

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.

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

1. Request Information (1 of 3)

- A. The **State of Ohio** requests approval for a Medicaid home and community-based services (HCBS) waiver under the authority of §1915(c) of the Social Security Act (the Act).
- B. **Program Title** (*optional - this title will be used to locate this waiver in the finder*):
Self Empowered Life Funding (SELF) Waiver
- C. **Type of Request:** new

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

New to replace waiver

Replacing Waiver Number:

Migration Waiver - this is an existing approved waiver

Provide the information about the original waiver being migrated

Base Waiver Number:

Amendment Number

(if applicable):

Effective Date: (*mm/dd/yy*)

Waiver Number: OH.0877.R00.00

Draft ID: OH.14.00.00

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

Regular Waiver

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

Approved Effective Date: 07/01/12

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.

Ohio intends to create a 1915c Home and Community-Based Services waiver, entitled the Self-Empowered Life Funding (SELF) Waiver, for individuals with a developmental disability who meet an intermediate care facility for the mentally retarded (ICF/MR) level of care.

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

The goal of the waiver is to allow individuals with developmental disabilities who met an ICF/MR level of care to direct their own waiver services. The waiver will also set aside reserve capacity for individuals with intensive behavioral needs to align with requirements in the Ohio Revised Code.

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

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

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. Per CMS' request, relevant components of the Firewalls document have been incorporated into this waiver application.

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

3. Components of the Waiver Request

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

- A. **Waiver Administration and Operation.** Appendix A specifies the administrative and operational structure of this waiver.
- B. **Participant Access and Eligibility.** Appendix B specifies the target group(s) of individuals who are served in this waiver, the number of participants that the State expects to serve during each year that the waiver is in effect, applicable Medicaid eligibility and post-eligibility (if applicable) requirements, and procedures for the evaluation and reevaluation of level of care.
- C. **Participant Services.** Appendix C specifies the home and community-based waiver services that are furnished

through the waiver, including applicable limitations on such services.

- D. Participant-Centered Service Planning and Delivery.** Appendix D specifies the procedures and methods that the State uses to develop, implement and monitor the participant-centered service plan (of care).
- E. Participant-Direction of Services.** When the State provides for participant direction of services, Appendix E specifies the participant direction opportunities that are offered in the waiver and the supports that are available to participants who direct their services. (*Select one*):
- Yes. This waiver provides participant direction opportunities.** Appendix E is required.

No. This waiver does not provide participant direction opportunities. Appendix E is not required.
- F. Participant Rights.** Appendix F specifies how the State informs participants of their Medicaid Fair Hearing rights and other procedures to address participant grievances and complaints.
- G. Participant Safeguards.** Appendix G describes the safeguards that the State has established to assure the health and welfare of waiver participants in specified areas.
- H. Quality Improvement Strategy.** Appendix H contains the Quality Improvement Strategy for this waiver.
- I. Financial Accountability.** Appendix I describes the methods by which the State makes payments for waiver services, ensures the integrity of these payments, and complies with applicable federal requirements concerning payments and federal financial participation.
- J. Cost-Neutrality Demonstration.** Appendix J contains the State's demonstration that the waiver is cost-neutral.

4. Waiver(s) Requested

- A. Comparability.** The State requests a waiver of the requirements contained in §1902(a)(10)(B) of the Act in order to provide the services specified in Appendix C that are not otherwise available under the approved Medicaid State plan to individuals who: (a) require the level(s) of care specified in Item 1.F and (b) meet the target group criteria specified in Appendix B.
- B. Income and Resources for the Medically Needy.** Indicate whether the State requests a waiver of §1902(a)(10)(C)(i) (III) of the Act in order to use institutional income and resource rules for the medically needy (*select one*):
- Not Applicable**
- No**
- Yes**
- C. Statewideness.** Indicate whether the State requests a waiver of the statewideness requirements in §1902(a)(1) of the Act (*select one*):
- No**
- Yes**

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

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

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

5. Assurances

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

- A. Health & Welfare:** The State assures that necessary safeguards have been taken to protect the health and welfare of persons receiving services under this waiver. These safeguards include:
1. As specified in **Appendix C**, adequate standards for all types of providers that provide services under this waiver;
 2. Assurance that the standards of any State licensure or certification requirements specified in **Appendix C** are met for services or for individuals furnishing services that are provided under the waiver. The State assures that these requirements are met on the date that the services are furnished; and,
 3. Assurance that all facilities subject to §1616(e) of the Act where home and community-based waiver services are provided comply with the applicable State standards for board and care facilities as specified in **Appendix C**.
- B. Financial Accountability.** The State assures financial accountability for funds expended for home and community-based services and maintains and makes available to the Department of Health and Human Services (including the Office of the Inspector General), the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver. Methods of financial accountability are specified in **Appendix I**.
- C. Evaluation of Need:** The State assures that it provides for an initial evaluation (and periodic reevaluations, at least annually) of the need for a level of care specified for this waiver, when there is a reasonable indication that an individual might need such services in the near future (one month or less) but for the receipt of home and community based services under this waiver. The procedures for evaluation and reevaluation of level of care are specified in **Appendix B**.
- D. Choice of Alternatives:** The State assures that when an individual is determined to be likely to require the level of care specified for this waiver and is in a target group specified in **Appendix B**, the individual (or, legal representative, if applicable) is:
1. Informed of any feasible alternatives under the waiver; and,
 2. Given the choice of either institutional or home and community based waiver services. **Appendix B** specifies the procedures that the State employs to ensure that individuals are informed of feasible alternatives under the waiver and given the choice of institutional or home and community-based waiver services.
- E. Average Per Capita Expenditures:** The State assures that, for any year that the waiver is in effect, the average per capita expenditures under the waiver will not exceed 100 percent of the average per capita expenditures that would have been made under the Medicaid State plan for the level(s) of care specified for this waiver had the waiver not been granted. Cost-neutrality is demonstrated in **Appendix J**.
- F. Actual Total Expenditures:** The State assures that the actual total expenditures for home and community-based waiver and other Medicaid services and its claim for FFP in expenditures for the services provided to individuals under the waiver will not, in any year of the waiver period, exceed 100 percent of the amount that would be incurred in the absence of the waiver by the State's Medicaid program for these individuals in the institutional setting(s) specified for this waiver.
- G. Institutionalization Absent Waiver:** The State assures that, absent the waiver, individuals served in the waiver would receive the appropriate type of Medicaid-funded institutional care for the level of care specified for this waiver.

