental Accessibility Adaptations

**HCBS Taxonomy:**

| Category 1: | Sub-Category 1: |
|---|---|
| 14 Equipment, Technology, and Modifications | 14020 home and/or vehicle accessibility adaptations |

| Category 2: | Sub-Category 2: |
|---|---|
| | |

| Category 3: | Sub-Category 3: |
|---|---|
| | |

| Category 4: | Sub-Category 4: |
|---|---|
| | |

**Service Definition** *(Scope)*:

Environmental accessibility adaptations means those physical adaptations to the home, required by the individual's ISP, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which, the individual would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the individual. Excluded are those adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, etc. Adaptations that add to the total square footage of the home are excluded from this benefit. All services shall be provided in accordance with applicable state or local building codes.

**Specify applicable (if any) limits on the amount, frequency, or duration of 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 | Agency Environmental Accessibility Provider |
| Individual | Independent Environmental Accessibility Providers |

## Appendix C: Participant Services

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

**Service Type: Other Service**
**Service Name: Environmental Accessibility Adaptations**

**Provider Category:**
Agency
**Provider Type:**
Agency Environmental Accessibility Provider
**Provider Qualifications**
**License** *(specify):*

**Certificate** *(specify):*

**Other Standard** *(specify):*
The provider has had prior experience completing the type of work involved in the modification, will comply with state and local building code requirements, and will obtain a Medicaid provider agreement.
**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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: Environmental Accessibility Adaptations**

**Provider Category:**
Individual
**Provider Type:**
Independent Environmental Accessibility Providers
**Provider Qualifications**
**License** *(specify):*

**Certificate** *(specify):*

**Other Standard** *(specify):*
The provider has had prior experience completing the type of work involved in the modification, will comply with state and local building code requirements and will obtain a Medicaid provider agreement.
**Verification of Provider Qualifications**

**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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 | 04010 prevocational services |
| **Category 2:** | **Sub-Category 2:** |
| 04 Day Services | 04020 day habilitation |
| **Category 3:** | **Sub-Category 3:** |
| | |
| **Category 4:** | **Sub-Category 4:** |
| | |

**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, which involves organizing an activity into teachable steps and strategies for instruction, allowing the learner to develop multi-step, complex skills that would otherwise be difficult to acquire;
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:**
As indicated in Appendix C-4, "Other Type of Limit":

Budget Limitations – Based on final rate models

Following are the annual budget limitations that apply to Adult Day Support, Vocational Habilitation, Supported Employment – Enclave and Supported Employment – Community 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, Supported Employment – Enclave, Supported Employment – and Community 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, Supported Employment – Enclave, Supported Employment – and/or Community Waiver services during the individual's

twelve month waiver span. The methodology used to establish service limits will be periodically re-evaluated by the Department in light of changes in utilization factors.

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 of dd will be assigned the responsibility to submit to the Department information contained on the DODD Acuity Assessment Instrument for each waiver recipient for whom Adult Day Supports, Vocational Habilitation, Supported Employment-Enclave or Supported Employment-Community 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 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.

**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 are promulgated in Ohio Administrative Code 5123:2-9-14
**Other Standard** *(specify):*

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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 are promulgated in Ohio Administrative Code 5123:2-9-14
**Other Standard** *(specify):*

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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:**
Home Delivered Meals

**HCBS Taxonomy:**

| Category 1: | Sub-Category 1: |
|---|---|
| 06 Home Delivered Meals | 06010 home delivered meals |
| **Category 2:** | **Sub-Category 2:** |
| | |
| **Category 3:** | **Sub-Category 3:** |
| | |
| **Category 4:** | **Sub-Category 4:** |
| | |

**Service Definition** *(Scope):*
Home delivered meals means the preparation, packaging and delivery of one or more meals to consumers who are unable to prepare or obtain nourishing meals. A full regimen of three meals a day shall not be provided under the HCBS waiver.

This service alone or in conjunction with other services prevents institutionalization of the consumer.

Providers of home delivered meals shall:

• Initiate new orders for home delivered meals within seventy-two (72) hours of referral if specified by the service plan;
• Participate in the consumer's Individual Service Plan (ISP) meetings if and when requested by the consumer's team;
• Be able to provide two (2) meals per day, seven days per week;
• Assure that home delivered meals are delivered to each consumer in accordance with the consumer's ISP;
• Possess the capability to provide special diets including, but not limited to, sodium and low sugar;
• Ensure that each meal served contains at least one-third of the current recommended dietary allowance as established by the Food and Nutrition Board of the National Academy of Sciences National Research Council;
• Have a licensed dietitian approve and sign all menus; and,
• Shall have a licensed dietitian plan and write all special menus in accordance with the ISP.
**Specify applicable (if any) limits on the amount, frequency, or duration of 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 | Agency Provider of Home Delivered Meals |
| Individual | Independent Provider of Home Delivered Meals |

## Appendix C: Participant Services

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

**Service Type: Other Service**
**Service Name: Home Delivered Meals**

**Provider Category:**
Agency
**Provider Type:**
Agency Provider of Home Delivered Meals
**Provider Qualifications**
**License** *(specify):*

**Certificate** *(specify):*
The provider would need to meet the same standard requirements as an independent or agency provider under OAC 5123:2-2-01.
Certified by the Ohio Department of Aging as a provider of home delivered meals in compliance with Title III of the Older Americans Act.
**Other Standard** *(specify):*

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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: Home Delivered Meals**

**Provider Category:**
Individual
**Provider Type:**
Independent Provider of Home Delivered Meals
**Provider Qualifications**
**License** *(specify):*

**Certificate** *(specify):*
The provider would need to meet the same standard requirements as an independent or agency provider under OAC 5123:2-2-01.
Certified by the Ohio Department of Aging as a provider of home delivered meals in compliance with Title III of the Older Americans Act.

**Other Standard** *(specify):*

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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:**
Homemaker/Personal Care - Daily Billing Unit

**HCBS Taxonomy:**

| Category 1: | Sub-Category 1: |
|---|---|
| 08 Home-Based Services | 08010 home-based habilitation |
| **Category 2:** | **Sub-Category 2:** |
| | |
| **Category 3:** | **Sub-Category 3:** |
| | |
| **Category 4:** | **Sub-Category 4:** |
| | |

**Service Definition** *(Scope):*
Homemaker/Personal Care (HPC) Daily Billing Unit means a daily rate reimbursement for HPC services. These services are defined as the coordinated provision of a variety of services, supports and supervision necessary for the health and welfare of an individual which enables the individual to live in the community. These are tasks directed at increasing the independence of the individual within his/her home or community. The service includes tasks directed at the individual's immediate environment that are necessitated by his or her physical or mental condition, including emotional and/or behavioral, and is of a supportive or maintenance type. This service will help the individual meet daily living needs, and without this service, alone or in combination with other waiver services, the individual would require institutionalization.
The homemaker/personal care provider should perform such tasks as assisting the individual with activities of daily living, personal hygiene, dressing, feeding, transfer, and ambulatory needs or skills development. Skills development is intervention that focuses on both preventing the loss of skills and enhancing skills that are already

present that will lead to greater independence within the residence or the community. The provider may also perform homemaking tasks for the individual. These tasks may include cooking, cleaning, laundry and shopping, among others. Homemaking and personal tasks are combined into a single service titled homemaker/personal care because, in actual practice, a single person provides both services and does so as part of the natural flow of the day. For example, the provider may prepare a dish and place it in the oven to cook (homemaking), assist the individual in washing up before a meal and assist him/her to the table (personal care), put the prepared meal on the table (homemaking), and assist the individual in eating (personal care). Segregating these activities into discrete services is impractical.

(b) Services provided include the following:

(i) Basic personal care and grooming, including bathing, care of the hair and assistance with clothing;

(ii) Assistance with bladder and/or bowel requirements or problems, including helping the individual to and from the bathroom or assisting the individual with bedpan routines;

(iii) Assisting the individual with self-medication or provision of medication administration for prescribed medications, and assisting the individual with, or performing health care activities;

(iv) Performing household services essential to the individual's health and comfort in the home (e.g., necessary changing of bed linens or rearranging of furniture to enable the individual to move about more easily in his/her home);

(v) Assessing, monitoring, and supervising the individual to ensure the individual's safety, health, and welfare.;

(vi) Light cleaning tasks in areas of the home used by the individual;

(vii) Preparation of a shopping list appropriate to the individual's dietary needs and financial circumstances, performance of grocery shopping activities as necessary, and preparation of meals;

(viii) Personal laundry;

(ix) Incidental neighborhood errands as necessary, including accompanying the individual to medical and other appropriate appointments and accompanying the individual for short walks outside the home; and

The individual provider shall comply with the requirements of rule 5123:2-1-02 (J) regarding behavior supports. If there is an individual behavior support plan, the individual provider shall be trained in the components of the plan. The individual provider shall maintain documentation of such training in accordance with paragraph (J)(8) of rule 5123:2-9-30 and present such documentation upon request by ODM, DODD, or the county board of dd.

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

Due to the scope of services available, the Homemaker/Personal Care Daily Billing Unit service may not be used at the same time as any non-residential habilitation or Supported Employment service. Homemaker/Personal Care Daily Billing Unit services shall not be deemed to be services provided under Adult Foster Care as defined in 5123:2-9-32. Homemaker/Personal Care Daily Billing Unit shall not be provided on the same day as Adult Foster Care. Homemaker/Personal Care Daily Billing Unit is not available to individuals who receive Adult Foster Care as a waiver service except when circumstances arise that require the individual to be served in a setting other than the home of the individual provider or agency provider of adult foster care or if arranged as substitute coverage for an individual foster care provider. A provider of Homemaker/Personal Care - Daily Billing Unit cannot bill for both Homemaker/Personal Care and Homemaker/Personal Care - Daily Billing Unit on the same day.

**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 | Independent Homemaker/Personal Care Providers |
| Agency | Agency Homemaker/Personal Care Providers |

## Appendix C: Participant Services

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

**Service Type: Other Service**
**Service Name: Homemaker/Personal Care - Daily Billing Unit**

**Provider Category:**
Individual
**Provider Type:**
Independent Homemaker/Personal Care Providers
**Provider Qualifications**
**License** *(specify):*

**Certificate** *(specify):*
Certification standards listed in rule 5123:2-9-30 of the Ohio Administrative Code.
**Other Standard** *(specify):*

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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: Homemaker/Personal Care - Daily Billing Unit**

**Provider Category:**
Agency
**Provider Type:**
Agency Homemaker/Personal Care Providers
**Provider Qualifications**
**License** *(specify):*

**Certificate** *(specify):*
Certification standards listed in rule 5123:2-9-30 of the Ohio Administrative Code.
**Other Standard** *(specify):*

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities

**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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:**

Interpreter

**HCBS Taxonomy:**

| Category 1: | Sub-Category 1: |
|---|---|
| 17 Other Services | 17020 interpreter |

| Category 2: | Sub-Category 2: |
|---|---|
| | |

| Category 3: | Sub-Category 3: |
|---|---|
| | |

| Category 4: | Sub-Category 4: |
|---|---|
| | |

**Service Definition** *(Scope)*:

Interpreter services means the process by which an individual conveys one person's message to another. The process of interpreting should incorporate both the message and the attitude of the communicator. The interpreter will maintain the role of a facilitator of communication rather than the focus or initiator of communication.

Providers of interpreter services shall:

• Render the message faithfully, always conveying the content and the spirit of the consumer, using language most readily understood by the persons whom they serve;
• Not counsel, advise or interject personal opinions;
• Participate in the consumer's ISP team if and when requested by the consumer's team.

This service alone or in conjunction with other services prevents institutionalization of the consumer.

**Specify applicable (if any) limits on the amount, frequency, or duration of 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 | Agency Provider of Interpreter Services |
| Individual | Independent Provider of Interpreter services |

## Appendix C: Participant Services

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

**Service Type: Other Service**
**Service Name: Interpreter**

**Provider Category:**
Agency
**Provider Type:**
Agency Provider of Interpreter Services
**Provider Qualifications**
**License** *(specify):*

**Certificate** *(specify):*
Certified interpreter, as certified by the Registry of Interpreters for the Deaf, Inc. (RID)
The provider would need to meet the same standard requirements as an independent or agency provider under OAC 5123:2-2-01.
**Other Standard** *(specify):*
o Graduates of interpreter training programs (minimum two (2) year program) plus one year of documented service experience;
o Individual with successful completion of written test plus one year of documented service experience; and
Individuals with two years of documented service experience.
**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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: Interpreter**

**Provider Category:**
Individual
**Provider Type:**

Independent Provider of Interpreter services

**Provider Qualifications**

**License** *(specify):*

**Certificate** *(specify):*

Certified interpreter, as certified by the Registry of Interpreters for the Deaf, Inc. (RID)
The provider would need to meet the same standard requirements as an independent or agency provider under OAC 5123:2-2-01.

