

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:**
Level One renewal waiver
- C. **Waiver Number: OH.0380**
Original Base Waiver Number: OH.0380.
- D. **Amendment Number: OH.0380.R02.01**
- E. **Proposed Effective Date:** (mm/dd/yy)

Approved Effective Date: 07/01/13
Approved Effective Date of Waiver being Amended: 07/01/11

2. Purpose(s) of Amendment

Purpose(s) of the Amendment. Describe the purpose(s) of the amendment:
Ohio is requesting an amendment to the Level One waiver for the following reasons:

*Appendix A-4: Ohio is modifying the language in this section to reflect current process.

Appendix C-2: Ohio is amending this section to add Residential Respite.

Appendix C-3:

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

(1) Added the following new services: Community Respite, Remote Monitoring, Remote Monitoring Equipment, Residential Respite, and Home Delivered Meals.

(2) Added the following language to the Service Limitation section for the following services: Habilitations-Adult Day Support and Habilitation-Vocational Habilitation services:

For purposes of the Level One Waiver, DODD will institute an "Employment First" policy for new enrollees beginning on or after July 1, 2013 concerning the Adult Day Waiver Services whereby, when non-employment Adult Day Waiver services (Adult Day Support or Vocational Habilitation) are utilized over other employment-related services (such as Supported Employment –Enclave or Supported Employment - Community), a justification must be provided in the individual's ISP.

(3) End dated Institutional Respite in the Service Limitations section.

(4) Amending the Frequency of Verification language areas for each service to reflect new Compliance Review rule cite and updated process:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

(5) Amending the cost limitations language in each service definition to read: See cost limitations as defined in C-4.

(6) Amending language in C-4 to include all new services, add Informal Respite to Emergency Assistance package, and reflect proposed increase on \$6,000/3year cost cap to \$7,500/3 years.

*Appendix G-1: Ohio is modifying the language in items (b) and (e) to reflect current rule language.

*Appendix I-1: Ohio is modifying the Audits language in this section to reflect the new process.

*Appendix J- Ohio is amending the waiver tables to include the new services, and end-date Institutional respite.

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 type="checkbox"/> Waiver Application	
<input checked="" type="checkbox"/> Appendix A – Waiver Administration and Operation	A-5
<input type="checkbox"/> Appendix B – Participant Access and Eligibility	
<input checked="" type="checkbox"/> Appendix C – Participant Services	C-1-a; C-2-c; C-4-a
<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 checked="" type="checkbox"/> Appendix G – Participant Safeguards	G-1-b; G-1-e
<input type="checkbox"/> Appendix H	
<input checked="" type="checkbox"/> Appendix I – Financial Accountability	I-1
<input checked="" type="checkbox"/> Appendix J – Cost-Neutrality Demonstration	J-2-d

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

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

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):*

Level One renewal waiver

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.0380

Waiver Number: OH.0380.R02.01

Draft ID: OH.16.02.01

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

Regular Waiver

E. Proposed Effective Date of Waiver being Amended: 07/01/11

Approved Effective Date of Waiver being Amended: 07/01/11

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 this waiver is to provide services in order to avoid or delay the institutionalization of individuals with developmental disabilities whose support needs are primarily met by family or informal support systems.

The goal of this waiver is to provide waiver services for as many Ohio residents with developmental disabilities who live in their own homes as possible.

The objectives of this waiver are to provide services individuals with developmental disabilities, and to increase enrollment on the waiver in a systematic manner as funding is available.

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 operating agency, and the County Boards of Developmental Disabilities (County Boards) as the local operating entity. The two state departments operate according to an interagency agreement.

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

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. Statewide.** Indicate whether the State requests a waiver of the statewide requirements in §1902(a)(1) of the Act (*select one*):
- No
- Yes
- If yes, specify the waiver of statewide that is requested (*check each that applies*):
- Geographic Limitation.** A waiver of statewide 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: DODD solicited input on the Level One waiver from various stakeholder groups in the year prior to the renewal. As a result of that input, no significant changes have been made in this renewal; however, once the renewal is approved, DODD will look at proposing an amendment for this waiver, at which time a formal stakeholder group will be utilized for additional suggestions and feedback as to what should be contained in that amendment.
- J. Notice to Tribal Governments.** The State assures that it has notified in writing all federally-recognized Tribal Governments that maintain a primary office and/or majority population within the State of the State's intent to submit a Medicaid waiver request or renewal request to CMS at least 60 days before the anticipated submission date is provided by Presidential Executive Order 13175 of November 6, 2000. Evidence of the applicable notice is available through the Medicaid Agency.
- K. Limited English Proficient Persons.** The State assures that it provides meaningful access to waiver services by Limited English Proficient persons in accordance with: (a) Presidential Executive Order 13166 of August 11, 2000 (65 FR 50121) and (b) Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003). **Appendix B** describes how the State assures meaningful access to waiver services by Limited English Proficient persons.

7. Contact Person(s)

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

Last Name:

Moscardino

First Name:

Debra

Title:

Bureau Chief, Bureau of Long-Term Care Services and Supports

Agency:

Ohio Department of Job and Family Services/Ohio of Medical Assistance

Address:

50 West Town Street, 5th floor, Columbus, OH 43215

Address 2:

P.O. Box 182709

City:

Columbus

State:

Ohio

Zip:

43218-2709

Phone:**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 East Broad Street, 13th floor

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:

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

Last Name:

First Name:

Title:

Agency:

Address:

Address 2:

City:

State: **Ohio**

Zip:

Phone: **Ext:** **TTY**

Fax:

E-mail:

**Attachment #1:
Transition Plan**

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. ODJFS monitors policies and procedures developed by the DODD and county boards pertaining to this waiver.

Responsibilities delegated to the Operating Agency include: assuring compliant and effective case management for applicants and waiver participants; 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 renegotiated 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 Briefings; 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 maintains to assure the compliance of the waiver's local administration.

Adverse Outcomes Reporting and Tracking

When ODJFS/OHP becomes aware (i.e., through Ongoing Review, etc.) of a situation in which a waiver recipient's health or welfare may be at risk, or when case management deficiencies are identified, 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, Fiscal 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 managers. ODJFS communicates findings to DODD for further review and initiate appropriate 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 assure appropriate case-specific resolution. ODJFS convenes an internal Adverse Outcomes committee to determine when an Adverse Outcome is fully resolved and can be closed. Adverse Outcomes data can be aggregated to identify trends and systemic issues.

Appendix A: Waiver Administration and Operation

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

- Yes. Contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or operating agency (if applicable).**

Specify the types of contracted entities and briefly describe the functions that they perform. *Complete Items A-5 and A-6.:*

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

Appendix A: Waiver Administration and Operation

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

- Not applicable**
- Applicable** - Local/regional non-state agencies perform waiver operational and administrative functions.

Check each that applies:

- Local/Regional non-state public agencies** perform waiver operational and administrative functions at the local or regional level. There is an **interagency agreement or memorandum of understanding** between

the State and these agencies that sets forth responsibilities and performance requirements for these agencies that is available through the Medicaid agency.

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

County Boards of DD conduct waiver operational and administrative functions at the local level. These responsibilities, as outlined in Ohio Revised Code 5126.05, 5126.055 and Ohio Administrative Code 5123:2-9-04, include performing assessments and evaluations, 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 5126.042 of the Ohio Revised Code. There is also an interagency agreement between the Ohio Department Job and Family Services and the Ohio Department of Developmental Disabilities that specifies the responsibilities for operation of the waiver.

- 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, which includes the Planning Implementation Component Tracking document (known as the PICT). The Ohio Department of Developmental Disabilities:

- * reviews and approves the waiver allocation requests of each County Board,
- * 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; specifically County

Boards are required to complete annual self reviews, submit annual levels of care for waiver recipients, and identify individuals on the waiting list. The Operating Agency produces regular reports on participant-specific Major Unusual Incidents, including county-specific data, and monitors to detect trends and patterns. The aforementioned assessments completed by County Boards and DODD are subject to review by ODJFS.

DODD provides a list of providers whose certification is set to expire to county board staff 90 days prior to the date of expiration. The county board is also notified monthly of the providers status of renewal and whether the department has received any documentation for renewal. If the provider has not initiated renewal, the county board is responsible for assuring that the provider is not serving individuals; however, if the provider is serving individuals, the SSA is responsible for convening the individual’s ISP team to locate a new provider for the individual to avoid any gaps in service delivery.

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:

Timing of Enrollment - Percentage of newly enrolled members who were enrolled within 90 days of their assessment date

Data Source (Select one):

Reports to State Medicaid Agency on delegated Administrative functions

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: CBDD	<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

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 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:
Timing of Access to Waiver Services - Percentage of members newly enrolled during the quarter who received at least one waiver service within 90 days

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:	

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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 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: 100%;" type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input style="width: 100%;" type="text"/>

Performance Measure:

Disenrollments - Disenrollments by reason and frequency to identify trends

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: 100%;" type="text"/>
<input checked="" type="checkbox"/> Other Specify: County board	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input style="width: 100%;" 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 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:

Percentage of Adverse Outcomes that were remediated within specified timelines, by type of finding

Data Source (Select one):

Operating agency performance monitoring

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 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="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:

	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input style="width: 100%;" type="text"/>
	<input type="checkbox"/> Other Specify: <input style="width: 100%;" 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 style="width: 100%;" type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input style="width: 100%;" type="text"/>

Performance Measure:

Percentage of waiver consumers reviewed who are verified by ODJFS reviewers to meet Level of Care eligibility requirements

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 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 checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval =

		95% confidence within MOE of +/-8%
<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 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"/>

Performance Measure:

Percentage of individual service plans reviewed by ODJFS reviewers that were determined by ODJFS reviewers to address all of the identified needs of waiver participants

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 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% confidence within MOE of +/-8%
<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 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"/>

Performance Measure:

Number and percentage of County Board Accreditations that DODD completed on time

Data Source (Select one):

Operating agency 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 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 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"/>

Performance Measure:

Percentage of claims submitted to DODD for payment/reimbursement that were not authorized on an individual's service plan

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 checked="" 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 checked="" type="checkbox"/> Representative Sample Confidence Interval = Confidence Interval = 95% confidence within MOE of +/-8%
<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 <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 checked="" 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 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.

ODJFS has implemented an ongoing review process for all of our waivers. Under this process, ODJFS uses a standard tool that can be applied across systems to all waivers. The tool gathers 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 includes record reviews and face-to-face interviews with waiver participants. Annually, ODJFS selects a random sample of participants stratified by waiver, conducts the reviews, and compiles the data for reporting and trend analysis. Under this process, sample size is sufficient for ODJFS 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 a Quality Briefing. These Quality Briefings, held at least twice per year, are 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 also serve as the forum for ODJFS and DODD to share and review performance metrics identified in waiver applications.

DODD’s Medicaid operations unit (MDA) generates a quarterly report that contains information related to several of these measures (PM # 1, 3, 4). DODD’s review unit (OPSR) publishes an annual report in the Spring. Outcomes of reviews are found in this report. (PM # 7, 8) Some data is generated by ODJFS. One of these measures is discussed in our quarterly Quality meetings (PM # 2); other info is compiled into reports for DODD (PM # 5, 6).

DODD will send a memorandum to County Boards and Waiver Providers to clarify the procedures around reporting as outlined in OAC 5123:2-6-07. DODD has hired a Health Improvement Policy Specialist for the purpose of providing oversight on certain aspects of how Medication Administration is operationalized. In addition, OPSR will look at revising their review tool to address outcomes and remediation procedures as appropriate. DODD is also in discussions to refine the requirements for County Boards to report failures to correct case-specific issues DODD directly.

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.

Each stage of processing for initial applications is monitored & tracked in detail through the Waiver Management System (WMS), starting from receipt though enrollment. COGNOS reports are run and monitored by both DODD staff and management. County board (CB) staff also have view access of WMS and COGNOS reports. At any time applications can be traced back to the specific central office person who is held accountable for timely processing and updating of notes and comments on the current status of application. Performance measures are in place for DODD based on the documented average processing times for each stage of processing. If delay or obstacles to processing are identified, a step by step troubleshooting procedure is to be followed to determine the cause and possible solutions, elevate the case for higher level intervention or denial of the application per rule if reason for delay is applicable. For applications still not enrolled within 90 days of the assessment, if good reason has not been determined and enrollment is not imminent, CBs are requested to submit the appropriate paperwork for withdrawal of the

application.