- H. Reporting:** The State assures that annually it will provide CMS with information concerning the impact of the waiver on the type, amount and cost of services provided under the Medicaid State plan and on the health and welfare of waiver participants. This information will be consistent with a data collection plan designed by CMS.
- I. Habilitation Services.** The State assures that prevocational, educational, or supported employment services, or a combination of these services, if provided as habilitation services under the waiver are: (1) not otherwise available to the individual through a local educational agency under the Individuals with Disabilities Education Act (IDEA) or the Rehabilitation Act of 1973; and, (2) furnished as part of expanded habilitation services.
- J. Services for Individuals with Chronic Mental Illness.** The State assures that federal financial participation (FFP) will not be claimed in expenditures for waiver services including, but not limited to, day treatment or partial hospitalization, psychosocial rehabilitation services, and clinic services provided as home and community-based services to individuals with chronic mental illnesses if these individuals, in the absence of a waiver, would be placed in an IMD and are: (1) age 22 to 64; (2) age 65 and older and the State has not included the optional Medicaid benefit cited in 42 CFR §440.140; or (3) age 21 and under and the State has not included the optional Medicaid benefit cited in 42 CFR § 440.160.

6. Additional Requirements

Note: Item 6-I must be completed.

- A. Service Plan.** In accordance with 42 CFR §441.301(b)(1)(i), a participant-centered service plan (of care) is developed for each participant employing the procedures specified in **Appendix D**. All waiver services are furnished pursuant to the service plan. The service plan describes: (a) the waiver services that are furnished to the participant, their projected frequency and the type of provider that furnishes each service and (b) the other services (regardless of funding source, including State plan services) and informal supports that complement waiver services in meeting the needs of the participant. The service plan is subject to the approval of the Medicaid agency. Federal financial participation (FFP) is not claimed for waiver services furnished prior to the development of the service plan or for services that are not included in the service plan.
- B. Inpatients.** In accordance with 42 CFR §441.301(b)(1) (ii), waiver services are not furnished to individuals who are in-patients of a hospital, nursing facility or ICF/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:
The Ohio Department of Developmental Disabilities convened two groups of stakeholders comprised of representatives from county boards of developmental disabilities, providers, parents, and advocates. The first group of stakeholders met between December 2009 – March 2010 and decided on service definitions for the new services, including provider qualifications and rate structure. In late March 2010, DODD made the decision to broaden the scope of the waiver, and in April 2010, a second group of stakeholders was convened. This group focused on understanding what the waiver would need to address to incorporate the aspects of participant direction, and to address potential barriers to implementation. Consultants Robin Cooper and Sue Flanagan were brought in to assist this group with understanding the nature of participant direction and what a Financial Management Services entity does in support of participant direction.
- 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:

First Name:

Title:

Agency:

Address:

Address 2:

City:

State: **Ohio**

Zip:

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

Fax:

E-mail:

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

Last Name:
First Name:
Title:
Agency:
Address:
Address 2:
City:
State: **Ohio**
Zip:
Phone: **Ext:** **TTY**
Fax:
E-mail:

8. Authorizing Signature

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

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

Signature:
 State Medicaid Director or Designee
Submission Date:

Last Name:
First Name:
Title:
Agency:
Address:
Address 2:
City:
State: **Ohio**
Zip:
Phone:
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.

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.

In addition, DODD identifies issues on a continuous basis via field reviews. These are entered into our new review software, CMO. This software provides us unprecedented access to collected data, so we will be able to share it with ODJFS much faster and easier. DODD corrects issues as they are identified. On a regular basis (at least quarterly), DODD reports on a selection of quality measures to ODJFS at our Quality Steering Committee. At least annually, we report on key waiver measures and meet to discuss them. DODD and ODJFS work as a team to identify issues, develop solutions and prevent future occurrences.

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.:*

ODJFS and DODD will enter into a contractual relationship with an entity to perform the function of Financial Management Services (FMS). The FMS entity will be responsible for utilization management to ensure the payment for waiver services delivered match what is authorized in the Individual Service Plan.

DODD has been working with ODJFS in developing the contract language to be used for the proposed vendor, Ohio's statewide FMS entity. Target timeframe for the contract to be in place is Spring 2012.

- 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 5123.042 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 Developmental Disabilities.

ODJFS delegates primary responsibility for oversight of the county boards to DODD. To monitor DODD's oversight of county boards, ODJFS receives the following from DODD: 1) quarterly data from DODD reviews of county boards & providers, MUI training, MUI technical assistance, deficiencies identified, county board MUI performance, provider agency reviews, and information on the lowest eight reporting counties; 2) bi-annual reports on MUI patterns and trends; 3) an annual report on Hearings outcomes; 4) on request, county-specific Accreditation reports, and information about decision abeyances & corrective actions; and 5) an annual report on County Board Accreditation.

The ODJFS Ongoing Review assesses key elements of statewide CBDD performance in terms of multiple aspects of case management (level of care assessment, care planning, hearing rights process, consumer choice, consumer satisfaction, and incident management).

ODJFS oversees DODD's A-133 fiscal monitoring of county boards as sub-recipients.

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:

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

Regarding the assessment of local entities, the Operating Agency (DODD): 1) accredits each County Board of DD for a period of one to five years, with better-performing county boards granted the longer accreditation terms; 2) conducts annual reviews of County Boards 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 County Board accreditation contain questions, probes, and requests for evidence that tie directly to federal assurances, including assurances for: service planning & consumer free choice of provider; level of care determination; health and welfare; and hearing rights. The health and welfare sections of the accreditation tool are used for the annual Protection from Harm evaluations. On an annual basis, County Boards of DD are also required to self-report data similar to the data that is gathered in the

Accreditation process. The Operating Agency produces regular reports on participant-specific Major Unusual Incidents, including county-specific data, and monitors to detect trends and patterns.

ODJFS delegates primary responsibility for oversight of the county boards to DODD. To monitor DODD's oversight of county boards, ODJFS receives the following from DODD: 1) quarterly data from DODD reviews of county boards & providers, MUI training, MUI technical assistance, deficiencies identified, county board MUI performance, provider agency reviews, and information on the lowest eight reporting counties; 2) bi-annual reports on MUI patterns and trends; 3) an annual report on Hearings outcomes; 4) on request, county-specific Accreditation reports, and information about decision abeyances & corrective actions; and 5) an annual report on County Board Accreditation.