**Other Standard** *(specify):*

o Graduates of interpreter training programs (minimum two (2) year program) plus one year of documented service experience;
o Individual with successful completion of written test plus one year of documented service experience; and
Individuals with two years of documented service experience.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

Ohio Department of Developmental Disabilities

**Frequency of Verification:**

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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: |
|---|---|
| | |

**Service Definition** *(Scope):*
Non- medical Transportation as a waiver service is available to enable waiver participants to access Adult Day Support, Vocational Habilitation, Supported Employment-Waiver and Supported Employment- Community 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. All transportation services that are not provided free of charge and are required by enrollees in HCBS waivers administered by the Department to access one or more of these four 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.

Non-medical Transportation is available in addition to the Transportation services described in Ohio Administrative Code 5123:2-9-06, which will be used primarily in connectionwith the provision of Homemaker/Personal Care Services.
**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**
The maximum service limitation for Non-medical Transportation services is as indicated below for each year.

Category 1 $8,990
Category 2 $9,086
Category 3 $9,178
Category 4 $9,269
Category 5 $9,365
Category 6 $9,456
Category 7 $9,552
Category 8 $9,643

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 the Department for the geographic cost of doing business area (category) in the state in which the preponderance of the transportation is projected to occur.

**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 | Independent private providers of non-medical transportation per mile |
| Agency | For profit and non-profit private providers of non-medical transportation per trip |
| Agency | Commercial buses, livery vehicles and taxicabs providing non-medical transportation per mile |
| Individual | Independent private providers of non-medical transportation per trip |
| 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 | County board of dd providers of non-medical transportation per trip |
| Agency | County board of dd providers of non-medical transportation 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:**
Independent private providers of non-medical transportation per mile
**Provider Qualifications**
**License** *(specify):*

**Certificate** *(specify):*
Certification standards are 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. The Department plans to incorporate these standards in Ohio Administrative Code following the public hearing and review processes.
**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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 are 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:**
Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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 mile
**Provider Qualifications**
**License** *(specify):*

**Certificate** *(specify):*
Certification standards are promulgated in Ohio Administrative Code 5123:2-9-18
**Other Standard** *(specify):*

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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:**
Independent private providers of non-medical transportation per trip
**Provider Qualifications**
**License** *(specify):*

**Certificate** *(specify):*
Certification standards are 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:**
Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver

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 are 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:**
Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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 are promulgated in Ohio Administrative Code 5123:2-9-18
**Other Standard** *(specify):*

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**

Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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 are 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:**
Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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 are 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:**

Ohio Department of Developmental Disabilities

**Frequency of Verification:**

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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:**

Nutrition

**HCBS Taxonomy:**

| Category 1: | Sub-Category 1: |
|---|---|
| 11 Other Health and Therapeutic Services | 11040 nutrition consultation |

| Category 2: | Sub-Category 2: |
|---|---|
| | |

| Category 3: | Sub-Category 3: |
|---|---|
| | |

| Category 4: | Sub-Category 4: |
|---|---|
| | |

**Service Definition** *(Scope):*

Nutrition services means a nutritional assessment and intervention for consumers who are identified as being at nutritional risk. The service includes development of a nutrition care plan, including appropriate means of nutritional intervention, i.e. nutrition required, feeding modality, nutrition education and nutrition counseling. The Dietitian shall:

• Participate in the development of the consumer's annual individual service plan (ISP) if requested;
• Perform nutritional assessments/evaluations in accordance with the ISP;
• Develop dietary programs, if indicated by the nutritional assessment and the ISP;
• Document all hands-on programming performed;
• Inservice and/or train the consumer/family/guardian, professionals, paraprofessionals, direct care workers,

habilitation specialists, vocational/school staff (including public personnel) as needed.

Nutrition services will not supplant existing services provided by the Women Infants and Children (WIC) program.

This service alone or in conjunction with other services prevents institutionalization of the consumer.
**Specify applicable (if any) limits on the amount, frequency, or duration of 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 | Agency Provider of Nutrition Services |
| Individual | Independent Provider of Nutrition Services |

## Appendix C: Participant Services

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

**Service Type: Other Service**
**Service Name: Nutrition**

**Provider Category:**
Agency
**Provider Type:**
Agency Provider of Nutrition Services
**Provider Qualifications**
**License** *(specify):*
Licensed dietitian as defined in Section 4759.06 of the Ohio Revised Code
**Certificate** *(specify):*

**Other Standard** *(specify):*

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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: Nutrition**

**Provider Category:**
Individual
**Provider Type:**
Independent Provider of Nutrition Services
**Provider Qualifications**
**License** *(specify):*
Licensed dietitian as defined in Section 4759.06 of the Ohio Revised Code
**Certificate** *(specify):*

**Other Standard** *(specify):*

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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:**

**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 as outlined in Ohio Administrative Code 5123:2-9-35.
The provider of Remote Monitoring is to have a backup power system (such as battery power and/or generator) in place at the monitoring base in the event of electrical outages. The provider must have other backup systems and additional safeguards in place which include, but are not limited to, contacting the backup support person in the event the Remote Monitoring system stops working for any reason.

If an individual indicates he or she wants the Remote Monitoring system turned off, the following protocol is to be implemented:
(i) The Remote Monitoring staff is to contact the backup support person and request in-person assistance at the individual's residence.
(ii) The Remote Monitoring system will remain in operation until the backup support person arrives.
(iii) If no one else at the residence is receiving Remote Monitoring, the Remote Monitoring staff will turn off the system once the backup support person arrives at the residence and is briefed on the situation.

The provider of Remote Monitoring is required to provide an individual who receives Remote Monitoring with initial and ongoing training on how to use the Remote Monitoring system as specified in the Individual Service Plan.
**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**
Individuals will only have the option to lease remote monitoring equipment. In addition, Ohio will collect data to determine if the proposed amount is reasonable.

Some providers have systems that use video cameras; others do not. Most use different types of sensors (floor mats, bed mats, etc.); however, which sensor(s) will be used is based on the individual's wants and needs. Cameras are only set up in common areas, never anywhere that there is an expectation of privacy.

**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 | 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 5123:2-9-35.
**Other Standard** *(specify):*

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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 5123:2-9-35.
**Other Standard** *(specify):*

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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:** |
| | |

**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.

The purpose of Remote Monitoring is to allow for individuals to exercise greater independence over their lives. It reduces/replaces the amount of Homemaker/Personal Care an individual utilizes while ensuring an individual's health and welfare.

Some providers have systems that use video cameras; others do not. Most use different types of sensors (floor mats, bed mats, etc.); however, which sensor(s) will be used is based on the individual's wants and needs. Cameras are only set up in common areas, never anywhere that there is an expectation of privacy. A monitoring base is not to be located at the residence of an individual who receives Remote Monitoring.

The individual's Service and Support Administrator, in consultation with the individual and the individual's team, will assess whether Remote Monitoring is sufficient to ensure the individual's health and welfare.

Remote Monitoring is done in real time, not via a recording, by awake staff at a monitoring base using the appropriate connection. While Remote Monitoring is being provided, the Remote Monitoring staff are not to have duties other than Remote Monitoring.

The stakeholder group that developed this service decided that response timeframes are individual-specific. Therefore, a protocol was put into the Remote Monitoring rule, which states:

• The provider of Remote Monitoring must have an effective system for notifying emergency personnel such as police, fire, emergency medical services, and psychiatric crisis response entities.

• If an emergency arises at an individual's residence, the Remote Monitoring staff will immediately assess the situation and call emergency personnel first, if that is deemed necessary, and then contact the backup support person. The Remote Monitoring will stay engaged with the individual during an emergency until emergency

personnel or the backup support person arrives.
o The backup support person is to verbally acknowledge receipt of a request for assistance from the Remote Monitoring staff.
o The backup support person must arrive at the individual's residence within a reasonable amount of time (to be specified in the Individual Service Plan) when a request for in-person assistance is made.

Remote Monitoring is available statewide in three of the waivers that DODD operates (IO, Level One and SELF). The decision of whether or not to select this service is up to the individual and their Individual Service Planning Team. When Remote Monitoring involves the use of audio and/or video equipment that permits Remote Monitoring staff to view activities and/or listen to conversations in the residence, a notice is to be prominently displayed within the residence that advises that the residence is equipped with audio and/or video equipment that permits others to view activities and/or listen to conversations within the residence.

The provider of Remote Monitoring must comply with all federal, state, and local regulations that apply to the operation of its business or trade, including but not limited to, 18 U.S.C. section 2510 to section 2522 and section 2933.52 of the Revised Code.

The individual who receives the service and each person who lives with the individual is to consent in writing after being fully informed of what Remote Monitoring entails including, but not limited to, that the Remote Monitoring staff will observe their activities and/or listen to their conversations in the residence, where in the residence the Remote Monitoring will take place, and whether or not recordings will be made. If the individual, or a person who lives with the individual, has a guardian, the guardian consents in writing. The individual's Service and Support Administrator keeps a copy of each signed consent form with the Individual Service Plan.
**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**
Remote Monitoring shall only be used to reduce or replace the amount of Homemaker/Personal Care an individual needs.

Remote Monitoring shall not be provided in an adult foster care, adult family living, or non-residential setting.

**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 | Agency Providers of Remote Monitoring |

## 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 Monitoring
**Provider Qualifications**
**License** *(specify):*

**Certificate** *(specify):*

**Other Standard** *(specify):*
Certified per standards listed in OAC 5123:2-9-35.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities

**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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:**
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: |
|---|---|
| | |

**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 intermediate care facility for individuals with intellectual disabilities(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:**

Payment 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.

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

**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**
- [ ] **Relative**
- [ ] **Legal Guardian**

**Provider Specifications:**

| Provider Category | Provider Type Title |
|---|---|
| Agency | Facilities certified as ICFs-IID |
| Agency | DODD Licensed Facilities |
| Agency | Agency Providers of Residential Respite |

## Appendix C: Participant Services

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

**Service Type: Other 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-IID under Chapter 3721 of the Revised Code

**Certificate** *(specify):*

Certified under standards listed in rule 5123:2-9-34.

**Other Standard** *(specify):*

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

Ohio Department of Developmental Disabilities

**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: Other Service**
**Service Name: Residential Respite**

**Provider Category:**
Agency
**Provider Type:**
DODD Licensed Facilities
**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 rule 5123:2-9-34.
**Other Standard** *(specify):*

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities
**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: Other 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:**
Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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:**

Social Work

**HCBS Taxonomy:**

| Category 1: | Sub-Category 1: |
|---|---|
| 10 Other Mental Health and Behavioral Services | 10060 counseling |

| Category 2: | Sub-Category 2: |
|---|---|
| | |

| Category 3: | Sub-Category 3: |
|---|---|
| | |

| Category 4: | Sub-Category 4: |
|---|---|
| | |

**Service Definition** *(Scope):*

'Social Work' means the application of specialized knowledge of human development and behavior, social, economic and cultural systems. This knowledge is used to assist individuals and their families to improve and/or restore their capacity for social functioning. Services include the provision of counseling and active participation in problem solving with individuals and family members; counseling in relationship to meeting the psychosocial needs of the individuals; collaboration with health care professionals and other providers of service to assist them to understand and support the social and emotional needs and problems experienced by individuals and their families; advocacy; referral to community-based and specialized services; develop social work/counseling plans of treatment; and assist providers of services and family members to understand and implement activities related to implementation of the plan of treatment.

**Specify applicable (if any) limits on the amount, frequency, or duration of 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**
- [ ] **Relative**
- [ ] **Legal Guardian**

**Provider Specifications:**

| Provider Category | Provider Type Title |
|---|---|
| Agency | Agency Provider of Social Work |
| Individual | Independent Provider of Social Work |

## Appendix C: Participant Services

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

**Service Type: Other Service**
**Service Name: Social Work**

**Provider Category:**
Agency
**Provider Type:**
Agency Provider of Social Work
**Provider Qualifications**
**License** *(specify):*
An individual licensed in the state of Ohio to provide social work as defined in Division (C)of Section 4757.01 of the Ohio Revised Code and Chapters 4757:15-02 and 4757:15-03 of the Administrative Code or licensed in the state of Ohio to provide professional counseling as defined in Divisions (A) and (B) of Section 4757:01 of the Ohio Revised Code and Chapters 4757:15-02 and 4757:15-03 of the Administrative Code.
**Certificate** *(specify):*

**Other Standard** *(specify):*

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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: Social Work**

**Provider Category:**
Individual
**Provider Type:**
Independent Provider of Social Work
**Provider Qualifications**
**License** *(specify):*
An individual licensed in the state of Ohio to provide social work as defined in Division (C)of Section 4757.01 of the Ohio Revised Code and Chapters 4757:15-02 and 4757:15-03 of the Administrative Code or licensed in the state of Ohio to provide professional counseling as defined in Divisions (A) and (B) of Section 4757:01 of the Ohio Revised Code and Chapters 4757:15-02 and 4757:15-03 of the Administrative Code.
**Certificate** *(specify):*

**Other Standard** *(specify):*

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities

**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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:**
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:** |
| | |

**Service Definition** *(Scope):*
Supported employment-enclave are services and training activities provided in regular business, industry and community settings for groups of workers with disabilities. Examples include mobile crews and other business-based workgroups employment small groups of workers with disabilities in employment in the community. Support employment-enclave support must be provided in a manner that promotes integration into the workplace and interaction between participants and people without disabilities in those workplaces. Where applicable, the proposed outcome of this service is sustain paid employment and work experience leading to further career development and individual integrated community-based employment for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the

same or similar work performed by individuals without disabilities. Supported employment-enclave does not include vocational services provided in facility based work settings. "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 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.
¬¬¬
¬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.

