

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.R03.02
- E. **Proposed Effective Date:** (mm/dd/yy)

Approved Effective Date: 04/01/11
Approved Effective Date of Waiver being Amended: 03/01/09

2. Purpose(s) of Amendment

Purpose(s) of the Amendment. Describe the purpose(s) of the amendment:

Ohio is requesting an amendment to the Individual Options (IO) waiver for the following reasons:

- * In July 2009, Governor Ted Strickland signed Senate Bill (SB) 79, which changes the name of the Ohio Department of Mental Retardation and Developmental Disabilities (ODMRDD) to the Ohio Department of Developmental Disabilities (DODD). Likewise, SB 79 removes the term "mental retardation" from titles of other state and county entities that use the term. Ohio updated the entire IO amendment to reflect the change in name as follows: ODMRDD to DODD and CBMRDD to CBDD.
- * Appendix A-4: Ohio is modifying the language in this section to reflect the rescinded rule language of 5123:2-9-09.
- * Appendix B-3-a and B-3-c: Ohio is requesting to increase waiver capacity for Waiver Years 3, 4, and 5; Reserved Capacity for this waiver has been adjusted accordingly.
- * Appendix B-7: Ohio is removing the requirement for County Boards of Developmental Disabilities (CBDD) to submit a Freedom of Choice form with Level of Care determinations. Those forms will be maintained in the individual's file at the county board.
- * Appendix C-2-a: Ohio is updating the language about background checks to be more consistent with our current way of doing business.

* Appendix C-2-c: Ohio is updating the language to change the current service name of Respite to its revised name of Residential Respite.

* Appendix C-2-e: Ohio is modifying the language in this section to clarify that guardians who are unrelated to their dependents are not permitted to furnish waiver services to their dependents.

* Appendix C-2-f: Ohio is modifying the language in this section to reflect the rescinded rule language of 5123:2-9-09.

* Appendix C-3: Ohio is making the following changes to Appendix C-3:

(1) Amending the Frequency of Verification Standards to ensure consistency among the waiver services.

(2) Adding the following new services: Adult Family Living, Community Respite, Remote Monitoring, and Remote Monitoring Equipment.

(3) Amending the Respite service to change the name to Residential Respite and to allow for a new provider type and include a 90 day limit.

* Appendix I-2-a and I-2-d: Ohio is amending the language in this section to specify that use of the Cost Projection Tool (CPT) developed and maintained by DODD will be required statewide.

* Appendix J Cost Neutrality Tables were amended for waiver years 2-5 to project the estimates based on the actual amounts reported in the Waiver Year 5 Lag Report (3/1/08-2/28/09)

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)
<input checked="" type="checkbox"/> Waiver Application	6-I.
<input checked="" type="checkbox"/> Appendix A – Waiver Administration and Operation	A-4
<input checked="" type="checkbox"/> Appendix B – Participant Access and Eligibility	B-3-a; B-3-c; B-7
<input checked="" type="checkbox"/> Appendix C – Participant Services	C-1-a; C-2-a; C-2-c; C-
<input type="checkbox"/> Appendix D – Participant Centered Service Planning and Delivery	
<input type="checkbox"/> Appendix E – Participant Direction of Services	
<input type="checkbox"/> Appendix F – Participant Rights	
<input type="checkbox"/> Appendix G – Participant Safeguards	
<input type="checkbox"/> Appendix H	
<input checked="" type="checkbox"/> Appendix I – Financial Accountability	I-2-a; I-2-B; I-2-d
<input checked="" type="checkbox"/> Appendix J – Cost-Neutrality Demonstration	J-1;J-2

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:

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.R03.02

Draft ID: OH.07.03.05

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

Regular Waiver

E. Proposed Effective Date of Waiver being Amended: 03/01/09

Approved Effective Date of Waiver being Amended: 03/01/09

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 in 42 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 the Mentally Retarded (ICF/MR) (as defined in 42 CFR §440.150)

If applicable, specify whether the State additionally limits the waiver to subcategories of the ICF/MR 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 Eligibility for Medicaid and Medicare.

Check if applicable:

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 waiver is to provide home and community-based service options to individuals with mental retardation or a developmental disability in order to avoid or delay institutionalization.

The goal is to provide home and community-based waiver services to as many individuals as practicable with mental retardation or a developmental disability. These services are provided in community settings of the individual's choice and may include living with family, in adult foster care settings or in small congregate settings.

The objective is to provide services to individuals with mr/dd and to increase enrollment capacity in a systematic manner as funding becomes available in order to reduce waiting lists for these services.

The organizational structure for this waiver includes the Ohio Department of Job and Family Services (ODJFS) as the Single State Medicaid Agency, the Ohio Department of Developmental Disabilities (DODD) as the day-to-day administrator of the waiver, and the County Boards of Developmental Disabilities (County Boards) as the local operating entity. The two state departments operate in accordance with an interagency agreement. ODJFS retains final authority for the waiver, its administration and operation. DODD has a standardized waiver administration agreement with each of the eighty-eight County Boards.

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

In our previous waiver application, DODD submitted a grid entitled "ODMRDD-ODJFS Oversight of CBMRDD Role and Function", last updated on May 27, 2005. This document, more commonly referred to as the Firewalls document, outlines the responsibilities of ODJFS, DODD, and County Boards of DD in regards to the following: Service and Support Administration (SSA); Investigation of Major Unusual Incidents (MUIs); County Board Accreditation; Provider Compliance Reviews; Waiver Provider Reimbursement and Comparability of Service Delivery; Free Choice of Provider Assurances; Consumer Complaints and Hearings; and Residential Provider Licensure. Per CMS' request, current Firewalls document will be sent to CMS for review under separate cover.

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/MR.
- 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:
In Spring 2009, the Ohio Department of Developmental Disabilities (DODD) began to convene stakeholder workgroups comprised of state agency staff, county board representatives, and representatives from the provider community for the purpose of developing 4 new services for the Individual Options (IO) waiver: Adult Family Living; Community Respite; Remote Monitoring; and Remote Monitoring Equipment.
- In addition, DODD meets regularly with a separate stakeholder group that is also comprised of state agency staff, county board representatives and representatives from the provider community to discuss concerns and clarify potential issues, as well as to develop a strategy of how best to simplify the provision of services under the IO waiver. The group will continue to meet on an ongoing basis in an effort to ensure that the waiver is operated in the most efficient way possible.
- J. Notice to Tribal Governments.** The State assures that it has notified in writing all federally-recognized Tribal Governments that maintain a primary office and/or majority population within the State of the State's intent to submit a Medicaid waiver request or renewal request to CMS at least 60 days before the anticipated submission date is provided by Presidential Executive Order 13175 of November 6, 2000. Evidence of the applicable notice is available through the Medicaid Agency.
- K. Limited English Proficient Persons.** The State assures that it provides meaningful access to waiver services by Limited English Proficient persons in accordance with: (a) Presidential Executive Order 13166 of August 11, 2000 (65 FR 50121) and (b) Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003). **Appendix B** describes how the State assures meaningful access to waiver services by Limited English Proficient persons.

7. Contact Person(s)

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

Last Name:

Moscardino

First Name:

Debra

Title:

Assistant Bureau Chief, Bureau of Long-term Care Services and Supports

Agency:
Address: Ohio Department of Job and Family Services
Address 2:
50 West Town Street, 5th floor, Columbus, OH 43215
City:
P.O. Box 182709
State:
Columbus
Zip: Ohio
Phone:
43218-2709
Fax:
(614) 752-3633 **Ext:** TTY
E-mail:
(614) 644-9358

debra.moscardino@jfs.ohio.gov

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

Last Name:
Stephan
First Name:
Patrick
Title:
Deputy Director, Medicaid Development and Administration
Agency:
Ohio Department of Developmental Disabilities
Address:
30 E. Broad St., 12th Fl
Address 2:

City:
Columbus
State: Ohio
Zip:
43215
Phone:
(614) 728-2736 **Ext:** TTY
Fax:
(614) 644-0501

E-mail:

Patrick.Stephan@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:

Hank Sellan

State Medicaid Director or Designee

Submission Date:

Apr 28, 2011

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

Title:

State Medicaid Director

Agency:

Ohio Department of Job and Family Services

Address:

50 West Town Street, Suite 400

Address 2:

P.O. Box 182709

City:

Columbus

State:

Ohio

Zip:

43218-2709

Phone:

(614) 466-4443

Ext:

TTY

Fax:

(614) 752-3986

E-mail:**Attachment #1:
Transition Plan**

John.McCarthy@jfs.ohio.gov

Specify the transition plan for the waiver:

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

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 (ODJFS) 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.

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 ODJFS authorize those rules or guidelines, establish overarching standards for Medicaid programs, and further establish the authority and responsibility of ODJFS to assure the federal compliance of all Medicaid programs.

As its primary means of monitoring the compliance and performance of the Operating Agency, ODJFS: 1) conducts on-going review of randomly selected waiver participant cases; 2) routinely assures resolution of case-specific problems; 3) generates and compiles quarterly performance data; 4) convenes operating agency Quality Briefing twice a year; 5) convenes multi-agency quality forums approximately four times per year, and 6) at least once during the waiver's federal approval period, reviews the systems that DODD's maintains to assure the compliance of the waiver's local administration.

ODJFS Adverse Outcomes process

When ODJFS personnel have reason to believe that a waiver recipient(s)'s health or welfare is or has been at substantial risk of being negatively effected, 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 mangers, 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). ODJFS 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, SUR, ODH, Children/Adult Protective Services...), determine if resolution/remediation plans are appropriate, and determine when the AO is resolved/remedied.

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. There is a standardized Medicaid Waiver Administration Agreement between each of the 88 County Boards and DODD that specifies the local responsibilities. 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. This agreement is an attachment to the interagency agreement between the Ohio Department Job and Family Services and the Ohio Department of DD.

- 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:
The Ohio Department of Job and Family Services (ODJFS) conducts oversight reviews of county boards of DD through the review processes noted in A-2.

In accordance with Section 5126.054 of the Ohio Revised Code, each County Board develops a plan for Medicaid waiver administration. The plan includes the Planning Implementation Component Tracking document (known as the PICT). The Ohio Department of DD:

- * reviews and approves the County Board Plan for Medicaid waiver administration,
- * reviews County Board recommendations regarding whether an individual's application for HCBS waiver services

should be approved or denied, including whether the individual meets an ICF-MR level of care,

* retains the authority to review any Individual Service Plan recommended by the County Board for waiver services, and

* provides communication, technical assistance and training to County Boards regarding their role as local operators for waivers.

Appendix H provides further discussion of the oversight of County Boards by the Ohio Department of DD.

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 of DD for a period of one to five years, with better performing boards granted the longer accreditation terms, 2) conducts annual reviews of each County Board of DD 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. On an annual basis, County Boards of DD are also required to self-report data similar to the data that is gathered in the Accreditation process. 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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Waiver enrollment managed against approved limits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Waiver expenditures managed against approved levels	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Level of care evaluation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Review of Participant service plans	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prior authorization of waiver services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Utilization management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Qualified provider enrollment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Execution of Medicaid provider agreements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establishment of a statewide rate methodology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rules, policies, procedures and information development governing the waiver program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality assurance and quality improvement activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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:

1)During 2009,ODJFS will implement ongoing reviews to measure compliance with waiver assurances, including service planning, case management, free choice of provider,LOC,health & welfare,hearing rights,and validation of service delivery. This data will be presented to DODD in bi-annual quality briefings as a means to discover performance problems and to support collaborative remediation efforts.

Data Source (Select one):

Analyzed collected data (including surveys, focus group, interviews, etc)

If 'Other' is selected, specify:

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = 95% with MOE of +/- 8%
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input checked="" type="checkbox"/> Stratified Describe Group: by waiver
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:

	<input type="checkbox"/> Other Specify:	

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = 95% with MOE of +/- 8%
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	<input checked="" type="checkbox"/> Stratified Describe Group: by waiver
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input checked="" type="checkbox"/> Other Specify: at least twice per year	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
<input type="text"/>	
	<input type="checkbox"/> Continuously and Ongoing
	<input checked="" type="checkbox"/> Other Specify: at least twice per year

Performance Measure:

2) **Waiting List Count – unduplicated count by waiver of individuals on waiting list - [QSC Measure #1]**

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):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input checked="" type="checkbox"/> Other Specify: County Boards of DD	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

3) Waiver Slot Management – the percent of budgeted waiver slots that were filled as of the last day of the quarter – [QSC Measure #2]

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):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify:	

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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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input style="width: 100px;" type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input style="width: 100px;" type="text"/>

Performance Measure:

4) **Timing of Enrollment** - the percent of newly enrolled members who were enrolled within 90 days of their assessment date – [QSC Measure #3]

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):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input style="width: 50px;" type="text"/>
<input checked="" type="checkbox"/> Other Specify: County Boards	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input style="width: 100px;" type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other

		Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

5) **Timing of Access to Waiver Services – the percent of members newly enrolled during the quarter who received a waiver service within 90 days – [QSC Measure #4]**

Data Source (Select one):

Other

If 'Other' is selected, specify:

ODJFS - DSS 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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other	<input type="checkbox"/> Annually	

Specify: <input type="text"/>	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	

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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

6) Utilization of Authorized Services – the percent of members who were authorized to receive a waiver services and who received that service – [QSC Measure #8]

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):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample

		Confidence Interval = <input type="text"/>
<input checked="" type="checkbox"/> Other Specify: County Boards	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

7) Providers Serving Multiple Waivers – the percent of providers who rendered services under multiple waivers – [QSC Measure #9]

Data Source (Select one):

Other

If 'Other' is selected, specify:

ODJFS - DSS 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):
	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review

<input checked="" type="checkbox"/> State Medicaid Agency		
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

8) **Hearing Outcomes** – the percent of resolved hearings that were sustained or overruled – [QSC Measure #14]

Data Source (Select one):

Other

If 'Other' is selected, specify:

ODJFS database

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

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

Performance Measure:

9) Disenrollments – a measure of disenrollments by reason and frequency – [QSC Measure #15]

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):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input checked="" type="checkbox"/> Other Specify: County Boards	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

10) Emergency Department Utilization Rate – the rate of emergency department utilization – [QSC Measure #19]

Data Source (Select one):

Other

If 'Other' is selected, specify:

ODJFS – DSS 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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

11) Inpatient Utilization Rate - the rate of inpatient utilization – [QSC Measure #20]

Data Source (Select one):

Other

If 'Other' is selected, specify:

ODJFS – DSS 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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>

	<input type="checkbox"/> Other Specify: <input style="width: 100px; height: 20px;" type="text"/>
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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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input style="width: 100px; height: 20px;" type="text"/>

Performance Measure:

12) Community to Institutional Transfers - the percent of waiver members who had an institutional stay following disenrollment from the waiver – [QSC Measure #18]

Data Source (Select one):

Other

If 'Other' is selected, specify:

ODJFS – DSS 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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input style="width: 100px; height: 20px;" type="text"/>
<input type="checkbox"/> Other Specify: <input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:

	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

13) Institutional to Community Transfers - the percent of newly enrolled waiver members who had an institutional stay before enrolling on the waiver – [QSC Measure #17]

Data Source (Select one):

Other

If 'Other' is selected, specify:

ODJFS – DSS 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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample

		Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

- 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.

Over the coming year, ODJFS plans to implement On-going Review. Under this process, ODJFS will use a standard tool that can be applied across systems to all waivers. The tool will gather data to measure compliance and performance in regard to waiver assurances, particularly assurances related to service planning, case management, free choice of provider, level of care, health & welfare, hearing rights, participant satisfaction, and validation of service delivery. This process will include record review and face-to-face interviews with waiver participants. ODJFS will select a random sample of participants each quarter, stratified by waiver, conduct the reviews, and compile the data for reporting and trend analysis. Under this process, ODJFS will conduct enough reviews to produce findings that can be reported with 95% confidence of being within a margin of error of +/- 8%. ODJFS will also conduct at least one basic correspondence test each year (e.g., between ISPs and paid claims, between paid claims and provider time sheets, etc.) on a small

sub-sample. 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 ODJFS and DODD to share and review performance metrics identified in this application. This shift to ongoing case review will replace the need for ODJFS to conduct comprehensive reviews once in a waiver's federal approval period.