ODJFS is working with DODD to develop the capacity to report, on a quarterly basis, summary information resulting from Accreditation reviews. Such reports would include, e.g., length of terms awarded, numbers & descriptions of decision abeyances, numbers & descriptions of corrective actions, etc. Once DODD can produce such reports, the reports will be subject to review by ODJFS; this will create an improved basis for ODJFS to monitor individual county board performance and the effectiveness of DODD's oversight. DODD expects that functionality to be available in Spring 2012.

The ODJFS Ongoing Review assesses key elements of statewide CBDD performance in terms of multiple aspects of case management (level of care assessment, care planning, hearing rights process, consumer choice, consumer satisfaction, and incident management).

Ohio has already begun the process to establish the requirements for the FMS vendor for this waiver; however, upon approval from CMS, Ohio plans to use the time needed for roll-out of the waiver to do what is necessary for implementation of the FMS.

Ohio's SMA has a current readiness review process in place for use with FMS vendors. DODD will review the readiness review and revise if necessary to fit what will be asked of the FMS for this waiver. The readiness review will be contained in the contract, as will all ongoing requirements of the FMS.

Appendix A: Waiver Administration and Operation

- 7. Distribution of Waiver Operational and Administrative Functions.** In the following table, specify the entity or entities that have responsibility for conducting each of the waiver operational and administrative functions listed (*check each that applies*):

In accordance with 42 CFR §431.10, when the Medicaid agency does not directly conduct a function, it supervises the performance of the function and establishes and/or approves policies that affect the function. All functions not performed directly by the Medicaid agency must be delegated in writing and monitored by the Medicaid Agency. *Note: More than one box may be checked per item. Ensure that Medicaid is checked when the Single State Medicaid Agency (1) conducts the function directly; (2) supervises the delegated function; and/or (3) establishes and/or approves policies related to the function.*

Function	Medicaid Agency	Other State Operating Agency	Contracted Entity	Local Non-State Entity
Participant waiver enrollment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Waiver enrollment managed against approved limits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiver expenditures managed against approved levels	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Level of care evaluation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Review of Participant service plans	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prior authorization of waiver services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilization management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Qualified provider enrollment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Execution of Medicaid provider agreements	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
Rules, policies, procedures and information development				

governing the waiver program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance and quality improvement activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input checked="" type="checkbox"/> Other Specify: CBDD	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and	<input type="checkbox"/> Other

	Ongoing	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:

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

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

Data Aggregation and Analysis:

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

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 <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval =

		<input type="text"/>
<input checked="" type="checkbox"/> Other Specify: County Board	<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 adverse outcomes that were remediated within specified timelines.

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 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="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:

Percentage of claims submitted by the FMS 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 (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 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 checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input checked="" type="checkbox"/> Other Specify: At least 10% of enrollees
	<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 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 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 (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 <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% 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 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"/>

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Performance Measure:
Proportion of authorized services utilized

Data Source (Select one):

Other

If 'Other' is selected, specify:

Financial Management Statements

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

Data Aggregation and Analysis:

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

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

- 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 identifies issues on a continuous basis via field reviews. These are entered into our new review software, CMO. This software provides us unprecedented access to collected data, so we will be able to share it with ODJFS much faster and easier. DODD corrects issues as they are identified. On a regular basis (at least quarterly), DODD reports on a selection of quality measures to ODJFS at our Quality Steering Committee. At least annually, we report on key waiver measures and meet to discuss them. DODD and ODJFS work as a team to identify issues, develop solutions and prevent future occurrences.

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.

Activities by ODJFS for addressing individual problems include:

1) ODJFS Adverse Outcomes process - during the course of any review conducted by ODJFS, when staff encounter a situation in which a waiver recipient's health seems to be at risk, the staff follow a protocol to report these observations. Adverse outcomes are prioritized based upon seven reporting levels: Imminent, Serious, Moderate, Failure to Report, Level of Care, Care Planning and Complaint. Depending on the severity of the situation, the staff will take immediate action, coordinate intervention with providers or case managers, or report the finding to ODJFS staff in Columbus. ODJFS staff in Columbus communicate findings to the Operating Agency for review and/or intervention; the operating agency is required to report back to ODJFS within timeframes that vary by reporting level. ODJFS logs and tracks all such findings and referrals to assure appropriate resolution. ODJFS convenes an internal Adverse Outcomes committee to determine when an Adverse Outcome is fully resolved and can be closed. This process is also described in Appendix G.

2) Alert Monitoring – ODJFS Protection from Harm Unit monitors both prevention and outcome activities performed by DODD to protect Medicaid consumers on HCBS waivers from significant incidents impacting their health and safety. ODJFS staff review incident alerts, track and monitor them until resolution has been reached, the individual is healthy and safe, the cause has been identified and remedied, and preventive measures have been taken. The discovery of potential Incident Alerts may occur through the following means: ODJFS may be notified by DODD via Director's Alert e-mail or other means; by BHCS Protection from Harm Unit; by ODA; through ODJFS monitoring of DODD Incident Tracking System (ITS); through other service delivery systems; media; or complaints received directly by ODJFS. This process is described in greater detail in Appendix G.

Activities by ODJFS geared to support systems level remediation include:

- 1) Quarterly PFH Oversight Meetings - ODJFS and DODD meet face-to-face on a quarterly basis to review data generated by both agencies related to protection from harm systems. In these meeting, staff identify and discuss trends and patterns, discuss remediation associated with specific cases, identify best practices, and share related information. This process is described in greater detail in Appendix G.
- 2) Bi-annual Quality Briefings - ODJFS convenes a bi-annual Quality Briefing with DODD in which the agencies share and review performance data. This data includes performance data reflecting DODD monitoring activities, including how many particular monitoring activities were completed in the period, what problems were identified, and what corrective actions were initiated. As part of at least one Quality Briefing each year, DODD reports to ODJFS summary information about: 1) the findings of its County Board Accreditation reviews, 2) updates on the safeguards that DODD maintains to assure appropriate separation of roles by County Boards and on related incidents and performance issues. ODJFS also reports on findings from its Ongoing Case review in this forum. This Quality Improvement process is described in greater detail in Appendix H.
- 3) Quality Steering Committee – ODJFS meets quarterly with the multi-agency HCBS waiver Quality Steering Committee (QSC). The committee collects, compiles, and reports aggregate waiver-specific performance data. The committee uses this data, and conducts additional analysis, as a means to assess and compare performance across Ohio’s Medicaid waiver systems, to identify cross-waiver structural weaknesses, to support collaborative efforts to improve waiver systems, and to help move Ohio toward a more unified quality management system.
- 4) Systems Review - At least once during the waiver’s federal approval period, ODJFS conducts a desk review to gauge the effectiveness of one or more of the systems DODD operates to assure compliance of the waiver. The operating agency assembles detailed documentation to show how the system works, ODJFS reviews this material, and then meets with the operating agency to ask follow-up questions. When the review is complete, ODJFS compiles a report. If problems are discovered, ODJFS collaborates with the operating agency to develop a quality improvement plan.