Reports are run by DODD management comparing initial enrollment dates against billing data. For cases that reflect no billing with 90 days of enrollment, further research is done to determine if appropriate plans are in place or if there is some other reason that would account for the delay in waiver services. CBs are contacted for response only in cases that have no apparent legitimate reason for the delay. Follow-up on this communication is done until resolution depending upon the reason, which could lead to disenrollment per rule if applicable.

Disenrollment reason reports are run by DODD operations management to identify trends and patterns of disenrollments. If questionable patterns are identified, a policy review committee is formed to address the rules, policies and procedures relative to the specific issue. If action or communication with a specific CB is warranted in regards to adverse reasons or trends identified, DODD's legal & compliance staff may be consulted as well to determine corrective action if necessary. Individuals will not be disenrolled for delays by the CB, whether or not there is good cause for those delays.

During the course of any review conducted by ODJFS, when staff encounter a situation in which a waiver recipient's health or welfare may be at risk, or when case management deficiencies are identified, 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. ODJFS relies on data gathered through Ongoing Review, performance data reported in Quality Briefings, and the multi-agency Quality Steering Committee (QSC), as a means to identify systems compliance & performance problems associated with LOC determinations.

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 managers. ODJFS communicates findings to the operating agency (DODD) for further review and appropriate 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 assure appropriate case-specific resolution. ODJFS convenes an internal Adverse Outcomes committee to determine when an Adverse Outcome is fully resolved and can be closed. Adverse Outcomes data is also aggregated to identify trends and systemic issues.

ODJFS maintains a system for reporting and tracking, to resolution, Adverse Outcomes. Findings related to the Level of Care assurance. This includes findings that particular consumers do not meet Level of Care. When an Adverse Outcome is reported on a LOC issues, ODJFS conducts additional investigation to determine the appropriate means to resolve.

Remediation of case-specific problems is fundamental to the adverse outcomes process: problems are brought to the attention of the operating agency (DODD) with relative immediacy, and ODJFS monitors to assure that these problems are addressed effectively.

As described elsewhere in this application, ODJFS follows up immediately on recipient-specific findings to assure remediation. A trend or pattern of under-performance by the operating agency in terms of timely response to Adverse Outcomes notifications would be addressed as a systems issue.

To address such systems problems: 1) ODJFS compiles the data showing evidence of the problem; 2) ODJFS presents the data to the operating agency (DODD) in a Quality Briefing or the monthly Managers' Meeting; 3) ODJFS may conduct, or require the operating agency to conduct, further analysis to verify the finding and determine cause; 4) for verified findings, the operating agency is required to develop a plan for improvement; 5) ODJFS approves the plan for improvement; and 6) the operating agency implements the plan for improvement; 7) in a subsequent the monthly Managers' Meeting or Quality Briefing, ODJFS follows up on implementation of the plan for improvement with the operating agency; 8) ODJFS monitors data from subsequent reviews to verify improvement; 9) if the compliance or performance issues remain, ODJFS works with the operating agency to identify other solutions; this may result in a new or altered plan for improvement; and 10) if the improvement plan requires a substantive change in operations, ODJFS may alter the Interagency Agreement in order to formalize or clarify ODJFS expectations of the operating agency.

DODD schedules and completes provider compliance reviews of County Boards (accreditation review), 90 days prior to the end of the current accreditation term. DODD will track, through the CMO software, the completion of reviews to ensure that required timelines are met.

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 checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input 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.

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 type="radio"/> Aged or Disabled, or Both - General					
	<input type="checkbox"/>	Aged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Disabled (Physical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Disabled (Other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> Aged or Disabled, or Both - Specific Recognized Subgroups					
	<input type="checkbox"/>	Brain Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Medically Fragile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Technology Dependent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Mental Retardation or Developmental Disability, or Both					
	<input type="checkbox"/>	Autism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Target Group	Included	Target SubGroup	Minimum Age	Maximum Age	
				Maximum Age Limit	No Maximum Age Limit
	<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 primary cost cap for the Level One waiver pertains to the following services: Homemaker/Personal Care, Institutional Respite, Informal Respite and Transportation, as delineated in C-4. The state has found that the cap has been sufficient to ensure the health and welfare of enrollees because of the high amounts of informal supports available to these individuals.

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:

The county board of DD must determine that the cost of waiver services necessary to ensure the individual's health and safety does not exceed \$5,000 annually, with the exception of the following: a 3-year benefit of \$8,000 for emergency assistance; a 3-year benefit of \$6,000 for environmental accessibility adaptations, personal emergency response systems, and specialized medical equipment and supplies; and the cost of Adult Day Waiver Services.

Appendix B: Participant Access and Eligibility

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

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

The county board of DD must determine that the cost of waiver services necessary to ensure the individual's health and safety does not exceed \$5,000 annually, with the exception of the following: a 3-year benefit of \$8,000 for emergency assistance; a 3-year benefit of \$6,000 for environmental accessibility adaptations, personal emergency response systems, and specialized medical equipment and supplies; and the cost of Adult Day Waiver Services.

A prescreening tool is used to identify those individuals whose needs cannot be met within the cost cap. Applicants or enrollees whose health and safety needs cannot be reasonably assured by the formal supports, informal supports and home and community-based services within the \$5,000 annual cap, excluding emergency assistance, environmental accessibility adaptations, and Adult Day Waiver Services will not be enrolled or shall be disenrolled

from the Level One waiver. Applicants not enrolled or enrollees disenrolled for this reason shall be afforded the opportunity to apply for an DD waiver more appropriate for the individual's level of need, or may receive services supplemented by local, non-Medicaid funds, or shall be offered ICF/MR services.

In the event that an applicant is denied enrollment, the applicant is notified of the right to a state hearing. The process for fair hearings is described in appendix F.

- 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:

Level One Waiver - Emergency Assistance is defined in rule 5123:2-8-11 of the Ohio Administrative Code. Emergency Assistance means an increase of any HCBS Level One waiver service except for Informal Respite or Adult Day Waiver Services. Emergency Assistance services are used for interim services until the emergency situation has been resolved or the individual is transferred to alternative residential supports applicable to the individual's needs. Emergency Assistance is limited to \$8,000 over a three-year period (see Appendix C-4).

Eligibility for Emergency Assistance is limited to:

- * Involuntary loss of present residence for any reason, including legal action;
- * Loss of present caregiver for any reason, including death of caregiver or change in the caregiver's mental or physical status resulting in the caregiver being unable to perform effectively for the individual;
- * Abuse, neglect or exploitation of the individual;
- * Health and welfare conditions that pose a risk to the individual of immediate harm or death; or
- * Significant changes in the emotional or physical condition of the individual that necessitate substantial, expanded accommodations that cannot be reasonably provided by the individual's existing caregiver.

Eligibility for Emergency Assistance is evaluated through the Individual Service Plan (ISP) process conducted by the county board of DD's Service and Support Administrator (SSA) who provides Targeted Case Management (TCM). The county board recommends the additional level of service to DODD for approval. If such a request is recommended to be denied, fair hearing rights are issued in accordance with Appendix F.

- Other safeguard(s)**

Specify:

The individual will be afforded the opportunity for placement in an ICF/MR, may be referred to another HCBS waiver, or may receive services supplemented by local, non-Medicaid funds.

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	13000
Year 2	14000
Year 3	14800

Waiver Year	Unduplicated Number of Participants
Year 4	15400
Year 5	16000

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

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

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

Table: B-3-b

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

Appendix B: Participant Access and Eligibility

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

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

- Not applicable. The state does not reserve capacity.**
- The State reserves capacity for the following purpose(s).**

Purpose(s) the State reserves capacity for:

Purposes	
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):

Emergency means any situation that creates, for an individual with developmental disabilities, a risk of substantial self-harm or substantial harm to others if action is not taken within thirty days. An “emergency” may include one or more of the following situations:

- i. Loss of present residence for any reason, including legal action;
- ii. Loss of present caretaker for any reason, including serious illness of the caretaker, change in the caretaker’s status, or inability of the caretaker to perform effectively for the individual;
- iii. Abuse, neglect, or exploitation of the individual;
- iv. Health and safety conditions that pose a serious risk to the individual or others of immediate harm or death;
- v. Change in the emotional or physical condition of the individual that necessitates substantial accommodation that cannot be reasonably provided by the individual’s existing caretaker.

b. Hearing Decisions: An order for the county board of DD 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	390
Year 2	420
Year 3	444
Year 4 (renewal only)	462
Year 5 (renewal only)	480

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):

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.

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	650
Year 2	700

Waiver Year	Capacity Reserved
Year 3	740
Year 4 (renewal only)	770
Year 5 (renewal only)	800

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 the Level One Waiver 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 our waiver management system. DODD will continue to utilize priority enrollment categories and develop a process to communicate enrollment via PICT. Individuals who are residents of each of Ohio's 88 counties have proportionate access to Level One waiver opportunities.

DODD has an application that tracks the enrollment for the waivers operated by DODD, known as the Waiver Management System (WMS). This application combines the waiver enrollment processes 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. The goal of combining these systems is to assure statewideness and comparability throughout Ohio.

The Waiver Management System gives additional oversight and monitoring capabilities to DODD and 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 closely, as well as the number of applications in process to assure that the unduplicated count is not exceeded. The PICT data has both quarterly and annual enrollment projections. This will be used to project future requests to CMS to increase the number of individuals served through the waiver.

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

Section 5126.042 of the Ohio Revised Code and rule 5123:2-1-08 of the Ohio Administrative Code specify how individuals are selected for entrance to the waiver. Priority for waiver enrollment is given to the following groups:

- Individuals who have been granted waiting list emergency status advancement receive the highest priority for services which may include waiver enrollment;
- Individuals who are in a priority category*;
- Individuals who are on the waiting list that do not meet the above-mentioned criteria.

*Priority categories are defined in Ohio statute at 5126.042.

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:

- Other**

Specify:

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

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

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

Specify:

Specify the amount of the allowance (select one):

- The following standard under 42 CFR §435.121**

Specify:

- Optional State supplement standard**
- Medically needy income standard**

- The following dollar amount:**

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

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

Specify:

iii. Allowance for the family (select one):

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

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

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

Specify:

- Other**
Specify:

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

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

Select one:

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

Specify:

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (4 of 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: 1

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

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

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

Pursuant to the provision of ODJFS rule 5101:3-42-01, Medicaid home and community-based services program – level one waiver, the Ohio Department of DD informed County Board Superintendents of DD and HCBS waiver providers that the HCBS waiver programs are not to be utilized for the sole purpose of obtaining Medicaid eligibility. During each calendar month, county 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 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) 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?
 - 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 disability was manifested prior to age 22? Is this substantiated by the medical/psychological evaluations?
 - Has the county board indicated that the disability is likely to continue indefinitely?
 - Has the county board indicated that the individual has 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 re-evaluations 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 disability was manifested prior to age 22?
 - Has the county board indicated that the disability is likely to continue indefinitely?
 - Has the county board indicated that the individual has 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 an ICF/MR LOC (including: verification of diagnosed condition other than MH resulting in at least 3 functional limitations) per OAC 5101:3-3-07.

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 re-determination.

- 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:

Level of Care Denials - Percentage of individuals seeking waiver services who were determined not to meet level of care

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 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 <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"/>

Performance Measure:

Percent of sampled waiver consumers reviewed each year who are verified by ODJFS reviewers to meet Level of Care eligibility requirements

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 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% within MOE of +/-8%
<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 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:

Annual Level of Care Evaluation - The number and percentage of members who were verified to have had a level of care evaluation within the state-approved timelines

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 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 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. **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:

Percentage of LOC determination/redeterminations reviewed that were completed using the process required by DODD/ODJFS

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 checked="" 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 type="checkbox"/> Continuously and Ongoing	<input checked="" type="checkbox"/> Other Specify: Records review - Sample selected based in regulatory review schedule and number of members receiving services through that provider - minimum of 10% of 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 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.

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.

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

"Redetermination Due" COGNOS reports are run by central office staff at least monthly and notification is sent to county boards of upcoming redeterminations. COGNOS Reports are also run on a daily basis and reviewed by central office management to identify those redeterminations due within 18 days. County boards are again notified and prior notices with hearing rights are provided to all concerned parties. If redeterminations are not received prior to the waiver end date, county boards are solicited to provide a reason for the delay and if continued waiver services are not planned they are instructed to submit the proper paperwork to recommend disenrollment or suspension of the waiver per rule. Application received after the due date will result in a gap in waiver services and a resetting of the annual redetermination date.