Documentation is maintained that this service is not available under section 110 of the Rehabilitation Act of 1973 or IDEA (20 U.S.C. 1401 et seq.). Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following: 1) Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment; or 2) Payments that are passed through to users of supported employment services.
**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**
As indicated in Appendix C-4, "Other Type of Limit":

Budget Limitations – Based on final rate models

Following are the annual budget limitations that apply to Adult Day Support, Vocational Habilitation, Supported Employment - – Enclave and Supported Employment - Community 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, Supported Employment – Enclave, Supported Employment – and Community 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, Supported Employment – Enclave, Supported Employment –and/or Community Waiver services during the individual's twelve month waiver span. The methodology used to establish service limits will be periodically re-evaluated by the Department in light of changes in utilization factors.

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 of dd will be assigned the responsibility to submit to the Department information contained on the DODD Acuity Assessment Instrument for each waiver recipient for whom Adult Day Supports, Vocational Habilitation, Supported Employment-Enclave or Supported Employment-Community 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 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.

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

## Appendix C: Participant Services

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

**Service Type: Other 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 are contained in Ohio Administrative Code 5123:2-9-16
**Other Standard** *(specify):*

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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: 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 are contained in Ohio Administrative Code 5123:2-9-16
**Other Standard** *(specify):*

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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:**

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:** |
| | |

**Service Definition** *(Scope):*

Service offered in order to enable individuals served on the waiver to gain access to waiver and other community services, activities and resources, specified by the plan of care. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them. Transportation services under the waiver shall be offered in accordance with the individual's plan of care. Whenever possible, family, neighbors, friends, or community agencies that can provide this service without charge will be utilized. Transportation services may be provided in addition to the Non-Medical Transportation services that may only be used to enable individuals to access Adult Day Support, Vocational Habilitation, Supported Employment-Enclave and/or Supported Employment-Community. To avoid service duplication with Non-Medical Transportation Service, documentation is required to show what service has been billed at what time. DODD conducts audits on services provided by aligning what is in the plan (ISP) with what has been approved in the Payment Authorization for Waiver Services (PAWS) and what has been billed in the Medicaid Billing System to ensure that no duplication has occurred. The SSA maintains the responsibility for monitoring the services as authorized in the ISP.

**Specify applicable (if any) limits on the amount, frequency, or duration of 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 | Agency Transportation Providers |
| Individual | Independent Transportation Providers |

## Appendix C: Participant Services

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

**Service Type: Other Service**
**Service Name: Transportation**

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

**Certificate** *(specify):*
Certification Standards listed in rule 5123:2-9-25 of the Ohio Administrative Code
**Other Standard** *(specify):*

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities
**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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: Transportation**

**Provider Category:**
Individual
**Provider Type:**
Independent Transportation Providers
**Provider Qualifications**
**License** *(specify):*

**Certificate** *(specify):*
Certification Standards listed in rule 5123:2-9-25 of the Ohio Administrative Code
**Other Standard** *(specify):*

**Verification of Provider Qualifications**
**Entity Responsible for Verification:**
Ohio Department of Developmental Disabilities

**Frequency of Verification:**
DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver 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 of dd conduct case management services (Targeted Case Management, or TCM) through Service and Support Administrators (SSAs) who are certified or 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 certification and renewal certification, the Ohio Department of Developmental Disabilities 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 to the Ohio Department of Developmental Disabilities. For agency employees, criminal background checks must be conducted at initial hire and at least once every 5 years.

DODD does not enroll an applicant who provides direct services to individuals with developmental disabilities as an Individual Options waiver provider until a background investigation 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 5126.281 of the Ohio Revised Code and rule 5123:2-2-02of the Ohio Administrative Code (OAC).

A report is submitted by Ohio's Bureau of Criminal Identification and Investigation (BCII) directly to the Department of Developmental Disabilities 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, not 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 ever 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 not 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):

At the time of initial certification and renewal certification, the Ohio Department of Developmental Disabilities completes a registry search for each independent provider and every agency by entering the provider information on the Abuser Registry website. The results are then saved in the provider's file to confirm that this search has been completed. Certification will not be granted without this document. For agency employees, registry checks must be completed at the time of initial hire and at least every five years after.

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 applicants for Individual Options waiver positions having direct contact with waiver participants against the abuser registry. Certification as an individual waiver provider is not approved until the screening has been satisfactorily completed. Agency providers must assure that employees or contractors have been screened against 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.

Contact is also 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. DODD will deny certification to an applicant whose name appears on the nurse aide registry with regard to abuse, neglect or misappropriation. DODD staff are also responsible for checking the list of excluded persons and entities maintained by the Office of Inspector General in the United States Department of Health and Human Services pursuant to section 1128 of the Social Security Act. A check must be conducted of the sex offender and child-victim offender database which was established pursuant to division (A)(11) of section 2950.13 of the Revised Code; the United States general services administration system for award management database; and the database of incarcerated and supervised offenders established pursuant to section 5120.066 of the Revised Code. Agency providers are required to conduct all of these registry checks for employees or contractors.

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.

## 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 services are a short-term service provided on an intermittent basis in facilities licensed by DODD. These facilities may be licensed for fewer or more than four individuals. Individuals, parents, guardians, and family members provide necessary information to the facility to ensure that individuals receive their respite services in a manner that resembles their home-life as much as possible. Homemaker/Personal Care services are also provided on a routine basis for individuals residing in a licensed facility.

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, 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, 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.

Individuals have the right to interact with friends, family, and community members both in and out of their home. Providers must ensure that the rights of individuals are protected. This is reviewed as part of the DODD review process through interview, observation, and documentation review.
When single rooms are available, decisions regarding who has the single room and who shares a room are made by the individuals who share the residence. Individuals have the right to participate in the management of their home, including who they share a room with, and have the right to move from one bedroom to another when all parties involved are in agreement to the change.

Individuals participate in determining their own schedules to the highest extent possible and, when assessed to need assistance in this area, can choose to receive assistance from their chosen provider. Individuals can choose whether or not to participate in planned activities. Licensed waiver setting conditions state that unless there is an identified and documented risk to health and safety for an individual, the facility must ensure a 3 day supply of fresh food and a 5 day supply of frozen food, and that food be available to the individual at any time.

Currently, OAC 5123:3-26 limits the development new non-ICF/IID licensed facilities to a maximum of 4 beds; however, facilities licensed for more than 4 prior to this rule becoming effective may maintain their current capacity.

Licensed 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 |
|---|---|
| Habilitation - Vocational Habilitation | ☐ |
| Interpreter | ☐ |
| Transportation | ☐ |
| Supported Employment - Community | ☐ |
| Adult Family Living | ☐ |
| Community Respite | ☐ |
| Supported Employment - Enclave | ☐ |
| Remote Monitoring Equipment | ☐ |
| Habilitation – Adult Day Support | ☐ |
| Adult Foster Care | ☐ |
| Homemaker/Personal Care | ☑ |
| Remote Monitoring | ☐ |
| Non-Medical Transportation | ☐ |
| Residential Respite | ☑ |
| Home Delivered Meals | ☐ |
| Social Work | ☐ |
| Environmental Accessibility Adaptations | ☐ |
| Nutrition | ☐ |
| Homemaker/Personal Care - Daily Billing Unit | ☐ |
| Adaptive and Assistive Equipment | ☐ |

**Facility Capacity Limit:**

OAC 5123:2-16-01 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 |
|---|---|

| 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 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 biological children, adoptive children, or stepchildren who are under the age of eighteen.
• Guardians who are unrelated to their dependents are not permitted to furnish waiver services to their dependents.
• Relatives/family members may not furnish adult foster care to their relatives/family members.

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 of dd specifies the waiver services eligible for payment. Waiver services specified in the ISP are entered into the DODD-operated payment 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, 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.

○ **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 Individual Options waiver services. The 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 of DD also assist in the open enrollment of providers by passing along information regarding the waiver

services and the provider application process to potential providers. DODD has an online Provider Certification Wizard which has streamlined the process potential providers use to become certified for waiver services.

## 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: |

| | | |
|---|---|---|
| | ☐ **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 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** |

| **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**<br>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**<br>Confidence Interval = |
| ☐ **Other**<br>Specify: | ☑ **Annually** | ☐ **Stratified**<br>Describe Group: |
| | ☐ **Continuously and Ongoing** | ☐ **Other**<br>Specify: |

| | | |
|---|---|---|
| | | |
| | ☐ **Other**<br>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**<br>Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other**<br>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.
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, quality assurance, etc.). As problems are discovered, the individual County Boards is notified and technical assistance is provided using email, phone contact and/or letters to the County Boards 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.

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** |

| **Responsible Party***(check each that applies):* | **Frequency of data aggregation and analysis** *(check each that applies):* |
|---|---|
| ☐ **Sub-State Entity** | ☑ **Quarterly** |
| ☐ **Other**<br>Specify: | ☐ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☑ **Other**<br>Specify:<br>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 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.*

☐ **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.*

**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.*

The budget limits are established by individual acuity scores on the Ohio Developmental Disabilities Profile (ODDP), an instrument that was standardized years ago with the involvement of waiver participants and stakeholders at the time. The analysis resulted in scoring weights that were consistent with individuals' needs and service costs also at the time. Since then, it has served as the statewide tool to assure consistency in individual funding levels for all served on the IO Waiver. The ODDP is available on the website and the scored tool is to be done with the involvement of the individual.

The process for determining a funding range that is linked to an individual and to other individuals with similar needs throughout the state is defined in the Ohio Administrative Code, OAC5123:2-9-06 and is found on DODD's website. The rule specifically outlines the purpose of the tool and the key variables that are considered in determining the funding range, e.g. supports available to the individual, the living arrangement, medical and behavioral needs, and more. The rule requires the input of the individual and the team in the completion of the ODDP and, with consent of the individual, the team can review the completed tool to ensure its accuracy.

The entire process outlined here is available to the public and is communicated to individuals who are impacted by it. The ODDP instrument is available on the website as are the rules discussed here. Each individual's completed ODDP and resulting ranges that are linked to the individual plan is completed with the participation of the individual and is found online. Individuals may appeal any item completed on the tool if it is felt that another response for the item is more accurate.

The Service and Support Administrator informs the individual of the assigned funding range at the time of enrollment and any time the Ohio Developmental Disabilities Profile is reviewed or updated. The Service and Support Administrator also ensure the individual has access to review the Ohio Developmental Disabilities Profile and other assessments used in relation to the completion of the Ohio Developmental Disabilities Profile.

Each enrollee's need for waiver services is evaluated using the Ohio Developmental Disabilities Profile (ODDP). The ODDP is a standardized instrument used to assess the relative needs and circumstances of an individual (OAC 5123:2-9-06) in order to determine the amount of service needs available for a person's Individual Options waiver services. The ODDP is submitted electronically to DODD, and the answers are electronically scored to assign a funding range. The SSA is responsible to develop a plan that corresponds to the individual's funding range, as assessed and calculated by the ODDP.

The "funding range" applies to all services except the Adult Day Support, Vocational Habilitation, Supported Employment – Enclave, Supported Employment – Community, Supported Employment – Adapted Equipment, and Non-Medical Transportation. As an individual's situation changes, responses to the assessment tool are changed and the funding range is adjusted accordingly. Whenever an individual's funding range changes, the county board of dd notifies them of this change.

If an individual's needs cannot be met within the annual range expected, enrollees have a right to work with their county board to develop a request for prior authorization to exceed the assigned funding range, based on a process that includes the application of statewide criteria specifically developed for waiver services.

The Prior Authorization process is as follows: The ISP, developed in conjunction with the individual, establishes the individual's needs and matches services to address them. When the costs of waiver services identified in his/her ISP exceeds the range set by the individual's ODDP score, the individual or guardian may request from DODD that the services be authorized. To do this, the individual or guardian submits to the county board of dd a form that lists the services that are being requested. The county board of dd is then required to submit the documentation that relates to the prior authorization request to DODD. The county board of dd also provides a rationale for the services and costs, along with a statement of their support or lack of support for the plan. DODD's QIDPs review the documents to verify the needs, corresponding services,

and costs, and then either approve or deny the proposed request. The individual or guardian is notified of their appeal rights following any determination.