Timelines for plan of corrections to be submitted to ODJFS: Imminent: 10 business days; Serious: 15 business days; Moderate, Failure to Report, Level of Care, Care Planning, and Fiscal: 30 business days.

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 style="width: 200px; height: 20px;" 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.

The State agrees that the following activities and items will be in place before the implementation of the waiver program. The State will provide CMS with an update on the status of all activities by May 1, 2012:

- The capacity to report summary information regarding county accreditation reviews and implementation of the reviews.
- Finalization and promulgation of necessary regulations and/or policies, provider qualifications, monitoring, and other systems and personnel necessary to administer the waiver.
- Completion of all contracts and requirements for the Statewide FMS entity
- Implementation of a Support Brokerage Training Program
- Completion of all training for all entities required to operationalize the program, including but not limited to FMS, Support Brokers, providers, and participants
- Finalization and implementation of all required Administrative rules and regulations
- Completion of new waiver software
- Any and all other pieces necessary for effective implementation of the waiver program and effective administrative oversight activities.

Appendix B: Participant Access and Eligibility

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

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

Target Group	Included	Target SubGroup	Minimum Age	Maximum Age	
				Maximum Age Limit	No Maximum Age Limit
<input checked="" type="radio"/> Aged or Disabled, or Both - General					
	<input type="checkbox"/>	Aged	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Disabled (Physical)	<input type="text"/>	<input type="text"/>	
	<input type="checkbox"/>	Disabled (Other)	<input type="text"/>	<input type="text"/>	
<input checked="" type="radio"/> Aged or Disabled, or Both - Specific Recognized Subgroups					
	<input type="checkbox"/>	Brain Injury	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="checkbox"/>	HIV/AIDS	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Medically Fragile	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Technology Dependent	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Mental Retardation or Developmental Disability, or Both					
	<input type="checkbox"/>	Autism	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	Developmental Disability	0 <input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	Mental Retardation	0 <input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>
<input checked="" type="radio"/> Mental Illness					
	<input type="checkbox"/>	Mental Illness	<input type="text"/>	<input type="text"/>	
	<input type="checkbox"/>	Serious Emotional Disturbance	<input type="text"/>	<input type="text"/>	

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

To be enrolled on this waiver, an individual (or their representative) must be willing and able to perform the duties

associated with Participant Direction. The individual must document what supports will be used for purposes of information and assistance with Participant Direction, and that those supports have received the appropriate training on Participant Direction.

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

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

Specify:

Appendix B: Participant Access and Eligibility

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

- a. **Individual Cost Limit.** The following individual cost limit applies when determining whether to deny home and community-based services or entrance to the waiver to an otherwise eligible individual (*select one*) Please note that a State may have only ONE individual cost limit for the purposes of determining eligibility for the waiver:
- No Cost Limit.** The State does not apply an individual cost limit. *Do not complete Item B-2-b or item B-2-c.*
 - Cost Limit in Excess of Institutional Costs.** The State refuses entrance to the waiver to any otherwise eligible individual when the State reasonably expects that the cost of the home and community-based services furnished to that individual would exceed the cost of a level of care specified for the waiver up to an amount specified by the State. *Complete Items B-2-b and B-2-c.*

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

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

Specify the percentage:

- Other**

Specify:

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

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

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

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

- The following dollar amount:**

Specify dollar amount:

The dollar amount (select one)

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

Specify the formula:

- May be adjusted during the period the waiver is in effect. The State will submit a waiver amendment to CMS to adjust the dollar amount.**
- The following percentage that is less than 100% of the institutional average:**

Specify percent:

- Other:**

Specify:

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

Appendix B: Participant Access and Eligibility

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

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

The SELF Waiver will utilize a pre-screening tool in order to determine that the cost limit is sufficient to assure individual's health and welfare.

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

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

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

Additional services in excess of the individual cost limit may be authorized.

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

Other safeguard(s)

Specify:

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

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

Appendix B: Participant Access and Eligibility

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

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

Table: B-3-a

Waiver Year	Unduplicated Number of Participants
Year 1	500
Year 2	1000
Year 3	2000

- 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	

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
Individuals with Intensive Behavioral Needs

Appendix B: Participant Access and Eligibility

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

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

Emergencies and Hearing Decisions

Purpose (*describe*):

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

The Reserve Capacity amount equates to 3% of the total capacity for Waiver Years 1, 2 and 3.

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

Waiver Year	Capacity Reserved
Year 1	15
Year 2	30
Year 3	60

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):

Individuals with Intensive Behavioral Needs

Purpose (describe):

Under 5112.371 and 5123.0417 of the Ohio Revised Code, the Ohio Department of Developmental Disabilities has been given statutory authority to establish programs (including one or more Medicaid waiver components) for individuals under twenty-two years of age who have intensive behavioral needs.

Describe how the amount of reserved capacity was determined:

DODD used 100 as the base number for a solid starting point for Waiver Year 1, then added in 2% of the total capacity for Waiver Years 2 and 3.

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

Waiver Year	Capacity Reserved
Year 1	100
Year 2	120
Year 3	140

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 SELF 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. A county's "floor" or minimum standard number of waiver opportunities established will then be adjusted as waiver growth increases, based on PICT information and waiting list information, and is measured against Ohio county census data.

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

DODD has an application that tracks the enrollment for the waivers operated by DODD, known as the Waiver Management System (WMS). This application combines the waiver enrollment processes 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.

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

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

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

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

*Priority categories are defined in Ohio statute at 5126.042.