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.
ODJFS conducts activities for: 1) case-specific remediation, and 2) system-level remediation.

Activities by ODJFS for addressing individual problems include:

1) ODJFS Adverse Outcomes process - during the course of any review conducted by ODJFS, 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 ODJFS staff in Columbus. ODJFS 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 ODJFS is expected. ODJFS logs and tracks all such findings and referrals to appropriate assure resolution. ODJFS convenes an internal Adverse Outcomes committee to determine when an Adverse Outcome is fully resolved and can be closed. This process is also described in Appendix G.

2) Alert Monitoring – ODJFS 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. ODJFS 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: ODJFS may be notified by DODD via Director's Alert e-mail or other means; by BHCS Protection from Harm Unit; by ODA; through ODJFS monitoring of DODD Incident Tracking System (ITS); through other service delivery systems; media; or complaints received directly by ODJFS. This process is described in greater detail in Appendix G.

Activities by ODJFS geared to support systems level remediation include:

1) Quarterly PFH Oversight Meetings - ODJFS and DODD meet face-to-face on a quarterly basis to review data generated by both agencies related to protection from harm systems. In these meeting, staff identify and discuss trends and patterns, discuss remediation associated with specific cases, identify best-practices, and share related information. This process is described in greater detail in Appendix G.

2) Bi-annual Quality Briefings - ODJFS convenes a bi-annual Quality Briefing with DODD in which the agencies share and review performance data. This data includes performance data reflecting DODD monitoring activities, including how many particular monitoring activities were completed in the period, what problems were identified, and what corrective actions were initiated. ODJFS also reports on findings from its Ongoing Case review in this forum. This Quality Improvement process is described in greater detail in Appendix H.

3) Quality Steering Committee – on a quarterly basis, ODJFS convenes an interagency, HCBS waiver Quality Steering Committee. The QSC compiles quarterly waiver-specific performance data to compare performance across waivers and to observe trends. This data, and supplemental data resulting from drill-down, is used by the QSC to support interagency identification of, and response to, broad-system opportunities for improvement. Depending on the type of opportunity for improvement discovered, remedial action may be initiated by each individual agency or by the committee as a whole. This Quality Improvement process is described in greater detail in Appendix H.

4) Follow-Up to Systems Review - At least once in the waiver cycle, ODJFS compiles a comprehensive

report on the compliance and performance of the waiver. This report includes data gathered in face-to-face interviews with participants, information gather through the Systems Review, data from the ODJFS Ongoing Case Review, performance data from the QSC, and information from other sources. The report also identifies a preliminary set of opportunities for improvement. After the report is developed, the agencies meet to review it and determine whether the state should initiate a quality improvement plan. 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(<i>check each that applies</i>):	Frequency of data aggregation and analysis(<i>check each that applies</i>):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input checked="" type="checkbox"/> Continuously and Ongoing
	<input checked="" type="checkbox"/> Other Specify: At least once every five years

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.

ODJFS expects to achieve full implementation of its new ongoing reiew process by July 2009

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 a group 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 waiver target group, check each of the subgroups in the selected target group 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
<input checked="" type="radio"/> Aged or Disabled, or Both - General					
	<input type="checkbox"/>	Aged	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Disabled (Physical)	<input type="text"/>	<input type="text"/>	
	<input type="checkbox"/>	Disabled (Other)	<input type="text"/>	<input type="text"/>	
<input checked="" type="radio"/> Aged or Disabled, or Both - Specific Recognized Subgroups					
	<input type="checkbox"/>	Brain Injury	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="checkbox"/>	HIV/AIDS	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Target Group	Included	Target SubGroup	Minimum Age	Maximum Age	
				Maximum Age Limit	No Maximum Age Limit
	<input type="checkbox"/>	Medically Fragile			<input type="checkbox"/>
	<input type="checkbox"/>	Technology Dependent			<input type="checkbox"/>
<input checked="" type="radio"/> Mental Retardation or Developmental Disability, or Both					
	<input type="checkbox"/>	Autism			<input type="checkbox"/>
	<input checked="" type="checkbox"/>	Developmental Disability	0		<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	Mental Retardation	0		<input checked="" type="checkbox"/>
<input type="radio"/> Mental Illness					
	<input type="checkbox"/>	Mental Illness			
	<input type="checkbox"/>	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	17500
Year 2	17500
Year 3	17700
Year 4	17900
Year 5	18000

- 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	

Waiver Year	Maximum Number of Participants Served At Any Point During the Year
Year 4	[]
Year 5	[]

Appendix B: Participant Access and Eligibility

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

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

Not applicable. The state does not reserve capacity.

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

Purpose(s) the State reserves capacity for:

Purposes	
Emergencies and Hearing Decisions	[]
Replacements	[]

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	525
Year 2	525

Waiver Year	Capacity Reserved
Year 3	531
Year 4 (renewal only)	537
Year 5 (renewal only)	540

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):

Replacements

Purpose (describe):

1. Replacements: An individual is being enrolled on the waiver due to the disenrollment of another individual. Replacement waiver capacity is used to keep waiver enrollment levels from decreasing due to disenrollments; once a disenrollment occurs in a county, the County Board of DD can request a replacement waiver slot to keep their waiver capacity at the same level it had been prior to the disenrollment.

DODD allocates waiver capacity for the IO waiver to the 88 County Boards of DD. County Boards of DD in Ohio are required by both Ohio rule and statute to follow specific procedures in allocating waiver capacity. Individuals who are given a waiver slot are on the waiting list; however, allocation of waivers to the individuals on the waiting list occur in the following order: 1.) individuals with an emergency status; 2.) individuals with a priority status; 3.) regular waiting list status individuals (by order of waiting list dates). The procedures for issuing replacement capacity follow the same procedures used for waiver capacity allocation.

Describe how the amount of reserved capacity was determined:

A total of 5% of unduplicated number of participants (listed in Table B-3-a) is reserved to accommodate replacement of individuals disenrolled from the waiver 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	875
Year 2	875
Year 3	885
Year 4 (renewal only)	895
Year 5 (renewal only)	900

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 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 recently revised waiver management system gives additional oversight and monitoring capabilities to DODD and ODJFS. As a result of these improvements in the system, actions taken by county boards related to waiver allocations are now better understood, and any needed review can occur in real-time.

The PICT, along with its data elements, is an electronic submission by the CBs. The PICT is maintained and reviewed at DODD. ODJFS staff members have direct access to the data contained in PICT. ODJFS 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 ODJFS 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
- Aged, blind or disabled in 209(b) states who are eligible under 42 CFR §435.121
- 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)
- Working individuals with disabilities who buy into Medicaid (TWWIIA Basic Coverage Group as provided in §1902(a)(10)(A)(ii)(XV) of the Act)
- Working individuals with disabilities who buy into Medicaid (TWWIIA Medical Improvement Coverage Group as provided in §1902(a)(10)(A)(ii)(XVI) of the Act)
- Disabled individuals age 18 or younger who would require an institutional level of care (TEFRA 134 eligibility group as provided in §1902(e)(3) of the Act)
- Medically needy in 209(b) States (42 CFR §435.330)
- Medically needy in 1634 States and SSI Criteria States (42 CFR §435.320, §435.322 and §435.324)
- Other specified groups (include only statutory/regulatory reference to reflect the additional groups in the State plan that may receive services under this waiver)

Specify:

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

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

Select one and complete Appendix B-5.

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

Check each that applies:

- 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 4)

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 State that uses spousal impoverishment rules under §1924 of the Act to determine the eligibility of individuals with a community spouse may elect to use spousal post-eligibility rules under §1924 of the Act to protect a personal needs allowance for a participant with a community spouse.

- 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 (*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 4)

- 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 4)

- 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 4)

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

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

i. Allowance for the personal needs of the waiver participant

(select one):

- SSI standard
- Optional State supplement standard
- Medically needy income standard
- The special income level for institutionalized persons
- A percentage of the Federal poverty level

Specify percentage:

- The following dollar amount:

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

- The following formula is used to determine the needs allowance:

Specify formula:

- Other

Specify:

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

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

Select one:

- Allowance is the same
- Allowance is different.

Explanation of difference:

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

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

Select one:

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

Appendix B: Participant Access and Eligibility

B-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:

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 ODJFS rule 5101:3-40-01, Medicaid home and community-based services program – individual options waiver, the Ohio Department of 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 of dd board personnel are to monitor the service used by individuals whose Individual Service Plans (ISPs) indicate the need for waiver services. Consistent with ODJFS 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 Mental Retardation Professional staff, as defined in 42 CFR 483.430 (a).

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

The QMRP (Qualified Mental Retardation Professional) reviews all initial waiver applications using the following criteria: (As submitted on the "Initial Level of Care Eligibility Determination" form.)

- Has the county board submitted the required documentation in order to determine level of care and is that documentation complete? (Per OAC 5101:3-3-15.5)
- Has the county board indicated that the applicant meets the minimum criteria for Protective Level of Care?
- Has the county board listed a diagnosed condition(s) (other than mental illness) that resulted in at least 3 substantial functional limitations ? (Age 6 and above) OR, has the county board listed developmental delays assessed for individual's birth through age five?
- Supporting documentation attached to the application is reviewed at this time: A) Medical evaluation that verifies the diagnosed condition. B) Psychological evaluation that verifies the diagnosed condition. (Age 6 and above) The evaluations must meet the criteria set forth in OAC 5101:3-3-15.5.
- Has the county board indicated that the individual's diagnosed condition was manifested prior to age 22? Is this substantiated by the medical/psychological evaluations?
- Has the county board indicated that the diagnosed condition is likely to continue indefinitely?
- Has the county board indicated that the individual's diagnosed condition resulted in at least three substantial functional limitations? (As set forth in OAC 5101:3-3-07)
- Has the county board indicated that, in reference to Skill Acquisition, "The individual could benefit from services and supports to promote the acquisition of skills and to decrease or prevent regression in the performance in areas where delays are indicated and agrees to participate in an individualized plan of services and supports."
- Has the county board indicated that they are recommending an "ICF-MR Level of Care?"

The QMRP (Qualified Mental Retardation Professional) reviews all annual redeterminations using the following criteria:

For Reevaluations with significant changes in condition noted from the county board:

- Has the county board submitted the required documentation in order to determine level of care and is that documentation complete? (Per OAC 5101:3-3-15.5)
- Has the county board indicated that the applicant meets the minimum criteria for Protective Level of Care?
- Has the county board listed a diagnosed condition(s) that establishes the individual's developmental disability? (Age 6 and above) OR, has the county board listed developmental delays assessed for individual's birth through age five?
- Has the county board indicated that the individual's diagnosed condition was manifested prior to age 22?
- Has the county board indicated that the diagnosed condition is likely to continue indefinitely?
- Has the county board indicated that the individual's diagnosed condition resulted in at least three substantial functional limitations? (As set forth in OAC 5101:3-3-07)
- Has the county board indicated that, in reference to Skill Acquisition, "The individual could benefit from services and supports to promote the acquisition of skills and to decrease or prevent regression in the performance in areas

where delays are indicated and agrees to participate in an individualized plan of services and supports.”

• Has the county board indicated that they are recommending an “ICF-MR Level of Care?”

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.

Level of care determinations for individuals seeking admission to an institution are determined using the ODJFS 3697 form. This form requires evidence of meeting a Protective LOC (including ADLs and IADLs, medication administration needs); behavior concerns, medical evaluation (including: completion of a physical systems review and level of care certification by a physician); and evidence of meeting a ICFMR LOC (including: verification of diagnosed condition other than MH resulting in at least 3 functional limitations) per OAC 5101. The Level of care determinations for waiver applicants uses an eligibility determination form. That form summarizes evaluations from a physician and psychologist, and requires the completion of a functional assessment to verify functional limitations. The evaluation and assessment forms contain the same informational items as noted above in the ODJFS 3697. The level of care need is determined by a QMRP as described in B-6 d.

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:

For reevaluations with no significant change in condition noted from the county board, DODD asks the county board to certify by signature that there has been no substantial change in the individual’s condition, and the individual continues to meet a PLOC and a ICF/MR Level of Care (includes at least three (3) qualifying functional limitations).

The detailed information for this section can also be found in Appendix B-6-d. The Ohio Administrative Code at 5101:3-3-15.5 and 5101:3-3-07 prescribes Ohio’s requirements and processes for LOC determinations and redeterminations. In order for the ICFMR LOC request to be approved, each initial LOC recommendation must include a medical and psychological evaluation (if over age 6) for determining whether the individual has a developmental disability; and a review of current functional capacity.

The diagnosed condition must have manifested prior to the individual’s 22nd birthday and be expected to continue indefinitely. The diagnosed condition must have resulted in three documented functional limitations. The Service and Support Administrator (SSA or case manager) at the County Board is responsible to coordinate the assessments to ensure that the information is obtained.

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 run a daily LOC due date report which gives the waiver participant's names (by county), their level of care due date, and the date that is 18 days prior to the re-determination 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 of DD alerting them of the pending timelines, and encourages collaboration with the county board of DD 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:

Copies of evaluations and reevaluations records are kept at the county board of DD and at DODD.

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**
 - 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/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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:
#1. Level of Care Denials – the percentage of individuals seeking waiver services who had a level of care evaluation that was denied (ODJFS Quality Steering Committee Measure #5)

Data Source (Select one):

Other

If 'Other' is selected, specify:

DODD - LOC Database

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review

<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input checked="" type="checkbox"/> Other Specify: County Board of DD	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

- 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/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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:

#2. Annual Level of Care Evaluation – the percent of members who had an annual level of care evaluation (ODJFS Quality Steering Committee Measure #7-statewide aggregate)

Data Source (Select one):

Other

If 'Other' is selected, specify:

DODD - LOC Database

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):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input checked="" type="checkbox"/> Other Specify: county board of dd	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

#3. Annual Level of Care Evaluation – the percent of members who had an annual level of care evaluation – (CBDD specific detail of #2)

Data Source (Select one):

Other

If 'Other' is selected, specify:

DODD - LOC Database

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):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input checked="" type="checkbox"/> Other Specify: County Board of DD	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:

	<input type="checkbox"/> Other Specify: <input type="text"/>	

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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input checked="" type="checkbox"/> Other Specify: Semi-annually

- 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/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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:

#4. Percent of member records reviewed during the CBDD regulatory review process that are related to (a) ODJFS Protective Level of Care and (b) ICFMR Level of Care that are found to be compliant/non-compliant. (DODD Futures Recommendations #6 & #9).

Data Source (Select one):

Record reviews, off-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input checked="" type="checkbox"/> Other Specify: Records review of sample members selected during regulatory review process
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
	<input checked="" type="checkbox"/> Other Specify: Semi-annually

- 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 <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <div style="border: 1px solid gray; height: 20px; width: 100%;"></div>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input checked="" type="checkbox"/> 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-MR.

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-MR. When the "Freedom of Choice" form is signed by the individual, the county board 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 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 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.

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

Appendix C: Participant Services

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

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

Service Type	Service		
Statutory Service	Homemaker/Personal Care		
Statutory Service	Respite		
Extended State Plan Service	Adaptive and Assistive Equipment		
Other Service	Adult Family Living		
Other Service	Adult Foster Care		
Other Service	Community Respite		
Other Service	Environmental Accessibility Adaptations		
Other Service	Habilitation – Adult Day Support		
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		
Other Service	Social Work		
Other Service	Supported Employment - Adapted Equipment		
Other Service	Supported Employment - Community		
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:

Personal Care

Alternate Service Title (if any):

Homemaker/Personal Care

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 5123:2-13-04 and present such documentation upon request by ODJFS, DODD, or the county board.