**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

Budget Limitations – Based on final rate models

Following are the annual budget limitations that apply to Adult Day Support, Vocational Habilitation, Supported Employment – Enclave and Supported Employment – Community 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, Supported Employment – Enclave, Supported Employment – and Community 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, Supported Employment – Enclave, Supported Employment – and/or Community Waiver services during the individual's twelve month waiver span. The methodology used to establish service limits will be periodically re-evaluated by the Department in light of changes in utilization factors.

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 of dd will be assigned the responsibility to submit to the Department information contained on the DODD Acuity Assessment Instrument for each waiver recipient for whom Adult Day Supports, Vocational Habilitation, Supported Employment-Enclave or Supported Employment-Community 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 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 State plans to submit the final statewide transition plan to CMS no later than March 17, 2015.

The summary of the results of the preliminary assessments for both residential and non-residential adult day services settings that currently meet HCBS characteristics is described below. In addition, the remediation strategies as outlined in the Ohio Statewide Transition Plan Appendix 1: ICF-IID Level of Care Waivers Systems Grid will demonstrate how the state will ensure that all settings will continue to meet HCB settings requirements in the future.

A. Residential Settings which currently meet HCBS characteristics

The Residential Settings Subcommittee reviewed the types of residential settings in which individuals are currently receiving HCBS. Those settings included individual/family homes, shared living, and congregate settings in which 2 or more individuals share services. Certain settings, including those in which individuals resided alone or with family, were presumed compliant with the regulation. In September 2014, DODD conducted a survey of residential settings for those individuals who live in congregate settings to determine the level of compliance with the CMS HCBS regulation.
Based on this criterion, the estimated target number of individuals included in the survey was 7,500 individuals residing in approximately 2,500 settings. The actual survey results yielded responses for 2,163 settings in which approximately 7,000 individuals reside.
When combining the presumed compliant locations with the settings that were surveyed, 90.9% are in compliance with the CMS HCBS Regulations.

B. Non-Residential Adult Day Waiver Services Settings which currently meet HCBS characteristics

DODD also conducted a survey for its Adult Day Waiver Service (ADWS) settings to determine the level of compliance for those HCBS services. To ensure the data yielded as a result of the survey was as accurate as possible, settings in which integrated, community employment services are provided were not included. The survey was distributed to providers of facility -based work and non-work services. In the DODD system, those services are Adult Day Supports and Vocational Habilitation. In total, responses were received from 464 settings where services are provided to more than 25,000 individuals.

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 7/1/2016

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)
- [ ] **Case Manager** (qualifications not specified in Appendix C-1/C-3).

*Specify qualifications:*

- [ ] **Social Worker**

*Specify qualifications:*

- [x] **Other**

*Specify the individuals and their 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 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.

## 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:*

County Boards currently serve as the single provider of case management through Ohio's Targeted Case Management(TCM)services. County boards may also provide direct services to some individuals receiving 1915(c) waiver services. In many cases, people have been receiving their direct services from the county board for a long period of time. The state reports that there are not enough providers and the state needs time to develop a broader provider pool.

In the past 7 years, the state has reduced the percentage of adult day services provided by the boards from 92% to 52%. This was accomplished through a combination of expanding the private provider pool, expecting boards to actively recruit providers in counties where options are minimal, and carefully planned transitions of individuals from county boards to other providers.

Ohio is in the process of redesigning the adult day services. It is anticipated that these new services will be available in 2016, they will not be available in segregated facilities, and they will include options for integrated day services, integrated pre-vocational services, supported employment-individual, and supported employment- small group. County boards providing TCM will not be eligible to provide any of the new adult day services, unless no other qualified provider is available in the geographic area. It is anticipated that all individuals will be safely transitioned from their existing adult day services, many of which are operated by county boards, to the newly designed services by 2024.

Under the newly designed adult day services model, the county boards' role will be to assist individuals with navigating the various employment services available through the waiver, as well as through other community organizations, such as Ohio's vocational rehabilitation vendors and the county departments of job and family services. This employment navigation will be provided as a function of TCM.

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 and employment services. The state monitors for this administrative separation during the county board accreditation reviews as outlined under OAC 5123:2-1-02 (P) Administration and Operation of County Boards of Developmental Disabilities. Through the accreditation process county boards are reviewed as a provider of service, if applicable, and as the administrative entity overseeing service delivery and waiver programs. Based on the results of an accreditation review, a County Board is awarded an accreditation term of from one to three years.

Personnel providing TCM shall inform individuals, at least annually, of the right to choose from among all qualified providers and shall provide assistance, as needed, with the provider selection process in accordance with section OAC 5123:2-9-11. Individuals who wish to appeal a decision related to their HCBS 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.

By March 1, 2020 no more than 30% of the individuals receiving case management through the county boards will also receive direct services through the county boards. To achieve this goal, the County Boards will continue to phase out their provision of direct services.

Annual benchmarks will be established for recruitment of sufficient providers in each county to safely meet the needs of all individuals requiring day services and for reducing the census of county board day programs. Annual benchmarks will be established in accordance with paragraph (D) of OAC 5123:2-9-11 for the recruitment of sufficient adult day, employment, and non-medical transportation providers. The county board shall establish and implement annual benchmarks for reducing the number of individuals for whom the county board provides adult day support, employment services, and non-medical transportation. Benchmarks are subject to approval by DODD. The county board shall report progress on achieving benchmarks to the department twice per year in accordance with the schedule and format established by the department.

The Ohio Department of Developmental Disabilities shall require county boards to establish annual benchmarks as outlined in OAC 5123:2-9-11 (D) no later than September 1 2015. County boards shall submit progress reports on achieving benchmarks to the department twice per year, starting June 30, 2016 reflecting the number of individuals who have selected another qualified provider and are no longer receiving day services from the county board. The Ohio Department of Developmental Disabilities will work closely with county boards to ensure compliance with established benchmarks. County boards that fail to comply will no longer be permitted to provide Targeted Case Management or to develop individuals' person-centered plans.

County Boards are prohibited from providing direct services to new individuals, unless no other qualified and willing provider is available. County boards shall submit progress reports on achieving benchmarks to the department twice per year, starting June 30, 2016 reflecting the number of individuals who have selected another qualified provider and are no longer receiving day services from the county board.

## 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 to direct and be actively engaged in the service plan development process. (OAC 5123:2-1-11) 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.

(b) The participant's authority to determine who is included in the service planning process is specified in OAC 5123:2-1-11, Service and Support Administration. Rule 5123:2-1-11 states that an individual shall be responsible for making all decisions regarding the provision of services, and that even who have been adjudicated incompetent pursuant to Chapter 2111 of the Revised Code have the right to participate in the decisions that affect their lives. The rule also requires that the service planning process occur with the active participation of the individual to be served and other persons selected by him/her; that the ISP shall be reviewed and/or revised at the request of the individual; and that the individual will receive a complete copy 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):

With the active participation of the individual and members of the individual's team, the SSA shall initially, and at least every twelve months thereafter, coordinate assessment of the individual. The assessment shall take into consideration: a) what is important to the individual to promote satisfaction and achievement of desired outcomes; b) what is important for the individual to maintain health and welfare; c) known and likely risks; d) the individual's place

on the path to community employment; and e) what is working and not working in the individual's life. The assessment shall also identify supports that promote the individual's rights, self-determination, the individual's physical, emotional, and material well-being, personal development, interpersonal relationships, and social inclusion.

The SSA shall explain to the individual services and supports funded by the waiver, alternative services available, the individual's due process and appeal rights, and the individual's right to choose any qualified and willing provider. The Individual Service Plan integrates all sources of services and supports, including natural supports and those funded through state plan or other resources. The Service and Support Administrator serves as the primary point of coordination.

Using person-centered planning, the SSA shall ensure the individual service plan reflects results of the assessment and includes services and supports that: a) ensure health and welfare; b) assist the individual to engage in meaningful and productive activities; c) support community connections and networking with others; d) assist the individual to improve self-advocacy skills and increase the opportunity to participate in self-advocacy activities; e) ensure achievement of and balance between outcomes that are important to and important for the individual; and f) include supports to prevent or minimize identified risks. The individual service plan shall also integrate all sources of services and supports, including natural supports and alternative services available to meet the individual's needs and desired outcomes. The plan shall reflect services and supports that are consistent with efficiency, economy, and quality of care.

The SSA is responsible for developing a plan that corresponds to the individual's funding range, as assessed and calculated by the standardized Ohio Developmental Disabilities Profile (ODDP). If a service plan that meets the individual's health and welfare needs cannot be developed within the individual's ODDP funding range, then the SSA is required to work with the individual to obtain prior authorization for a plan of care that will meet his/her needs.

The SSA shall review and revise the individual service plan at least every twelve months and more frequently under the following circumstances: a) at the request of the individual or a member of the team; b) whenever the individual's assessed needs, situation, circumstances or status changes; c) if the individual chooses a new provider or type of service or support; d) as a result of the continuous review process of the individual service plan; e) identified trends and patterns of unusual or major unusual incidents; and f) when services are reduced, denied or terminated.

The SSA shall establish and maintain contact with the individual, providers, and natural supports, as frequently as necessary to ensure the desired outcomes of the individual are being met through the individual service plan. The SSA ensures the individual and all team members have a copy of the plan, as directed by the individual. Providers shall receive a copy at least 15 calendar days in advance of implementation unless extenuating circumstances make a 15-day advance copy impractical and the provider agrees. The SSA provides ongoing coordination of the plan to ensure services and supports are provided in accordance with the plan and to the benefit and satisfaction of the individual.

The SSA shall also implement a continuous review process that is tailored to the individual to ensure the individual service plan is developed and implemented in accordance with OAC 5123:2-1-11. The scope, type, and frequency of reviews shall be specified in the individual service plan and shall include, but not be limited to face-to-face visits and contact via phone, email or other appropriate means, as needed. The SSA shall share results of reviews in a timely manner with the individual, providers, and others chosen by the individual, as applicable.

## 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 SSA is required to coordinate assessments after the initial request for services and at least annually thereafter to identify what is important for the individual to maintain health and welfare, as well as known and likely risks. The SSA is also required to review and revise the individual service plan if the individuals assessed needs change, as a result of the continuous review process, or upon identification of trends and patterns of unusual or major unusual incidents. If significant risks are identified, a formal risk assessment may be requested. The results of the risk assessment would be identified and needs would be addressed through person centered planning. The team, with active participation of the individual, would balance what is important to and important for the individual.

Certification requirements for independent and agency providers of homemaker/personal care services specify that a provider may only arrange for substitute coverage for an individual from the list of certified providers identified in the ISP and that the provider must notify the individual or legally responsible person in the event that substitute coverage of services is necessary. Several types of back-up plans may be used. In some cases a natural support could be utilized as a back-up. In other cases, other certified waiver providers would serve as a back-up provider. The team identifies possible back-up options and tailors the service plan to meet the needs of the individual.

## 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.

DODD maintains a current list of all qualified providers on its website. Annually the county board is required to provide to all individuals enrolled on the waiver a description of the individual's right to choose any qualified provider from all those available statewide; the procedures that service and support administrators will follow to assist individuals in the selection of providers of home and community-based services; and a description of the information available on the website and instructions for accessing this information.

When an individual chooses a qualified provider who is willing to provide services to him/her, the service and support administrator assists the individual in making arrangements to initiate services with the chosen provider.

If an individual requires assistance to choose qualified providers the county board informs the individual of the list of qualified providers available on the DODD website; assists the individual to access the website information, if needed; assists the individual to obtain outcomes of past monitoring reviews of services provided by the qualified provider(s) whom the individuals wishes to consider, if requested, and contacts the preliminary provider(s) selected by the individual to determine the provider's interest in providing services to the individual, unless the individuals wishes to contact the provider(s) directly.

To the extent that the individual requests assistance in the provider choice selection process, the service and support administrator follows the Provider Choice Process approved by DODD and ODM to facilitate communication, meetings, and information sharing between the individuals and qualified providers until the individual has selected a qualified provider. (OAC 5123:2-9-11)

The Free Choice of Provider rule requires that county boards annually provide consumers with information regarding the availability of alternate providers and how to access the list of all providers on the DODD website. This may be done at the service plan review for each person and/or can be a mass mailing to all individuals on an annual basis. Throughout the year communication between the SSA and individual would address this information as appropriate following the process specified in the Free Choice of Provider rule (OAC 5123:2-9-11). ODM ensures this during reviews and hearing requests and DODD ensures this as part of the accreditation review process. In addition if either department receives a complaint that this is not occurring, it can be reviewed on a case-by-case basis.

## 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):

Service and Support Administrators (SSA) develop services plans in accordance with OAC 5123:2-1-11. Changes to plans that result in a decrease in services or changes that result in an increase in the cost of services within the individual's funding range are approved by the service and support administrator. Changes to plans that result in an increase in the cost of an individual's services in excess of their funding range are approved by DODD. In addition, ODM monitors service planning activity through the quality performance measures, as well as periodic reviews. ODM also retains the right to review and modify service plans at any time.