DODD has finalized a revised version of its Waiting List rule which clarifies that there is one statewide process for selecting entrants onto a DODD-operated waiver and it is slated to be effective as of December 1, 2011. Current DODD rules in effect can be found at: <https://doddportal.dodd.ohio.gov/rules/ineffect/Pages/default.aspx>

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 (TWWIA Basic Coverage Group as provided in §1902(a)(10)(A)(ii)(XV) of the Act)
 Working individuals with disabilities who buy into Medicaid (TWWIA 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 Social Security Income Federal Benefit Rate (SSI/FBR).

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

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

Specify:

Specify the amount of the allowance (select one):

- The following standard under 42 CFR §435.121

Specify:

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

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

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

Specify:

iii. Allowance for the family (select one):

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

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

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

Specify:

- Other**

Specify:

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

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

Select one:

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

Specify:

Appendix B: Participant Access and Eligibility

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

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

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

i. Allowance for the personal needs of the waiver participant

(select one):

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

Specify percentage:

- The following dollar amount:

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

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

Specify formula:

- Other

Specify:

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

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

Select one:

- Allowance is the same
- Allowance is different.

Explanation of difference:

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

- a. Health insurance premiums, deductibles and co-insurance charges
- b. Necessary medical or remedial care expenses recognized under State law but not covered under the

State's Medicaid plan, subject to reasonable limits that the State may establish on the amounts of these expenses.

Select one:

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

Appendix B: Participant Access and Eligibility

B-6: Evaluation/Reevaluation of Level of Care

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

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

i. Minimum number of services.

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

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

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

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

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

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

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

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

- Directly by the Medicaid agency**

- By the operating agency specified in Appendix A
- By an entity under contract with the Medicaid agency.

Specify the entity:

- Other
- Specify:

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

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

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

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

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

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

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

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

and supports to promote the acquisition of skills and to decrease or prevent regression in the performance in areas where delays are indicated and agrees to participate in an individualized plan of services and supports.”

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

- e. **Level of Care Instrument(s).** Per 42 CFR §441.303(c)(2), indicate whether the instrument/tool used to evaluate level of care for the waiver differs from the instrument/tool used to evaluate institutional level of care (*select one*):
- The same instrument is used in determining the level of care for the waiver and for institutional care under the State Plan.**
 - A different instrument is used to determine the level of care for the waiver than for institutional care under the State plan.**

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

Level of Care (LOC) 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.

The Level of Care determinations for waiver applicants uses an eligibility determination form. That form summarizes evaluations from a physician and a 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 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 that the individual continues to meet a PLOC and an 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 OAC 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 ICF/MR 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 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 redetermination due date reports which give the waiver participants' names (by county) and the level of care due date for all redeterminations due within 18 days. 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 monitored by DODD staff for the purpose of working with the external customers to ensure the timely submittal of the redetermination.

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

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 had a level of care evaluation prior to receiving services

Data Source (Select one):

Other

If 'Other' is selected, specify:

DODD LOC Database

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

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

- 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 (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	<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/re-determinations 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 <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 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="text"/>
	<input 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"/>

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

b. Methods for Remediation/Fixing Individual Problems

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

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

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

ii. Remediation Data Aggregation

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

Responsible Party <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: <input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input checked="" type="checkbox"/> Other Specify: Semi-annually

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

Appendix C: Participant Services

C-1/C-3: Service Specification

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

Service Type:

Statutory Service

Service:

Personal Care

Alternate Service Title (if any):

Community Inclusion

Service Definition (Scope):

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

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

(b) Transportation services including, but not limited to, fees for accessible transportation; taxi, bus and light rail transit fares; and mileage reimbursement for up to the Federal reimbursable mileage rate.

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

Cost Limitation for this service: \$25,000 per waiver eligibility span combined limitation for Community Inclusion, Residential Respite, Community Respite, and Remote Monitoring.

Service Delivery Method (check each that applies):

- 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	Community Inclusion – Personal Assistance
Agency	Community Inclusion – Transportation
Individual	Community Inclusion – Transportation
Agency	Community Inclusion – Personal Assistance

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service**

Service Type: Statutory Service
Service Name: Community Inclusion

Provider Category:

Individual

Provider Type:

Community Inclusion – Personal Assistance

Provider Qualifications**License** (specify):
Certificate (specify):

Certified per standards listed in OAC 5123:2-9-42.

Other Standard (specify):
Verification of Provider Qualifications**Entity Responsible for Verification:**

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service**

Service Type: Statutory Service
Service Name: Community Inclusion

Provider Category:

Agency

Provider Type:

Community Inclusion – Transportation

Provider Qualifications**License** (*specify*):
Certificate (*specify*):

Certified per standards listed in OAC 5123:2-9-42.

Other Standard (*specify*):
Verification of Provider Qualifications**Entity Responsible for Verification:**

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Statutory Service****Service Name: Community Inclusion****Provider Category:**

Individual

Provider Type:

Community Inclusion – Transportation

Provider Qualifications**License** (*specify*):
Certificate (*specify*):

Certified per standards listed in OAC 5123:2-9-42.

Other Standard (*specify*):
Verification of Provider Qualifications**Entity Responsible for Verification:**

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Statutory Service****Service Name: Community Inclusion****Provider Category:**

Agency

Provider Type:

Community Inclusion – Personal Assistance

Provider Qualifications**License (specify):**

Certificate (specify):

Certified per standards listed in OAC 5123:2-9-42.

Other Standard (specify):

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

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services**C-1/C-3: Service Specification**

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

Service Type:

Service:

Alternate Service Title (if any):

Residential Respite

Service Definition (Scope):

"Residential Respite" means services provided to individuals unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the individuals. Residential Respite shall only be provided in the following locations:–

- (a) –– An intermediate care facility for the mentally retarded; or
- (b) –– A residential facility, other than an intermediate care facility for the mentally retarded, licensed by the department under section 5123.19 of the Revised Code; or–
- (c) A residence, other than an intermediate care facility for the mentally retarded or a facility licensed by the department under section 5123.19 of the Revised Code, where Residential Respite is provided by an agency provider.

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

Cost Limitation for this service: \$25,000 per waiver eligibility span combined limitation for Community Inclusion, Residential Respite, Community Respite, and Remote Monitoring.