DODD central office staff review each application for completion upon receipt. If application upon that review are found to be on the incorrect form or missing required information to determine level of care, we initiate our incomplete application procedure which results in a 20-day prior notice to deny or disenroll along with hearing rights. The specific reason for the notice is included in the body of the letter. If the requested information or proper documents are not submitted within the 20-day time limit, the county board can request one extension not to exceed 5-days. If at that time, the incomplete application has not been rectified, the application will be denied if an initial application or the individual will be disenrolled if a redetermination. All initial applications are reviewed prior to archival by central office waiver management for completeness and correctness.

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%; margin-top: 5px;"></div>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing

Responsible Party (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
	<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 Level One 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.

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 the County Board of DD. The County Board SSA makes arrangements for individuals to receive interpretation services as needed to ensure individuals can access services. DODD will monitor access to services by persons with limited English proficiency through its ongoing monitoring and technical assistance process.

ODJFS makes interpretation services available at the county and state levels. A variety of ODJFS forms have been

translated into Spanish and Somali, including the Medicaid Consumer guide and state hearing forms. The County Departments of Job and Family Services (CDJFS) also make interpreter services available to individuals when needed during the eligibility determination process.

Appendix C: Participant Services

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

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

Service Type	Service		
Statutory Service	Homemaker/Personal Care		
Statutory Service	Institutional Respite		
Extended State Plan Service	Specialized Medical Equipment and Supplies		
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	Informal Respite		
Other Service	Non-Medical Transportation		
Other Service	Personal Emergency Response Systems		
Other Service	Remote Monitoring Equipment		
Other Service	Remote Monitoring		
Other Service	Residential Respite		
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 5123:2-8-10 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:

See cost limitations as defined in C-4.

The \$5,000 combined annual limitation for Homemaker/Personal Care, Informal Respite, Institutional Respite, Residential Respite, Community Respite, and Transportation is listed in C-4.

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 may not be provided in schools, other educational settings, or in preschool.

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	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:

Individual

Provider Type:

Individual Homemaker/Personal Care Providers

Provider Qualifications

License (specify):

Certificate (specify):

Certification standards listed in rule 5123:2-8-10 of the Ohio Administrative Code.

Other Standard (specify):

Verification of Provider Qualifications

Entity Responsible for Verification:

Ohio Department of Developmental Disabilities

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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:

Homemaker/Personal Care Providers

Provider Qualifications

License (specify):

Certificate (specify):

Certification standards listed in rule 5123:2-8-10 of the Ohio Administrative Code

Other Standard (specify):

Verification of Provider Qualifications

Entity Responsible for Verification:

Ohio Department of Developmental Disabilities

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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):

Institutional Respite

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 Institutional Respite, as a service effective 6/30/13. Residential Respite service will be available as an alternative to Institutional Respite beginning 7/1/13.

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	ICFs-MR
Agency	DODD Licensed Facilities

Appendix C: Participant Services

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

Service Type: Statutory Service

Service Name: Institutional Respite

Provider Category:

Agency

Provider Type:

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 5123:2-8-04.

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. 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: Institutional 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 5123:2-8-04.

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. 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:

Specialized Medical Equipment and Supplies

Service Definition (Scope):

Specialized medical equipment and supplies 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:

See cost limitations as defined in C-4.

The maximum combined service limitation is \$7,500 over a three-year period for Environmental Accessibility Adaptations, Personal Emergency Response Systems, Remote Monitoring, Remote Monitoring Equipment, Home Delivered Meals, and Specialized Medical Equipment and Supplies.

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 Specialized Medical Equipment and Supplies
Individual	Individual 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: Specialized Medical Equipment and Supplies

Provider Category:

Agency

Provider Type:

Agency Provider of Specialized Medical Equipment and Supplies

Provider Qualifications

License (specify):

Certificate (specify):

Certified under standards listed in 5123:2-8-08 of the Administrative Code.

Other Standard (specify):

Verification of Provider Qualifications

Entity Responsible for Verification:

Ohio Department of Developmental Disabilities

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

Appendix C: Participant Services

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

Service Type: Extended State Plan Service

Service Name: Specialized Medical Equipment and Supplies

Provider Category:

Individual

Provider Type:

Individual Provider of Specialized Medical Equipment and Supplies

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Certified under standards listed in 5123:2-8-08 of the Administrative Code.

Other Standard (*specify*):

Verification of Provider Qualifications

Entity Responsible for Verification:

Ohio Department of Developmental Disabilities

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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:

See cost limitations as defined in C-4.

Payment for Community Respite does not include room and board.

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

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

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

Service Delivery Method (check each that applies):

- 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

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

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

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

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

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

Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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:

See cost limitations as defined in C-4.

The maximum combined service limitation is \$7,500 over a three-year period for Environmental Accessibility Adaptations, Personal Emergency Response Systems, Remote Monitoring, Remote Monitoring Equipment, Home Delivered Meals, and Specialized Medical Equipment and Supplies.

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 Environmental Accessibility Adaptation Providers
Agency	Agency Environmental Accessibility Adaptation Providers

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 Adaptation Providers

Provider Qualifications**License (specify):**

Certificate (specify):

Certified under standards listed in rule 5123:2-8-06

Other Standard (specify):

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

Ohio Department of Developmental Disabilities

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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 Adaptation Providers

Provider Qualifications**License (specify):**

Certificate (specify):

Certified under standards listed in rule 5123:2-8-06

Other Standard (specify):

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

Ohio Department of Developmental Disabilities

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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 license 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 cost limitations as defined in Appendix C-4.

For purposes of the Level One Waiver, DODD will institute an “Employment First” policy for new enrollees beginning on or after July 1, 2013 concerning the Adult Day Waiver Services whereby, when non-employment Adult Day Waiver services (Adult Day Support or Vocational Habilitation) are utilized over other employment-related services (such as Supported Employment –Enclave or Supported Employment - Community), a justification must be provided in the individual’s ISP.

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 Adult Day Support
Agency	County Board of DD 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:

For profit and not-for-profit private providers of Adult Day Support

Provider Qualifications

License (specify):

Certificate (specify):

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

Other Standard (specify):

Verification of Provider Qualifications

Entity Responsible for Verification:

Ohio Department of Developmental Disabilities

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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 licensed nurse agrees to delegate in accordance with requirements of Chapters 4723., 5123., and 5126. of the Revised Code and rules adopted under those chapters.

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

See cost limitations as defined in Appendix C-4

For purposes of the Level One Waiver, DODD will institute an “Employment First” policy for new enrollees beginning on or after July 1, 2013 concerning the Adult Day Waiver Services whereby, when non-employment Adult Day Waiver services (Adult Day Support or Vocational Habilitation) are utilized over other employment-related services (such as Supported Employment –Enclave or Supported Employment - Community), a justification must be provided in the individual’s ISP.

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

Appendix C: Participant Services

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

Service Type: Other Service

Service Name: Habilitation – Vocational Habilitation

Provider Category:

Agency

Provider Type:

County Board of DD providers of Vocational Habilitation

Provider Qualifications

License (*specify*):

Certificate *(specify):*

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

Other Standard *(specify):*

Verification of Provider Qualifications

Entity Responsible for Verification:

Ohio Department of Developmental Disabilities

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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:

See cost limitations as defined in C-4.

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
Agency	Agency

Appendix C: Participant Services

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

Service Type: Other Service

Service Name: Home Delivered Meals

Provider Category:

Individual

Provider Type:

Independent

Provider Qualifications

License (specify):

Certificate (*specify*):

Other Standard (*specify*):

Certified under standards listed in OAC 5123:2-9-29.

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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 Qualifications

License (*specify*):

Certificate (*specify*):

Other Standard (*specify*):

Certified under standards listed in OAC 5123:2-9-29.

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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:

Informal Respite

Service Definition (Scope):

Informal respite means services provided by a provider 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. Informal respite may be provided in the individual's home or place of residence, home of a friend or family member, or sites of community activities.

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

See cost limitations as defined in Appendix C-4.

The \$5,000 combined annual limitation for Homemaker/Personal Care, Informal Respite, Institutional Respite, Residential Respite, Community Respite, and Transportation is listed in C-4.

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 Informal Respite

Appendix C: Participant Services

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

Service Type: Other Service

Service Name: Informal Respite

Provider Category:

Individual

Provider Type:

Individual Provider of Informal Respite

Provider Qualifications

License (specify):

Certificate (specify):

Certified under standards listed in rule 5123:2-8-03 of the Administrative Code.

Other Standard (specify):

Verification of Provider Qualifications

Entity Responsible for Verification:

Ohio Department of Developmental Disabilities

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted

so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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-Enclave 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. 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 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. Additional information regarding the service limitation for Non-Medical Transportation can be found in OAC 5123:2-9-19.

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
- 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 private providers of non-medical transportation per mile
Individual	Individual private providers of non-medical transportation per trip
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	County board of DD providers of non-medical transportation per mile
Agency	County board of DD providers of non-medical transportation per trip

Provider Category	Provider Type Title
Agency	Commercial buses, livery vehicles and taxicabs providing non-medical transportation per trip
Agency	Commercial buses, livery vehicles and taxicabs per mile

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Non-Medical Transportation

Provider Category:

Individual

Provider Type:

Individual private providers of non-medical transportation per mile

Provider Qualifications

License (specify):

Certificate (specify):

Certification standards are promulgated in Ohio Administrative Code.5123:2-9-18

Other Standard (specify):

Providers of transportation that is not available to the general public who are using non- modified vehicles with a capacity of eight or fewer passengers are eligible to bill on a per mile basis when the vehicles/providers/drivers meet the certification standards of the Department. In addition all other providers who do not meet the qualifications necessary to bill on a per trip basis are afforded the opportunity to bill on a per mile basis when the vehicles, the providers and the drivers/attendants of these vehicles meet the certification standards related to per mile billing. The Department plans to incorporate these standards in Ohio Administrative Code following the public hearing and review processes.

Verification of Provider Qualifications

Entity Responsible for Verification:

Ohio Department of Developmental Disabilities

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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:

The Department of Developmental Disabilities

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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:**

The Department of Developmental Disabilities

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Non-Medical Transportation

Provider Category:

Agency

Provider Type:

County board of DD providers of non-medical transportation per trip

Provider Qualifications

License (specify):

Certificate (specify):

Certification standards are promulgated in Ohio Administrative Code.5123:2-9-18

Other Standard (specify):

Providers of transportation that is not available to the general public who are using vehicles of any capacity size modified to be handicapped accessible and/or non-modified vehicles with a capacity of nine or more passengers are eligible to bill on a per trip basis, when the vehicles, the providers and the drivers/attendants of these vehicles meet the certification standards listed in administrative rules.

Verification of Provider Qualifications

Entity Responsible for Verification:

Ohio Department of Developmental Disabilities

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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):

Non-Medical Transportation providers whose services are available to the general public will not be subject to certification when the transportation service is subcontracted by or purchased on behalf of a waiver recipient by a waiver provider certified to provide Adult Day Support, Vocational Habilitation, Supported Employment-Enclave and/or Supported Employment-Community.

Verification of Provider Qualifications

Entity Responsible for Verification:

Ohio Department of Developmental Disabilities

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

Appendix C: Participant Services

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

Service Type: Other Service

Service Name: Non-Medical Transportation

Provider Category:

Agency

Provider Type:

Commercial buses, livery vehicles and taxicabs per mile

Provider Qualifications

License (specify):

Certificate (specify):

Certification standards are promulgated in Ohio Administrative Code.5123:2-9-18

Other Standard (specify):

Non-Medical Transportation providers whose services are available to the general public will not be subject to certification when the transportation service is subcontracted by or purchased on behalf of a waiver recipient by a waiver provider certified to provide Adult Day Support, Vocational Habilitation, Supported Employment-Enclave and/or Supported Employment-Community.

Verification of Provider Qualifications

Entity Responsible for Verification:

Ohio Department of Developmental Disabilities

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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:

Personal Emergency Response Systems

Service Definition (Scope):

Personal Emergency Response Systems (PERS) is an electronic device which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a

response center once a "help" button is activated. Trained professionals staff the response center. PERS services are limited to those individuals who live alone, or who are alone for significant parts of the day and have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision.

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

The rate for personal emergency response systems service includes maintenance/replacement.

See cost limitations as defined in Appendix C-4.

The maximum combined service limitation is \$7,500 over a three-year period for Environmental Accessibility Adaptations, Personal Emergency Response Systems, Remote Monitoring, Remote Monitoring Equipment, Home Delivered Meals, and Specialized Medical Equipment and Supplies.