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 developmental disabilities; 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.

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.

Participants can request a State Hearing regarding plans of care and ODM has general authority to provide oversight of the Operating Agency actions regarding the waiver, which includes plans of care.

## 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:*

Copies of service plans are maintained by the local County Board of Developmental Disabilities and are available upon request.

## 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.

The SSA is responsible for monitoring the implementation of the service plan in accordance with OAC 5123:2-1-11 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 service plan; and individual's service plan is reviewed at least annually and more often should the needs of the individual change. This on-going monitoring is tailored to the individual and occurs through regular interaction with the individual and his or her provider(s). The scope, type, and frequency of reviews are specified in the individual serivce plan.

DODD monitors service plan implementation through the provider compliance and accreditation review processes. Reviewing service plan documentation and the corresponding service plans is one component of the accreditation and provider compliance review processes conducted by DODD field review staff.

Reviewing service plans and the monitoring activities of SSAs is one component of the accreditation review process. Accreditation reviews are scheduled at least once every three years based on the term of the county board's accreditation award. A county board may be accredited for one to three years based on the outcome of their review.

Provider compliance reviews are scheduled at least once every three years for each provider who has actively billed during the last calendar year and is providing services in an unlicensed setting. Special reviews for each review process are conducted based on requests and/or complaints received from individuals and family members, advocates, other stakeholders, and concerned citizens. County Boards cannot complete compliance reviews of day services while providing day services. This function can only be performed by DODD. DODD and ODM shall regularly communicate with one another regarding all Transitions DD Waiver provider reviews that are conducted.

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 service plans 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 on regulatory review schedule & number of members 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: |

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, 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 on regulatory review schedule and number of members 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: |

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: 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 on regulatory review schedule & number of members 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 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, 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 on regulatory review schedule |

| | | |
|---|---|---|
| | | & number of members 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: |

**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:

| **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 on regulatory review schedule & number of members 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** |
| | |

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis***(check each that applies):* |
|---|---|
| | ☐ **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):
**Analyzed collected data (including surveys, focus group, interviews, etc)**
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: Participants Interview - Sample selected based on |

| | | |
|---|---|---|
| | | regulatory review schedule & number of members 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.
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, quality assurance, etc). As problems are discovered, the individual CBDD is notified and technical assistance is provided using email, phone contact and/or letters to the CBDD 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.

**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):* |
|---|---|
| | |

| **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 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)

**Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.**

## Appendix E: Participant Direction of Services

### E-1: Overview (2 of 13)

**Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.**

## Appendix E: Participant Direction of Services

### E-1: Overview (3 of 13)

**Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.**

## Appendix E: Participant Direction of Services

### E-1: Overview (4 of 13)

**Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.**

## Appendix E: Participant Direction of Services

### E-1: Overview (5 of 13)

**Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.**

## Appendix E: Participant Direction of Services

### E-1: Overview (6 of 13)

**Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.**

## Appendix E: Participant Direction of Services

### E-1: Overview (7 of 13)

**Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.**

## Appendix E: Participant Direction of Services

### E-1: Overview (8 of 13)

**Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.**

## Appendix E: Participant Direction of Services

### E-1: Overview (9 of 13)

**Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.**

## Appendix E: Participant Direction of Services

### E-1: Overview (10 of 13)

**Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.**

## Appendix E: Participant Direction of Services

### E-1: Overview (11 of 13)

**Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.**

## Appendix E: Participant Direction of Services

### E-1: Overview (12 of 13)

**Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.**

## Appendix E: Participant Direction of Services

### E-1: Overview (13 of 13)

**Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.**

## Appendix E: Participant Direction of Services

### E-2: Opportunities for Participant Direction (1 of 6)

**Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.**

## Appendix E: Participant Direction of Services

### E-2: Opportunities for Participant-Direction (2 of 6)

**Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.**

## Appendix E: Participant Direction of Services

### E-2: Opportunities for Participant-Direction (3 of 6)

**Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.**

## Appendix E: Participant Direction of Services

### E-2: Opportunities for Participant-Direction (4 of 6)

**Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.**

## Appendix E: Participant Direction of Services

### E-2: Opportunities for Participant-Direction (5 of 6)

**Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.**

## Appendix E: Participant Direction of Services

### E-2: Opportunities for Participant-Direction (6 of 6)

**Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.**

## 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 Individual Options waiver enrollment and waiver enrollees who are affected by any decision made to approve, reduce, suspend deny or terminate enrollment or to deny the choice of a qualified and willing provider or 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. All waiver enrollees receive prior notice for any adverse action proposed. 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 departments of job and family services. Each agency retains copies of notices issued.

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 of dd) pursuant to OAC 5101:6-6-02 at hearings requested by applicants, enrollees and disenrolled individuals of the Individual Options 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 fifteen 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. The administrative appeal process is defined in rule 5101:6-8-01 of the Ohio Administrative Code.

## 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:

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” or "MUI" 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. 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 DD
Ohio Department of Developmental Disabilities
DODD operated Developmental Centers
All DD Waiver providers
All DD licensed or certified providers
DD employees providing specialized services

•

Reporting Methods and Timeframes
The timeframe for reporting abuse, neglect, misappropriation, exploitation, and suspicious or accidental death 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.

Reference Rule: OAC 5123:2-17-02

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 home page lists the Hotline complaint telephone number for reporting of Abuse, Neglect, and MUIs.

DODD has an online complaint form that is available for participants, individuals, families and legal representatives.

DODD and county boards of DD conduct annual trainings on reporting and investigation of Major Unusual Incidents for county boards, DODD employees, providers, 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 list serve.

Reports are made by phone, online and via fax. An MUI contact person has been identified at each County Board of DD to receive reports of possible MUIs. Incidents may be reported to that person or to any County Board of DD or DODD employee. The Ohio Department of DD also has a hotline 1-866-313-6733, which may be used if there are concerns or difficulties in reporting to the County Board. DODD's Online Reporting System is located at https://ocf.prodapps.dodd.ohio.gov/DODD and county boards have Hotlines or Help Lines for receiving reports that have been communicated to providers and families.

DODD letterhead includes the Hotline telephone number for reporting Abuse, Neglect, and MUIs. DODD, in addition to the hotline for reporting abuse and neglect, lists each county board of DD after-hours number for reporting MUIs on its website.

DODD distributed a Family Handbook on MUIs which was distributed through the county boards and placed on the Department's website.

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 Board of DD's Major Unusual Incident Unit receives reports of critical incidents from providers, families, and county board operated programs. This Unit is responsible for determining if it 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, and suspicious or accidental deaths 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.

Ohio Department of Medicaid (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 not limited to incidents of alleged neglect or abuse resulting in ER treatment 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, discovered during other ODM oversight activities, contacted 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 assure 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.

Participants and other relevant parties are notified in writing of the outcome as outlined in OAC 5123-2-17-02 (J) no later than five working days following the County Board's or DODD's recommendation via the Incident Tracking System that the report be closed.

After the initial review the progress of the incident investigations are evaluated through a review.

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 has a web-based Incident Tracking System (ITS), which is a DODD application tasked with tracking the major Unusual Incidents (MUIs) across all of Ohio's 88 counties and by each waiver. This application aids local and state

developmental disability (DD) employees in ensuring the health and safety of DD individuals who are served.

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 2011, 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 2012, the MUI team would still return in 2012 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, cause/contributing factor identification 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 who, what types, root causes, and provides interventions to 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.

Note: This section was modified to address the question versus all rule information being entered. Reference Rule: OAC 5123:2-17-02

ODM Protection from Harm Unit Additional Oversight Responsibilities are the following:

1) Participate in DODD's semi-annual Trends and Patterns Committee
2) Participate in DODD's quarterly Mortality Review Committee

## 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" (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" (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" (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 Board of DD 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.

The medication administration Quality Assurance review is conducted by an RN, thus assuring professional evaluation of the systems in place for providing safe, accurate and effective administration of all medications. Only medications prescribed for an individual (by a professional with prescribing authority under Ohio law) may be administered. Only personnel who are relevantly professionally credentialed or who have completed the training and skills validation for DODD Medication Administration Certification may administer medications. The use of the standards of practices established for Medication Administration Certification is evaluated as part of the RN QA review. Any potentially harmful practices identified would be addressed via the Plan of Correction (POC) element of the RN QA. The reviewing RN confirms the plan of correction and submits to QA outcome to the County Board.

During all compliance reviews: if an individual in the sample receives medications for behavior, the plan is reviewed to ensure the appropriate process has been followed. Medications prescribed for behavior modification must be approved by the Human Rights Committee and reviewed by the team monthly.

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.

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 five 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 of DD 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.

Personnel who do not safely administer medications are reported to DODD by employers, County Boards, QA RNs and delegating nurses by electronic record and uploading of documentation to the unlicensed personnel's Medication Administration Certification record. Unresolved issues identified via the RN QA Reviews are reported to the DODD RN and to OPSR for follow through on resolutions. MUI reports require plans of correction to prevent future events; MUI cases are followed by DODD until appropriate POC is confirmed.

## 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 redone 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 or jejunostomy, 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.

The renewal process for certifications required for medication administration are contingent on continuing education requirements and annual skills verification. Multiple notations on the provider's Medication Administration Certification record results in DODD review of the specific performance problems and may result in denial of renewed certification.

**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 of dd 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 of DD reports and county board of DD quality assurance reviews. Incidents or issues that may be questioned can be reported to the County Board of DD or the DODD at times other than when a report is filed or a QA review is completed. When reported directly to DODD, DODD will complete an investigation to determine necessary action.

Personnel who do not safely administer medications are reported to DODD by employers, County Boards, QA RNs and delegating nurses by electronic record and uploading of documentation to the unlicensed personnel's Medication Administration Certification record. Unresolved issues identified via the RN QA Reviews are reported to the DODD RN and to OPSR for follow through on resolutions. MUI reports require plans of correction to prevent future events; MUI cases are followed by DODD until appropriate POC is confirmed.

The system that processes and tracks the DODD Certifications for unlicensed personnel and authorizes medication administration has been significantly enhanced to support better tracking and identification of problems as well as improvement strategies. On September 1, 2013, a new computerized registry of the (Medication Administration Information System – MAIS) went live, replacing the former Medication Administration database. The new system's capabilities will contribute to identifying medication administration problems, patterns and trends on a personnel scale and through data mining by DODD. RN Trainers, QA RNs, Employers and DODD can enter "Notations" on a personnel's certification record related to medication administration problems. The medication Administration Rule (OAC 5123:2-6-07) mandates that if a certified personnel is not administering medication safely the employer or County Board or delegating nurse must take them off medication administration duty and report that to DODD (via the MAIS notation system); an additional notation must be added if/when the personnel is able to be adequately reeducated to return to safe practice.

Documentation of the details of each event must be uploaded to DODD along with the notation. Notations are also made if personnel are substantiated in a medication related MUI and if problems are noted during QA reviews.
If personnel have 4 notations or 1 MUI recorded in an 18 month period, renewal of MA Certification cannot happen without specific DODD review of the personnel's record. QA RNs and DODD reviewers have the ability to see the event notations as part of the QA review processes.

The MAIS also mandates significantly more data entry to track where personnel work and who is providing the mandated employer oversight of medication administration safety and performance by MA Certified unlicensed personnel. DODD is working to include all the data fields from the MAIS into the Data Warehouse where it can be queried for data mining of patterns and trends.

When ODM discovers non-compliance with laws or rules governing medication administration without an occurrence or potential of harm which not been discovered or not adequately being addressed by DODD that case will be processed through the Adverse Outcome process described in Appendix A. When ODM discovers an instance of harm occurring or where there is a reasonable risk of harm to an individual due to medication management or administration issues case it is reported to the proper DODD parties and processed through the Adverse Outcome process described in Appendix A.

## 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 cases where there were recommended actions to protect health and welfare.**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**DODD 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: CBDD | ☐ **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):
**Mortality reviews**
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: |

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 application 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. N: Number of critical incident reviews/investigations that were completed as specified in the approved waiver. D: 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 or documentation of a plan, developed as a result of the incident. Related to 1) Abuse; 2) Neglect; 3) Exploitation; and 4) Misappropriation of Funds.**

**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** |

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis***(check each that applies):* |
|---|---|
| | ☐ **Other**<br>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**<br>Confidence Interval = |
| ☐ **Other**<br>Specify: | ☐ **Annually** | ☐ **Stratified**<br>Describe Group: |
| | ☐ **Continuously and Ongoing** | ☐ **Other**<br>Specify: |

| | | |
|---|---|---|
| | | |
| | ☐ **Other**<br>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**<br>Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other**<br>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** | **Frequency of data collection/generation** *(check each that applies):* | **Sampling Approach** *(check each that applies):* |
|---|---|---|

| **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: 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** |

| **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 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**<br>Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other**<br>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 CBDD's 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 in 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 & special regulatory review processes (accreditation, licensure, provider compliance, quality assurance, etc). As problems are discovered, the individual CBDD is notified and technical assistance is provided using email, phone contact and/or letters to the CBDD 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.