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

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

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

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
- Provider managed

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

- Legally Responsible Person
 Relative
 Legal Guardian

Provider Specifications:

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

Appendix C: Participant Services

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

Service Type: Statutory Service
Service Name: Residential Respite

Provider Category:

Agency

Provider Type:

Agency Providers of Residential Respite

Provider Qualifications

License (specify):

Certificate (specify):

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

Other Standard (specify):

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

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

Service Type: Statutory Service
Service Name: Residential Respite

Provider Category:

Agency

Provider Type:

Facilities certified as ICFs-MR

Provider Qualifications

License (specify):

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

Certificate (specify):

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

Other Standard (specify):

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

DODD

Frequency of Verification:

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

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Statutory Service****Service Name: Residential Respite****Provider Category:**

Agency

Provider Type:

Facilities licensed by DODD under section 5123.19 of the Revised Code

Provider Qualifications**License (specify):**

Licensed by the Ohio Department of Developmental Disabilities under 5123.19 of the Revised Code.

Certificate (specify):

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

Other Standard (specify):

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

DODD

Frequency of Verification:

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

Appendix C: Participant Services**C-1/C-3: Service Specification**

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

Service Type:

Statutory Service

Service:

Supported Employment

Alternate Service Title (if any):

Supported Employment - Enclave

Service Definition (Scope):

-----"Supported employment services" consist of intensive, ongoing supports that enable participants, for whom competitive employment at or above the minimum wage is unlikely absent the provisions of supports, and who, because of their disabilities, need supports to perform in a regular work setting. "Supported employment"

does not include sheltered work or other similar types of vocational services furnished in specialized facilities. ↵

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

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

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

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

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

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

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

Activities That Constitute Supported Employment – Enclave

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

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

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

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

- ↵↵↵(a) Developing a systematic plan of on-the-job instruction and support, including task analyses;↵
- ↵↵↵(b) Assisting the individual to perform activities that result in his/her social integration with disabled and non-disabled employees on the work-site;↵
- ↵↵↵(c) Supporting and training the individual in the use of generic and/or individualized transportation services;↵

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Service Delivery Method (check each that applies):

Participant-directed as specified in Appendix E

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: Statutory Service
Service Name: Supported Employment - Enclave

Provider Category:Agency **Provider Type:**

County board of DD providers of supported employment - enclave services

Provider Qualifications**License (specify):**



Certificate (specify):

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

Other Standard (specify):



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

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

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

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

Provider Category:Agency **Provider Type:**

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

Provider Qualifications**License (specify):**



Certificate (specify):

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

Other Standard (specify):



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

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Service Specification

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

Service Type:

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

Support for Participant Direction:

Alternate Service Title (if any):

Participant-Directed Goods and Services

Service Definition (Scope):

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

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

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

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

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

(d) The services, equipment, or supplies are required to meet the needs and outcomes identified in the individual’s ISP; would assure the health and welfare of the individual; are the least costly alternative that reasonably meets the individual’s assessed needs; and are for the direct benefit of the individual in achieving at least one of the following outcomes:

- (i) Improving cognitive, social or behavioral functioning;
- (ii) Maintaining the ability of the individual to remain in the community;
- (iii) Enhancing community inclusion and family involvement;
- (iv) Developing or maintaining personal, social, or physical skills;
- (v) Decreasing dependency on formal support services; or
- (vi) Increasing independence of the individual.

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

Experimental treatments are excluded.

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
- Provider managed

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

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

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

Appendix C: Participant Services

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

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

Provider Category:

Agency

Provider Type:

Agency Providers of Participant-Directed Goods and Services

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

Provider qualification standards are listed in 5123:2-9-45.

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

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

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

Provider Category:

Individual

Provider Type:

Independent Providers of Participant-Directed Goods and Services

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

Provider qualification standards are listed in 5123:2-9-45.

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Service Specification

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

Service Type:

Supports for Participant Direction

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

Support for Participant Direction:

Other Supports for Participant Direction

Alternate Service Title (if any):

Participant/Family Stability Assistance

Service Definition (Scope):

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

Participant/Family Stability Assistance includes training and/or counseling in the following areas:

- (1) Accommodating the individual's disability in the home;
- (2) Accessing supports offered in the community;
- (3) Effectively supporting the individual so that he or she may be fully engaged in the life of the family; and
- (4) Supporting the unique needs of the individual.

Participant/Family Stability Assistance includes the cost of enrollment fees and materials, but does not cover travel expenses.

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

The service can only be utilized by the participant or family members who reside with the participant. Experimental treatments are excluded.

Service Delivery Method (check each that applies):

- 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:

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

Appendix C: Participant Services

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

Service Type: Supports for Participant Direction

Service Name: Participant/Family Stability Assistance

Provider Category:

Agency

Provider Type:

Agency Providers of Participant/Family Stability Assistance – Training

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Certified per standards listed in OAC 5123:2-9-46.

Other Standard (*specify*):

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

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

Service Type: Supports for Participant Direction

Service Name: Participant/Family Stability Assistance

Provider Category:

Individual

Provider Type:

Independent Providers of Participant/Family Stability Assistance - Counseling

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Certified per standards listed in OAC 5123:2-9-46.

Other Standard (*specify*):

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Supports for Participant Direction****Service Name: Participant/Family Stability Assistance****Provider Category:**

Individual

Provider Type:

Independent Providers of Participant/Family Stability Assistance – Training

Provider Qualifications**License (specify):**

Certificate (specify):

Certified per standards listed in OAC 5123:2-9-46.

Other Standard (specify):

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

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Supports for Participant Direction****Service Name: Participant/Family Stability Assistance****Provider Category:**

Agency

Provider Type:

Agency Providers of Participant/Family Stability Assistance - Counseling

Provider Qualifications**License (specify):**

Certificate (specify):

Certified per standards listed in OAC 5123:2-9-46.

Other Standard (specify):

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

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services**C-1/C-3: Service Specification**

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

Service Type:

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

Support for Participant Direction:

Alternate Service Title (if any):

Support Brokerage

Service Definition (Scope):

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

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

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

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

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

- a county board, or its affiliated housing or adult service non-profit corporations
- a provider of another SELF Waiver service, or any related entities affiliated with that provider (including, but not limited to, contractors of providers).