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 5123:2-13-06. 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
- 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 Homemaker/Personal Care Providers
Individual	Individual 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 5123:2-13-04 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 5123:2-9-08 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:

Individual Homemaker/Personal Care Providers

Provider Qualifications

License (specify):

Certificate (specify):

Certification standards listed in rule 5123:2-13-04 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 5123:2-9-08 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:

Respite

Alternate Service Title (if any):

Service Definition (Scope):

Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care in facilities certified as intermediate care facilities for the mentally retarded (ICFs/MR) or other facilities licensed by DODD under section 5123.19 of the Revised Code.

The cost for respite services does not include room and board.

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

It is Ohio's intent to amend the waiver to end Respite, as a service effective 6/30/11. Residential Respite service will be available as an alternative to Respite beginning 7/1/11.

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	DODD Licensed Facilities
Agency	Facilities certified as ICFs-MR

Appendix C: Participant Services

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

Service Type: Statutory Service

Service Name: 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):

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 conducted in 2005. The reviews measure compliance with provider standards, including the physical environment, quality of services and areas that ensure the individual's health and welfare. At the end of each term, a review is conducted and a new term is issued (OAC 5123:2-3-02, 5123:2-3-03).

Appendix C: Participant Services

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

Service Type: Statutory Service

Service Name: Respite

Provider Category:

Agency

Provider Type:

Facilities certified as ICFs-MR

Provider Qualifications

License (specify):

Licensed by the Ohio Department of Health as an ICF-MR under Chapter 3721 of the Revised Code

Certificate (specify):

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 conducted in 2005. The reviews measure compliance with provider standards, including the physical environment, quality of services and areas that ensure the individual's health and welfare. At the end of each term, a review is conducted and a new term is issued (OAC 5123:2-3-02, 5123:2-3-03).

Appendix C: Participant Services

C-1/C-3: Service Specification

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

Service Type:

Extended State Plan Service

Service Title:

Adaptive and Assistive Equipment

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 1901(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
- Provider managed

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

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	Individual Provider of Specialized Medical Equipment and Supplies
Agency	Agency 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:

Individual

Provider Type:

Individual 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. Veterinarians providing services to support animals shall provide assurance of licensure to engage in the practice of veterinary medicine in accordance with the requirements of Chapter 4741 of the Ohio Revised Code.

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 5123:2-9-08 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:

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. Veterinarians providing services to support animals shall provide assurance of licensure to engage in the practice of veterinary medicine in accordance with the requirements of Chapter 4741 of the Ohio Revised Code.

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 5123:2-9-08 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

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 implementation specifications of this service are outlined in paragraph G of 5123:2-9-32 (Adult Family Living Rule).

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
Individual	Independent Providers of Adult Family Living
Agency	Agency 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:

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. (AFL Rule Citation)

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 5123:2-9-08 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:

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. (AFL Rule Citation)

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 5123:2-9-08 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

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 5123:2-13-04 and present such documentation upon request by ODJFS, DODD, or the county board.

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.

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 below:

ODDP Independent Agency
Range Provider Provider

Range 1	\$10,791.61	\$13,169.09
Range 2	\$21,583.23	\$26,338.19
Range 3	\$32,374.84	\$39,507.28
Range 4	\$43,166.46	\$52,676.38
Range 5	\$53,958.07	\$65,845.47
Range 6	\$67,447.59	\$82,306.84
Range 7	\$78,239.21	\$95,475.93
Range 8	\$99,822.44	\$121,814.12
Range 9	\$121,405.67	\$148,152.31

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 providers of Adult Foster Care
Individual	Individual 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 5123:2-13-06 (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 5123:2-13-04.
- 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 5123:2-9-08 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:

Individual providers of Adult Foster Care

Provider Qualifications

License (specify):

Certificate (specify):

OAC 5123:2-13-06 (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 5123:2-13-04.
- 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 5123:2-9-08 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:

Community Respite

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: Other 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: 2-9-34 [RESPITE RULE CITATION] 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 5123:2-9-08 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

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
- 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 Environmental Accessibility Provider
Individual	Individual 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 5123:2-9-08 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:

Individual 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 5123:2-9-08 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 – Adult Day Support

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

Appendix C: Participant Services

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

Service Type: Other Service

Service Name: Habilitation – Adult Day Support

Provider Category:

Agency

Provider Type:

County Board of DD providers of Adult Day Support

Provider Qualifications

License (specify):

Certificate (specify):

Certification standards are 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 5123:2-9-08 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 – 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 5123:2-9-08 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

Service Definition (Scope):

‘Vocational Habilitation’ means services designed to teach and reinforce habilitation concepts related to work including responsibility, attendance, task completion, problem solving, social interaction, motor skill development, and safety.

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

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

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

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

Activities that Constitute Vocational Habilitation Services

1. 'Assessment' that is conducted through formal and informal means for the purpose of developing a vocational profile. The profile will contain information about the individual's job preferences; will identify the individual's strengths, values, interests, abilities, available natural supports and access to transportation; and will identify the earned and unearned income of the individual.
2. 'Ongoing Job Support' includes direct supervision, telephone and/or in person monitoring and/or counseling and the provision of some or all of the following supports to promote the individual's job adjustment and retention.
 - a. Developing a systematic plan of on-the-job instruction and support, including task analyses;
 - b. Assisting the individual to perform activities that result in his/her social integration with disabled and non-disabled employees on the work-site;
 - c. Supporting and training the individual in the use of generic and/or individualized transportation services;
 - d. Providing services and training that assist the individual with problem solving and meeting job-related expectations;
 - e. Assisting the individual to use natural supports and generic community resources;
 - f. Providing training to the individual to maintain current skills, enhance personal hygiene, learn new work skills, attain self-determination goals and improve social skills and/ or modify behaviors that are interfering with the continuation of his/her employment.
 - g. Developing and implementing a plan to assist the individual to transition from his/her vocational setting to supported and/or competitive employment, emphasizing the use of natural supports.
 - h. Assisting the individual with self-medication or provision of medication administration for prescribed medication and assisting the individual with or performing health-related activities as identified in rule 5123:2-6-01 of the Administrative Code, which a licenses nurse agrees to delegate in accordance with requirements of Chapters 4723., 5123., and 5126. of the Revised Code and rules adopted under those chapters.

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

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

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	For-profit and not-for-profit private providers of Vocational Habilitation

Provider Category	Provider Type Title
Agency	County Board of DD 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:

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 5123:2-9-17

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 5123:2-9-08 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:

County Board of DD providers of Vocational Habilitation

Provider Qualifications

License (specify):

Certificate (specify):

Certification standards are promulgated in Ohio Administrative Code 5123:2-9-17

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 5123:2-9-08 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

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
- 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 Home Delivered Meals
Individual	Individual 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):

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 5123:2-9-08 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:

Individual Provider of Home Delivered Meals

Provider Qualifications

License (specify):

Certificate (specify):

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 5123:2-9-08 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

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 5123:2-13-04 and present such documentation upon request by ODJFS, DODD, or the county board.

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 5123:2-13-07. 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
- Provider managed

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

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	Individual 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:

Individual Homemaker/Personal Care Providers

Provider Qualifications

License (specify):

Certificate (specify):

Certification standards listed in rule 5123:2-13-04 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 5123:2-9-08 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 5123:2-13-04 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 5123:2-9-08 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

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
- 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 Interpreter Services
Individual	Individual 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)

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 5123:2-9-08 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:

Individual Provider of Interpreter services

Provider Qualifications

License (specify):

Certificate (specify):

- Certified interpreter, as certified by the Registry of Interpreters for the Deaf, Inc. (RID)

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 5123:2-9-08 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

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 connection with 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
- 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	County board of dd providers of non-medical transportation per mile
Individual	Individual private providers of non-medical transportation per trip
Agency	County board of dd providers of non-medical transportation per trip
Agency	Commercial buses, livery vehicles and taxicabs providing non-medical transportation per mile
Agency	For profit and non-profit 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 trip
Individual	Individual private 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:

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. 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 5123:2-9-08 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:

Individual 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 5123:2-9-08 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 5123:2-9-08 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 5123:2-9-08 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. 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 5123:2-9-08 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 5123:2-9-08 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 5123:2-9-08 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:

Individual 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 5123:2-9-08 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

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
- 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 Nutrition Services
Individual	Individual 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 5123:2-9-08 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:

Individual 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 5123:2-9-08 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

Service Definition (Scope):

"Remote Monitoring Equipment" means the equipment used to operate systems such as live video feed, live audio feed, motion sensing system, radio frequency identification, web-based monitoring system, or other device approved by the department. It also means the equipment used to engage in live two-way communication with the individual being monitored.

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

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.

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
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 (REMOTE MONITORING RULE CITATION)

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 5123:2-9-08 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 (REMOTE MONITORING RULE CITATION)

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 5123:2-9-08 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

Service Definition (Scope):

"Remote Monitoring" means the monitoring of an individual in his or her residence by remote monitoring staff using one or more of the following systems: live video feed, live audio feed, motion sensing system, radio frequency identification, web-based monitoring system, or other device approved by the department. The system shall include devices to engage in live two-way communication with the individual being monitored as described in the individual's ISP.

To address potential issues of privacy, informed consent for using this service will be documented in the ISP.

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

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
- 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 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 (REMOTE MONITORING RULE CITATION)

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 5123:2-9-08 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

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 the mentally retarded (ICF/MR); or
- (b) A residential facility, other than an intermediate care facility for the mentally retarded, licensed by the department under section 5123.19 of the Revised Code; or
- (c) A residence, other than an intermediate care facility for the mentally retarded 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.

Residential Respite service will be available as an alternative to Respite beginning 7/1/11.

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 Providers of Residential Respite
Agency	DODD Licensed Facilities
Agency	Facilities certified as ICFs-MR

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. (Respite Rule Citation)

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 5123:2-9-08 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: 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. (Respite Rule Citation)

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:

Facilities certified as ICFs-MR

Provider Qualifications

License (*specify*):

Licensed by the Ohio Department of Health as an ICF-MR under Chapter 3721 of the Revised Code

Certificate (*specify*):

Certified under standards listed in rule 5123:2-9-34. (Respite Rule Citation)

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: 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

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
- 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	Individual 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 5123:2-9-08 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:

Individual 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 5123:2-9-08 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 - Adapted Equipment

Service Definition (*Scope*):

'Supported Employment - Adapted Equipment' is associated with Supported Employment – Enclave and/or Supported Employment – Community and includes purchasing or modifying equipment that will be retained by the individual on the current employment site and/or in other settings.

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

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	County board of dd providers of supported employment adapted equipment
Agency	For profit and non-profit private providers of supported employment adapted equipment

Appendix C: Participant Services

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

Service Type: Other Service

Service Name: Supported Employment - Adapted Equipment

Provider Category:

Agency

Provider Type:

County board of dd providers of supported employment adapted equipment

Provider Qualifications

License (specify):

Certificate (specify):

Certification standards are contained in Ohio Administrative Code 5123:2-9-19

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 5123:2-9-08 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 - Adapted Equipment

Provider Category:

Agency

Provider Type:

For profit and non-profit private providers of supported employment adapted equipment

Provider Qualifications

License (specify):

Certificate (specify):

Certification standards are contained in Ohio Administrative Code 5123:2-9-19

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 5123:2-9-08 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 - Community

Service Definition (Scope):

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

"Supported employment - 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.

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
- 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	County board of dd providers of supported employment community services
Agency	For profit and non-profit private providers of supported employment community services
Individual	Individual providers of supported employment community

Appendix C: Participant Services

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

Service Type: Other 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 5123:2-9-16

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 5123:2-9-08 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 - 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 5123:2-9-16

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 5123:2-9-08 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 - Community

Provider Category:

Individual

Provider Type:

Individual providers of supported employment community

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 5123:2-9-08 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

Service Definition (Scope):

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

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

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

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

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

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

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

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

Activities That Constitute Supported Employment – Enclave

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

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

- ↵(a) Developing a resume that identifies the individual's job related and/or relevant vocational experiences;↵
- ↵↵(b) Training and assisting the individual to develop job-seeking skills;↵
- ↵↵(c) Targeting jobs on behalf of the individual that are available in the individual's work location of choice;↵
- ↵↵(d) Assisting the individual to find jobs that are well matched to his/her employment goals;↵
- ↵↵(e) Developing job opportunities on behalf of the individual through direct and indirect promotional

strategies and relationship-building with employers;↵

↵↵(f) Conducting work-site analyses, including customizing jobs;↵

↵↵(g) Increasing potential employers' awareness of available incentives that could result from employment of the individual.↵

↵↵

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

↵

↵(a) Developing a systematic plan of on-the-job instruction and support, including task analyses;↵

↵↵(b) Assisting the individual to perform activities that result in his/her social integration with disabled and non-disabled employees on the work-site;↵

↵↵(c) Supporting and training the individual in the use of generic and/or individualized transportation services;↵

↵↵(d) Providing off-site services and training that assist the individual with problem solving and meeting job-related expectations;↵

↵↵(e) Developing and implementing a plan to assist the individual to transition from his/her prior vocational or educational setting to employment, emphasizing the use of natural supports.↵

↵↵

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

↵

↵(a) Following-up with the employer and/or the individual at the frequency required to assist the individual to retain employment;↵

↵↵(b) Assisting the individual to use natural supports and generic community resources;↵

↵↵(c) Providing training to the individual to maintain work skills, enhance personal hygiene, learn new work skills, improve social skills and/or modify behaviors that are interfering with the continuation of his/her employment.↵

(d) Assisting the individual with self-medication or provision of medication administration for prescribed medication and assisting the individual with or performing health-related activities as identified in rule 5123:2-6-01 of the Administrative Code, which a 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.

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

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	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 5123:2-9-08 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 5123:2-9-08 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

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 waiver services.

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
- Provider managed

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

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	Individual Transportation Providers
Agency	Agency Transportation Providers

Appendix C: Participant Services

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

Service Type: Other Service

Service Name: Transportation

Provider Category:

Individual

Provider Type:

Individual Transportation Providers

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certification Standards listed in rule 5123:2-13-05 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 5123:2-9-08 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:

Agency

Provider Type:

Agency Transportation Providers

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certification Standards listed in rule 5123:2-13-05 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 5123:2-9-08 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):

DODD does not enroll an applicant 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 5123:2-1-05 of the Ohio Administrative Code (OAC).

A report is obtained from Ohio's bureau of criminal identification and investigation (BCII) 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 offenses listed in division (E) of section 5126.28 of the Revised Code. The individual provider shall make such report, in writing, not later than fourteen calendar days after the date of such charge, conviction or guilty plea.

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 offenses listed in division (E) of section 5126.28 of the Revised Code not later than fourteen calendar days after the date of such charge, conviction or guilty plea.

As part of its oversight, ODJFS is currently conducting an independent comprehensive review to evaluate the compliance of the program and to assess DODD performance. A component of the JFS review is specifically focused on verification that BCII checks are completed as required by Ohio Administrative Code and waiver assurances. Also see performance measure #1 and #2 in Appendix C for further evidence of continued work in this area. Similar elements are incorporated in the future ongoing review process.

b. Abuse Registry Screening. Specify whether the State requires the screening of individuals who provide waiver services through a State-maintained abuse registry (select one):

- No. The State does not conduct abuse registry screening.**
- Yes. The State maintains an abuse registry and requires the screening of individuals through this registry.**

Specify: (a) the entity (entities) responsible for maintaining the abuse registry; (b) the types of positions for which abuse registry screenings must be conducted; and, (c) the process for ensuring that mandatory screenings have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

The requirements for the abuser registry are contained in Sections 5123.50 through 5123.54 of the Ohio Revised Code. DODD maintains an abuser registry and screens 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.

Additionally, contact is made with the Ohio Department of Health to inquire whether the nurse aide registry established under section 3721.32 of the Revised Code reveals that its director has made a determination of abuse, neglect, or misappropriation of property of a resident of a long-term care facility or residential care facility by the applicant. The Ohio Department of DD will deny certification to an applicant whose name appears on the nurse aide registry with regard to abuse, neglect or misappropriation.