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 PERS

Appendix C: Participant Services

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

Service Type: Other Service

Service Name: Personal Emergency Response Systems

Provider Category:

Agency

Provider Type:

Agency Provider of PERS

Provider Qualifications

License (specify):

Certificate (specify):

Certified under Standards listed in rule 5123:2-8-09 of the Administrative Code

Other Standard (specify):

Verification of Provider Qualifications

Entity Responsible for Verification:

Ohio Department of Developmental Disabilities

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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:

See cost limitations as defined in C-4.

Remote Monitoring Equipment must be leased.

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
Agency	Agency

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

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

Certified per standards listed in OAC 5123:2-9-35.

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

Certified per standards listed in OAC 5123:2-9-35.

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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:
 See cost limitations as defined in C-4.

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, supported employment or non-residential habilitation 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

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

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Other Standard (*specify*):

Certified per standards listed in OAC 5123:2-9-35.

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted

so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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 individuals with intellectual disabilities; or
- (b) A residential facility, other than an intermediate care facility for individuals with intellectual disabilities, licensed by the department under section 5123.19 of the Revised Code; or
- (c) A residence, other than an intermediate care facility for individuals with intellectual disabilities 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:

See cost limitations as defined in C-4.

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

The cost for Residential Respite services does not include room and board.

Only one provider of Residential Respite or Community Respite shall use a daily billing unit on any given day.

Service Delivery Method (check each that applies):

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

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Residential Respite

Provider Category:

Agency

Provider Type:

Facilities licensed by DODD under section 5123.19 of the Revised Code

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

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

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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):

Other Standard (specify):

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

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted

so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Residential Respite

Provider Category:

Agency

Provider Type:

Facilities certified as ICFs/IID

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Other Standard (*specify*):

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

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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 cost limitations as defined in Appendix C-4.

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 non-profit private providers of Supported Employment - Adapted Equipment
Individual	For profit and non-profit individual private providers of Supported Employment - Adapted Equipment
Agency	County board of DD 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:

For profit and non-profit private providers of Supported Employment - Adapted Equipment

Provider Qualifications

License (specify):

Certificate (specify):

Certification standards are promulgated in Ohio Administrative Code 5123:2-9-19 appendix C

Other Standard (specify):

Verification of Provider Qualifications

Entity Responsible for Verification:

Ohio Department of Developmental Disabilities

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

Appendix C: Participant Services

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

Service Type: Other Service

Service Name: Supported Employment - Adapted Equipment

Provider Category:

Individual

Provider Type:

For profit and non-profit individual private providers of Supported Employment - Adapted Equipment

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Certification standards are promulgated in Ohio Administrative Code 5123:2-9-19 appendix C

Other Standard (*specify*):

Verification of Provider Qualifications

Entity Responsible for Verification:

Ohio Department of Developmental Disabilities

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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 promulgated in Ohio Administrative Code 5123:2-9-19 appendix C.

Other Standard (*specify*):

Verification of Provider Qualifications

Entity Responsible for Verification:

Ohio Department of Developmental Disabilities

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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 licensed nurse agrees to delegate in accordance with requirements of Chapters 4723., 5123., and 5126. of the Revised Code and rules adopted under those chapters.

5. Worksite accessibility" includes some or all of the following activities:
 (a) Time spent identifying the need for and assuring the provision of reasonable job site accommodations that allow the individual to gain and retain employment;
 (b) Time spent assuring the provision of these accommodations through partnership efforts with the employer;

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

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

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

See cost limitations as defined in Appendix C-4.

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 non-profit private providers of supported employment community services
Agency	County board of dd 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:

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: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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 licensed nurse agrees to delegate in accordance with requirements of Chapters 4723., 5123., and 5126. of the Revised Code and rules adopted under those chapters.

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

(a) Time spent identifying the need for and assuring the provision of reasonable job site accommodations that allow the individual to gain and retain employment;

(b) Time spent assuring the provision of these accommodations through partnership efforts with the employer;

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

7. Assisting the individual with self-medication or provision of medication administration for prescribed medication and assisting the individual with or performing health-related activities as identified in rule 5123:2-6

-01 of the Administrative Code, which a licenses nurse agrees to delegate in accordance with requirements of Chapters 4723., 5123., and 5126. of the Revised Code and rules adopted under those chapters.

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

See cost limitations as defined in Appendix C-4.

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 promulgated in Ohio Administrative Code 5123:2-9-16

Other Standard (*specify*):

Verification of Provider Qualifications

Entity Responsible for Verification:

Ohio Department of Developmental Disabilities

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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 promulgated in Ohio Administrative Code 5123:2-9-16

Other Standard (*specify*):

Verification of Provider Qualifications

Entity Responsible for Verification:

Ohio Department of Developmental Disabilities

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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:

See cost limitations as defined in Appendix C-4.

The \$5,000 combined limitation for Homemaker/Personal Care, Informal Respite, Institutional Respite Residential Respite, Community Respite, and Transportation.

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 Transportation Providers
Individual	Individual Transportation Providers

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Transportation

Provider Category:

Agency

Provider Type:

Agency Transportation Providers

Provider Qualifications

License (specify):

Certificate (specify):

Certification Standards listed in rule 5123:2-8-07 of the Ohio Administrative Code

Other Standard (specify):

Verification of Provider Qualifications

Entity Responsible for Verification:

Ohio Department of Developmental Disabilities

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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 5123:2-8-07 of the Ohio Administrative Code

Other Standard (specify):

Verification of Provider Qualifications

Entity Responsible for Verification:

Ohio Department of Developmental Disabilities

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

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 (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 certify an applicant as a waiver provider until a background investigation has been satisfactorily completed. Each independent provider; each member of a family consortium; each chief executive officer or person responsible for administration of an agency provider; and each employee, contractor, and employee of a contractor of an agency provider who is engaged in a direct services position shall have a current report from the bureau of criminal identification and investigation (BCII), which demonstrates that he/she has not been convicted of or pleaded guilty to any of the offenses listed Section 5126.28(E) of the Ohio Revised Code and rule 5123:2-1-05.1(J) of the Ohio Administrative Code (OAC).

An applicant to be a provider is responsible for having his/her own background check completed by obtaining a report from Ohio's bureau of criminal identification and investigation (BCII). 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 independent 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 independent 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.

- 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 Level One waiver positions having direct contact with waiver participants against the abuser registry. Certification as an independent waiver provider who is engaged in a direct services position shall not be approved until the screening has been satisfactorily completed. Agency providers must assure that employees or contractors in a direct services position 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 shall initiate revocation proceedings for any provider who has been convicted or pled guilty of any of the offenses listed in Division (E) of section 5126.28 of the Ohio Revised Code. DODD may initiate revocation proceedings for any individual provider who has failed to report that he or she has been charged with such offenses.

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

For employees, subcontractors of the applicant, and employees of subcontractors who provide specialized services to an individual with a developmental disability as defined in division (G) of section 5123.50 of the Revised Code, the applicant shall provide to DODD written assurance that, as of the date of the application, no such persons are listed on the abuser registry established pursuant to sections 5123.50 to 5123.54 of the Revised Code. DODD compliance reviews verify whether the provider has checked the registry to ensure no employees have been placed on the registry.

Appendix C: Participant Services

C-2: General Service Specifications (2 of 3)

c. Services in Facilities Subject to §1616(e) of the Social Security Act. *Select one:*

- No. Home and community-based services under this waiver are not provided in facilities subject to §1616(e) of the Act.**
- Yes. Home and community-based services are provided in facilities subject to §1616(e) of the Act. The standards that apply to each type of facility where waiver services are provided are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).**

i. Types of Facilities Subject to §1616(e). Complete the following table for each type of facility subject to §1616(e) of the Act:

Facility Type	
Facilities licensed by DODD under ORC 5123.19	

ii. Larger Facilities: In the case of residential facilities subject to §1616(e) that serve four or more individuals unrelated to the proprietor, describe how a home and community character is maintained in these settings.

Institutional Respite is a short-term service that can be provided in facilities licensed by DODD. These facilities may be licensed for fewer or more than four individuals. Individuals, parents, guardians, family members, and SSAs provide necessary information to the facility to ensure that individuals receive their respite service in a manner that resembles their home life as much as possible.

Each facility in which more than four individuals with developmental disabilities reside must be licensed by DODD in accordance with Chapter 5123.19 of the Ohio Revised Code. Licensure requirements assure that the home provides individualized services, 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.

DODD licenses 2 types of facilities: ICFs/MR and non-ICFs/MR. 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 review process for both licensed waiver facilities and ICF's/MR are very similar, but are different in the areas of: ISP/IP (county board responsibility versus ICFMR responsibility); Behavior Support (rule for waiver facilities versus DODD Licensure Rule for ICFMR); Waiver administration (not required in ICF's); Non-Medical Transportation (not applicable in ICF's).

- The review process for licensed waiver facilities includes the review of: Individual Service Planning, Medication Administration, Behavior Support, Money Management, Waiver Administration Activities, Service Delivery and Documentation, MUI/UI, Personnel, Training/Certification for Drivers Attendants/Transportation, Vehicles/Transportation, Non-Medical Transportation and Physical Environment.

- The review process for licensed ICF's/MR includes the review of: Individual Planning, Medication Administration, Behavior Support, Money Management, Individual Service Plan implementation, MUI/UI, Personnel, Vehicles/Transportation (if the provider is responsible for providing any type of transportation) and Physical Environment.

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"/>
Supported Employment - Adapted Equipment	<input type="checkbox"/>
Specialized Medical Equipment and Supplies	<input type="checkbox"/>
Residential Respite	<input checked="" type="checkbox"/>
Personal Emergency Response Systems	<input type="checkbox"/>
Homemaker/Personal Care	<input checked="" type="checkbox"/>
Non-Medical Transportation	<input type="checkbox"/>
Remote Monitoring Equipment	<input type="checkbox"/>
Habilitation – Adult Day Support	<input type="checkbox"/>
Remote Monitoring	<input type="checkbox"/>
Community Respite	<input type="checkbox"/>
Habilitation – Vocational Habilitation	<input type="checkbox"/>
Transportation	<input type="checkbox"/>
Supported Employment - Enclave	<input type="checkbox"/>
Environmental Accessibility Adaptations	<input type="checkbox"/>

Waiver Service	Provided in Facility
Institutional Respite	<input checked="" type="checkbox"/>
Supported Employment - Community	<input type="checkbox"/>
Informal Respite	<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 Standards. 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"/>
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 any waiver services to the individuals for whom they are responsible.
- Spouses are not permitted to furnish waiver services to their spouses.
- Parents are not permitted to furnish waiver services to their children (defined as biological children, adoptive children, or stepchildren) who are under the age of eighteen.
- Guardians of individuals who are unrelated to their dependents are not permitted to furnish waiver services to those dependents.

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 and Appendix C-1/C-3, relatives/family members who are otherwise qualified to provide services as specified in Appendix C-1/C-3 may become qualified waiver providers by following the same certification process as DODD's other waiver providers.

Monitoring of the ISP implementation is done by the County Board's Service and Support Administrator, 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 Level One waiver services. Information regarding regarding the certification process and requirements are posted on DODD’s website. Prospective providers may call or email DODD for information about the requirements or assistance with the application process. Once certified by DODD, the Medicaid Provider application is forwarded to ODJFS for review and assignment of a Medicaid provider number.

The County Board can assist a Level One participant who wishes to have someone known to them to be certified as an informal provider of respite in the certification and Medicaid provider enrollment process.

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:

Percentage of new provider applicants that meet initial certification requirements prior to providing waiver services, reported by provider type

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 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"/>

Performance Measure:

Percent of enrolled providers that continue to meet certification requirements at recertification, reported by provider type

Data Source (Select one):

Provider performance monitoring

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 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 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"/>

Performance Measure:

The numbers and percentages of waiver providers who are: 1)initially certified, 2) initially denied, 3) subsequently recertified, and 4)subsequently decertified.

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 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 type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" 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"/>

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:

Number of independent waiver providers who are denied initial or renewal certification due to failure to meet training requirements

Data Source (Select one):

Training verification records

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 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 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.

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.

Provider applicants cannot provide waiver services prior to meeting initial certification requirements. Providers are not given their DODD contract number or Medicaid Provider numbers until they have met the standards of certification established in O.A.C. 5123:2-2-01. Requirements are specific to independent versus agency applicants and all approved providers are identified in the provider database as either being an agency or independent provider. Effective dates of certification are not granted until the Department has received all documentation supporting the initial certification requirements. These requirements are currently listed on the DODD website in a step-by-step guide for certification that includes a list of all required forms and additional documents for certification. The Department will be implementing an online certification tool, The Provider Certification Wizard, in 2011 that will walk the provider through the certification process and will replace the forms that are currently required and will ask a series of questions and provide a driven list of required documents. There will also be an electronic workflow that will be used by DODD to ensure that all documents are received prior to certification of independent and agency applicants. This will help us to ensure that upon initial and renewal certification, all applicants meet the required standards of certification.