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

Service Delivery Method (check each that applies):

- 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 Provider of Support Brokerage
Agency	Agency Provider of Support Brokerage

Appendix C: Participant Services

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

Service Type: Supports for Participant Direction

Service Name: Support Brokerage

Provider Category:

Individual

Provider Type:

Independent Provider of Support Brokerage

Provider Qualifications

License (specify):

Certificate (specify):

Certified per standards listed in OAC 5123:2-9-47.

Other Standard (specify):

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

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

Service Type: Supports for Participant Direction

Service Name: Support Brokerage

Provider Category:

Agency

Provider Type:

Agency Provider of Support Brokerage

Provider Qualifications

License (specify):

Certificate (specify):

Certified per standards listed in OAC 5123:2-9-47.

Other Standard (specify):

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Service Specification

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

Service Type:

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

Service Title:

Clinical/Therapeutic Intervention

Service Definition (Scope):

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

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

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

Experimental treatments are prohibited.

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

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

Service Delivery Method (check each that applies):

- 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	Clinical/Therapeutic Interventionist
Agency	Specialized Clinical/Therapeutic Interventionist
Individual	Clinical/Therapeutic Interventionist
Individual	Senior Level Specialized Clinical/Therapeutic Interventionist
Individual	Specialized Clinical/Therapeutic Interventionist
Agency	Senior Level Specialized Clinical/Therapeutic Interventionist

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Clinical/Therapeutic Intervention****Provider Category:**

Agency

Provider Type:

Clinical/Therapeutic Interventionist

Provider Qualifications**License (specify):**

Certificate (specify):

Other Standard (specify):

Provider qualification standards are listed in 5123:2-9-41.

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

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Clinical/Therapeutic Intervention****Provider Category:**

Agency

Provider Type:

Specialized Clinical/Therapeutic Interventionist

Provider Qualifications**License (specify):**

Certificate (specify):

Other Standard (*specify*):

Provider qualification standards are listed in 5123:2-9-41.

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

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service**

Service Type: Other Service

Service Name: Clinical/Therapeutic Intervention

Provider Category:

Individual

Provider Type:

Clinical/Therapeutic Interventionist

Provider Qualifications**License** (*specify*):
Certificate (*specify*):
Other Standard (*specify*):

Provider qualification standards are listed in 5123:2-9-41.

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

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service**

Service Type: Other Service

Service Name: Clinical/Therapeutic Intervention

Provider Category:

Individual

Provider Type:

Senior Level Specialized Clinical/Therapeutic Interventionist

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

Certificate (specify):

Other Standard (specify):

Provider qualification standards are listed in 5123:2-9-41.

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

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Clinical/Therapeutic Intervention****Provider Category:**

Individual

Provider Type:

Specialized Clinical/Therapeutic Interventionist

Provider Qualifications**License (specify):**

Certificate (specify):

Other Standard (specify):

Provider qualification standards are listed in 5123:2-9-41.

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

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Clinical/Therapeutic Intervention****Provider Category:**

Agency

Provider Type:

Senior Level Specialized Clinical/Therapeutic Interventionist

Provider Qualifications**License (specify):**

	▲
	▼

Certificate (*specify*):

	▲
	▼

Other Standard (*specify*):

Provider qualification standards are listed in 5123:2-9-41.

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Service Specification

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

Service Type:

Other Service	▼
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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:

Cost Limitation for this service: \$25,000 per waiver eligibility span combined limitation for Community Inclusion, Residential Respite, Community Respite, and Remote Monitoring.

Payment for Community Respite does not include room and board.

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

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

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

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

- Participant-directed as specified in Appendix E
- Provider managed

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

- Legally Responsible Person

- Relative
 Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Agency Community Respite Providers

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service**

Service Type: Other Service
Service Name: Community Respite

Provider Category:

Agency

Provider Type:

Agency Community Respite Providers

Provider Qualifications

License (*specify*):

Certificate (*specify*):

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

Other Standard (*specify*):

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services**C-1/C-3: Service Specification**

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

Service Type:

Other Service

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

Service Title:

Functional Behavioral Assessment

Service Definition (*Scope*):

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

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

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

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

Limit of 1 Functional Behavioral Assessment per waiver eligibility span.

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

- 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 Provider of Functional Behavioral Assessment
Agency	Agency Provider of Functional Behavioral Assessment

Appendix C: Participant Services

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

Service Type: Other Service

Service Name: Functional Behavioral Assessment

Provider Category:

Individual

Provider Type:

Independent Provider of Functional Behavioral Assessment

Provider Qualifications

License (*specify*):

Must be licensed as one of the following: Licensed Professional Clinical Counselor per OAC 4757.22; Licensed Professional Counselor per OAC 4757.23; Licensed Independent Social Worker per OAC 4757.27; or Licensed Social Worker (under the supervision of an LISW) per OAC 4757.28

Certificate (*specify*):

Other Standard (*specify*):

Provider qualification standards are listed in 5123:2-9-43.

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

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

Service Type: Other Service

Service Name: Functional Behavioral Assessment

Provider Category:

Agency

Provider Type:

Agency Provider of Functional Behavioral Assessment

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

Must be licensed as one of the following: Licensed Professional Clinical Counselor per OAC 4757.22; Licensed Professional Counselor per OAC 4757.23; Licensed Independent Social Worker per OAC 4757.27; or Licensed Social Worker (under the supervision of an LISW) per OAC 4757.28

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

Provider qualification standards are listed in 5123:2-9-43.

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

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Service Specification

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

Service Type:

Other Service

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

Service Title:

Habilitation - Adult Day Support

Service Definition (*Scope*):

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

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

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

Services shall normally be made available four or more hours per day on a regularly scheduled basis, for one or more days per week unless provided as an adjunct to other day activities included in an Individual Service Plan (ISP).

Activities that Constitute Adult Day Support

1. 'Assessment' that is conducted through formal and informal means for the purpose of developing components of an Individual Service Plan pertaining to the provision of Adult Day Support Services.
2. 'Personal care' includes providing supports and supervision in the areas of personal hygiene, eating, communication, mobility, toileting and dressing to ensure an individual's ability to experience and participate in community living.
3. 'Skill reinforcement' includes the implementation of behavioral intervention plans and assistance in the use of communication and mobility devices. Activities also include the reinforcement of skills learned by the individual

that are necessary to ensure his/her initial and continued participation in community living, including training in self-determination.

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

5. 'Recreation and leisure' includes supports identified in the individual's service plan as being therapeutic in nature, rather than merely providing a diversion, and/or as being necessary to assist the individual to develop and/or maintain social relationships and family contacts.

