

5123:2-9-38

Home and community-based services waivers - social work under the individual options waiver.**(A) Purpose**

The purpose of this rule is to define social work and set forth provider qualifications, requirements for service delivery and documentation of services, and payment standards for the service.

(B) Definitions

- (1) "Agency provider" means an entity that employs persons for the purpose of providing services for which the entity must be certified under rules adopted by the department.
- (2) "County board" means a county board of developmental disabilities.
- (3) "Department" means the Ohio department of developmental disabilities.
- (4) "Family member" means a person who is related to the individual by blood, marriage, or adoption.
- (5) "Independent provider" means a self-employed person who provides services for which he or she must be certified under rule 5123:2-2-01 of the Administrative Code and does not employ, either directly or through contract, anyone else to provide the services.
- (6) "Individual" means a person with a developmental disability or for purposes of giving, refusing to give, or withdrawing consent for services, his or her guardian in accordance with section 5126.043 of the Revised Code.
- (7) "Individual service plan" means the written description of services, supports, and activities to be provided to an individual.
- (8) "Service and support administrator" means a person, regardless of title, employed by or under contract with a county board to perform the functions of service and support administration and who holds the appropriate certification in accordance with rule 5123:2-5-02 of the Administrative Code.
- (9) "Service documentation" means all records and information on one or more documents, including documents that may be created or maintained in electronic software programs, created and maintained contemporaneously with the delivery of services, and kept in a manner as to fully disclose the nature and extent of services delivered that shall include the items delineated in paragraph (E)(2) of this rule to validate payment for medicaid services.
- (10) "Social work" means the application of specialized knowledge of human development and behavior as well as 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. Social work includes the provision of counseling and active participation in problem-solving with individuals and family members; counseling to meet the psychosocial needs of individuals; collaboration with healthcare professionals and other providers 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; development of social work/counseling plans of treatment; and assisting providers of services and family members to understand and implement activities related to implementation of the plan of treatment. Social work is not intended to duplicate the efforts of the service and support administrator.

(C) Provider qualifications

- (1) Social work shall be provided by one of the following who is either an independent provider or the employee of an agency provider that meets the requirements of this rule and that has a medicaid provider agreement with the Ohio department of job and family services:
 - (a) An independent social worker licensed by the state pursuant to section 4757.27 of the Revised Code;
 - (b) A social worker licensed by the state pursuant to section 4757.28 of the Revised Code;
 - (c) A professional clinical counselor licensed by the state pursuant to section 4757.22 of the Revised Code; or
 - (d) A professional counselor licensed by the state pursuant to section 4757.23 of the Revised Code.
- (2) Social work shall not be provided by a county board or a regional council of governments formed under section 5126.13 of the Revised Code by two or more county boards.
- (3) Social work shall not be provided to an individual by his or her family member.
- (4) An applicant seeking approval to provide social work shall meet the requirements of this rule and complete and submit an application and adhere to the requirements of rule 5123:2-2-01 of the Administrative Code.
- (5) Failure to comply with this rule and rule 5123:2-2-01 of the Administrative Code may result in denial, suspension, or revocation of the provider's certification.

(D) Requirements for service delivery

- (1) Social work shall be provided pursuant to an individual service plan that conforms to the requirements of paragraph (H) of rule 5101:3-40-01 of the Administrative Code.
- (2) The provider shall:
 - (a) Document the individual's social needs and develop a social work/counseling plan of treatment;
 - (b) Provide direct service in the form of counseling and actively participate in resolving problems;
 - (c) Counsel the individual and involved family members with regard to the individual's psychosocial needs;
 - (d) Collaborate with the individual's physician and assist various providers of services in understanding emotional and social needs of the individual being served;
 - (e) Recognize the social needs of the individual and caregiver and take appropriate therapeutic intervention;
 - (f) Act as an advocate for the individual's social needs;
 - (g) Assist the individual, staff, and family to resolve challenges which prevent the individual's adjustment or any other challenges which affect the individual's ability to benefit from medical treatment;
 - (h) Assist the individual to develop self-help, social, and adaptive skills that enable the individual to remain functional within his or her community;
 - (i) Arrange individual and caregiver counseling and other supportive services to alleviate the pressures of estrangement from social support systems such as family, employment, and residential placement; and
 - (j) Refer individuals/families to the service and support administrator for financial matters or interagency collaboration and follow-up.

(E) Documentation of services

- (1) The requirements of paragraph (B) of rule 5123:2-9-05 of the Administrative Code do not apply to service documentation for social work.
- (2) Service documentation for social work shall include each of the following to validate payment for medicaid services:

- (a) Type of service.
- (b) Date of service.
- (c) Place of service.
- (d) Name of individual receiving service.
- (e) Medicaid identification number of individual receiving service.
- (f) Name of provider.
- (g) Provider identifier/contract number.
- (h) Written or electronic signature of the person delivering the service, or initials of the person delivering the service if a signature and corresponding initials are on file with the provider.
- (i) Group size in which the service was provided.
- (j) Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided.
- (k) Number of units of the delivered service or continuous amount of uninterrupted time during which the service was provided.
- (l) Begin and end time of the delivered service.

(F) Payment standards

- (1) The billing unit, service codes, and payment rates for social work are contained in appendix A to this rule.
- (2) Payment rates for social work include an adjustment based on the county cost-of-doing-business category. The cost-of-doing-business categories are contained in appendix B to this rule.
- (3) Payment rates for social work are established separately for services provided by independent providers and services provided through agency providers.
- (4) Payment rates for social work are based on the number of individuals receiving services.

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Certification

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