All providers are notified within 90 days of expiration that they must renew their certification. They are sent via letter a list of requirements that they must meet in order to renew. If providers do not meet the standards of certification in order to renew, the provider can no longer provide services and will not be able to bill for services. If the provider turns in required documents for renewal after the expiration date, a new effective date will be assigned and there will be a lapse in the certification. If documents are received prior to expiration but the application for renewal is incomplete, per 5123:2-2-01, the provider has 90 days to submit a completed application for renewal.

Currently we can access a report of providers certified by agency or independent provider type by certification date. Moving forward, when the online certification tool is implemented, we will also be able to access reports that will indicate renewal certifications by provider type. We will also be able to see the number of providers who have allowed their certification to lapse by provider type. Additionally, with the implementation of the new workflow system, Numara, we will be able to view how many applications have been approved, denied, renewed, or expired; we will be able to look at this information by application type, which will include initial applications and renewal applications; and we will be able to break this down by agency providers versus independent providers.

Providers will be able to apply for certification for services under the different DODD waivers. The services will be listed in the Provider Certification Wizard and depending on what is selected the provider will be requested to submit specific requirements to the department for review prior to certification for the service. This will include goods and services providers. The provider will not be certified for this service until the standards are reviewed and approved. A report by services will be accessible by Department staff outlining the percentage of providers certified for these services by initial and renewal applications. All providers must renew certification one year after initial certification and every three years after the first renewal.

Because all requirements of certification must be met for independent providers prior to certification, we would not certify an independent provider who had not completed the required 8-hour training for initial certification or the annual MUI and Client Rights training for renewal certification, we do not issue formal denials for these providers; we just do not certify. All independent providers have 90 days from initial review of their application to turn in a completed application; this would include evidence of the required training. For renewals, all independent providers have 90 days from initial review of their applications to turn in a completed application for renewal; if training is not received, the provider expires. The Office of Provider Standards and Review conduct compliance reviews to ensure that all persons acting in a direct

services position and employed by an agency meet these training requirements and if required training has not been completed, the agency is issued citation by the Department.

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 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.

The maximum combined service limitation is \$5,000 per year for Homemaker/Personal Care, Informal Respite, Institutional Respite, Residential Respite, Community Respite, and Transportation. These services are grouped together in order to provide the waiver participant the flexibility of choosing the particular service necessary to maintain the individual in his/her current environment.

The maximum combined service limitation is \$7,500 over a three-year period for Environmental Accessibility Adaptations, Personal Emergency Response Systems, Remote Monitoring, Remote Monitoring Equipment, Home Delivered Meals, and Specialized Medical Equipment and Supplies. These services are grouped together in order to provide the waiver participant flexibility in selecting the option relevant to maintaining the individual in his/her current environment by addressing specific needs pertaining to the individual's health and safety.

An individual can utilize additional amounts in excess of the limitations specified above for additional Homemaker/Personal Care, Institutional Respite, Residential Respite, Transportation, Personal Emergency Response Systems, Remote Monitoring, Remote Monitoring Equipment, Informal Respite, Environmental Accessibility Adaptations, or Specialized Medical Equipment and Supplies. These services were grouped to allow the greatest flexibility for waiver participants facing transient situations that have the potential of impacting the individual's health and safety. The maximum limitation for emergency assistance is \$8,000 over a three-year period.

Emergency assistance may be provided in one of the following emergency situations:

Involuntary loss of present residence for any reason, including legal action;

Loss of present caregiver for any reason, including death of a caregiver or changes in the caregiver's mental or physical status resulting in the caregiver's inability to perform effectively for the individual; Abuse, neglect, or exploitation of the individual;

Health and welfare conditions that pose a serious risk to the individual of immediate harm or death; or Significant changes in the emotional or physical condition of the individual that necessitate substantial, expanded accommodations that cannot be reasonably provided by the individual's existing caregiver.

Provision of Emergency Assistance will be used for interim services until the emergency situation has been resolved or the individual is transferred to alternative residential supports applicable to the individual's assessed needs including an ICF-MR or applicable supports under an alternative home and community-based services waiver for which the person is eligible and a slot is available.

The above limitations were developed as the result of discussions with ODJFS, the County Boards of DD, provider and advocacy organizations and CMS. These limitations have proven to be adequate in meeting individuals' needs. While there is to-date no evidence to justify increasing or modifying the dollar limits, DODD will continue to monitor this issue with ODJFS, County Boards, and advocacy groups.

A prescreening tool is used to identify those individuals whose needs cannot be met within the cost cap. Applicants or enrollees whose health and safety needs cannot be reasonably assured by the formal supports, informal supports and home and community-based services within the cost limitations associated with this waiver, will not be enrolled or shall be disenrolled from the Level One waiver. Applicants not enrolled or enrollees disenrolled for this reason shall be afforded the opportunity to apply for a DD waiver more appropriate for the individual's level of need or shall be offered ICF/MR services and will be afforded the opportunity for a fair hearing.

- 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.

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, Vocational 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.

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.

The participant's authority to determine who is included in the service planning process is also specified in OAC 5123:2-1-11, Service and Support Administration.

Additionally, OAC 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 occurs 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 what the rates are for those services. Staff who are responsible for writing an individual's plan do not provide any direct services to the individual. The Service and Support Administration (SSA) rule (5123:2-1-11) prohibits direct service to individuals by SSAs, and DODD compliance reviews verify that entities responsible for plan development do not provide services to individuals.

Input from the individual, the individual's guardian, other advocates, and team members determines the types of assessments that are included in the assessment 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, payment rates, 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 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; however, if there is an urgent need or an emergency that needs to be addressed, an ISP team meeting would be held immediately. At a minimum, all service plans are updated annually.

Back-up providers are identified by the individual and their ISP team and are named in the individual's ISP as such. On those occasions when the primary provider is not able to provide services, the primary provider must notify the back-up provider per the process identified in the individual's ISP. If the back-up provider cannot be reached, the primary provider will notify the SSA, who will make arrangements for coverage so that the individual is not left without needed services.

Each individual receiving service and support administration may 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; however, the individual is not required to have a daily representative selected prior to being enrolled or to continue enrollment on the waiver. 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)

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 to determine the health, safety and welfare needs of the participant as part of the service planning process. Assessments shall be completed by licensed and/or certified professionals 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 providers of homemaker/personal care services specify that the provider must notify the individual or legally responsible person in the event that substitute coverage of services is necessary; that substitute coverage be in place to assure the individual's health and welfare; and that a provider may only arrange for substitute coverage for an individual from the list of certified providers identified in the ISP.

The Level One waiver has a pre-screening mechanism to ensure that the individual's health and welfare can be

assured within the waiver's service limits. In developing the proposed ISP, County Boards generally assess all areas of the individual's life, such as housing, community membership, health, safety and personal satisfaction.

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 compliance 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). Through the county board accreditation process, compliance with the Free Choice of Provider rule is reviewed and verified through interview and observation. 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.

The OPSR unit of DODD completes the interview and observation of the individual during all compliance reviews. The following questions are asked of the individuals in each compliance review:

Individual Interview Questions:

"Did you help pick your provider and direct care staff?"

"Did you know you can change your provider/support staff if you want?"

The following question is incorporated into the current compliance review tool (used for all compliance reviews, including county boards and waiver providers):

'Did the county board comply with Free Choice of Provider requirements?'

If a problem is identified during any compliance review (county boards and waiver providers), follow-up is conducted with the county board. Citations are issued for areas of non-compliance, and technical assistance is provided if systems are in place but need improvement.

The County Board Service and Support Administrator (SSA) is an operational unit separate from any other function of the County Board and is prohibited from providing any direct service to any individual. In addition, SSA staff are prohibited from serving in a policy or decision-making position for any entity that provides direct service, including the service delivery component of the County Board.

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 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) 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:

All 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 services; achievement of the desired outcomes for the individual as stated in the ISP; and that services received are those reflected in the ISP. Each individual service plan is reviewed at least annually and more often should the needs of the individual change. This on-going monitoring occurs through regular interaction with the participant and his 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 and the development and implementation of prevention and/or risk management plans; the results of quality assurance reviews; and other individual needs determined by the assessment process.

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 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:

Percentage of participants reviewed whose service plans adequately address their assessed needs, including health and safety risk factors, and personal goals

Data Source (Select one):

Other

If 'Other' is selected, specify:

DODD CMO 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 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 in regulatory review schedule & number of members receiving services through that provider - minimum of 10% of 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 checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

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:

Percentage of newly enrolled waiver participants whose service plan was developed within 10 days of their enrollment date

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 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

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 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"/>

Performance Measure:
Percentage of service plans that were developed according according to the processes described in the approved waiver

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 - Sample selected based in regulatory review schedule & number of

		members receiving services through that provider - minimum of 10% of 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 checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

Percentage of service plans that were completed using the forms described in the approved waiver

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="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 in regulatory review schedule & number of members receiving services through that provider - minimum of 10% of 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 checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

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

- c. **Sub-assurance: 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:
Percentage of service plans reviewed that were updated at least annually

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="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input checked="" type="checkbox"/> Other Specify: Records review - Sample

		selected based in regulatory review schedule & number of members receiving services through that provider - minimum of 10% of members per year
	<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 checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

Percentage of service plans reviewed that were updated when the participant's needs changed

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 - Sample selected based in regulatory review schedule & number of members receiving services through that provider - minimum of 10% of 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 checked="" type="checkbox"/> Annually

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

- 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:

Percentage of participants reviewed who received services in the type, scope, amount, duration, and frequency specified in the service plan

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 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 in regulatory review schedule & number of members receiving services through that provider - minimum of 10% of 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 checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

- 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:

Percentage of participants with a signed freedom of choice form that indicates choice was offered between waiver services and institutional care

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 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 in regulatory review schedule & number of members receiving services through that provider - minimum of 10% of members per year
	<input type="checkbox"/> Other Specify:	

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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 style="width: 100%;" type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input style="width: 100%;" type="text"/>

Performance Measure:

Percentage of participants notified of their rights to choose among waiver services and/or providers

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 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 style="width: 100%;" type="text"/>
<input type="checkbox"/> Other Specify: <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input style="width: 100%; height: 20px;" type="text"/>

	<input checked="" type="checkbox"/> Continuously and Ongoing	<input checked="" type="checkbox"/> Other Specify: Records review - Sample selected based in regulatory review schedule & number of members receiving services through that provider - minimum of 10% of members per year
	<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.

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.

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).

During the DODD regulatory review process in the areas of Service Plan Development and Service Plan Implementation are reviewed to ensure that the service plan meets the assessed needs and the wants of the waiver recipient. When non-compliance in this area is identified, a citation is issued to the provider. The provider will be required to submit a plan of correction by the specified due date. Verification of the plan of correction will be done to ensure that the plan of correction has been implemented to correct the area of non-compliance. When issues are noted that are systemic, DODD will provide statewide training and additional technical assistance and monitor for improvement during subsequent monitoring cycles.

It is the responsibility of the County Board SSA to ensure that the individual service plan is compiled correctly and timely. During the DODD regulatory review process in the areas of Service Plan Development and Service Plan Implementation the following are reviewed 1) the service plan meets the assessed needs and the wants of the waiver recipient, 2) it was developed within 10 days of the waiver recipient's enrollment date, 3) it is developed according to the required processes, 4) it is developed utilizing the correct forms, 5) it is updated at least annually, 6) it updated when the needs of the waiver recipient change, and 7) the recipient receives services in the type, scope, amount, duration, and frequency identified in the service plan. When non-compliance in an area is identified, a citation is issued to the County Board and the County Board will be required to submit a plan of correction by the specified due date. Verification of the plan of correction will be done to ensure that the plan of correction has been implemented to correct the area of non-compliance. When issues are noted that are systemic, DODD will provide statewide training and additional technical assistance and monitor for improvement during subsequent monitoring cycles.