**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**<br>Specify: | ☐ **Annually** |

| **Responsible Party***(check each that applies):* | **Frequency of data aggregation and analysis***(check each that applies):* |
|---|---|
| | |
| | ☐ **Continuously and Ongoing** |
| | ☑ **Other**<br>Specify:<br><br>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 (ODM)
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 (DODD)
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 CBDD 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** |
| | |

| **Responsible Party***(check each that applies):* | **Frequency of Monitoring and Analysis***(check each that applies):* |
|---|---|
| ☐ **Sub-State Entity** | ☑ **Quarterly** |
| ☑ **Quality Improvement Committee** | ☐ **Annually** |
| ☑ **Other**<br>Specify:<br>County Boards & IO Waiver Providers | ☑ **Other**<br>Specify:<br>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 Boards 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 for each waiver cycle to identify riskier providers. Risk factors used in the analysis include, but are not limited to: dollar amount of claims paid; number of individuals served; complexity of services provided; prior noncompliance issues; prior findings; referrals from OPSR; and changes in compliance requirements to services provided. Once the selection of higher risk providers is determined, 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 of dd reviewed.

Additionally, the DODD Audit Office performs audits of the county boards of dd's Cost Reports. The audits consist of program monitoring for allowable costs, activities allowed, and cash management. The cost report audits also include a review of program revenues and expenditures and other reporting requirements.

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 Auditor of the State of Ohio, 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 has a Bureau of Audit Performance whose 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 Waiver Payment System/ODM's 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** |
| | |

| **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**<br>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 Waiver Payment System/ODM's 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**<br>Confidence Interval = |
| ☐ **Other**<br>Specify: | ☐ **Annually** | ☐ **Stratified**<br>Describe Group: |
| | ☐ **Continuously and Ongoing** | ☐ **Other**<br>Specify: |
| | ☐ **Other**<br>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 Waiver Payment System/ODM's 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.

DODD monitors claims rejections and denials on a quarterly basis by county boards and by rejection/denial reason code. If there is a large negative change for a county board or if a county board continuously has a large number of claims rejected or denied, DODD staff will contact the county bpard 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.

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 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).

DODD is responsible for the development of statewide rates for waiver services through an Interagency Agreement with 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.

Reimbursement rates for homemaker/personal care, adult foster care and other direct services are created by utilizing an independent rate setting model, with the exception of Transportation. The model begins with Bureau of Labor Statistics (BLS) information specific to Ohio's job market and incorporates reimbursement for employee related expenses, administrative overhead, and non-billable work time. This results in a statewide rate for each service. This statewide

rate is then adjusted for the variations in the cost of doing business throughout the state. Ohio has established eight cost of doing business regions for this purpose. The model results in base rates for agency providers as well as rates for non-agency providers, which vary slightly due to differences in reimbursement for administrative overhead and non-billable work time. The base rates are adjusted upward based the number of individuals sharing services up to four individuals per setting. In addition to these base rate adjustments, the model includes rate add-ons for services rendered to individuals who meet certain medical and/or behavioral criteria. Also, a community integration add-on is available for routine homemaker personal care services for a period of one year for individuals that are former residents of intermediate care facilities. It was calculated by increasing the administrative overhead percentage of the current agency homemaker/personal care base rate and making adjustments to the non-billable time in an amount equal to the current non-billable assumptions in the independent homemaker/personal care rate. The add-on covers time-limited cost increases experienced as individuals move from institutional settings to community-based settings. Those areas include: additional training, health care navigation, benefits coordination, and crisis intervention. The add-on promotes stability in staffing and greater continuity of care as individuals adjust to working with new teams, county board service and support administrators and community-based medical and mental health professionals. Claims are reimbursed at the lower of the rate established by the rate setting model or the provider's usual and customary charge for the service. The reimbursement rates and payment standards for homemaker personal care and adult foster care are defined in rules in their respective rules.

Rates will be paid in fifteen minute units for services to individuals who do not share services with others (e.g., live alone or live with others who do not receive homemaker personal care services from the same provider.) After an individual's service needs are identified in the Individual Service Plan, the Cost Projection Tool (CPT), developed and maintained by DODD, is used to determine the total expected amount of payment for each individual's waiver span as well as the total service hours that are expected to be rendered. The projection of service costs and payment standards are in accordance with Chapters 5160-41 and 5123:2-9 of the Ohio Administrative Code (OAC).

A daily billing unit is paid for services to individuals who share the same provider in the same site. The daily billing unit for homemaker/personal care was developed using the homemaker/personal care rates for individuals who share services in a consistent and predictable pattern. After each individual's service needs are identified in the Individual Service Plan, the Cost Projection Tool (CPT), developed and maintained by DODD, is used to determine the total expected amount of payment for the site and for each individual during their waiver span as well as the total service hours that are expected to be rendered to the site and to each individual during their waiver span. The estimated daily billing unit includes the base fifteen minute unit rates currently approved by CMS as well as any applicable rate add-ons for individuals who meet certain medical, behavioral, and or community integration criteria. From this information an hourly rate for that specific provider is determined for that specific site. After services are rendered, the provider will use a web-based rate calculator to determine the amount of the total week's reimbursement claim that is attributable to each individual based on their specific authorized service amount and attendance during the week. The provider will then submit an individual-specific claim for that week. This individual-specific claim is known as the daily billing unit for the individual for that service period.

Depending on the hours of service rendered by a provider and each individual's attendance in a given week, the individual daily billing unit amount billed will be variable; however, total claims for the waiver span cannot exceed what has been authorized during the individual planning process. ODM and DODD shall assure that the necessary systems controls are in place to prevent Medicaid reimbursement of Daily Billing Unit claims in excess of $403.98.

Reimbursement rates for transportation are based on federal mileage reimbursement guidelines as specified in the OAC. Claims 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 for the period January 1 through June 30, 2005 are 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. The payment specifications for these services are included in the OAC.
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 as submitted by each county for the period January 1 through June 30, 2005. 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 for inflation and 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 based upon, for each 1-mile driven, the driver provides 2 minutes of service at the Homemaker /Personal Care (HP/C) costs. The payment specifications for non-medical transportation are included in the OAC.

Statewide maximum rates are in place for Environmental Accessibility and for Adaptive & Assistive Equipment. Reimbursement for these two services is the lower of the provider's charge for the specific modification or piece of equipment or the established statewide maximum. The payment specifications for Environmental Accessibility and for Adaptive and Assistive Equipment are included in OAC.

The Adult Family Living rate was based on historical data collected from the 88 County Boards of Developmental Disabilities of individuals that qualified for the AFL service. Daily rates were based on the costs of Homemaker Personal Care services delivered to adults identified as living with family and utilizing a provider. There are four daily rates which apply to the Ohio Developmental Disabilites Profile (ODDP) groups. The rates are adjusted according to the cost of doing business (CODB) county of the individual.

The Community and Residential Respite service rates were developed by using the Homemaker Personal Care rate model as the basis for the rate structure. Historical costs of the HPC service were reviewed to determine the base rates. Both services may be adjusted by a medical and/or behavior add-on.

An independent rate model was developed for Remote Monitoring waiver service. The model includes Bureau of Labor Statistics (BLS) information specific to Ohio's job market and incorporated reimbursment for employee related expenses, administrative overhead, productivity assumptions and a responder/on call component.

Remote Monitoring equipment is purchased on a per item/per month basis as indicated in the Individual Service Plan. Remote Monitoring Equipment has a $5,000 maximum per waiver eligibility span for all equipment, regardless of the number of items.

The Supported Employment Community service rates were developed by using a blend of two components of the approved integrated employment service under the SELF waiver (initial and retention supports) as a basis for the hourly rate. Ohio assumed that 70% of all employment services are for retention and 30% for placement. The agency and independent rates are adjusted by the cost of doing business (CODB)factors.

An independent rate model was developed for social worker, nutritionist and interpreter waiver services. The models include Bureau of Labor Statistics (BLS) information specific to Ohio's job market and incorporated reimbursement for employee related expenses, administrative overhead, and productivity assumptions for agency and independent providers.

The services that use an independent model (or are based on other services that used an independent model) are as follows: Adult Day Support, Vocational Habilitation, Adult Day Support with providers certified by ODA, SE-Enclave, SE-Community, Non-Medical Transportation, Homemaker/Personal Care, Daily Billing Unit, Adult Foster Care, Adult Family Living, Remote Monitoring, & Community Respite.

The rate methodology used to determine Home Delivered Meals is unknown at this time. However, the United States Department of Agriculture (USDA) estimated that costs for home prepared meals cost approximately $49 per week in 1994. Ohio's reimbursement rate of $7 per meal is consistent with the USDA estimate.

Service and Support Administrators at the County Board provide individuals with the payment rates when they are developing the individual's Individual Service Plan. In addition, payment rates for the services can also be found as appendices to the service-specific rules which are posted on DODD's website.

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 to DODD from all types and classes of Individual Options service providers, who have voluntarily reassigned DODD to submit claims to ODM on their behalf. On a weekly basis, DODD compiles all claims received from providers during that week into one billing file which is submitted to ODM for processing and adjudication through the state's claims payment system, the Medicaid Information Technology System MITS).

## 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 of dd 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 of dd 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.

Under the cost-based reimbursement system, 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 as detailed in the Guide to Preparing Income and Expenditure Report.

## 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:

Provider billings are primarily validated through the Payment Authorization for Waiver Services (PAWS) system, which delineates those waiver services that are identified on each waiver enrollee's Individual Service Plan (ISP), the provider (s) authorized to deliver each service, and the frequency and duration of each service. DODD has developed a more comprehensive IT system known as the Medicaid Services System (MSS). There is a post review process that compares PAWS to actual ISPs to assure that the services identified through the ISP process are accurately reflected in the MSS/PAWS system. Additionally, the PAWS is linked to DODD's Waiver Management System (WMS), which

indicates that the individual has a current level of care determination. The Medicaid Billing System (MBS) edits the waiver claims to assure the service codes and the number of units match what the county board has submitted as authorized services. This automated system compares 100% of submitted claims against the MSS/PAWS system. No payments are issued when a discrepancy arises. In addition to the validation through DODD systems, ODM's MITS 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. The actual validation of delivery is accomplished through various quality assurance post reviews that track backward from paid claims documents to actual service delivery documentation.

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:

DODD is the limited fiscal agent for the IO waiver program. DODD is responsible for paying the provider claims as authorized in an Interagency Agreement with ODM. The ODM will adjudicate the claims and maintain ongoing monthly fiscal meetings with the Fiscal and Information Systems sections of DODD to assure that claims are paid efficiently and systems concerns are addressed timely.

DODD's website has an entire section dedicated to providers. That section includes the Medicaid Waiver Billing Instructions, as well as sections devoted to how to submit a claim. It has detailed information on how to contact Provider Support Services for assistance. In addition, provider support staff from DODD will go out and do training for providers to assist them with this process.

☐ **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 dd receive payments 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:

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, 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:*

☐ **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:

☑ **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 of DD 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 nonfederal share will be comprised of various funds appropriated through the state legislation and funds generated through local levies. Ohio utilizes a 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 | 63132.95 | 9448.00 | 72580.95 | 106200.00 | 21597.00 | 127797.00 | 55216.05 |
| 2 | 63100.18 | 9731.00 | 72831.18 | 109386.00 | 22244.00 | 131630.00 | 58798.82 |
| 3 | 63132.01 | 10023.00 | 73155.01 | 112667.00 | 22912.00 | 135579.00 | 62423.99 |
| 4 | 63132.85 | 10324.00 | 73456.85 | 116047.00 | 23599.00 | 139646.00 | 66189.15 |
| 5 | 63133.77 | 10633.00 | 73766.77 | 119529.00 | 24307.00 | 143836.00 | 70069.23 |

## 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 | 19000 | 19000 |
| Year 2 | 21000 | 21000 |
| Year 3 | 23600 | 23600 |
| Year 4 | 24000 | 24000 |
| Year 5 | 24400 | 24400 |

## 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: 6,270,000
Waiver Year 2: 6,860,000
Waiver Year 3: 7,084,700
Waiver Year 4: 7,308,000
Waiver Year 5: 7,529,900

The average number of days each person is served:
Waiver Year 1: 330
Waiver Year 2: 350
Waiver Year 3: 349
Waiver Year 4: 348
Waiver Year 5: 347

## 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 the waiver services will be utilized by differing percentages of the total waiver population based on past service utilization patterns. However, Ohio assumed a 3% service utilization increase for the waiver renewal period.

Waiver Renewal Year 1: 3.0%
Waiver Renewal Year 2: 3.0%
Waiver Renewal Year 3: 3.0%
Waiver Renewal Year 4: 3.0%
Waiver Renewal Year 5: 3.0%

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:

The estimates for Factor D' Derivation are based on data from 2011 and 2012 and assume a 3 % rate of inflation. Pharmacy expenditures for dual eligibles are excluded from D'.