For employees, subcontractors of the applicant, and employees of subcontractors who provide specialized services to an individual with mental retardation or a developmental disability as defined in division (G) of section 5123.50 of the Revised Code, the applicant shall provide to DODD written assurance that, as of the date of the application, no such persons are listed on the abuser registry established pursuant to sections 5123.50 to 5123.54 of the Revised Code.

DODD compliance reviews verify whether the provider has checked the registry to ensure none of the employees have been placed on the registry.

As part of its oversight, ODJFS is currently conducting an independent comprehensive review to evaluate the compliance of the program and to assess DODD performance. A component of the JFS review is specifically focused on verification that BCII checks are completed as required by Ohio Administrative Code and waiver assurances. Also see performance measure #1 and #2 in Appendix C for further evidence of continued work in this area. Similar elements are incorporated in the future ongoing review process.

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 mental retardation/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.

Currently, OAC 5123:2-16-01 limits the number of beds in new non-ICF/MR licensed facilities to 4; however, facilities licensed for more than 4 prior to this rule becoming effective may maintain their current capacity.

The 2 largest facilities (1 - 20 bed, 1- 16 bed) are both 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).

As ODJFS field staff implement ongoing review of the Individual Options waiver, they would take notice of settings that do not comply with or fit the character of a home and community based setting. While there is a question regarding the home setting in the current review tool, field staff are more likely to make general observations of an individual's home environment and would file an "adverse outcome" if they encountered an environment contrary to expectations for waiver recipients.

Additionally, ODJFS takes an active role when complaints or concerns are raised by advocates, family members or individuals about living arrangements/environments that do not meet the requirement of home and community settings by federal and state standards. ODJFS is involved and works with DODD until appropriate remediation is achieved.

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
Home Delivered Meals	<input type="checkbox"/>
Adult Family Living	<input type="checkbox"/>
Interpreter	<input type="checkbox"/>
Community Respite	<input type="checkbox"/>
Supported Employment - Community	<input type="checkbox"/>
Nutrition	<input type="checkbox"/>
Social Work	<input type="checkbox"/>
Environmental Accessibility Adaptations	<input type="checkbox"/>
Adaptive and Assistive Equipment	<input type="checkbox"/>
Adult Foster Care	<input type="checkbox"/>
Supported Employment - Enclave	<input type="checkbox"/>
Homemaker/Personal Care	<input checked="" type="checkbox"/>
Homemaker/Personal Care - Daily Billing Unit	<input type="checkbox"/>
Transportation	<input type="checkbox"/>
Residential Respite	<input checked="" type="checkbox"/>
Remote Monitoring Equipment	<input type="checkbox"/>
Remote Monitoring	<input type="checkbox"/>
Non-Medical Transportation	<input type="checkbox"/>
Supported Employment - Adapted Equipment	<input type="checkbox"/>
Habilitation – Adult Day Support	<input type="checkbox"/>
Respite	<input checked="" type="checkbox"/>
Habilitation – Vocational Habilitation	<input type="checkbox"/>

Facility Capacity Limit:

OAC 5123:2-16-01 limits the number of beds in new non-ICF/MR licensed facilities to 4, but facilities licensed >4 prior to this rule becoming effective may maintain their current capacity.

Scope of Facility Sandards. For this facility type, please specify whether the State's standards address the following topics (*check each that applies*):

Scope of State Facility Standards	
Standard	Topic Addressed
Admission policies	<input checked="" type="checkbox"/>
Physical environment	<input checked="" type="checkbox"/>
Sanitation	<input checked="" type="checkbox"/>
Safety	<input checked="" type="checkbox"/>
Staff : resident ratios	<input checked="" type="checkbox"/>
Staff training and qualifications	<input checked="" type="checkbox"/>

Standard	Topic Addressed
Staff supervision	<input checked="" type="checkbox"/>
Resident rights	<input checked="" type="checkbox"/>
Medication administration	<input checked="" type="checkbox"/>
Use of restrictive interventions	<input checked="" type="checkbox"/>
Incident reporting	<input checked="" type="checkbox"/>
Provision of or arrangement for necessary health services	<input checked="" type="checkbox"/>

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 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, 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. County boards conduct a variety of activities to recruit waiver providers including provider fairs and informational sessions.

Once certified by the DODD, the Medicaid Provider Agreement/application is forwarded to ODJFS for review and assignment of a Medicaid provider number.

Providers who contact ODJFS seeking to become a waiver provider are directed to DODD to obtain certification.

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**

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/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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:

#1. Percent of certified/licensed providers, new to the system, who receive an on-site review within one year of initiating a claim for IO waiver service delivery in the areas of HPC, Transportation and Adult Day Waiver Services. (DODD Futures Recommendations #9.a & #11.b)

Data Source (Select one):

Provider performance monitoring

If 'Other' is selected, specify:

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other	

	Specify:	
	<input style="width: 100%; height: 20px;" type="text"/>	

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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input checked="" type="checkbox"/> Other Specify: Semi-annually

b. Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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.

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/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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:

#2. Number of independent IO waiver providers who are denied initial or renewal certification due to failure to meet training requirements. (DODD Futures Recommendations #11.a & #12.)

Data Source (Select one):

Training verification records

If 'Other' is selected, specify:

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
<input type="checkbox"/>	
	<input type="checkbox"/> Continuously and Ongoing
	<input checked="" type="checkbox"/> Other Specify: Semi-annually

- 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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <div style="border: 1px solid gray; height: 30px; width: 100%;"></div>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input checked="" type="checkbox"/> 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 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.

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 the Ohio Department of DD, 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 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 DODD and ODJFS-administered 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 DODD a form that lists the services that are being requested. The county board is notified of the request and is then required to submit the documentation that relates to the prior authorization request. The county board 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 QMRPs review the documents to verify the needs, corresponding services, and costs, and then either authorize the ISP and proposed request, or forward it to ODJFS for final approval or denial. 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 – Community, and Supported Employment - Adapted Equipment 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 – Community, and/or Supported Employment - Adapted Equipment 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 developmental disabilities 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 ODJFS 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 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:

- Other**

Specify the individuals and their qualifications:

Service and support administrators are responsible for service plan development and revision. (ORC 5126.15 and OAC 5123:2-1-11) A service and support administrator must be, regardless of title, employed by or under subcontract with a county board of dd 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 one seminar or college course in each of the following areas (1) introduction to developmental disabilities that includes behavior support and self-determination (2) principles of group facilitation (3) principles of self-determination; and (4) principles of community supports and integration or interviewing and counseling techniques

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (2 of 8)

b. Service Plan Development Safeguards. *Select one:*

- Entities and/or individuals that have responsibility for service plan development may not provide other direct waiver services to the participant.
- Entities and/or individuals that have responsibility for service plan development may provide other direct waiver services to the participant.

The State has established the following safeguards to ensure that service plan development is conducted in the best interests of the participant. *Specify:*

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (3 of 8)

c. Supporting the Participant in Service Plan Development. Specify: (a) the supports and information that are made available to the participant (and/or family or legal representative, as appropriate) to direct and be actively engaged in the service plan development process and (b) the participant's authority to determine who is included in the process.

(a) Each participant receives information and support from the service and support administrator 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 individuals with guardians 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):

The service and support administrator (SSA) is responsible to develop and revise the ISP and to ensure that this process occurs with the active participation of the individual to be served, the guardian of the individual, as applicable, other persons selected by the individual, and the provider(s) selected by the individual. The SSA is also responsible to ensure the ISP addresses the results of the assessment process and results from service monitoring, that the plan focuses on the individual's strengths, interests and talents; and that the plan integrates all services and supports, regardless of funding, available to meet the needs and desired outcomes of the individual. The service and support administrator is responsible to inform the individual of all the services available under the waiver and from non-waiver sources. The SSA is responsible to develop 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 their needs.

Input from the individual, the individual's guardian, other advocates, and team members determines the types of additional assessments that are included in the process. Assessments and evaluations by certified and/or licensed professionals shall be completed as dictated by the needs of the individual. Assessments shall also include evaluation of the individual's likes, dislikes, priorities, and desired outcomes, as well as what is important to and for the individual, including skill development, health, safety, and welfare needs, as applicable.

The ISP shall include services and supports that assist the individual to engage in meaningful, productive activities and develop community connections. All services and activities indicated shall include the provider type, the frequency, and the funding source; and specify how services will be coordinated among providers and across all settings for the individual.

The ISP is to be reviewed and, as appropriate, revised at the request of the of the individual or a member of the individual's team; whenever the individual's assessed needs, circumstances or status changes; or as a result of ongoing monitoring of ISP implementation, quality assurance reviews, and/or identified trends and patterns of unusual incidents or major unusual incidents. The SSA shall convene an ISP meeting within ten working days of a request from an individual for a review of the ISP. At a minimum, all service plans are updated annually.

Each individual receiving service and support administration shall have a designated person to provide daily representation who is responsible on a continuing basis for providing the individual with representation, advocacy, advice and assistance related to the day-to-day coordination of services in accordance with the ISP. The role of the person designated is to assist the individual to keep the service and support delivery system focused on his/her desired outcomes. The person designated shall be willing to interact regularly with the individual in order to maintain or develop a relationship that will allow him/her to fulfill this role.

The designated person is not a paid service. In many cases it will be a family member or community friend of the individual who interacts regularly with the individual and helps keep the service delivery system focused on his/her desired outcomes. The requirement is included in the SSA rule so that individuals who do not currently have such relationships will have supports included in their service plans that will lead to the development of such relationships.

The service and support administrator is responsible to ensure that services are effectively coordinated by facilitating communication with the individual and among providers across all settings and systems. Such communication includes ISP revisions; relocation plans of the individual; changes in individual status that result in suspension or disenrollment from services; and coordination activities to ensure that services are provided to individuals in accordance with their ISPs and desired outcomes.

The service and support administrator is responsible to monitor the implementation of the ISP in order to verify the health, safety and welfare of the individual; consistent implementation of services; achievement of the desired outcomes for the individual as stated in the ISP; and that services received are those reflected in the ISP. This monitoring, includes, but is not limited to behavior support plan implementation; emergency intervention; identified trends and patterns of unusual incidents and major unusual incidents and the development and implementation of prevention and/or risk management plans; results of quality assurance reviews; and other individual needs determined by the assessment process. (OAC 5123:2-1-11)

Additional clarification on the role of the service and support administrator, along with the oversight responsibilities of DODD and ODJFS for service and support administration, can be found in the document entitled "ODMRDD-ODJFS Oversight of CBMRDD Role and Function", last updated May 27, 2005.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (5 of 8)

- e. Risk Assessment and Mitigation.** Specify how potential risks to the participant are assessed during the service plan development process and how strategies to mitigate risk are incorporated into the service plan, subject to participant needs and preferences. In addition, describe how the service plan development process addresses backup plans and the arrangements that are used for backup.

The service and support administrator (SSA) is required to coordinate assessments after the initial request for services and at least annually thereafter to determine the health, safety and welfare needs of the participant as part of the service planning process. Assessments by licensed and/or certified professionals shall be completed as dictated by the needs of the individual. The SSA is also required to monitor incident trends and the development and implementation of prevention and/or risk management plans as needed for the participant. 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.

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 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 ODJFS 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 consumers 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). ODJFS 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):

The single State Medicaid Agency (ODJFS) 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 DODD; 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 ODJFS authorize those rules or guidelines, establish overarching standards for Medicaid programs, and further establish the authority and responsibility of ODJFS to assure the federal compliance of all Medicaid programs.

As its primary means of monitoring the compliance and performance of the Operating Agency, ODJFS: 1) at least once during the waiver's federal approval period, conducts face-to-face interviews with statistically representative random sample of participants; 2) at least once during the waiver's federal approval period, reviews the systems that DODD's maintains to assure the compliance of the waiver's local administration; 3) conducts on-going case review; 4) routinely assures resolution of case-specific problems; 5) generates and compiles quarterly performance data; 6) convenes operating agency Quality Briefing twice a year; and 7) convenes interagency quality forums approximately four times per year.

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:

At the local County Board of Developmental Disabilities

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 service and support administrator is responsible to monitor the implementation of the ISP in order to verify the health, safety and welfare of the individual; consistent implementation of all services identified in the plan (waiver

and non-waiver); achievement of the desired outcomes for the individual as stated in the ISP; and that services received are those reflected in the ISP. This on-going monitoring occurs through regular interaction with the participant and his/her provider(s). This monitoring, as applicable to each individual, includes but is not limited to: behavior support plans and services; emergency interventions; identified trends and patterns of unusual incidents and major unusual incidents; the development and implementation of prevention and/or risk management/back-up plans; the results of quality assurance reviews; and other individual needs determined by the assessment process.

Each individual service plan is reviewed at least annually and more often should the needs of the individual change. Waiver recipients also receive a quality assurance review, conducted by the county board or Council Of Government, every three years.

DODD is establishing a single review process that has a total of 9 tools. One of these tools is called the "Waiver Assurances Review Tool", which is specifically designed as oversight for county board of dd processes. Within this tool, there is a question that the reviewers must address which asks, "Is there evidence that the individual was given free choice of provider?".

DODD monitors service plan implementation through the licensure, provider compliance and accreditation review processes. Reviewing service plan documentation and the corresponding service plans is one component of the licensure, accreditation, and provider compliance review processes conducted by DODD field review staff. Licensure reviews are conducted for each facility licensed by DODD. Reviewing individual service plans and the implementation of those plans by the licensed provider is one component of the licensure review process. Licensure reviews are scheduled at least once every three years based on the term of the provider's license. A provider may receive a one-year, two-year, or three-year license based on the outcome of their review. Reviewing service plans and the monitoring activities of service and support administrators is one component of the accreditation review process. Accreditation reviews are scheduled at least once every five years based on the term of the county board's accreditation award. A county board may be accredited for one to five years based on the outcome of their review. Provider compliance reviews are scheduled at least once every five years for each certified 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 board of DD personnel are to monitor the services used by individuals who have individual service plans (ISPs) that indicate the need for waiver services on a monthly basis. When an individual does not use any waiver service during a month, the county board of dd must assess the individual's need for continued waiver services and discuss service needs with the individual and/or guardian. If an individual is anticipated to need waiver services less frequently than monthly, the service and support administrator (SSA) is to indicate in the ISP the method of monitoring he/she will employ to assure that the individual's health and welfare is not in jeopardy, which must also occur no less frequently than once each calendar month.

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**
 - 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/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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:

#1. Percent of member records reviewed during regulatory review processes that are related to sub-assurance and are found to be compliant/non-compliant. (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.) (DODD Futures Recommendations #6 & #9)

Data Source (Select one):

Record reviews, off-site

If 'Other' is selected, specify:

DODD – CART Database

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input checked="" type="checkbox"/> Other Specify: Records Review - Sample selected based on regulatory review

		schedule & number of members receiving services through that provider – minimum of 400 members per year
	<input type="checkbox"/> Other Specify: <input type="text"/>	

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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input checked="" type="checkbox"/> Other Specify: Semi-annually

b. Sub-assurance: The State monitors service plan development in accordance with its policies and procedures.