During the DODD regulatory review process the waiver recipient's SSA is asked to complete a questionnaire which asks for copies of the Freedom of Choice and the Freedom Choice of Provider forms. When non-compliance in this area is identified, a citation is issued to the County Board. The County Board will be required to submit a plan of correction by the specified due date. Verification of the plan of correction will be done to ensure that the plan of correction has been implemented to correct the area of non-compliance. When issues are noted that are systemic, DODD will provide statewide training and additional technical assistance and monitor for improvement during subsequent monitoring cycles.

ii. Remediation Data Aggregation

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

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

Responsible Party (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
	<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 Level One 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 Level One waiver recipient are reviewed by the ODJFS Bureau of Long Term Care Services and Supports (BLTCSS). Participation by LTCSS in waiver hearings are determined on a case-specific basis. Hearings in which BLTCSS 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 Authorization 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 Level One 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:

Department of Developmental Disabilities

- 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. 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 likely 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:
 - o Physical abuse.
 - o Sexual abuse.
 - o Verbal abuse.
 - Attempted suicide.
 - Unnatural Death.
 - Natural Death.
 - Exploitation.
 - Failure to report.
 - Significant injury.
 - Law enforcement.

- Medical emergency.
- Misappropriation.
- Missing individual.
- Neglect.
- Peer-to-peer acts.
- Prohibited sexual relations.
- Rights code violation.
- Unapproved behavior support.
- Unscheduled hospitalization.

Required Reporters

County Boards

Ohio Department of Developmental Disabilities
DODD operated Developmental Centers
All DD licensed or certified providers
DD employees providing specialized services

Reporting Methods and Timeframes

The timeframe for reporting abuse, neglect, misappropriation, exploitation, and suspicious or accidental death is immediate to four (4) hours. The remaining MUIs must be reported no later than three p.m. the next working day. DODD is notified by the county board through the Incident Tracking System by three p.m. on the working day following notification by the provider or becoming aware of the MUI.

Immediate action to protect the individual(s) is taken by the provider and ensured by the county board. Notifications are made immediately to law enforcement for alleged criminal acts and to Children's Services if the individual is under 22.

Reference Rule: OAC 5123 :2-17-02

- c. Participant Training and Education.** Describe how training and/or information is provided to participants (and/or families or legal representatives, as appropriate) concerning protections from abuse, neglect, and exploitation, including how participants (and/or families or legal representatives, as appropriate) can notify appropriate authorities or entities when the participant may have experienced abuse, neglect or exploitation.

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

DODD 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 listserv.

DODD and county boards have Hotlines/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 developed 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 are not limited to incidents of alleged neglect or abuse resulting in hospitalization or removal by law enforcement; suspicious, unusual, accidental deaths, and misappropriations valued at over \$500.

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 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; that all questions by all parties have been answered, and 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 described 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.

Reference Rule: OAC 5123:2-17-02

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

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

There is an MUI assessment that is part of the Accreditation review; however, the MUI division also conducts their own 3-year performance-based cycle of reviews (which are separate from the Accreditation reviews) based on the MUI division's assessment of a county board's performance. For example: If, in 2011, the MUI assesses the county board and the county board is eligible for a 3-year MUI review based on their performance, but there is an Accreditation review scheduled in 2012, the MUI team would still return in 2012 for another assessment along with the Accreditation team.

MUI Trend and Pattern analyses and remediation is done twice a year by providers and county boards. DODD reviews all analyses completed by county boards and samples those completed by providers. County boards are responsible for reviewing the analyses for 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 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 Office of Provider Standards and Review when trends and patterns are noted with a particular provider.

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

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 “Behavioral 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.

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 its Major Unusual Incident Tracking System.
 - A regular review of all behavior support plans is held, at least, in conjunction with individual service 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 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 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 Boards 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 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 review 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 each County Board of DD. DODD 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 setting 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. At times this 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 a developmental disability may authorize an independent provider to administer oral and topical prescribed medications or perform other health care task as part of the in-home care the worker provides to the individual, if all of the following apply:

- The family member is the primary supervisor of the care.
- The independent provider has been selected by the family member or the individual receiving care and is

under the direct supervision of the family member.

- The independent provider is providing the care through an employment or other arrangement entered into directly with the family member and is not otherwise employed by or under contract with a person or government entity to provide services to individuals with developmental disabilities
- A family member shall obtain a prescription, if applicable, and written instructions from a health care professional for the care to be provided to the individual. The family member shall authorize the independent provider to provide the care by preparing a written document granting the authority. The family member shall provide the independent provider with appropriate training and written instructions in accordance with the instructions obtained from the health care professional.
- A family member who authorizes an independent provider to administer oral and topical prescribed medications or perform other health care tasks retains full responsibility for the health and safety of the individual receiving the care and for ensuring that the worker provides the care appropriately and safely. No entity that funds or monitors the provision of in-home care may be held liable for the results of the care provided under this section by an independent provider, including such entities as the county board of developmental disabilities and the department of developmental disabilities.
- An independent provider who is authorized under this section by a family member to provide care to an individual may not be held liable for any injury caused in providing the care, unless the worker provides the care in a manner that is not in accordance with the training and instructions received or the worker acts in a manner that constitutes wanton or reckless misconduct.

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 are 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"; 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 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:

Rate of Major Unusual Incidents - This measure calculates the number of MUIs per thousand members, reported by type of incident

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 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

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 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:

Mortality rates by cause of death (including deaths related to preventable causes)

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 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 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:

Percentage of MUIs reported and appropriate follow-up completed within required timeframes as specified in the approved waiver

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: County boards of DD and 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 type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" 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"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:
Utilization of tranquilizers & antipsychotic medications by members without a mental health diagnosis

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:
Total number of Major Unusual Incidents related to unapproved use of restraint

Data Source (Select one):

Other

If 'Other' is selected, specify:

DODD ITS 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 boards of DD and 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 type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <div style="border: 1px solid gray; width: 100%; height: 20px;"></div>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <div style="border: 1px solid gray; width: 100%; height: 20px;"></div>

- 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 CBDDs 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 to systems intended to assure prevention and adequate response to incidents of abuse.

DODD becomes aware of problems through a variety of mechanisms including, but not limited to, formal & informal complaints, technical assistance requests, and routine and special regulatory review processes (accreditation, licensure, provider compliance, 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.

This aggregate data tracks each MUI category for increases or decreases over time through the Incident Tracking System (ITS). The data is tracked by the DODD MUI / Registry Unit. The outcomes of the data are reviewed by the MUI Registry Unit and referred to the Statewide Pattern / Trend Committee. Prevention planning occurs based on the issue/s identified. Prevention may involve the county board or the MUI Registry Unit based on the data review.

This aggregate data tracks mortality rates by cause of death over time through the Incident tracking System

(ITS). The data is tracked by the DODD MUI Registry Unit and referred to the Mortality Review Committee (MRC) quarterly, semi-annually and annually. Prevention planning occurs via Regional Manager incident review / follow up and MRC recommendations.

This percentage rate is reviewed semi annually and annually and compared over time. The data is tracked by the MUI Registry Unit and referred to the Statewide Pattern / Trend Committee The information is reviewed to assure that reporting and investigation timelines are continually met. Regional Managers follow up with counties that are not meeting statewide averages as required.

This aggregate data tracks Unapproved Behavior Support (UBS) MUI's to note increases and decreases over time. The information is reviewed by the MUI / Registry Unit and the outcomes referred to the Statewide Pattern / Trend Committee semi-annually and annually. Issues that are identified through MUI Registry Unit review are often referred to the office of Provider Standards and Review (OPSR) for additional follow up.

ii. Remediation Data Aggregation

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

Responsible Party <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 checked="" 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.

Through an interagency agreement, ODJFS delegates to DODD responsibility for the administration of the Level 1 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 our financial management service, 2) compliance and performance of county boards of DD which administer the program locally and perform case management, 3) the qualifications and compliance of particular waiver service providers, 4) the compliance and performance of systems to assure prevention and effective response to incidents of consumer abuse and neglect, and 5) 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 SSMA, 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.

DODD's Office of Provider Standards and Review assures that newly certified providers receive an on-site

review within one year. This review utilizes a single standardized review tool which applies to every type of provider. Desk reviews and self-audits are established for providers who are performing well. New and lower-performing providers are monitored more frequently than established, higher-performing providers. Best practices are promoted throughout the system. Currently in development is a compliance review tool that DODD's reviewers and management staff will be able to use in the field to collect review data and produce reports.

DODD uses the Participant Experience Survey (PES) when interviewing individuals/families as part of the department's regulatory review processes.

Ohio recently launched the new Version Incident Tracking System (ITS). The revised reporting system allows greater utility and expanded the functionality of the current reporting system. The new system allows for greater analysis and drill down into reporting categories for more accurate and in-depth data review.

DODD is developing and implementing an online provider certification application and workflow system to complement our existing statutes that time-limit certification for new HCBS waiver providers. The same process will allow us to terminate the certification of providers who have not billed for 12 consecutive months.

Ongoing Review - Every year, ODJFS conducts interviews with approximately 150 participants on each waiver. These interviews are usually conducted in the homes of the participants. Each participant is notified in advance. The participant can have a family member, guardian, or friend with them during the interview. For the interview, ODJFS staff ask questions from a survey. As part of this review process, ODJFS staff also examine care plans and other case records for the selected participants.

The interview questions and the record reviews are designed to generate information about how well the waiver is performing to meet federal requirements. This includes performance related to requirements for service planning, free choice of provider, level of care, health and welfare, hearing rights, participant satisfaction, and appropriate payment for services.

After the interviews and record reviews are complete, data is compiled in a performance report. ODJFS uses these reports to help determine how well the waiver is operating. Each report is shared with the agency that operates the waiver. If problems are discovered, ODJFS collaborates with the operating agency to develop a quality improvement plan.

Quality Briefings - At least twice each year, ODJFS will convene a quality assurance meeting with DODD. In these meetings, ODJFS and the operating agency review performance data, identify trends and patterns, and collaborate to develop quality improvement plans. The performance data includes information resulting from the ODJFS ongoing review of each waiver. The performance data also includes information presented by the operating agency on their quality assurance and regulatory activities.

Quality Steering Committee - ODJFS leads an interagency HCBS Waiver Quality Steering Committee (QSC) that meets quarterly. The committee has developed a set of metrics to measure statewide performance related to the federal waiver assurances. The QSC is a forum in which representatives from ODJFS, ODA, and DODD can examine performance data across waiver systems, provide updates on quality assurance activities, and share information about best practices.

Systems Review - Once during the Level One Waiver federal approval period, ODJFS will conduct a systems review to evaluate one or more of the systems DODD operates to assure the compliance of the waiver. As part of this process, DODD will assemble documentation to show how their systems work. ODJFS will then meet DODD subject matter experts to review this documentation and to ask follow-up questions. When the review is complete, ODJFS will compile a report. If problems are discovered, ODJFS will collaborate with DODD to develop a quality improvement plan.

ODJFS will complete a review to assess the state's compliance with federal and state Medicaid requirements regarding consumer waiting lists for the Level One waiver. The review will determine: 1) for each county board, whether the current policies and practice associated with the waiting list comport with minimum requirements for the management of the waiting list, and 2) whether DODD has adequate systems in place to assure, on an ongoing basis, compliant, consistent, and uniform administration of waiting lists across the state. ODJFS will issue a report on this review by Fall 2011. If negative findings result from the review, ODJFS and DODD will collaborate to develop an improvement plan by the end of the year.

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 and Level One Wavier 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 Level One 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. 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.

On December 14, 2010, Ohio submitted a grid to CMS entitled "DODD-ODJFS Oversight of CBDD Role and Function", last updated on June 3, 2009. This document, more commonly referred to as the Firewalls document, is currently in place for the other waivers that DODD operates and 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.

DODD compiles a great deal of review information into reports that are shared with stakeholders through our website. One of these, a Quarterly Medicaid Development and Administration report, contains provider data, enrollment counts, prior authorization information, claims data, customer service trends and other information pertinent to the day-to-day operation of our waivers.

Another report is the Office of Provider Standards and Review Annual Report. This report contains data on provider reviews and enrollments, findings, appeals, suspensions and revocations.

A third report that is used in our monitoring and analysis efforts is the MUI/Registry Unit Annual Report. Within this report is found data reporting/analysis on a number of the Major Unusual Incident (MUI) categories defined within OAC 5123:2-17-02. This analysis has been completed to assist the department, county boards and providers with identifying systemic issues impacting health and safety for individuals throughout the state. Statewide information pertaining to Physical Abuse, Sexual Abuse, Verbal Abuse, Neglect, Misappropriations, Deaths, Injuries, Hospitalizations, Unapproved Behavior Supports, Attempted Suicides, Medical Emergencies and Missing Persons have been included to assist in identifying issues and developing strategies for improvement.