Waiver Renewal Year 1: 3.0%
Waiver Renewal Year 2: 3.0%
Waiver Renewal Year 3: 3.0%
Waiver Renewal Year 4: 3.0%
Waiver Renewal Year 5: 3.0%

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 estimates for Factor G Derivation are based on data from 2011 and 2012 and assume a 3 % rate of inflation.

Waiver Renewal Year 1: 3.0%
Waiver Renewal Year 2: 3.0%
Waiver Renewal Year 3: 3.0%
Waiver Renewal Year 4: 3.0%
Waiver Renewal Year 5: 3.0%

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 estimates for Factor G' Derivation are based on data from 2011 and 2012 and assume a 3 % rate of inflation. Pharmacy expenditures for dual eligibles are excluded from G'.

Waiver Renewal Year 1: 3.0%
Waiver Renewal Year 2: 3.0%
Waiver Renewal Year 3: 3.0%
Waiver Renewal Year 4: 3.0%
Waiver Renewal Year 5: 3.0%

## 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 Respite | |
| Habilitation – Adult Day Support | |
| Homemaker/Personal Care | |
| Supported Employment - Community | |
| Adaptive and Assistive Equipment | |
| Adult Family Living | |
| Adult Foster Care | |
| Environmental Accessibility Adaptations | |
| Habilitation - Vocational Habilitation | |
| Home Delivered Meals | |
| Homemaker/Personal Care - Daily Billing Unit | |
| Interpreter | |
| Non-Medical Transportation | |
| Nutrition | |
| Remote Monitoring Equipment | |
| Remote Monitoring | |
| Residential Respite | |
| Social Work | |
| Supported Employment - Enclave | |
| Transportation | |

## 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 Respite Total: | | | | | | 1040592.00 |
| Community Respite | Hour | 950 | 168.00 | 6.52 | 1040592.00 | |
| Habilitation – Adult Day Support Total: | | | | | | 136366230.00 |
| | | | | | 136366230.00 | |
| GRAND TOTAL: | | | | | | 1199526086.14 |
| Total Estimated Unduplicated Participants: | | | | | | 19000 |
| Factor D (Divide total by number of participants): | | | | | | 63132.95 |
| Average Length of Stay on the Waiver: | | | | | | 330 |

| Waiver Service/ Component | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|---|---|---|---|---|---|
| Habilitation – Adult Day Support | Day | 13300 | 165.00 | 62.14 | | |
| **Homemaker/Personal Care Total:** | | | | | | **441047524.40** |
| Homemaker/Personal Care | Hour | 9120 | 1873.00 | 20.44 | **349151174.40** | |
| On Site/On Call | Hour | 5320 | 1625.00 | 10.63 | **91896350.00** | |
| **Supported Employment - Community Total:** | | | | | | **1877990.40** |
| Supported Employment - Community | Day | 1140 | 66.00 | 24.96 | **1877990.40** | |
| **Adaptive and Assistive Equipment Total:** | | | | | | **2787262.00** |
| Adaptive and Assistive Equipment | Item | 1558 | 1.00 | 1789.00 | **2787262.00** | |
| **Adult Family Living Total:** | | | | | | **3735825.60** |
| Adult Family Living | Day | 152 | 230.00 | 106.86 | **3735825.60** | |
| **Adult Foster Care Total:** | | | | | | **37203425.00** |
| Adult Foster Care | Day | 950 | 350.00 | 111.89 | **37203425.00** | |
| **Environmental Accessibility Adaptations Total:** | | | | | | **2544480.00** |
| Environmental Accessibility Adaptations | Item | 570 | 1.00 | 4464.00 | **2544480.00** | |
| **Habilitation - Vocational Habilitation Total:** | | | | | | **10682611.68** |
| Habilitation - Vocational Habilitation | Day | 988 | 174.00 | 62.14 | **10682611.68** | |
| **Home Delivered Meals Total:** | | | | | | **413042.00** |
| Home Delivered Meals | 1 meal | 181 | 326.00 | 7.00 | **413042.00** | |
| **Homemaker/Personal Care - Daily Billing Unit Total:** | | | | | | **451697401.74** |
| Homemaker/Personal Care - Daily Billing Unit | Day | 9386 | 327.00 | 147.17 | **451697401.74** | |
| **Interpreter Total:** | | | | | | **50790.40** |
| Interpreter | Hour | 40 | 32.00 | 39.68 | **50790.40** | |
| **Non-Medical Transportation Total:** | | | | | | **87173998.80** |
| Non-Medical Transportation | Trip | 13490 | 343.00 | 18.84 | **87173998.80** | |
| **Nutrition Total:** | | | | | | **6798.96** |
| Nutrition | | | | | **6798.96** | |

| | |
|---|---|
| **GRAND TOTAL:** | **1199526086.14** |
| **Total Estimated Unduplicated Participants:** | **19000** |
| **Factor D (Divide total by number of participants):** | **63132.95** |
| **Average Length of Stay on the Waiver:** | 330 |

| Waiver Service/ Component | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|---|---|---|---|---|---|
| | Hour | 19 | 6.00 | 59.64 | | |
| **Remote Monitoring Equipment Total:** | | | | | | **75168.00** |
| Remote Monitoring Equipment | Month | 54 | 12.00 | 116.00 | **75168.00** | |
| **Remote Monitoring Total:** | | | | | | **770256.96** |
| Remote Monitoring | Hour | 76 | 1452.00 | 6.98 | **770256.96** | |
| **Residential Respite Total:** | | | | | | **2050050.60** |
| Residential Respite | Day | 380 | 29.00 | 186.03 | **2050050.60** | |
| **Social Work Total:** | | | | | | **236082.60** |
| Social Work | Hour | 342 | 15.00 | 46.02 | **236082.60** | |
| **Supported Employment - Enclave Total:** | | | | | | **5017805.00** |
| Supported Employment - Enclave | Hour | 475 | 170.00 | 62.14 | **5017805.00** | |
| **Transportation Total:** | | | | | | **14748750.00** |
| Transportation | Mile | 14250 | 2300.00 | 0.45 | **14748750.00** | |
| | | | | **GRAND TOTAL:** | | **1199526086.14** |
| | | | | **Total Estimated Unduplicated Participants:** | | **19000** |
| | | | | **Factor D (Divide total by number of participants):** | | **63132.95** |
| | | | | **Average Length of Stay on the Waiver:** | | 330 |

## Appendix J: Cost Neutrality Demonstration

### J-2: Derivation of Estimates (6 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 2**

| Waiver Service/ Component | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|---|---|---|---|---|---|
| **Community Respite Total:** | | | | | | **1150128.00** |
| Community Respite | Hour | 1050 | 168.00 | 6.52 | **1150128.00** | |
| **Habilitation – Adult Day Support Total:** | | | | | | **150720570.00** |
| | | | | | **150720570.00** | |
| | | | | **GRAND TOTAL:** | | **1325103863.70** |
| | | | | **Total Estimated Unduplicated Participants:** | | **21000** |
| | | | | **Factor D (Divide total by number of participants):** | | **63100.18** |
| | | | | **Average Length of Stay on the Waiver:** | | 337 |

| Waiver Service/ Component | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|---|---|---|---|---|---|
| Habilitation – Adult Day Support | Day | 14700 | 165.00 | 62.14 | | |
| **Homemaker/Personal Care Total:** | | | | | | **487473579.60** |
| Homemaker/Personal Care | Hour | 10080 | 1873.00 | 20.44 | **385903929.60** | |
| On Site/On Call | Hour | 5880 | 1625.00 | 10.63 | **101569650.00** | |
| **Supported Employment - Community Total:** | | | | | | **2075673.60** |
| Supported Employment - Community | Day | 1260 | 66.00 | 24.96 | **2075673.60** | |
| **Adaptive and Assistive Equipment Total:** | | | | | | **3080658.00** |
| Adaptive and Assistive Equipment | Item | 1722 | 1.00 | 1789.00 | **3080658.00** | |
| **Adult Family Living Total:** | | | | | | **3440892.00** |
| Adult Family Living | Day | 140 | 230.00 | 106.86 | **3440892.00** | |
| **Adult Foster Care Total:** | | | | | | **41119575.00** |
| Adult Foster Care | Day | 1050 | 350.00 | 111.89 | **41119575.00** | |
| **Environmental Accessibility Adaptations Total:** | | | | | | **2812320.00** |
| Environmental Accessibility Adaptations | Item | 630 | 1.00 | 4464.00 | **2812320.00** | |
| **Habilitation - Vocational Habilitation Total:** | | | | | | **11807097.12** |
| Habilitation - Vocational Habilitation | Day | 1092 | 174.00 | 62.14 | **11807097.12** | |
| **Home Delivered Meals Total:** | | | | | | **456400.00** |
| Home Delivered Meals | 1 meal | 200 | 326.00 | 7.00 | **456400.00** | |
| **Homemaker/Personal Care - Daily Billing Unit Total:** | | | | | | **499244496.66** |
| Homemaker/Personal Care - Daily Billing Unit | Day | 10374 | 327.00 | 147.17 | **499244496.66** | |
| **Interpreter Total:** | | | | | | **55869.44** |
| Interpreter | Hour | 44 | 32.00 | 39.68 | **55869.44** | |
| **Non-Medical Transportation Total:** | | | | | | **96350209.20** |
| Non-Medical Transportation | Trip | 14910 | 343.00 | 18.84 | **96350209.20** | |
| **Nutrition Total:** | | | | | | **7514.64** |
| Nutrition | | | | | **7514.64** | |

| | |
|---|---|
| **GRAND TOTAL:** | **1325103863.70** |
| **Total Estimated Unduplicated Participants:** | **21000** |
| **Factor D (Divide total by number of participants):** | **63100.18** |
| **Average Length of Stay on the Waiver:** | 337 |

| Waiver Service/ Component | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|---|---|---|---|---|---|
| | Hour | 21 | 6.00 | 59.64 | | |
| **Remote Monitoring Equipment Total:** | | | | | | **83520.00** |
| Remote Monitoring Equipment | Month | 60 | 12.00 | 116.00 | **83520.00** | |
| **Remote Monitoring Total:** | | | | | | **851336.64** |
| Remote Monitoring | Hour | 84 | 1452.00 | 6.98 | **851336.64** | |
| **Residential Respite Total:** | | | | | | **2265845.40** |
| Residential Respite | Day | 420 | 29.00 | 186.03 | **2265845.40** | |
| **Social Work Total:** | | | | | | **260933.40** |
| Social Work | Hour | 378 | 15.00 | 46.02 | **260933.40** | |
| **Supported Employment - Enclave Total:** | | | | | | **5545995.00** |
| Supported Employment - Enclave | Hour | 525 | 170.00 | 62.14 | **5545995.00** | |
| **Transportation Total:** | | | | | | **16301250.00** |
| Transportation | Mile | 15750 | 2300.00 | 0.45 | **16301250.00** | |
| | | | | **GRAND TOTAL:** | | **1325103863.70** |
| | | | | **Total Estimated Unduplicated Participants:** | | **21000** |
| | | | | **Factor D (Divide total by number of participants):** | | **63100.18** |
| | | | | **Average Length of Stay on the Waiver:** | | 337 |