Performance Measures

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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:

#2. Development of service plans – the percent of members newly enrolled during the quarter who had a service plan developed within 10 days of their enrollment date. (ODJFS Quality Steering Committee Measure #6)

Data Source (Select one):

Analyzed collected data (including surveys, focus group, interviews, etc)

If 'Other' is selected, specify:

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input checked="" type="checkbox"/> Other Specify: County board of dd	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input type="text"/>	
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

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/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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:

#3. Percent of member records reviewed during regulatory review processes that are related to sub-assurance and are found to be compliant/non-compliant. (Service plans are updated/revised at least annually or when warranted by changes in the waiver participant’s needs) (DODD Futures Recommendations #6 & #9)

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):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified

		Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input checked="" type="checkbox"/> Other Specify: Records Review - Sample selected based on regulatory review schedule & number of members receiving services through that provider - minimum of 400 members per year
	<input type="checkbox"/> Other Specify: <input type="text"/>	

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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input checked="" type="checkbox"/> Other Specify: Semi-annually

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/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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:

#4. Percent of records reviewed during regulatory review processes that are related to sub-assurance and are found to be compliant/non-compliant. (Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.) (DODD Futures Recommendations #6 & #9)

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):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input checked="" type="checkbox"/> Other Specify: Records Review - Sample selected based on regulatory review schedule & number of members receiving services

		through that provider – minimum of 400 members per year
	<input type="checkbox"/> Other Specify: <input type="text"/>	

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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input checked="" type="checkbox"/> Other Specify: Semi-annually

- 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/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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:

#5. Percent of members who answer either “yes” or “no” to the following questions from the PES: 13. Did you know you can change your provider/support staff if you want? 14. Do you tell your support staff what to help you with? (DODD Futures Recommendations #7))

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):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input checked="" type="checkbox"/> Other Specify: Member Interview - Sample selected based on regulatory review schedule & number of members receiving services through that provider – minimum of 400 members per year
	<input type="checkbox"/> Other Specify: <input type="text"/>	

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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input checked="" type="checkbox"/> Other Specify: Semi-annually

- 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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input checked="" type="checkbox"/> 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 individuals or their authorized representatives apply for any type of Medical assistance in Ohio they are given a pamphlet: “You Have a Right to a Hearing” (ODHS 8007) as well as “Explanation of State Hearing Procedures” (ODHS 4059). Both of these notifications are provided to the applicant by the county department of job and family services (CDJFS) at the time the Medicaid application is filed and both are required by Ohio Administrative Code (OAC 5101:6-2-01).

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 any notices it issues.

Requests for a state hearing are submitted to the Ohio Department of Job and Family Services, Office of Legal Services, Bureau of State Hearings (BSH). The BSH conducts benefit-related hearings, including all Medicaid related hearings. All hearing requests made by or behalf of a Individual Options waiver recipient are reviewed by the ODJFS Bureau of Community Services Policy (BCSP). Participation by BCSP in waiver hearings are determined on a case-specific basis. Hearings in which BCSP has participated have included reasons such as denial of a waiver when the waiver is not at capacity, reductions in waiver services, denial of waiver services, denial of Prior authoriation of waiver services and denial of free choice of provider.

DODD assures participation through an agency representative (DODD and/or county board of DD) pursuant to OAC 5101:6

-6-01 and 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 ten days of the mailing date on the notice. Hearing decisions are rendered no later than 90 days after the hearing request. When agency compliance with a hearing decision is required, it must be acted upon within 15 calendar days of the decision or within 90 days of request for hearing, whichever is first.

Individuals are informed in writing of the hearing decision and are notified of the right to request an administrative appeal if they disagree with the hearing decision. If an administrative appeal is requested, a decision must be issued within 15 days of the appeal request. Again, the individual is informed in writing of the decision and compliance, if ordered, must be acted upon within 15 calendar days of the decision.

Appendix F: Participant-Rights

Appendix F-2: Additional Dispute Resolution Process

a. Availability of Additional Dispute Resolution Process. Indicate whether the State operates another dispute resolution process that offers participants the opportunity to appeal decisions that adversely affect their services while preserving their right to a Fair Hearing. *Select one:*

- No. This Appendix does not apply**
 Yes. The State operates an additional dispute resolution process

b. Description of Additional Dispute Resolution Process. Describe the additional dispute resolution process, including: (a) the State agency that operates the process; (b) the nature of the process (i.e., procedures and timeframes), including the types of disputes addressed through the process; and, (c) how the right to a Medicaid Fair Hearing is preserved when a participant elects to make use of the process: State laws, regulations, and policies referenced in the description are available to CMS upon request through the operating or Medicaid agency.

Appendix F: Participant-Rights

Appendix F-3: State Grievance/Complaint System

a. Operation of Grievance/Complaint System. *Select one:*

- No. This Appendix does not apply**
 Yes. The State operates a grievance/complaint system that affords participants the opportunity to register grievances or complaints concerning the provision of services under this waiver

b. Operational Responsibility. Specify the State agency that is responsible for the operation of the grievance/complaint system:

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 Major Unusual Incidents 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. Regional managers in

the MUI/Registry Unit recommend closure when the issue has been resolved. The case is then closed by unit supervisors.

The DODD Division of Constituent Services employs a Family Advocate who works with families to provide technical assistance, including addressing complaints.

The DODD Division of Community Services, Provider Standards and Review will follow up on any complaints regarding County Boards of DD 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.

Appendix G: Participant Safeguards

Appendix G-1: Response to Critical Events or Incidents

- a. Critical Event or Incident Reporting and Management Process.** Indicate whether the State operates Critical Event or Incident Reporting and Management Process that enables the State to collect information on sentinel events occurring in the waiver program. *Select one:*

- Yes. The State operates a Critical Event or Incident Reporting and Management Process** (*complete Items b through e*)
- No. This Appendix does not apply** (*do not complete Items b through e*)
If the State does not operate a Critical Event or Incident Reporting and Management Process, describe the process that the State uses to elicit information on the health and welfare of individuals served through the program.

- b. State Critical Event or Incident Reporting Requirements.** Specify the types of critical events or incidents (including alleged abuse, neglect and exploitation) that the State requires to be reported for review and follow-up action by an appropriate authority, the individuals and/or entities that are required to report such events and incidents and the timelines for reporting. State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Reportable Incidents

• “Major Unusual Incident” means the alleged, suspected, or actual occurrence of an incident when there is reason to believe the health or safety of an individual may be adversely affected or an individual may be placed at a reasonable risk of harm as listed in this paragraph, if such individual is receiving services through the DD service delivery system or will be receiving such services as a result of the incident. Major unusual incidents (MUIs) include the following::

- Abuse:
 - Physical abuse.
 - Sexual abuse.
 - Verbal abuse.
- Attempted suicide.
- Death.
- Exploitation.
- Failure to report.
- Known injury.
- Law enforcement.
- Medical emergency.
- Misappropriation.
- Missing individual.
- Neglect.
- Peer-to-peer acts.
- Prohibited sexual relations.
- Rights code violation.

- Unapproved behavior support.
- Unknown injury.
- Unscheduled hospitalization.

Required Reporters

County boards

DODD

DODD operated Developmental Centers All DODD 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 21.

Reference Rule: OAC 5123:2-17-02

* DODD is aware this a change from the language currently in the Firewalls document; however, this change more accurately reflects how our current system operates. As discussions about potential revisions to the Firewalls document continue, this will be an item in the Firewalls document that DODD would like to update to ensure its accuracy.

- 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 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.

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

DODD, in addition to the hotline for reporting abuse and neglect, lists each county board of DD after-hours number for reporting MUIs on its 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.

ODJFS Protection From Harm Unit

Alert Process Summary

One way ODJFS assures that the health and safety needs of individuals enrolled on DODD HCBS waivers are adequately addressed is by ODJFS 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 hospitalization or removal by law enforcement; suspicious, unusual, accidental deaths, and misappropriations valued at over \$500.

ODJFS is made aware of these incidents through various means including: notification by DODD, discovered during other ODJFS 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 ODJFS electronic sources. Inquires and concerns by ODJFS regarding any aspect of the investigation process/progress are added to the report by DODD with timelines for responses included.

Prior to ODJFS 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.

After the initial review the progress of the incident investigations are evaluated through a monthly 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, ODJFS will address those issues through the Adverse Outcome process describe in Appendix A.

- e. Responsibility for Oversight of Critical Incidents and Events.** Identify the State agency (or agencies) responsible for overseeing the reporting of and response to critical incidents or events that affect waiver participants, how this oversight is conducted, and how frequently.

DODD reviews all initial MUI/Registry Unit incident reports to ensure the health and safety of individuals. All substantiated reports of abuse, neglect, and misappropriation involving staff are reviewed. Other incidents are reviewed as deemed necessary to ensure the health and safety of individuals.

DODD MUI/Registry Unit conducts assessments of county boards to ensure the following:

- Appropriate reporting
- Immediate actions
- Appropriate notifications
- Thorough investigations
- Preventative measures to address the cause and contributing facts
- Trend and Pattern analysis and remediation
- Appropriate reporting of unusual incidents (local reporting)
- Training requirements

Assessments are conducted based on the performance of the county board but at least on a three (3) year cycle. Triggers are identified which could result in the assessment being done sooner.*

There is an MUI assessment that is part of the Accreditation review; however, the MUI division also conducts their own 3-year performance-based cycle of reviews (which are separate from the Accreditation reviews) based on the MUI division's assessment of a county board's performance. For example: If, in 2009, 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 2010, the MUI team would still return in 2010 for another assessment along with the Accreditation team.

MUI Trend and Pattern analyses and remediation is done twice a year by agency providers and county boards. DODD reviews all analyses completed by county boards and samples those completed by agency providers. County boards are responsible for reviewing the analyses for agency providers in their county.

DODD MUI/Registry Unit flags serious or egregious incidents as Director's Alerts. These cases are closely monitored for a thorough investigation and good prevention planning. Examples include accidental or suspicious deaths, neglect or physical abuse resulting in serious injuries or death, missing persons with high risk, serious unknown injuries and others as deemed appropriate.

- DODD holds a quarterly Mortality Review Committee compiled of stakeholders, including ODJFS, 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 ODJFS, 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 Provider Compliance and Accreditation 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

ODJFS Protection from Harm Unit Additional Oversight Responsibilities:

A. Review a sample of all death cases through DODD ITS in order to ensure that all accidental, suspicious, and accidental deaths are reported as alerts. If such cases are discovered DODD MUI Unit is notified and the alert protocol will be followed. In cases where the status cannot immediately be determined, ODJFS will monitor ITS and periodically contact DODD to determine the status.

B. Participate in DODD's semi-annual Trends and Patterns Committee

C. Participate in DODD's quarterly Mortality Review Committee

D. Coordinate ODJFS quarterly DODD Oversight Meetings

* DODD is aware this a change from the language currently in the Firewalls document and our current practice of annual on-site reviews. As discussions about potential revisions to the Firewalls document continue, this will be an item in the Firewalls document for which DODD will be requesting a change.

Appendix G: Participant Safeguards

Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (1 of 2)

a. Use of Restraints or Seclusion. *(Select one):*

● **The State does not permit or prohibits the use of restraints or seclusion**

Specify the State agency (or agencies) responsible for detecting the unauthorized use of restraints or seclusion and how this oversight is conducted and its frequency:

● **The use of restraints or seclusion 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 or Seclusion.** 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 or 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 “Behavior Support Rule” (BSR) (5123:2-1-02 (J)) that regulates the use of all restraints (including personal, drugs, and mechanical) and seclusion. The following are the specific safeguards that are in place to monitor the use of restraint and seclusion (time-out):

- The BSR requires County Boards of DD and providers to develop policies and procedures shall acknowledge that the purpose of behavior support is to promote the growth, development and independence of those individuals and promote individual choice in daily decision-making, emphasizing self-determination and self-management. They shall also do the following:
- Focus on positive teaching and support strategies and specify a hierarchy of these teaching and support strategies.
- Behavior support methods are integrated into individual plans and are designed to provide a systematic approach to helping the individual learn new, positive behaviors while reducing undesirable behaviors.

The DODD implements the Major Unusual Incident (MUI) system (described in G-1-a) in order to monitor the unauthorized use of restraint and seclusion.

The following are the protocols that must be followed when restraints and/or seclusion are employed:

- Restraint and time-out are only used with behaviors that are destructive to self or others.
- Behavior support methods are employed with sufficient safeguards and supervision to ensure that the safety, welfare, due process, and civil and human rights of individuals receiving county board services are adequately protected.
- Positive and less aversive teaching and support strategies are demonstrated to be ineffective prior to use of more intrusive procedures.

County Boards of DD must ensure that plans using restraint and time-out are authorized, that the safety of interventions is ensured, and there are training requirements for staff developing and implementing plans. These assurances include requirements that:

- A behavior support committee reviews and approves or rejects all plans that incorporate aversive methods, including restraint and time-out, and reviews ongoing plans that incorporate aversive methods, including restraint and time-out.
- A human rights committee reviews and prior approves or rejects all behavior support plans using aversive methods, including restraint and time-out, and those which involve potential risks to the individual's rights and protections. The human rights committee shall ensure that the rights of individuals are protected.
- Prior documented informed consent is obtained from the individual receiving services from the county board 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.
- Training and required experience is required for staff who develop behavior support plans and for all persons employed by a provider who are responsible for implementing plans are specified and required training is documented.
- DODD monitors the unauthorized use of restraint and seclusion through the Ohio Department of DD Major Unusual Incident Tracking System.
- A regular review of all behavior support plans is held, at least, in conjunction with individual plan updates.

- Plans that incorporate aversive methods, including restraint and time-out shall be reviewed as determined by the interdisciplinary team but at least every thirty days using status reports.

ii. State Oversight Responsibility. Specify the State agency (or agencies) responsible for overseeing the use of restraints or seclusion and ensuring that State safeguards concerning their use are followed and how such oversight is conducted and its frequency:

The Ohio Department of Developmental Disabilities is responsible for overseeing the use of restraint and time-out.

The following specifies how the oversight is conducted:

- Within five working days after local approval of a behavior support plan using restraint or time-out, the county board or provider shall notify DODD by facsimile or other electronic means in a format prescribed by DODD. Upon request by DODD, the county board of DD or provider shall submit any additional information regarding the use of the restraint or time-out. (Note: DODD does not use the 5 day notification system as a means to approve plans, the approval of plans that requires the use of restraints and/or time-out occurs at the local level. The notification system is used to collect data for trends and patterns, provide oversight, and to identify cases where technical assistance may be needed.) The notifications are resubmitted if there are significant changes to the individuals plan and annually if necessary as informed consent is obtained for a 1 year period.
- DODD shall provide oversight of behavior support plans, policies, and procedures as deemed necessary to ensure individual rights and the health and safety of the individual.
- DODD shall select a sample of behavior support plans for additional review to ensure that the plans are written and implemented in a manner that adequately protects individuals' health, safety, welfare, and civil and human rights.
- DODD shall take immediate action, as necessary, to protect the health and safety of individuals served.
- DODD shall compile information about the use of behavior supports throughout the state and share the results with county boards of DD, providers, advocates, family members, and other interested parties. DODD shall use the information to study and report on patterns and trends in the use of behavior supports, including strategies for addressing problems identified.
- DODD department uses the data collected to develop technical assistance activities that are conducted both on an individual basis and through system wide training
- DODD conducts both MUI, and regular regulatory reviews (Accreditation, Licensure, Provider Compliance, Quality Assurance Reviews) to ensure consistent and routine reviews of behavior support policies and procedures that are in place for individuals.

The rule on Incidents Affecting Health and Safety 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 ODJFS 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) 's health or welfare are being assured.

Appendix G: Participant Safeguards

Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (2 of 2)

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 “Behavior Support Rule” (BSR) (5123:2-1-02 (J)) that regulates the use of restrictive measures. The following are the specific safeguards that are in place to monitor the use of restrictive measures:

- The BSR requires County Boards of DD and providers to develop policies and procedures that acknowledge that the purpose of behavior support is to promote the growth, development and independence of those individuals and promote individual choice in daily decision-making, emphasizing self-determination and self-management. The County Board of DD also:
 - o Focus on positive teaching and support strategies and specify a hierarchy of these teaching and support strategies.
 - o Ensure that behavior support methods are integrated into individual plans and are designed to provide a systematic approach to helping the individual learn new, positive behaviors while reducing undesirable behaviors.
 - o Ensure that positive and less aversive teaching and support strategies are demonstrated to be ineffective prior to use of more intrusive procedures.

DODD implements the Major Unusual Incident (MUI) system in order to monitor the unauthorized use of restraint and seclusion.