We are actively in the process of updating our website, creating an online provider certification process, and installing a compliance tracking and reporting tool. As we are utilizing an Agile System Development process, we will be able to develop, test and implement in a continuous loop of manageably-sized iterations. This enables us to have benefits sooner and involve stakeholders/receive feedback on a regular basis.

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

An important group that DODD relies upon for quality improvement strategies is the Policy Leadership Roundtable. This team is a sounding board composed of both DODD staff and various external stakeholders that was founded to foster collaborative transformation of the DODD service delivery system. They are tasked with an advisory responsibility related to operations, quality of service and concerns from within our system and from across the state.

The Roundtable, DODD management staff and ODJFS staff receive presentations and review reports, such as those mentioned in the previous section (the Medicaid Development and Administration quarterly report, the Office of Provider Standards and Review Annual Report and the MUI/Registry Unit Annual Report) in order to react to emerging issues and guide DODD's quality improvement strategies.

These strategies are updated on a biennial basis in our Priority Work Report. Our current priority work report contains ten priority areas, divided into multiple action steps. DODD's progress towards meeting these goals is updated on a quarterly basis. These updates are shared on our website.

Two committees, described in detail earlier, DODD and ODJFS' Quality Steering Committee meetings and Quality Briefings, allow for face-to-face discussion of performance measures, data trends and collaboration on improvement strategies.

Appendix I: Financial Accountability

I-1: Financial Integrity and Accountability

Financial Integrity. Describe the methods that are employed to ensure the integrity of payments that have been made for waiver services, including: (a) requirements concerning the independent audit of provider agencies; (b) the financial audit program that the state conducts to ensure the integrity of provider billings for Medicaid payment of waiver services, including the methods, scope and frequency of audits; and, (c) the agency (or agencies) responsible for conducting the financial audit program. State laws, regulations, and policies referenced in the description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

The Ohio Department of Developmental Disabilities (DODD), Division of Fiscal Administration – Audit Office performs waiver reviews utilizing a risk-based approach. The risk-based approach covers a wide range of providers, individuals, and transactions. A risk analysis is performed annually to identify riskier providers. Risk factors used in the analysis include, but are not limited to: dollar amount paid; number of individuals served; complexity of services provided; prior noncompliance issues; prior findings; referrals from OPSR; and changes in compliance requirements to services provided. Once the selection of higher risk providers is determined, a sample of claims paid to each provider is selected for testing, depending on the number of clients served and services provided, to achieve a representative sample for testing. Additionally, some of the required OAC compliance testing is performed on a statewide basis to achieve increased coverage across the State and increase the number of CBDDs reviewed.

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

The Auditor of the State of Ohio conducts an annual Single State Audit of 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 Fiscal and Monitoring Services 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 Fiscal and Monitoring Services includes a Surveillance Utilization Review Section (SURS) whose primary function is to conduct audit and review activities to assure the legitimacy of claims paid to Medicaid providers. 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:

The number and percentage of claims submitted for waiver services that were denied

Data Source (Select one):

Other

If 'Other' is selected, specify:

MBS & MMIS (MITS) 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 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.

DODD monitors claim rejections and denials on a quarterly basis by county and by rejection/denial reason code. If there is a large negative change for a county or if a county continuously has a large number of claims rejected or denied, DODD staff will contact the county and offer technical assistance to the county board and their providers. Similarly, if a rejection or denial reason code spikes up in a certain quarter, claims staff will research the reason."

- 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, a body comprised of representatives from the Ohio Senate and the Ohio House of Representatives.

Reimbursement rates for homemaker/personal 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. The model ultimately results in 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. Ohio has established eight cost of doing business regions for this purpose. In addition to the adjustment for cost of doing business variations,

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 in the OAC rule or the provider's usual and customary charge for the service. 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 cost for each individual's waiver span as well as the total service hours that are expected to be rendered.

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 were used to calculate a series of additional cost components that impact the wages. These rates are adjusted for cost of doing business and for the acuity requirements noted in C-4.

Non-Medical Transportation may be billed either per trip or per mile. Per trip Non-Medical Transportation rates are calculated using data from cost reports as submitted by each county. 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 (HPC) costs.

Statewide maximum rates are in place for Environmental Modifications and 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.

- b. Flow of Billings.** Describe the flow of billings for waiver services, specifying whether provider billings flow directly from providers to the State's claims payment system or whether billings are routed through other intermediary entities. If billings flow through other intermediary entities, specify the entities:

Claims are submitted electronically from all types and classes of Level One service providers to DODD, 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 Medicaid claims payment system.

Appendix I: Financial Accountability

I-2: Rates, Billing and Claims (2 of 3)

- c. Certifying Public Expenditures (select one):**

- No. State or local government agencies do not certify expenditures for waiver services.
- Yes. State or local government agencies directly expend funds for part or all of the cost of waiver services and certify their State government expenditures (CPE) in lieu of billing that amount to Medicaid.

Select at least one:

- Certified Public Expenditures (CPE) of State Public Agencies.

Specify: (a) the State government agency or agencies that certify public expenditures for waiver services; (b) how it is assured that the CPE is based on the total computable costs for waiver services; and, (c) how the State verifies that the certified public expenditures are eligible for Federal financial participation in accordance with 42 CFR §433.51(b). (Indicate source of revenue for CPEs in Item I-4-a.)

- Certified Public Expenditures (CPE) of Local Government Agencies.

Specify: (a) the local government agencies that incur certified public expenditures for waiver services; (b) how it is assured that the CPE is based on total computable costs for waiver services; and, (c) how the State verifies that the certified public expenditures are eligible for Federal financial participation in accordance with 42 CFR §433.51(b). (*Indicate source of revenue for CPEs in Item I-4-b.*)

Certified public expenditures are incurred by county boards 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) will monitor and audit 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. reconciliation details are outlined in the Guide to Preparing Income and Expenditure Report.

Appendix I: Financial Accountability

I-2: Rates, Billing and Claims (3 of 3)

- d. Billing Validation Process.** Describe the process for validating provider billings to produce the claim for federal financial participation, including the mechanism(s) to assure that all claims for payment are made only: (a) when the individual was eligible for Medicaid waiver payment on the date of service; (b) when the service was included in the participant's approved service plan; and, (c) the services were provided:

Provider billings are primarily validated through the Medicaid Services System/Payment Authorization for Waiver Services (MSS/PAWS), 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. There is a post review process that compares MSS/PAWS to actual ISPs to assure that the services identified through the ISP process are accurately reflected in the MSS/PAWS system. Additionally, the MSS/PAWS is linked to DODD Waiver Management System (WMS), which indicates that the individual has a current level of care determination. In addition to the validation through DODD systems, ODJFS' MMIS/MITS system, which actually adjudicates all claims for reimbursement, 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 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 Level One 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 fiscal meetings with the Fiscal and Information Systems sections of DODD to assure that claims are paid efficiently and systems concerns are addressed timely.

While this waiver does not currently allow for the direct billing of waiver services to ODJFS, ODJFS expects to implement a process for direct billing and reimbursement from ODJFS after MITS implementation. At this point, DODD providers voluntarily reassign their claims to be paid through DODD. ODJFS is planning to have meetings with DODD in the near future to discuss how providers can bill ODJFS directly and receive direct reimbursement from ODJFS after MITS implementation, which is expected to go live by fall 2011. ODJFS will keep CMS regularly informed of the status

- 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.

- Other State Level Source(s) of Funds.**

Specify: (a) the source and nature of funds; (b) the entity or agency that receives the funds; and, (c) the mechanism that is used to transfer the funds to the Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement, and/or, indicate if funds are directly expended by State agencies as CPEs, as indicated in Item I-2- c:

Appendix I: Financial Accountability

I-4: Non-Federal Matching Funds (2 of 3)

b. Local Government or Other Source(s) of the Non-Federal Share of Computable Waiver Costs. Specify the source or sources of the non-federal share of computable waiver costs that are not from state sources. *Select One:*

Not Applicable. There are no local government level sources of funds utilized as the non-federal share.

Applicable

Check each that applies:

Appropriation of Local Government Revenues.

Specify: (a) the local government entity or entities that have the authority to levy taxes or other revenues; (b) the source(s) of revenue; and, (c) the mechanism that is used to transfer the funds to the Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement (indicate any intervening entities in the transfer process), and/or, indicate if funds are directly expended by local government agencies as CPEs, as specified in Item I-2-c:

Other Local Government Level Source(s) of Funds.

Specify: (a) the source of funds; (b) the local government entity or agency receiving funds; and, (c) the mechanism that is used to transfer the funds to the State Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement, and /or, indicate if funds are directly expended by local government agencies as CPEs, as specified in Item I-2- c:

County boards of DD provide a portion of the non-federal share of computable waiver costs. DODD operates as the Fiscal Agent and will maintain the administrative control of the non-federal share. The 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 cost of room and board is not included in services provided in residential settings under this waiver.

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	9765.12	6398.00	16163.12	99547.92	7235.00	106782.92	90619.80
2	10146.93	6398.00	16544.93	101538.88	7235.00	108773.88	92228.95
3	10546.13	6398.00	16944.13	103569.66	7235.00	110804.66	93860.53
4	10962.13	6398.00	17360.13	105641.05	7235.00	112876.05	95515.92
5	10964.10	6398.00	17362.10	107753.87	7235.00	114988.87	97626.77

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	13000	13000	
Year 2	14000	14000	
Year 3	14800	14800	
Year 4	15400	15400	
Year 5	16000	16000	

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 3% reserve capacity on this waiver, and also assuming a 7% disenrollment rate per year.

Ohio will accrue total person-days of service:

Waiver Year 1: 3,939,136

Waiver Year 2: 4,627,576

Waiver Year 3: 4,913,320

Waiver Year 4: 5,154,152

Waiver Year 5: 5,351,039

The average number of days each person is served:
 Waiver Year 1: 303
 Waiver Year 2: 331
 Waiver Year 3: 332
 Waiver Year 4: 335
 Waiver Year 5: 334

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:

The Factor D estimates are based on the approved WY 3 372 Annual Report on Home and Community-Based Services Waivers(OH/0380/2009) and actual service utilization data (2009/2010)extracted from the Decision Support System (DSS) ODJFS database. An annual inflation factor of 0% was used to project future waiver year costs.

ii. Factor D' Derivation. The estimates of Factor D' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

The Factor D' estimates are based on the approved WY 3 372 Annual Report on Home and Community-Based Services Waivers (OH/0380/2009). Dual eligibles were identified in the control group and their costs were removed along with associated drug costs. An annual inflation factor of 0% was used to project future waiver year costs.

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 used actual costs for the control group which includes individuals of any age who were institutionalized in an ICF/MR facility during State Fiscal Year 2009. An annual inflation factor of 2% was used to project future waiver year costs.

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 used actual costs for the control group which includes individuals of any age who were institutionalized in an ICF/MR facility during State Fiscal Year 2009. Dual eligibles were identified in the control group and their costs were removed along with associated drug costs. An annual inflation factor of 0% was used to project future waiver year costs.