## Appendix J: Cost Neutrality Demonstration

### J-2: Derivation of Estimates (7 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 3**

| Waiver Service/ Component | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|---|---|---|---|---|---|
| **Community Respite Total:** | | | | | | **1292524.80** |
| Community Respite | Hour | 1180 | 168.00 | 6.52 | **1292524.80** | |
| **Habilitation – Adult Day Support Total:** | | | | | | **169381212.00** |
| | | | | | **169381212.00** | |
| | | | | **GRAND TOTAL:** | | **1489915462.32** |
| | | | | **Total Estimated Unduplicated Participants:** | | **23600** |
| | | | | **Factor D (Divide total by number of participants):** | | **63132.01** |
| | | | | **Average Length of Stay on the Waiver:** | | 338 |

| Waiver Service/ Component | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|---|---|---|---|---|---|
| Habilitation – Adult Day Support | Day | 16520 | 165.00 | 62.14 | | |
| **Homemaker/Personal Care Total:** | | | | | | **547827451.36** |
| Homemaker/Personal Care | Hour | 11328 | 1873.00 | 20.44 | **433682511.36** | |
| On Site/On Call | Hour | 6608 | 1625.00 | 10.63 | **114144940.00** | |
| **Supported Employment - Community Total:** | | | | | | **2332661.76** |
| Supported Employment - Community | Day | 1416 | 66.00 | 24.96 | **2332661.76** | |
| **Adaptive and Assistive Equipment Total:** | | | | | | **3461715.00** |
| Adaptive and Assistive Equipment | Item | 1935 | 1.00 | 1789.00 | **3461715.00** | |
| **Adult Family Living Total:** | | | | | | **4645204.20** |
| Adult Family Living | Day | 189 | 230.00 | 106.86 | **4645204.20** | |
| **Adult Foster Care Total:** | | | | | | **46210570.00** |
| Adult Foster Care | Day | 1180 | 350.00 | 111.89 | **46210570.00** | |
| **Environmental Accessibility Adaptations Total:** | | | | | | **3160512.00** |
| Environmental Accessibility Adaptations | Item | 708 | 1.00 | 4464.00 | **3160512.00** | |
| **Habilitation - Vocational Habilitation Total:** | | | | | | **13266765.72** |
| Habilitation - Vocational Habilitation | Day | 1227 | 174.00 | 62.14 | **13266765.72** | |
| **Home Delivered Meals Total:** | | | | | | **511168.00** |
| Home Delivered Meals | 1 meal | 224 | 326.00 | 7.00 | **511168.00** | |
| **Homemaker/Personal Care - Daily Billing Unit Total:** | | | | | | **561036470.22** |
| Homemaker/Personal Care - Daily Billing Unit | Day | 11658 | 327.00 | 147.17 | **561036470.22** | |
| **Interpreter Total:** | | | | | | **63488.00** |
| Interpreter | Hour | 50 | 32.00 | 39.68 | **63488.00** | |
| **Non-Medical Transportation Total:** | | | | | | **108279282.72** |
| Non-Medical Transportation | Trip | 16756 | 343.00 | 18.84 | **108279282.72** | |
| **Nutrition Total:** | | | | | | **8588.16** |
| Nutrition | | | | | **8588.16** | |

| | |
|---|---|
| **GRAND TOTAL:** | **1489915462.32** |
| **Total Estimated Unduplicated Participants:** | **23600** |
| **Factor D (Divide total by number of participants):** | **63132.01** |
| **Average Length of Stay on the Waiver:** | 338 |

| Waiver Service/ Component | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|---|---|---|---|---|---|
| | Hour | 24 | 6.00 | 59.64 | | |
| **Remote Monitoring Equipment Total:** | | | | | | **93264.00** |
| Remote Monitoring Equipment | Month | 67 | 12.00 | 116.00 | **93264.00** | |
| **Remote Monitoring Total:** | | | | | | **952686.24** |
| Remote Monitoring | Hour | 94 | 1452.00 | 6.98 | **952686.24** | |
| **Residential Respite Total:** | | | | | | **2546378.64** |
| Residential Respite | Day | 472 | 29.00 | 186.03 | **2546378.64** | |
| **Social Work Total:** | | | | | | **293377.50** |
| Social Work | Hour | 425 | 15.00 | 46.02 | **293377.50** | |
| **Supported Employment - Enclave Total:** | | | | | | **6232642.00** |
| Supported Employment - Enclave | Hour | 590 | 170.00 | 62.14 | **6232642.00** | |
| **Transportation Total:** | | | | | | **18319500.00** |
| Transportation | Mile | 17700 | 2300.00 | 0.45 | **18319500.00** | |
| | | | | **GRAND TOTAL:** | | **1489915462.32** |
| | | | | **Total Estimated Unduplicated Participants:** | | **23600** |
| | | | | **Factor D (Divide total by number of participants):** | | **63132.01** |
| | | | | **Average Length of Stay on the Waiver:** | | 338 |

## Appendix J: Cost Neutrality Demonstration

### J-2: Derivation of Estimates (8 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 4**

| Waiver Service/ Component | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|---|---|---|---|---|---|
| **Community Respite Total:** | | | | | | **1314432.00** |
| Community Respite | Hour | 1200 | 168.00 | 6.52 | **1314432.00** | |
| **Habilitation – Adult Day Support Total:** | | | | | | **172252080.00** |
| | | | | | **172252080.00** | |
| | | | | **GRAND TOTAL:** | | **1515188443.04** |
| | | | | **Total Estimated Unduplicated Participants:** | | **24000** |
| | | | | **Factor D (Divide total by number of participants):** | | **63132.85** |
| | | | | **Average Length of Stay on the Waiver:** | | 354 |

| Waiver Service/ Component | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|---|---|---|---|---|---|
| Habilitation – Adult Day Support | Day | 16800 | 165.00 | 62.14 | | |
| **Homemaker/Personal Care Total:** | | | | | | **557112662.40** |
| Homemaker/Personal Care | Hour | 11520 | 1873.00 | 20.44 | **441033062.40** | |
| On Site/On Call | Hour | 6720 | 1625.00 | 10.63 | **116079600.00** | |
| **Supported Employment - Community Total:** | | | | | | **2372198.40** |
| Supported Employment - Community | Day | 1440 | 66.00 | 24.96 | **2372198.40** | |
| **Adaptive and Assistive Equipment Total:** | | | | | | **3520752.00** |
| Adaptive and Assistive Equipment | Item | 1968 | 1.00 | 1789.00 | **3520752.00** | |
| **Adult Family Living Total:** | | | | | | **4718937.60** |
| Adult Family Living | Day | 192 | 230.00 | 106.86 | **4718937.60** | |
| **Adult Foster Care Total:** | | | | | | **46993800.00** |
| Adult Foster Care | Day | 1200 | 350.00 | 111.89 | **46993800.00** | |
| **Environmental Accessibility Adaptations Total:** | | | | | | **3214080.00** |
| Environmental Accessibility Adaptations | Item | 720 | 1.00 | 4464.00 | **3214080.00** | |
| **Habilitation - Vocational Habilitation Total:** | | | | | | **13493825.28** |
| Habilitation - Vocational Habilitation | Day | 1248 | 174.00 | 62.14 | **13493825.28** | |
| **Home Delivered Meals Total:** | | | | | | **520296.00** |
| Home Delivered Meals | 1 meal | 228 | 326.00 | 7.00 | **520296.00** | |
| **Homemaker/Personal Care - Daily Billing Unit Total:** | | | | | | **570565139.04** |
| Homemaker/Personal Care - Daily Billing Unit | Day | 11856 | 327.00 | 147.17 | **570565139.04** | |
| **Interpreter Total:** | | | | | | **63488.00** |
| Interpreter | Hour | 50 | 32.00 | 39.68 | **63488.00** | |
| **Non-Medical Transportation Total:** | | | | | | **110114524.80** |
| Non-Medical Transportation | Trip | 17040 | 343.00 | 18.84 | **110114524.80** | |
| **Nutrition Total:** | | | | | | **8588.16** |
| Nutrition | | | | | **8588.16** | |

| | |
|---|---|
| **GRAND TOTAL:** | **1515188443.04** |
| **Total Estimated Unduplicated Participants:** | **24000** |
| **Factor D (Divide total by number of participants):** | **63132.85** |
| **Average Length of Stay on the Waiver:** | 354 |

| Waiver Service/ Component | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|---|---|---|---|---|---|
| | Hour | 24 | 6.00 | 59.64 | | |
| **Remote Monitoring Equipment Total:** | | | | | | **94656.00** |
| Remote Monitoring Equipment | Month | 68 | 12.00 | 116.00 | **94656.00** | |
| **Remote Monitoring Total:** | | | | | | **972956.16** |
| Remote Monitoring | Hour | 96 | 1452.00 | 6.98 | **972956.16** | |
| **Residential Respite Total:** | | | | | | **2589537.60** |
| Residential Respite | Day | 480 | 29.00 | 186.03 | **2589537.60** | |
| **Social Work Total:** | | | | | | **298209.60** |
| Social Work | Hour | 432 | 15.00 | 46.02 | **298209.60** | |
| **Supported Employment - Enclave Total:** | | | | | | **6338280.00** |
| Supported Employment - Enclave | Hour | 600 | 170.00 | 62.14 | **6338280.00** | |
| **Transportation Total:** | | | | | | **18630000.00** |
| Transportation | Mile | 18000 | 2300.00 | 0.45 | **18630000.00** | |
| | | | | **GRAND TOTAL:** | | **1515188443.04** |
| | | | | **Total Estimated Unduplicated Participants:** | | **24000** |
| | | | | **Factor D (Divide total by number of participants):** | | **63132.85** |
| | | | | **Average Length of Stay on the Waiver:** | | 354 |

## Appendix J: Cost Neutrality Demonstration

### J-2: Derivation of Estimates (9 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 5**

| Waiver Service/ Component | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|---|---|---|---|---|---|
| **Community Respite Total:** | | | | | | **1336339.20** |
| Community Respite | Hour | 1220 | 168.00 | 6.52 | **1336339.20** | |
| **Habilitation – Adult Day Support Total:** | | | | | | **175122948.00** |
| | | | | | **175122948.00** | |
| | | | | **GRAND TOTAL:** | | **1540464085.52** |
| | | | | **Total Estimated Unduplicated Participants:** | | **24400** |
| | | | | **Factor D (Divide total by number of participants):** | | **63133.77** |
| | | | | **Average Length of Stay on the Waiver:** | | 353 |

| Waiver Service/ Component | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|---|---|---|---|---|---|
| Habilitation – Adult Day Support | Day | 17080 | 165.00 | 62.14 | | |
| **Homemaker/Personal Care Total:** | | | | | | **566397873.44** |
| Homemaker/Personal Care | Hour | 11712 | 1873.00 | 20.44 | **448383613.44** | |
| On Site/On Call | Hour | 6832 | 1625.00 | 10.63 | **118014260.00** | |
| **Supported Employment - Community Total:** | | | | | | **2411735.04** |
| Supported Employment - Community | Day | 1464 | 66.00 | 24.96 | **2411735.04** | |
| **Adaptive and Assistive Equipment Total:** | | | | | | **3579789.00** |
| Adaptive and Assistive Equipment | Item | 2001 | 1.00 | 1789.00 | **3579789.00** | |
| **Adult Family Living Total:** | | | | | | **4792671.00** |
| Adult Family Living | Day | 195 | 230.00 | 106.86 | **4792671.00** | |
| **Adult Foster Care Total:** | | | | | | **47777030.00** |
| Adult Foster Care | Day | 1220 | 350.00 | 111.89 | **47777030.00** | |
| **Environmental Accessibility Adaptations Total:** | | | | | | **3267648.00** |
| Environmental Accessibility Adaptations | Item | 732 | 1.00 | 4464.00 | **3267648.00** | |
| **Habilitation - Vocational Habilitation Total:** | | | | | | **13720884.84** |
| Habilitation - Vocational Habilitation | Day | 1269 | 174.00 | 62.14 | **13720884.84** | |
| **Home Delivered Meals Total:** | | | | | | **529424.00** |
| Home Delivered Meals | 1 meal | 232 | 326.00 | 7.00 | **529424.00** | |
| **Homemaker/Personal Care - Daily Billing Unit Total:** | | | | | | **580093807.86** |
| Homemaker/Personal Care - Daily Billing Unit | Day | 12054 | 327.00 | 147.17 | **580093807.86** | |
| **Interpreter Total:** | | | | | | **64757.76** |
| Interpreter | Hour | 51 | 32.00 | 39.68 | **64757.76** | |
| **Non-Medical Transportation Total:** | | | | | | **111949766.88** |
| Non-Medical Transportation | Trip | 17324 | 343.00 | 18.84 | **111949766.88** | |
| **Nutrition Total:** | | | | | | **8588.16** |
| Nutrition | | | | | **8588.16** | |

| | |
|---|---|
| **GRAND TOTAL:** | **1540464085.52** |
| **Total Estimated Unduplicated Participants:** | **24400** |
| **Factor D (Divide total by number of participants):** | **63133.77** |
| **Average Length of Stay on the Waiver:** | 353 |

| Waiver Service/ Component | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|---|---|---|---|---|---|
| | Hour | 24 | 6.00 | 59.64 | | |
| **Remote Monitoring Equipment Total:** | | | | | | **97440.00** |
| Remote Monitoring Equipment | Month | 70 | 12.00 | 116.00 | **97440.00** | |
| **Remote Monitoring Total:** | | | | | | **993226.08** |
| Remote Monitoring | Hour | 98 | 1452.00 | 6.98 | **993226.08** | |
| **Residential Respite Total:** | | | | | | **2632696.56** |
| Residential Respite | Day | 488 | 29.00 | 186.03 | **2632696.56** | |
| **Social Work Total:** | | | | | | **303041.70** |
| Social Work | Hour | 439 | 15.00 | 46.02 | **303041.70** | |
| **Supported Employment - Enclave Total:** | | | | | | **6443918.00** |
| Supported Employment - Enclave | Hour | 610 | 170.00 | 62.14 | **6443918.00** | |
| **Transportation Total:** | | | | | | **18940500.00** |
| Transportation | Mile | 18300 | 2300.00 | 0.45 | **18940500.00** | |

| | |
|---|---|
| **GRAND TOTAL:** | **1540464085.52** |
| **Total Estimated Unduplicated Participants:** | **24400** |
| **Factor D (Divide total by number of participants):** | **63133.77** |
| **Average Length of Stay on the Waiver:** | 353 |