The following are the protocols that must be followed when restrictive measures are employed:

- Behavior support methods are employed with sufficient safeguards and supervision to ensure that the safety, welfare, due process, and civil and human rights of individuals receiving county board services are adequately protected.

The following is how plans using restrictive interventions are authorized, how the safety of interventions is ensured, and training requirements:

- A human rights committee reviews and prior approves or rejects all behavior support plans using aversive methods, including restraint and time-out, and those which involve potential risks to the individual's rights and protections. The human rights committee shall ensure that the rights of individuals are protected. The committee shall include, at least, one parent of a minor or guardian of an individual eligible to receive services from a county board, at least one staff member of the county board of provider convening the committee, an individual receiving services from a county board, qualified person who have either experience or training in contemporary practices to support behaviors of individuals with development disabilities, and, at least, one member with no direct involvement in the county board's programs.
- Prior documented informed consent is obtained from the individual receiving services from the county board 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.
- Training and experience is required for staff who develop behavior support plans and for all persons employed by a provider who are responsible for implementing plans are specified and required training is documented.

The following indicates the record keeping requirements for restrictive interventions:

- A regular review of all behavior support plans is held, at least, in conjunction with individual plan updates.
- The behavior support plan must specify the documentation requirements for each individual when restrictive measures are used. Plans that incorporate aversive methods, including restraint and time-out shall be reviewed as determined by the interdisciplinary team but at least every thirty days using status reports.

- 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:

The Ohio Department of Developmental Disabilities is responsible for overseeing the use of restrictive interventions. The following specifies how the oversight is conducted:

- DODD shall provide oversight of behavior support plans, policies, and procedures as deemed necessary to ensure individual rights and the health and safety of the individual.
- On an ongoing basis DODD selects a sample of behavior support plans for additional review to ensure that the plans are written and implemented in a manner that adequately protects individuals' health, safety, welfare, and civil and human rights.
- DODD shall take immediate action, as necessary, to protect the health and safety of individuals served.
- DODD shall compile information about the use of behavior supports throughout the state and share the results with county boards, providers, advocates, family members, and other interested parties. DODD shall use the information to study and report on patterns and trends in the use of behavior supports, including strategies for addressing problems identified.
- DODD uses the data collected to develop technical assistance activities that are conducted both on an individual basis and through system wide training
- DODD uses both MUI, and regular regulatory reviews (Accreditation, Licensure, Provider Compliance, Quality Assurance Reviews) to ensure consistent and routine reviews of behavior support policies and procedures that are in place.

The rule on Incidents Affecting Health and Safety 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.

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 entities work directly with the pharmacy and the care provider to assure medication regimens are followed for individuals who are not self-medicating. If the individual requires feedings or medication administration via gastrostomy or jejunostomy tube and/or administration of insulin, a nurse would be required to delegate these to the care provider and therefore the nurse would be the physician's or pharmacy's first point of contact (see OAC 5123:2-6-03). 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 by a registered nurse 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 the under the supervision of a licensed physician who is involved in the interdisciplinary planning process. The following protocols must be followed if medication for behavior control is used:

Methods are employed with sufficient safeguards and supervision to ensure that the safety, welfare, due process, and civil and human rights of individuals receiving county board services are adequately protected.

A human rights committee reviews and prior approves or rejects all behavior support plans using aversive methods, including chemical and physical restraint and time-out, and those which involve potential risks to the individual's rights and protections.

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.

- ii. Methods of State Oversight and Follow-Up.** Describe: (a) the method(s) that the State uses to ensure that participant medications are managed appropriately, including: (a) the identification of potentially harmful practices (e.g., the concurrent use of contraindicated medications); (b) the method(s) for following up on potentially harmful practices; and, (c) the State agency (or agencies) that is responsible for follow-up and oversight.

The Ohio Department of Developmental Disabilities monitors medication administration through DODD Quality Assurance staff and potentially through the Major Unusual Incident Investigators if the error rises to the level of neglect. When an unusual incident is reported, that incident is initially investigated by local County Board of DD personnel and the results of the investigation forwarded to the state for review. The investigation is completed by the review of records and face-to-face interviews with staff working with the individual. DODD may do random quality assurance reviews but also may follow-up on situations secondary to findings from a review completed by the Quality Assurance staff at a County Board of DD. DODD Quality assurance reviews may be completed as a result of the Nursing Quality assurance reviews completed by each County Board of DD. The Nursing Quality assurance reviews are done at least one time every three years for each person living in a 5 bed or smaller residential settings who has medication administered by trained certified personnel. The County board's Investigative Agent or DODD's Investigators complete investigations in situations where there is a reasonable risk of harm to an individual due to medication management or administration issues. When a report of suspected harmful practice is reported to the DODD, the review of records and interview of staff would also be completed. A special review (one not scheduled) could be conducted by the DODD if the individual, parent or guardian requested such or if there was suspicion of abuse, neglect, non-compliance with laws or rules especially those related to medication administration. The rule on Incidents Affecting Health and Safety require medication errors to be filed when there is a reasonable risk of harm or harm to the individual. There at times may result in allegations of neglect under certain circumstances.

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).

In accordance with Section 5123.47 of the Revised Code, a family member of a person with mental retardation or other developmental disability may authorize an unlicensed in-home care worker 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 unlicensed in-home care worker has been selected by the family member or the individual receiving care and is under the direct supervision of the family member.
- The unlicensed in-home care worker 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 mental retardation and 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 unlicensed in-home care worker to provide the care by preparing a written document granting the authority. The family member shall provide the unlicensed in-home care worker with appropriate training and written instructions in accordance with the instructions obtained from the health care professional
- A family member who authorizes an unlicensed in-home care worker 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 unlicensed in-home care worker, including such entities as the county board of developmental disabilities and the department of developmental disabilities.
- An unlicensed in-home care worker 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.

A self-medication assessment is done to determine if an individual is not capable of self-medicating. This must be reviewed annually and completely re-done at least every 3 years if an individual does not meet the criteria for self medication. This can be done more frequently than every 3 years if there is change in the individual's medication condition or if a problem with self medication is observed. (OAC 5123:2-6-02)

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.

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.

When ODJFS 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 ODJFS 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, on an ongoing basis, identifies, addresses and seeks to prevent the occurrence of abuse, neglect and exploitation.

i. Performance Measures

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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:

#1. Rate of Major Unusual Incidents – This measure calculates the number of MUI's per thousand members (ODJFS Quality Steering Committee Measure #10)

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):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input checked="" type="checkbox"/> Other Specify: CBDD/ Mandatory Reporters	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>

	<input type="checkbox"/> 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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

Performance Measure:

#2. Utilization of Tranquilizers & Antipsychotic Medications by Members without a Mental Health Diagnosis – This measure calculates the percent of members who did not have a mental health diagnosis and who had a prescription for a tranquilizer or antipsychotic medication (ODJFS Quality Steering Committee Measure #11)

Data Source (Select one):

Other

If 'Other' is selected, specify:

ODJFS – DSS Database

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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval =

<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

#3. Total number of approved “aversive” behavior support plans – This measure calculates the total number of approved plans for members that include the use of restraint, time-out or emerging methods or technology, or any other extraordinary measures designated by the Director of DODD as requiring prior approval by the Director of DODD in the plan. (DODD Futures Recommendation #22)

Data Source (Select one):

Other

If 'Other' is selected, specify:

DODD – IIF Database Item #44.

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):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review

<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input checked="" type="checkbox"/> Other Specify: County board of dd	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify: Regional DODD Behavior Support Committees; Statewide DODD Behavior Support Advisory Committee	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

#4. Total number of Major Unusual Incidents related to unapproved use of restraint and/or time-out – This measure calculates the total number of unapproved uses of restraint and/or time-out for members. (DODD Futures Recommendation #22)

Data Source (Select one):

Other

If 'Other' is selected, specify:

DODD – ITS Database

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input checked="" type="checkbox"/> Other Specify: CBDD/ Mandatory Reporters	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify: Regional DODD Behavior Support Committees; Statewide DODD Behavior Support Advisory Committee	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
	Specify: <input type="text"/>

- 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, ODJFS 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. ODJFS 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):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input checked="" type="checkbox"/> Continuously and Ongoing
	<input checked="" type="checkbox"/> Other Specify: Semi-annually

c. Timelines

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

No

Yes

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

Appendix H: Quality Improvement Strategy (1 of 2)

Under §1915(c) of the Social Security Act and 42 CFR §441.302, the approval of an HCBS waiver requires that CMS determine that the State has made satisfactory assurances concerning the protection of participant health and welfare, financial accountability and other elements of waiver operations. Renewal of an existing waiver is contingent upon review by CMS and a finding by CMS that the assurances have been met. By completing the HCBS waiver application, the State specifies how it has designed the waiver's critical processes, structures and operational features in order to meet these assurances.

- Quality Improvement is a critical operational feature that an organization employs to continually determine whether it operates in accordance with the approved design of its program, meets statutory and regulatory assurances and requirements, achieves desired outcomes, and identifies opportunities for improvement.

CMS recognizes that a state's waiver Quality Improvement Strategy may vary depending on the nature of the waiver target population, the services offered, and the waiver's relationship to other public programs, and will extend beyond regulatory requirements. However, for the purpose of this application, the State is expected to have, at the minimum, systems in place to measure and improve its own performance in meeting six specific waiver assurances and requirements.

It may be more efficient and effective for a Quality Improvement Strategy to span multiple waivers and other long-term care services. CMS recognizes the value of this approach and will ask the state to identify other waiver programs and long-term care services that are addressed in the Quality Improvement Strategy.

Quality Improvement Strategy: Minimum Components

The Quality Improvement Strategy that will be in effect during the period of the approved waiver is described throughout the waiver in the appendices corresponding to the statutory assurances and sub-assurances. Other documents cited must be available to CMS upon request through the Medicaid agency or the operating agency (if appropriate).

In the QMS 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 QMS* 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 QMS spans more than one waiver, the State must be able to stratify information that is related to each approved waiver program.

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.

DODD Quality Improvement Processes

Futures – This initiative was sanctioned by Governor Strickland and members of the 127th General Assembly. Committee adopted its final report to Governor Strickland and Members of the General Assembly on March 28, 2008. The complete report is available at the DODD Futures Committee website (mrdd.ohio.gov/futures/odmrdd.htm).

One recommendation (#5) is to adopt the National Core Indicators (NCI) as a basis for measuring the performance of and improving Ohio's DD service delivery system. DODD joined the NCI in July 2008 and will be implementing 400 face-to-face interviews with adults with disabilities and 3000 mail surveys to families/guardians of children and adults with disabilities who receive services within the DD system in FY09 and will include individuals who receive HCBS waiver services.

Several additional recommendations are being implemented and performance measures incorporated into various appendices in this waiver application.

Recommendation #6 is to explore development of a single standardized review tool which would apply to every type of provider as core qualifications and consider additional standards based on the type of service delivered.

Recommendation #9 is to adjust the mode and frequency of monitoring activities of HCBS waiver providers and non-ICFMR licensed providers so that: (a) Newly certified/licensed providers receive an on-site review within one year; (b) Desk reviews and self-audits are established for providers who are performing well; (c) New and lower-performing providers are monitored more frequently than established, higher-performing providers; and (d) Best practices are promoted throughout the system. Performance measures #4 in Appendix B – Level of Care and #1-4 in Appendix D – Service Plans are all directly linked to these recommendations.

Recommendation #9.a is to adjust the mode and frequency of monitoring activities of HCBS waiver providers and non-ICFMR licensed providers so that newly certified/licensed providers receive an on-site review within one year. Similarly, recommendation #11.b is to establish initial requirements for all HCBS providers that include basic standards needed prior to becoming certified and review independent providers between six and 12 months of initial provision of services. Performance measure #1 in Appendix C – Qualified Providers is directly linked to these recommendations.

Recommendation #11.a is to establish initial requirements for all HCBS providers that include basic standards needed prior to becoming certified and verify that requirements are met during the certification process as opposed to applicants simply attesting to having met the requirements. Recommendation #12 is to implement existing statutes that time-limit certification for new HCBS waiver providers and develop processes to terminate certification of providers who have not billed for 12 consecutive months. Performance measure #2 in Appendix C – Qualified Providers is directly linked to these recommendations. Recommendation #7 is to immediately initiate actions to make "individual satisfaction" a more significant part of the quality review process. In response, DODD has decided to use the Participant Experience Survey (PES) as the official tool when interviewing individuals/families as part of the department's regulatory review processes. Performance measure #5 in Appendix D – Service Plans is directly related to this recommendation. In addition, the PES is being administered to 1500 individuals who will be enrolled on a Martin Settlement IO waiver over the course of the next two years.

Recommendation #22 is to address the need for specialized services for individuals with very challenging behaviors. One of the sub-recommendations is to provide training, resources, and ongoing support for care providers, including behavior management and working with other systems. DODD has recently initiated a significant state-wide initiative, "Positive Intervention Culture", that will provide training and technical support intended to shift the way the system supports individuals with very challenging behaviors with the

goal of reducing/eliminating the use of restraint & time-out in the state unless there is imminent danger of harm. Performance measures #3-4 in Appendix G – Health & Safety will be used as two measures of this initiative's success over the next several years.

ODJFS Quality Improvement Activities

Through an interagency agreement, ODJFS delegates to DODD responsibility for the administration of the Individual Options Waiver program. These responsibilities include managing and monitoring the program to assure compliance and quality improvement. Monitoring by DODD is primarily focused on: 1) compliance and performance of county boards of DD which administer the program locally and perform case management, 2) the qualifications and compliance of particular waiver service providers, 3) the compliance and performance of systems to assure prevention and effective response to incidents of consumer abuse and neglect, and 4) the compliance and performance of systems to assure the legitimacy and compliance of claims for Medicaid services. DODD also leads processes to seek, distill, and act on feedback from stakeholders from the larger community of DD stakeholders. ODJFS, as the SMA, oversees the operations and performance of DODD to assure the compliance of the waiver, to assess the effectiveness of DODD's monitoring, and works cooperatively with DODD to identify and address opportunities for improvement. As part of its oversight, ODJFS conducts independent reviews to evaluate the compliance of the program and to assess DODD performance.

ODJFS is currently conducting a comprehensive review of the Individual Options Waiver in order to verify the compliance, and assess the effectiveness, of DODD's quality assurance systems, and to identify opportunities for improvement. This review is designed to measure performance associated with CMS waiver assurances and includes direct interviews of waiver participants and providers, and related record reviews, for more than 400 waiver participants drawn in a statistically significant random sample. This review will result in findings that can be reported with 95% confidence of being within a margin of error of +/- 5%. When ODJFS completes the review, it will compile a report that will be presented to DODD. It is unlikely that ODJFS will complete this report before the new approval period for Individual Options begins. However, if the review results in negative findings, ODJFS will collaborate to develop a quality improvement plan, will monitor the implementation and effectiveness of the plan, and will provide CMS with quarterly updates.

Beginning July 1, 2009, ODJFS will modify its means of monitoring the compliance and performance of the DODD. The change involves: a shift from comprehensive reviews to ongoing review using tools that can be applied across waiver systems, convening Quality Briefings with DODD at least twice per year, and institutionalizing a System Review process modeled after the review process that ODJFS and DODD conducted to assess compliance with Firewalls requirements. ODJFS will continue to routinely assure resolution of case-specific problems, generate and compile quarterly performance data, and convene multi-agency quality forums.

Ongoing Review - Under the Ongoing Review process, ODJFS will use a standard tool that can be applied across systems to all waivers. The tool will gather data to measure compliance and performance in regard to waiver assurances, particularly assurances related to service planning, case management, free choice of provider, level of care, health & welfare, hearing rights, participant satisfaction, and validation of service delivery. This process will include record review and face-to-face interviews with waiver participants. ODJFS will select a random sample of participants each quarter, stratified by waiver, conduct the reviews, and compile the data for reporting and trend analysis. Under this process, ODJFS will conduct enough reviews to produce findings that can be reported with 95% confidence of being within a margin of error of +/- 8%. ODJFS will also conduct at least one basic correspondence test each year (e.g., between ISPs and paid claims, between paid claims and provider time sheets, etc.) in regard to a small sub-sample of claims.