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	
Institutional Respite	
Specialized Medical Equipment and Supplies	
Community Respite	
Environmental Accessibility Adaptations	
Habilitation – Adult Day Support	
Habilitation – Vocational Habilitation	
Home Delivered Meals	

Waiver Services	
Informal Respite	
Non-Medical Transportation	
Personal Emergency Response Systems	
Remote Monitoring Equipment	
Remote Monitoring	
Residential Respite	
Supported Employment - Adapted Equipment	
Supported Employment - Community	
Supported Employment - Enclave	
Transportation	

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (5 of 9)

d. Estimate of Factor D.

i. Non-Concurrent Waiver. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 1

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Homemaker/Personal Care Total:						16867136.00
Homemaker/Personal Care	Hour	7150	152.00	15.52	16867136.00	
Institutional Respite Total:						360990.00
Institutional Respite	Day	189	10.00	191.00	360990.00	
Specialized Medical Equipment and Supplies Total:						833625.00
Specialized Medical Equipment and Supplies	Item	325	9.00	285.00	833625.00	
Community Respite Total:						0.00
Community Respite	Hour	0	0.00	8.15	0.00	
Environmental Accessibility Adaptations Total:						1088750.00
Environmental Accessibility Adaptations	Item	325	1.00	3350.00	1088750.00	
Habilitation – Adult Day Support Total:						9551360.00
Habilitation – Adult Day Support	Day				9551360.00	
GRAND TOTAL:						126946547.32
Total Estimated Unduplicated Participants:						13000
Factor D (Divide total by number of participants):						9765.12
Average Length of Stay on the Waiver:						303

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
		1820	82.00	64.00		
Habilitation – Vocational Habilitation Total:						48983077.00
Habilitation – Vocational Habilitation	Day	6890	110.00	64.63	48983077.00	
Home Delivered Meals Total:						0.00
Home Delivered Meals	Per Meal	0	0.00	5.17	0.00	
Informal Respite Total:						1114386.00
Informal Respite	Hour	650	157.00	10.92	1114386.00	
Non-Medical Transportation Total:						40105975.00
Non-Medical Transportation	One Way Trip	9100	289.00	15.25	40105975.00	
Personal Emergency Response Systems Total:						10140.00
Personal Emergency Response Systems	Month	26	12.00	32.50	10140.00	
Remote Monitoring Equipment Total:						0.00
Remote Monitoring Equipment	Month	0	0.00	458.00	0.00	
Remote Monitoring Total:						0.00
Remote Monitoring	Hour	0	0.00	7.67	0.00	
Residential Respite Total:						0.00
Residential Respite	Day	0	0.00	176.15	0.00	
Supported Employment - Adapted Equipment Total:						2300.00
Supported Employment - Adapted Equipment	Item	1	1.00	2300.00	2300.00	
Supported Employment - Community Total:						373693.32
Supported Employment - Community	Hour	793	21.00	22.44	373693.32	
Supported Employment - Enclave Total:						5820100.00
Supported Employment - Enclave	Hour	1300	110.00	40.70	5820100.00	
Transportation Total:						1835015.00
Transportation	Mile	4550	1090.00	0.37	1835015.00	
GRAND TOTAL:						126946547.32
Total Estimated Unduplicated Participants:						13000
Factor D (Divide total by number of participants):						9765.12
Average Length of Stay on the Waiver:						303

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:						18948988.80
Homemaker/Personal Care	Hour	7140	171.00	15.52	18948988.80	
Institutional Respite Total:						200550.00
Institutional Respite	Day	105	10.00	191.00	200550.00	
Specialized Medical Equipment and Supplies Total:						832200.00
Specialized Medical Equipment and Supplies	Item	584	5.00	285.00	832200.00	
Community Respite Total:						58191.00
Community Respite	Hour	140	51.00	8.15	58191.00	
Environmental Accessibility Adaptations Total:						1293768.00
Environmental Accessibility Adaptations	Item	357	1.00	3624.00	1293768.00	
Habilitation – Adult Day Support Total:						12350400.00
Habilitation – Adult Day Support	Day	2075	93.00	64.00	12350400.00	
Habilitation – Vocational Habilitation Total:						52990007.74
Habilitation – Vocational Habilitation	Day	7522	109.00	64.63	52990007.74	
Home Delivered Meals Total:						28952.00
Home Delivered Meals	Per Meal	35	160.00	5.17	28952.00	
Informal Respite Total:						797716.92
Informal Respite	Hour	319	229.00	10.92	797716.92	
GRAND TOTAL:						142057008.19
Total Estimated Unduplicated Participants:						14000
Factor D (Divide total by number of participants):						10146.93
Average Length of Stay on the Waiver:						331

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Non-Medical Transportation Total:						46281676.00
Non-Medical Transportation	One Way Trip	8848	343.00	15.25	46281676.00	
Personal Emergency Response Systems Total:						13650.00
Personal Emergency Response Systems	Month	42	10.00	32.50	13650.00	
Remote Monitoring Equipment Total:						32060.00
Remote Monitoring Equipment	Month	14	5.00	458.00	32060.00	
Remote Monitoring Total:						48321.00
Remote Monitoring	Hour	14	450.00	7.67	48321.00	
Residential Respite Total:						166461.75
Residential Respite	Day	105	9.00	176.15	166461.75	
Supported Employment - Adapted Equipment Total:						2300.00
Supported Employment - Adapted Equipment	Item	1	1.00	2300.00	2300.00	
Supported Employment - Community Total:						402438.96
Supported Employment - Community	Hour	854	21.00	22.44	402438.96	
Supported Employment - Enclave Total:						6678870.00
Supported Employment - Enclave	Hour	1641	100.00	40.70	6678870.00	
Transportation Total:						930456.02
Transportation	Mile	4043	622.00	0.37	930456.02	
GRAND TOTAL:						142057008.19
Total Estimated Unduplicated Participants:						14000
Factor D (Divide total by number of participants):						10146.93
Average Length of Stay on the Waiver:						331

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:						20737730.88
Homemaker/Personal Care	Hour	7814	171.00	15.52	20737730.88	
Institutional Respite Total:						0.00
Institutional Respite	Day	0	5.00	191.00	0.00	
Specialized Medical Equipment and Supplies Total:						843600.00
Specialized Medical Equipment and Supplies	Item	592	5.00	285.00	843600.00	
Community Respite Total:						184548.60
Community Respite	Hour	444	51.00	8.15	184548.60	
Environmental Accessibility Adaptations Total:						1413360.00
Environmental Accessibility Adaptations	Item	390	1.00	3624.00	1413360.00	
Habilitation – Adult Day Support Total:						13528896.00
Habilitation – Adult Day Support	Day	2273	93.00	64.00	13528896.00	
Habilitation – Vocational Habilitation Total:						58041036.13
Habilitation – Vocational Habilitation	Day	8239	109.00	64.63	58041036.13	
Home Delivered Meals Total:						100049.84
Home Delivered Meals	Per Meal	59	328.00	5.17	100049.84	
Informal Respite Total:						872737.32
Informal Respite	Hour	349	229.00	10.92	872737.32	
Non-Medical Transportation Total:						50706890.50
Non-Medical Transportation	One Way Trip	9694	343.00	15.25	50706890.50	
Personal Emergency Response Systems Total:						14300.00
Personal Emergency Response Systems	Month	44	10.00	32.50	14300.00	
Remote Monitoring Equipment Total:						68700.00
Remote Monitoring Equipment	Month	30	5.00	458.00	68700.00	
GRAND TOTAL:						156082730.99
Total Estimated Unduplicated Participants:						14800
Factor D (Divide total by number of participants):						10546.13
Average Length of Stay on the Waiver:						332

Waiver Service/Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Remote Monitoring Total:						103545.00
Remote Monitoring	Hour	30	450.00	7.67	103545.00	
Residential Respite Total:						703895.40
Residential Respite	Day	222	18.00	176.15	703895.40	
Supported Employment - Adapted Equipment Total:						2300.00
Supported Employment - Adapted Equipment	Item	1	1.00	2300.00	2300.00	
Supported Employment - Community Total:						425529.72
Supported Employment - Community	Hour	903	21.00	22.44	425529.72	
Supported Employment - Enclave Total:						7313790.00
Supported Employment - Enclave	Hour	1797	100.00	40.70	7313790.00	
Transportation Total:						1021821.60
Transportation	Mile	4440	622.00	0.37	1021821.60	
GRAND TOTAL:						156082730.99
Total Estimated Unduplicated Participants:						14800
Factor D (Divide total by number of participants):						10546.13
Average Length of Stay on the Waiver:						332

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:						22274350.56
Homemaker/Personal Care	Hour	8393	171.00	15.52	22274350.56	
Institutional Respite Total:						0.00
Institutional Respite					0.00	
GRAND TOTAL:						168816776.07
Total Estimated Unduplicated Participants:						15400
Factor D (Divide total by number of participants):						10962.13
Average Length of Stay on the Waiver:						335

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
	Day	0	5.00	191.00		
Specialized Medical Equipment and Supplies Total:						913425.00
Specialized Medical Equipment and Supplies	Item	641	5.00	285.00	913425.00	
Community Respite Total:						192030.30
Community Respite	Hour	462	51.00	8.15	192030.30	
Environmental Accessibility Adaptations Total:						1601808.00
Environmental Accessibility Adaptations	Item	442	1.00	3624.00	1601808.00	
Habilitation – Adult Day Support Total:						14630016.00
Habilitation – Adult Day Support	Day	2458	93.00	64.00	14630016.00	
Habilitation – Vocational Habilitation Total:						62789143.71
Habilitation – Vocational Habilitation	Day	8913	109.00	64.63	62789143.71	
Home Delivered Meals Total:						105137.12
Home Delivered Meals	Per Meal	62	328.00	5.17	105137.12	
Informal Respite Total:						942756.36
Informal Respite	Hour	377	229.00	10.92	942756.36	
Non-Medical Transportation Total:						54870567.50
Non-Medical Transportation	One Way Trip	10490	343.00	15.25	54870567.50	
Personal Emergency Response Systems Total:						14950.00
Personal Emergency Response Systems	Month	46	10.00	32.50	14950.00	
Remote Monitoring Equipment Total:						114500.00
Remote Monitoring Equipment	Month	50	5.00	458.00	114500.00	
Remote Monitoring Total:						172575.00
Remote Monitoring	Hour	50	450.00	7.67	172575.00	
Residential Respite Total:						732431.70
Residential Respite					732431.70	
GRAND TOTAL:						168816776.07
Total Estimated Unduplicated Participants:						15400
Factor D (Divide total by number of participants):						10962.13
Average Length of Stay on the Waiver:						335

Waiver Service/Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
	Day	231	18.00	176.15		
Supported Employment - Adapted Equipment Total:						2300.00
Supported Employment - Adapted Equipment	Item	1	1.00	2300.00	2300.00	
Supported Employment - Community Total:						442494.36
Supported Employment - Community	Hour	939	21.00	22.44	442494.36	
Supported Employment - Enclave Total:						7916150.00
Supported Employment - Enclave	Hour	1945	100.00	40.70	7916150.00	
Transportation Total:						1102140.46
Transportation	Mile	4789	622.00	0.37	1102140.46	
GRAND TOTAL:						168816776.07
Total Estimated Unduplicated Participants:						15400
Factor D (Divide total by number of participants):						10962.13
Average Length of Stay on the Waiver:						<input type="text" value="335"/>

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:						22972331.52
Homemaker/Personal Care	Hour	8656	171.00	15.52	22972331.52	
Institutional Respite Total:						0.00
Institutional Respite	Day	0	5.00	191.00	0.00	
Specialized Medical Equipment and Supplies Total:						949050.00
Specialized Medical Equipment and Supplies	Item	666	5.00	285.00	949050.00	
GRAND TOTAL:						175425610.04
Total Estimated Unduplicated Participants:						16000
Factor D (Divide total by number of participants):						10964.10
Average Length of Stay on the Waiver:						<input type="text" value="334"/>

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Community Respite Total:						199512.00
Community Respite	Hour	480	51.00	8.15	199512.00	
Environmental Accessibility Adaptations Total:						1663416.00
Environmental Accessibility Adaptations	Item	459	1.00	3624.00	1663416.00	
Habilitation – Adult Day Support Total:						15201408.00
Habilitation – Adult Day Support	Day	2554	93.00	64.00	15201408.00	
Habilitation – Vocational Habilitation Total:						65240688.87
Habilitation – Vocational Habilitation	Day	9261	109.00	64.63	65240688.87	
Home Delivered Meals Total:						108528.64
Home Delivered Meals	Per Meal	64	328.00	5.17	108528.64	
Informal Respite Total:						980266.56
Informal Respite	Hour	392	229.00	10.92	980266.56	
Non-Medical Transportation Total:						57009944.25
Non-Medical Transportation	One Way Trip	10899	343.00	15.25	57009944.25	
Personal Emergency Response Systems Total:						15600.00
Personal Emergency Response Systems	Month	48	10.00	32.50	15600.00	
Remote Monitoring Equipment Total:						194650.00
Remote Monitoring Equipment	Month	85	5.00	458.00	194650.00	
Remote Monitoring Total:						293377.50
Remote Monitoring	Hour	85	450.00	7.67	293377.50	
Residential Respite Total:						760968.00
Residential Respite	Day	240	18.00	176.15	760968.00	
Supported Employment - Adapted Equipment Total:						2300.00
Supported Employment - Adapted Equipment	Item	1	1.00	2300.00	2300.00	
GRAND TOTAL:						175425610.04
Total Estimated Unduplicated Participants:						16000
Factor D (Divide total by number of participants):						10964.10
Average Length of Stay on the Waiver:						334

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Supported Employment - Community Total:						459930.24
Supported Employment - Community	Hour	976	21.00	22.44	459930.24	
Supported Employment - Enclave Total:						8225470.00
Supported Employment - Enclave	Hour	2021	100.00	40.70	8225470.00	
Transportation Total:						1148168.46
Transportation	Mile	4989	622.00	0.37	1148168.46	
GRAND TOTAL:						175425610.04
Total Estimated Unduplicated Participants:						16000
Factor D (Divide total by number of participants):						10964.10
Average Length of Stay on the Waiver:						334