Quality Briefings – Twice per year, ODJFS will compile and present to DODD performance data generated for the Individual Options Waiver as a result of the Ongoing Review process. These Quality Briefings will also be informed by: data presented by DODD to report oversight activities conducted in the period, 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 ODJFS and DODD to share and review performance metrics identified in this application.

On an annual basis, ODJFS will compile an annual performance report for the waiver. The report will include data from the ODJFS ongoing review, summary of data reported by the operating agency from their regulatory processes, and data for the performance metrics described in the waiver application.

Case Specific Resolution - ODJFS will continue to assure case-specific resolution through “Alert Monitoring” and its “Adverse Outcomes” process. These are described in more detail in Appendix G.

Systems Review – Once during the Individual Option Waiver federal approval period, ODJFS will engage with DODD in a systems review in order to verify that DODD is operating and maintaining monitoring systems to assure compliance. As part of this process: 1) DODD will produce detailed evidence of the design, scope, and frequency of each of its monitoring and remediation processes, 2) ODJFS will review these materials associated with each process, 3) ODJFS will interview subject matter experts from DODD to gather additional information about each process, 4) ODJFS will produce a mini-report reflecting outcomes of the evidence review and the group interview associated with each process, 5) ODJFS will produce an aggregate report which highlights perceived strengths and opportunities for improvement, and 6) if there are perceived opportunities for improvement, ODJFS will collaborate with DODD to develop a quality improvement plan, or to gather additional information to validate the findings. If the agencies decide to pursue additional information to validate the findings, a quality improvement plan will be initiated only when the additional information validates an opportunity for improvement.

Quarterly Performance Data and Multi-Agency Quality Forums – ODJFS will continue to convene 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, and conducts additional analysis, as a means to assess and compare performance across Ohio’s Medicaid waiver systems, to identify cross-waiver structural weaknesses, to support collaborative efforts to improve waiver systems, and to help move Ohio toward a more unified quality management system. Several of the measures developed by the QSC have been sited in this application as performance measures in various appendices. During the Individual Options Waiver approval period, the QSC will begin to meet quarterly, instead of once very six weeks, in concert with the scheduling the new biannual agency-to-agency Quality Briefings described above.

ii. System Improvement Activities

Responsible Party <i>(check each that applies):</i>	Frequency of Monitoring and Analysis <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Quality Improvement Committee	<input type="checkbox"/> Annually
<input checked="" type="checkbox"/> Other Specify: CBDDs & IO Waiver Providers	<input type="checkbox"/> Other Specify: <input type="text"/>

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.

As a result of instituting several new means for ongoing oversight and monitoring of the Individual Options waiver, which generate a steady stream of performance data, both ODJFS and DODD will be in a much improved position to detect the impact of system design changes and to assess and compare performance over time, across systems, and across counties. Depending on the nature of a particular change, ODJFS or DODD may conduct targeted reviews to evaluate the impact or the effectiveness of that change. As part of the comprehensive review that ODJFS is conducting of the Individual Options waiver, ODJFS will be assessing the effectiveness of DODD’s implementation of the ODDP.

Beginning in 2010, ODJFS will begin making an annual HCBS Waiver Quality Report available on its website; this will be accessible to any member of the public. Certain performance data described elsewhere in this application, particularly in instances where the data will be stratified by county, will be presented to county boards of DD on a quarterly basis as a means to increase their awareness of how and whether their

performance is improving over time.

In our previous waiver application, DODD submitted a grid entitled "ODMRDD-ODJFS Oversight of CBMRDD Role and Function", last updated on May 27, 2005. This document, more commonly referred to as the Firewalls document, outlines the responsibilities of ODJFS, DODD, and County Boards of DD in regards to the following: Service and Support Administration (SSA); Investigation of Major Unusual Incidents (MUIs); County Board Accreditation; Provider Compliance Reviews; Waiver Provider Reimbursement and Comparability of Service Delivery; Free Choice of Provider Assurances; Consumer Complaints and Hearings; and Residential Provider Licensure. Given that it is in a grid format (which the online web portal does not currently accept), the Firewalls document will be sent to CMS under separate cover.

ii. Describe the process to periodically evaluate, as appropriate, the Quality Improvement Strategy.

DODD's Futures implementation strategy includes the establishment of several committee structures. Four committees (Empowering People, Access & Care Management, Delivery System Management, & Services Management) are tasked with developing & monitoring the implementation plans for specific assigned recommendations. Two committees (Strategic Support & Decision Support) are tasked with reviewing all implementation plans and ensuring that appropriate back office (fiscal, technical, etc.) functions are aligned to support the implementation plan. A seventh committee (Policy Support) is an DODD internal committee tasked with oversight responsibility related to the overall futures implementation plan. This committee will also be assigned to review all the performance measures listed in this IO waiver application on a quarterly basis, identify emerging trends/patterns, and make recommendations for system improvement. An eighth committee (Policy Leadership Roundtable) is a committee composed of both DODD staff and various external stakeholders tasked with advisory responsibility related to the overall futures implementation plan. This committee will also be assigned to review the recommendations of the Policy Support Committee on a semi-annual basis and provide feedback.

At this stage, Ohio is in the process of refining and implementing several elements of a new Quality Improvement Strategy. As a result of instituting several new means for ongoing oversight and monitoring of the Individual Options waiver and other waivers, Ohio will have access to a steady stream of performance data which should provide a basis to evaluate the overall effectiveness of that strategy. Before the end of the individual Option Waivers federal approval period, ODJFS will convene a multi-agency Quality Summit, assemble relevant data, and assess the effectiveness of the current strategy, and consider adjustments to its Quality Improvement Strategy.

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 Legal, MUI, and Audits, performs waiver transaction audits on a selected sample of consumers annually. DODD calculates a statistically based sample using a 95% Confidence Level within 5% Precision from the combined universe of all DODD Waiver recipients. The sample includes 73 waiver enrollees and audits all expenditures for each individual's entire waiver span. In addition, DODD performs comparisons of Payment Authorization for Waiver Services (PAWS) data to Individual Service Plan (ISP) data for these 73 waiver enrollees. This review is conducted to assure that the waiver services listed in PAWS match those that are contained in the enrollee's ISP. It includes, but is not limited to, a review of signature dates on the ISP.

The Auditor of the State of Ohio conducts an annual Single State Audit of ODJFS 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). The audit and review activities conducted by the Office of Research, Assessment and accountability (ORAA) are included within the scope of the audit.

In accordance with Ohio Administrative Code rule 5101:3-1-29, ODJFS 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. ODJFS, the Ohio State Auditor, and/or the Ohio Office of Attorney General may recoup any amount in excess of that legitimately due to the provider based on review or audit.

ODJFS has an organized autonomous audit function which is independent of the ODJFS Medicaid program area. The Office of Research Assessment and Accountability (ORAA) includes a Surveillance Utilization Review Section (SURS) whose primary function is to conduct audit and review activities to assure the allowability of claims paid to Medicaid providers. Due to concerns raised by CMS representatives, the scope of providers subjected to audit and review activities has been expanded to include claims paid through sister state agencies which administer Medicaid programs on behalf of ODJFS. SURS staff is currently gathering claims data and working with sister state agency representatives to develop an approach to be used to identify services and/or providers to be subject to SURS review functions.

DODD recovers any overpayments pursuant to Section 5111.914 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 Job and Family Services (ODJFS). The Director of ODJFS 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.

i. Performance Measures

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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:

Number of findings issued in the State of Ohio Statewide Single Audit, conducted by the Auditor of State, that relate to Medicaid waiver services administered by DODD.

Data Source (Select one):

Financial audits

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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	

		<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

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

b. Methods for Remediation/Fixing Individual Problems

- i. Describe the State’s method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

Findings included in the State of Ohio Single State Audit are reviewed by ORAA and the Office of Health Plans (OHP) within ODJFS. Findings related to DD and Medicaid are communicated to DODD through the single audit. ODJFS review DD-related findings and determines whether a plan of correction proposed by DODD will correct the finding(s). ODJFS then issues a Management Decision Letter (MDL) to DODD as a means to approve the plan. Compliance with the MDL is reviewed as part of monitoring conducted by ODJFS.

ii. Remediation Data Aggregation

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

Responsible Party <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

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 ODJFS, Ohio’s single state Medicaid agency. The rate development process includes input from stakeholders. Once developed by DODD, ODJFS is responsible for the final review and approval of all rates. Once approved by ODJFS, 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 comprised 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. 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 5123:2-9-06 , 5123:2-13-06 and 5101:3-41-11.

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 will be in accordance with rules 5101:3-41-11, 5123:2-9-06 and 5123: 2-9-31 of the Ohio Administrative Code.

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 possible medical and behavioral add-ons for individuals residing in sites who meet certain medical and/or behavioral criteria. From this information an hourly rate for that specific provider is determine 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. ODJFS and DODD assure the accuracy of the new reimbursement methodology as outlined in the "Homemaker Personal Care Daily Billing Unit Quality Assurance and Fiscal Controls" document. As part of the ongoing evaluation of the HPC Daily Billing Unit, Ohio will complete a review of data documenting hours in an individual's plan of care, the hours used in the Daily Billing Unit hourly rate calculation and the hours claimed by the provider, to determine whether they match on a general basis. DODD has established the necessary systems controls 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 OAC 5123:2-9-06. 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 OAC 5123:2-9-19.

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 OAC 5123:2-9-19.

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 listed in OAC 5123:2-9-06.

- 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 ODJFS 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 ODJFS for processing and adjudication through the state's claims payment system, the Medicaid Management Information System (MMIS).

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 previously submitted and accepted 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 is in the process of developing a more comprehensive IT system known as the Medicaid Services System (MSS), which will incorporate the PAWS system, among others. 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 of submitted claims against the MSS/PAWS system. No payments are issued when a discrepancy arises. In addition to the validation through DODD systems, ODJFS' MMIS, 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.**
- The Medicaid agency pays providers of some or all waiver services through the use of a limited fiscal agent.**

Specify the limited fiscal agent, the waiver services for which the limited fiscal agent makes payment, the functions that the limited fiscal agent performs in paying waiver claims, and the methods by which the Medicaid agency oversees the operations of the limited fiscal agent:

The Ohio Department of DD 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 ODJFS. The ODJFS 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: *Complete item I-3-e.*

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**
- 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 ODJFS 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:

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 non-federal 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.

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 non-federal 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-2d Estimate of Factor D tables. Col. 2 fields will be populated ONLY when the Estimate of Factor D tables in J-2d have been completed.

Level(s) of Care: ICF/MR

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	63380.67	16647.00	80027.67	90691.00	13718.00	104409.00	24381.33
2	53388.10	8389.97	61778.07	111278.29	18472.28	129750.57	67972.50
3	54106.53	8725.57	62832.10	114616.63	19950.06	134566.69	71734.59
4	54195.00	8987.34	63182.34	118055.13	20548.56	138603.69	75421.35
5	54517.13	9256.96	63774.09	121596.79	21165.02	142761.81	78987.72

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 Number Unduplicated Number of Participants (from Item B-3-a)	Distribution of Unduplicated Participants by Level of Care (if applicable)	
		Level of Care:	
		ICF/MR	
Year 1	17500		17500
Year 2	17500		17500
Year 3	17700		17700
Year 4	17900		17900
Year 5	18000		18000

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 will be assuming a 5% disenrollment rate per year for Waiver Years 1-5. In Waiver Years 3-5, reserve capacity is added into unduplicated count to compensate for replacement and emergencies.

Ohio will accrue total person-days of service:

Waiver Year 1: 5,719,610

Waiver Year 2: 6,072,500

Waiver Year 3: 6,106,500

Waiver Year 4: 6,175,500

Waiver Year 5: 6,228,000

The average number of days each person is served:

Waiver Year 1: 327

Waiver Year 2: 347

Waiver Year 3: 345

Waiver Year 4: 345

Waiver Year 5: 346

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.

Ohio's projected annual inflation factor of for Waiver Renewal Years 1-5:

Waiver Renewal Year 1: 3.0%
 Waiver Renewal Year 2: 0.0%
 Waiver Renewal Year 3: 0.0%
 Waiver Renewal Year 4: 0.0%
 Waiver Renewal Year 5: 0.0%

Factor D estimates for waiver years 2-5 were adjusted to project the estimates based on the actual amounts reported in the Waiver Year 5 Lag Report (3/1/08-2/28/09)

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:

Ohio began by using the last approved Factor G value indicated on the CMS 372 (initial) report for this waiver, dated 8/28/06. This report reflects the time period of 3/1/05 to 2/28/06.

Ohio then used projected inflationary factors that align with the approximately same time period's values listed in Ohio's other waiver administered by DODD, the Level One Waiver, 380.90.

While the Waiver Years are not in perfect alignment, we have used the inflationary figures associated with WY3 of the Level One Waiver to approximate the figures for WRY1 of this waiver to attain the following inflationary values; estimates were used for WRY4-5:

Waiver Renewal Year 1: 4.0%
 Waiver Renewal Year 2: 4.0%
 Waiver Renewal Year 3: 4.0%
 Waiver Renewal Year 4: 3.0%
 Waiver Renewal Year 5: 3.0%

Factor D' estimates for waiver years 2-5 were adjusted to project the estimates based on the actual amounts reported in the Waiver Year 5 Lag Report (3/1/08-2/28/09)

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:

Ohio began by using the last approved Factor G value indicated on the CMS 372 (initial) report for this waiver, dated 8/28/06. This report reflects the time period of 3/1/05 to 2/28/06.

Ohio then used projected inflationary factors that align with the approximately same time period's values listed in Ohio's other waiver administered by DODD, the Level One Waiver, 380.90.

While the Waiver Years are not in perfect alignment, we have used the inflationary figures associated with WY3 of the Level One Waiver to approximate the figures for WRY1 of this waiver to attain the following inflationary values; estimates were used for WRY4-5:

Waiver Renewal Year 1: 8.0%
 Waiver Renewal Year 2: 5.0%
 Waiver Renewal Year 3: 3.0%
 Waiver Renewal Year 4: 3.0%

Waiver Renewal Year 5: 3.0%

Factor G estimates for waiver years 2-5 were adjusted to project the estimates based on the actual amounts reported in the Waiver Year 5 Lag Report (3/1/08-2/28/09)

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:

Ohio began by using the last approved Factor G' value indicated on the CMS 372 (initial) report for this waiver, dated 8/28/06. This report reflects the time period of 3/1/05 to 2/28/06.

Ohio then used projected inflationary factors that align with the approximately same time period's values listed in Ohio's other waiver administered by DODD, the Level One Waiver, 380.90.

While the Waiver Years are not in perfect alignment, we have used the inflationary figures associated with WY3 of the Level One Waiver to approximate the figures for WRY1 of this waiver to attain the following inflationary values; estimates were used for WRY4-5:

- Waiver Renewal Year 1: 8.0%
- Waiver Renewal Year 2: 8.0%
- Waiver Renewal Year 3: 8.0%
- Waiver Renewal Year 4: 3.0%
- Waiver Renewal Year 5: 3.0%

Factor G' estimates for waiver years 2-5 were adjusted to project the estimates based on the actual amounts reported in the Waiver Year 5 Lag Report (3/1/08-2/28/09)

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	
Homemaker/Personal Care	
Respite	
Adaptive and Assistive Equipment	
Adult Family Living	
Adult Foster Care	
Community Respite	
Environmental Accessibility Adaptations	
Habilitation – Adult Day Support	
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 - Adapted Equipment	
Supported Employment - Community	
Supported Employment - Enclave	

Waiver Services	
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
Homemaker/Personal Care Total:						122907312.50
Homemaker/Personal Care	Hour	4375	1198.00	23.45	122907312.50	
Respite Total:						1944841.50
Respite	Day	350	29.00	191.61	1944841.50	
Adaptive and Assistive Equipment Total:						43053500.00
Adaptive and Assistive Equipment	Item	1750	2.00	12301.00	43053500.00	
Adult Family Living Total:						0.00
Adult Family Living	Day	0	0.00	103.75	0.00	
Adult Foster Care Total:						34266312.50
Adult Foster Care	Day	875	350.00	111.89	34266312.50	
Community Respite Total:						0.00
Community Respite	Hour	0	0.00	7.32	0.00	
Environmental Accessibility Adaptations Total:						4687462.50
Environmental Accessibility Adaptations	Item	875	1.00	5357.10	4687462.50	
Habilitation – Adult Day Support Total:						108057600.00
Habilitation – Adult Day Support	Day	11725	144.00	64.00	108057600.00	
Habilitation – Vocational Habilitation Total:						108057600.00
GRAND TOTAL:						1109161748.15
Total Estimated Unduplicated Participants:						17500
Factor D (Divide total by number of participants):						63380.67
Average Length of Stay on the Waiver:						327

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Habilitation – Vocational Habilitation	Day	11725	144.00	64.00	108057600.00	
Home Delivered Meals Total:						25411.32
Home Delivered Meals	1 meal	18	198.00	7.13	25411.32	
Homemaker/Personal Care - Daily Billing Unit Total:						504592200.00
Homemaker/Personal Care - Daily Billing Unit	Day	13125	288.00	133.49	504592200.00	
Interpreter Total:						752327.58
Interpreter	Hour	53	718.00	19.77	752327.58	
Non-Medical Transportation Total:						121867200.00
Non-Medical Transportation	Trip	15750	372.00	20.80	121867200.00	
Nutrition Total:						225755.25
Nutrition	Hour	175	21.00	61.43	225755.25	
Remote Monitoring Equipment Total:						0.00
Remote Monitoring Equipment	Month	0	0.00	116.00	0.00	
Remote Monitoring Total:						0.00
Remote Monitoring	Hour	0	0.00	8.15	0.00	
Residential Respite Total:						0.00
Residential Respite	Day	0	0.00	191.61	0.00	
Social Work Total:						8087625.00
Social Work	Hour	4375	39.00	47.40	8087625.00	
Supported Employment - Adapted Equipment Total:						941097.50
Supported Employment - Adapted Equipment	Item	175	1.00	5377.70	941097.50	
Supported Employment - Community Total:						23756040.00
Supported Employment - Community	Day	1400	660.00	25.71	23756040.00	
Supported Employment - Enclave Total:						16097812.50
GRAND TOTAL:					1109161748.15	
Total Estimated Unduplicated Participants:					17500	
Factor D (Divide total by number of participants):					63380.67	
Average Length of Stay on the Waiver:					327	

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Supported Employment - Enclave	Hour	2625	110.00	55.75	16097812.50	
Transportation Total:						9841650.00
Transportation	Mile	13125	1442.00	0.52	9841650.00	
GRAND TOTAL:						1109161748.15
Total Estimated Unduplicated Participants:						17500
Factor D (Divide total by number of participants):						63380.67
Average Length of Stay on the Waiver:						327

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
Homemaker/Personal Care Total:						145642087.50
Homemaker/Personal Care	Hour	5250	1183.00	23.45	145642087.50	
Respite Total:						1750357.35
Respite	Day	315	29.00	191.61	1750357.35	
Adaptive and Assistive Equipment Total:						2268000.00
Adaptive and Assistive Equipment	Item	1050	1.00	2160.00	2268000.00	
Adult Family Living Total:						399437.50
Adult Family Living	Day	11	350.00	103.75	399437.50	
Adult Foster Care Total:						27945067.50
Adult Foster Care	Day	875	294.00	108.63	27945067.50	
Community Respite Total:						39015.60
Community Respite	Hour	26	205.00	7.32	39015.60	
GRAND TOTAL:						934291783.57
Total Estimated Unduplicated Participants:						17500
Factor D (Divide total by number of participants):						53388.10
Average Length of Stay on the Waiver:						347

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Environmental Accessibility Adaptations Total:						2346409.80
Environmental Accessibility Adaptations	Item	438	1.00	5357.10	2346409.80	
Habilitation – Adult Day Support Total:						108057600.00
Habilitation – Adult Day Support	Day	11725	144.00	64.00	108057600.00	
Habilitation – Vocational Habilitation Total:						10810368.00
Habilitation – Vocational Habilitation	Day	1173	144.00	64.00	10810368.00	
Home Delivered Meals Total:						205800.00
Home Delivered Meals	1 meal	105	280.00	7.00	205800.00	
Homemaker/Personal Care - Daily Billing Unit Total:						541667111.89
Homemaker/Personal Care - Daily Billing Unit	Day	14175	286.26	133.49	541667111.90	
Interpreter Total:						40803.64
Interpreter	Hour	53	76.00	10.13	40803.64	
Non-Medical Transportation Total:						70980000.00
Non-Medical Transportation	Trip	11375	300.00	20.80	70980000.00	
Nutrition Total:						53576.64
Nutrition	Hour	53	96.00	10.53	53576.64	
Remote Monitoring Equipment Total:						48720.00
Remote Monitoring Equipment	Month	35	12.00	116.00	48720.00	
Remote Monitoring Total:						1597400.00
Remote Monitoring	Hour	35	5600.00	8.15	1597400.00	
Residential Respite Total:						194484.15
Residential Respite	Day	35	29.00	191.61	194484.15	
Social Work Total:						119448.00
Social Work	Hour		12.00	47.40	119448.00	
GRAND TOTAL:						934291783.57
Total Estimated Unduplicated Participants:						17500
Factor D (Divide total by number of participants):						53388.10
Average Length of Stay on the Waiver:						347

Waiver Service/Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
		210				
Supported Employment - Adapted Equipment Total:						10755.40
Supported Employment - Adapted Equipment	Item	2	1.00	5377.70	10755.40	
Supported Employment - Community Total:						1279752.60
Supported Employment - Community	Day	1330	174.00	5.53	1279752.60	
Supported Employment - Enclave Total:						9125160.00
Supported Employment - Enclave	Hour	1488	110.00	55.75	9125160.00	
Transportation Total:						9710428.00
Transportation	Mile	12950	1442.00	0.52	9710428.00	
GRAND TOTAL:						934291783.57
Total Estimated Unduplicated Participants:						17500
Factor D (Divide total by number of participants):						53388.10
Average Length of Stay on the Waiver:						347

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
Homemaker/Personal Care Total:						147306568.50
Homemaker/Personal Care	Hour	5310	1183.00	23.45	147306568.50	
Respite Total:						0.00
Respite	Day	0	0.00	191.61	0.00	
Adaptive and Assistive Equipment Total:						2293920.00
Adaptive and Assistive Equipment	Item	1062	1.00	2160.00	2293920.00	
GRAND TOTAL:						957685625.64
Total Estimated Unduplicated Participants:						17700
Factor D (Divide total by number of participants):						54106.53
Average Length of Stay on the Waiver:						345

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Adult Family Living Total:						3849125.00
Adult Family Living	Day	106	350.00	103.75	3849125.00	
Adult Foster Care Total:						28264439.70
Adult Foster Care	Day	885	294.00	108.63	28264439.70	
Community Respite Total:						597238.80
Community Respite	Hour	205	398.00	7.32	597238.80	
Environmental Accessibility Adaptations Total:						2373195.30
Environmental Accessibility Adaptations	Item	443	1.00	5357.10	2373195.30	
Habilitation – Adult Day Support Total:						109292544.00
Habilitation – Adult Day Support	Day	11859	144.00	64.00	109292544.00	
Habilitation – Vocational Habilitation Total:						11418624.00
Habilitation – Vocational Habilitation	Day	1239	144.00	64.00	11418624.00	
Home Delivered Meals Total:						48510.00
Home Delivered Meals	1 meal	35	198.00	7.00	48510.00	
Homemaker/Personal Care - Daily Billing Unit Total:						547359993.18
Homemaker/Personal Care - Daily Billing Unit	Day	14337	286.00	133.49	547359993.18	
Interpreter Total:						40803.64
Interpreter	Hour	53	76.00	10.13	40803.64	
Non-Medical Transportation Total:						71791200.00
Non-Medical Transportation	Trip	11505	300.00	20.80	71791200.00	
Nutrition Total:						53576.64
Nutrition	Hour	53	96.00	10.53	53576.64	
Remote Monitoring Equipment Total:						197664.00
Remote Monitoring Equipment	Month		12.00	116.00	197664.00	
GRAND TOTAL:						957685625.64
Total Estimated Unduplicated Participants:						17700
Factor D (Divide total by number of participants):						54106.53
Average Length of Stay on the Waiver:						345

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
		142				
Remote Monitoring Total:						6480880.00
Remote Monitoring	Hour	142	5600.00	8.15	6480880.00	
Residential Respite Total:						1967068.26
Residential Respite	Day	354	29.00	191.61	1967068.26	
Social Work Total:						120585.60
Social Work	Hour	212	12.00	47.40	120585.60	
Supported Employment - Adapted Equipment Total:						10755.40
Supported Employment - Adapted Equipment	Item	2	1.00	5377.70	10755.40	
Supported Employment - Community Total:						5168116.80
Supported Employment - Community	Day	1416	660.00	5.53	5168116.80	
Supported Employment - Enclave Total:						9229412.50
Supported Employment - Enclave	Hour	1505	110.00	55.75	9229412.50	
Transportation Total:						9821404.32
Transportation	Mile	1442	13098.00	0.52	9821404.32	
GRAND TOTAL:						957685625.64
Total Estimated Unduplicated Participants:						17700
Factor D (Divide total by number of participants):						54106.53
Average Length of Stay on the Waiver:						345

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
Homemaker/Personal Care Total:						145193254.50
Homemaker/Personal Care	Hour	5370	1153.00	23.45	145193254.50	
Respite Total:						0.00
Respite	Day	0	0.00	191.61	0.00	
Adaptive and Assistive Equipment Total:						4639680.00
Adaptive and Assistive Equipment	Item	1074	2.00	2160.00	4639680.00	
Adult Family Living Total:						5846312.50
Adult Family Living	Day	161	350.00	103.75	5846312.50	
Adult Foster Care Total:						28583811.90
Adult Foster Care	Day	895	294.00	108.63	28583811.90	
Community Respite Total:						805822.20
Community Respite	Hour	537	205.00	7.32	805822.20	
Environmental Accessibility Adaptations Total:						2399980.80
Environmental Accessibility Adaptations	Item	448	1.00	5357.10	2399980.80	
Habilitation – Adult Day Support Total:						110527488.00
Habilitation – Adult Day Support	Day	11993	144.00	64.00	110527488.00	
Habilitation – Vocational Habilitation Total:						11547648.00
Habilitation – Vocational Habilitation	Day	1253	144.00	64.00	11547648.00	
Home Delivered Meals Total:						49896.00
Home Delivered Meals	1 meal	36	198.00	7.00	49896.00	
Homemaker/Personal Care - Daily Billing Unit Total:						551609380.35
Homemaker/Personal Care - Daily Billing Unit	Day	14499	285.00	133.49	551609380.35	
Interpreter Total:						392760.36
Interpreter	Hour				392760.36	
GRAND TOTAL:						970090581.29
Total Estimated Unduplicated Participants:						17900
Factor D (Divide total by number of participants):						54195.00
Average Length of Stay on the Waiver:						345

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
		54	718.00	10.13		
Non-Medical Transportation Total:						72602400.00
Non-Medical Transportation	Trip	11635	300.00	20.80	72602400.00	
Nutrition Total:						11941.02
Nutrition	Hour	54	21.00	10.53	11941.02	
Remote Monitoring Equipment Total:						274224.00
Remote Monitoring Equipment	Month	197	12.00	116.00	274224.00	
Remote Monitoring Total:						8991080.00
Remote Monitoring	Hour	197	5600.00	8.15	8991080.00	
Residential Respite Total:						1989295.02
Residential Respite	Day	358	29.00	191.61	1989295.02	
Social Work Total:						122292.00
Social Work	Hour	215	12.00	47.40	122292.00	
Supported Employment - Adapted Equipment Total:						10755.40
Supported Employment - Adapted Equipment	Item	2	1.00	5377.70	10755.40	
Supported Employment - Community Total:						5226513.60
Supported Employment - Community	Day	1432	660.00	5.53	5226513.60	
Supported Employment - Enclave Total:						9333665.00
Supported Employment - Enclave	Hour	1522	110.00	55.75	9333665.00	
Transportation Total:						9932380.64
Transportation	Mile	13246	1442.00	0.52	9932380.64	
GRAND TOTAL:						970090581.29
Total Estimated Unduplicated Participants:						17900
Factor D (Divide total by number of participants):						54195.00
Average Length of Stay on the Waiver:						345

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
Homemaker/Personal Care Total:						146004390.00
Homemaker/Personal Care	Hour	5400	1153.00	23.45	146004390.00	
Respite Total:						0.00
Respite	Day	0	0.00	191.61	0.00	
Adaptive and Assistive Equipment Total:						4665600.00
Adaptive and Assistive Equipment	Item	1080	2.00	2160.00	4665600.00	
Adult Family Living Total:						9150750.00
Adult Family Living	Day	252	350.00	103.75	9150750.00	
Adult Foster Care Total:						28743498.00
Adult Foster Care	Day	900	294.00	108.63	28743498.00	
Community Respite Total:						810324.00
Community Respite	Hour	540	205.00	7.32	810324.00	
Environmental Accessibility Adaptations Total:						2410695.00
Environmental Accessibility Adaptations	Item	450	1.00	5357.10	2410695.00	
Habilitation – Adult Day Support Total:						111144960.00
Habilitation – Adult Day Support	Day	12060	144.00	64.00	111144960.00	
Habilitation – Vocational Habilitation Total:						11612160.00
Habilitation – Vocational Habilitation	Day	1260	144.00	64.00	11612160.00	
Home Delivered Meals Total:						49896.00
Home Delivered Meals	1 meal	36	198.00	7.00	49896.00	
Homemaker/Personal Care - Daily Billing Unit Total:						554690997.00
GRAND TOTAL:						981308365.78
Total Estimated Unduplicated Participants:						18000
Factor D (Divide total by number of participants):						54517.13
Average Length of Stay on the Waiver:						346

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Homemaker/Personal Care - Daily Billing Unit	Day	14580	285.00	133.49	554690997.00	
Interpreter Total:						392760.36
Interpreter	Hour	54	718.00	10.13	392760.36	
Non-Medical Transportation Total:						73008000.00
Non-Medical Transportation	Trip	11700	300.00	20.80	73008000.00	
Nutrition Total:						11941.02
Nutrition	Hour	54	21.00	10.53	11941.02	
Remote Monitoring Equipment Total:						350784.00
Remote Monitoring Equipment	Month	252	12.00	116.00	350784.00	
Remote Monitoring Total:						11501280.00
Remote Monitoring	Hour	252	5600.00	8.15	11501280.00	
Residential Respite Total:						2000408.40
Residential Respite	Day	360	29.00	191.61	2000408.40	
Social Work Total:						122860.80
Social Work	Hour	216	12.00	47.40	122860.80	
Supported Employment - Adapted Equipment Total:						10755.40
Supported Employment - Adapted Equipment	Item	2	1.00	5377.70	10755.40	
Supported Employment - Community Total:						5255712.00
Supported Employment - Community	Day	1440	660.00	5.53	5255712.00	
Supported Employment - Enclave Total:						9382725.00
Supported Employment - Enclave	Hour	1530	110.00	55.75	9382725.00	
Transportation Total:						9987868.80
Transportation	Mile	13320	1442.00	0.52	9987868.80	
GRAND TOTAL:						981308365.78
Total Estimated Unduplicated Participants:						18000
Factor D (Divide total by number of participants):						54517.13
Average Length of Stay on the Waiver:						346