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

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

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

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

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
- 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 contained in Ohio Administrative Code 5123:2-9-17.

Other Standard (specify):

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

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

Service Type: Other Service

Service Name: Habilitation - Adult Day Support

Provider Category:

Agency

Provider Type:

County Board of DD providers of Adult Day Support

Provider Qualifications

License (specify):

Certificate (specify):

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

Other Standard (specify):

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Service Specification

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

Service Type:

Other Service

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

Service Title:

Habilitation - Vocational Habilitation

Service Definition (Scope):

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

Vocational Habilitation services are available to individuals who are no longer eligible for educational services based on their graduation and/or receipt of a diploma/equivalency certificate and/or their permanent

discontinuation of educational services within parameters established by the Ohio Department of Education.

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

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

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

Activities that Constitute Vocational Habilitation Services

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

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

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

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

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

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

- Participant-directed as specified in Appendix E
- Provider managed

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

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

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

Appendix C: Participant Services

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

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

Provider Category:

Agency

Provider Type:

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

Provider Qualifications

License (specify):

Certificate (specify):

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

Other Standard (specify):

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

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

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

Provider Category:

Agency

Provider Type:

County Board of DD providers of Vocational Habilitation

Provider Qualifications

License (specify):

Certificate (specify):

Certification standards will be promulgated in Ohio Administrative Code 5123:2-9-17.

Other Standard (specify):

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Service Specification

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

Service Type:

Other Service

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

Service Title:

Integrated Employment

Service Definition (Scope):

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

a) Initial supports necessary for an individual to acquire a job in the general workforce, provided in advance of the individual securing a job in the general workforce, related to career planning, placement, and training including:

–(i) Person-centered employment planning, job development, and job placement;

–(ii) Training and systematic instruction;–

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

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

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

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

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

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

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

Integrated Employment may be provided by a co-worker or other job site personnel provided that the services that are furnished are not part of that person's normal duties for which he or she is compensated by the employer and the person meets the qualifications established in the corresponding rule to this service.

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

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

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

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

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

- 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 Integrated Employment
Individual	Independent Provider of Integrated Employment

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Integrated Employment

Provider Category:

Agency

Provider Type:

Agency Provider of Integrated Employment

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Other Standard (*specify*):

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

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

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

Service Type: Other Service

Service Name: Integrated Employment

Provider Category:

Individual

Provider Type:

Independent Provider of Integrated Employment

Provider Qualifications

License (specify):

Certificate (specify):

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

Other Standard (specify):

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Service Specification

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

Service Type:

Other Service

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

Service Title:

Non-Medical Transportation

Service Definition (Scope):

Non-medical Transportation as a waiver service is available to enable waiver participants to access Adult Day Support, Vocational Habilitation, and Supported Employment-Enclave waiver services, as specified by the Individual Service Plan. Whenever possible, family, friends, neighbors, or community agencies that can provide this service without charge shall be used. Transportation services that are not provided free of charge and are required by enrollees in HCBS waivers administered by DODD to access one or more of these services shall be considered to be Non-medical Transportation services and the payment rates, service limitations and provider qualifications associated with the provision of this service shall be applicable.

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

The annual Non-Medical Transportation service limit is determined by multiplying the cost of 2 one-way trips for each of 240 days within 12-months of the individual's waiver span by the per trip payment rates established in rule by DODD for the geographic cost of doing business area (category) in the state in which the preponderance of the transportation is projected to occur. Additional information regarding the service limitations for Non-Medical Transportation can be found in OAC 5123:2-9-19.

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

- Participant-directed as specified in Appendix E
 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 non-medical transportation per mile
Individual	Individual private providers of non-medical transportation per mile
Agency	Commercial buses, livery vehicles and taxicabs providing non-medical transportation per trip
Agency	County board of DD providers of non-medical transportation per mile
Agency	Commercial buses, livery vehicles and taxicabs 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 trip
Agency	County board of DD providers of non-medical transportation per trip

Appendix C: Participant Services

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

Service Type: Other Service

Service Name: Non-Medical Transportation

Provider Category:

Agency

Provider Type:

For profit and non-profit private providers of non-medical transportation per mile

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Certification standards will be promulgated in Ohio Administrative Code 5123:2-9-18

Other Standard (*specify*):

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

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: PROVIDER SPECIFICATIONS FOR SERVICE

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

Provider Category:Individual **Provider Type:**

Individual private providers of non-medical transportation per mile

Provider Qualifications**License (specify):**



Certificate (specify):

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

Other Standard (specify):

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

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

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service**

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

Provider Category:Agency **Provider Type:**

Commercial buses, livery vehicles and taxicabs providing non-medical transportation per trip

Provider Qualifications**License (specify):**



Certificate (specify):

Certification standards will be promulgated in Ohio Administrative Code 5123:2-9-18

Other Standard (specify):

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

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

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver

Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

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

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

Provider Category:

Agency

Provider Type:

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

Provider Qualifications

License (specify):

Certificate (specify):

Certification standards will be promulgated in Ohio Administrative Code 5123:2-9-18

Other Standard (specify):

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

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

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

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

Provider Category:

Agency

Provider Type:

Commercial buses, livery vehicles and taxicabs per mile

Provider Qualifications

License (specify):

Certificate (specify):

Certification standards will be promulgated in Ohio Administrative Code 5123:2-9-18

Other Standard (specify):

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

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

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Non-Medical Transportation****Provider Category:**Individual **Provider Type:**

Individual private providers of non-medical transportation per trip

Provider Qualifications**License (specify):**



Certificate (specify):

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

Other Standard (specify):

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

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

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Non-Medical Transportation****Provider Category:**Agency **Provider Type:**

For profit and non-profit private providers of non-medical transportation per trip

Provider Qualifications**License (specify):**



Certificate (specify):

Certification standards will be promulgated in Ohio Administrative Code 5123:2-9-18

Other Standard (specify):

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

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

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

Service Type: Other Service

Service Name: Non-Medical Transportation

Provider Category:

Agency 

Provider Type:

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

Provider Qualifications

License (specify):

Certificate (specify):

Certification standards will be promulgated in Ohio Administrative Code 5123:2-9-18

Other Standard (specify):

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

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Service Specification

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

Service Type:

Other Service 

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

Service Title:

Remote Monitoring Equipment

Service Definition (Scope):

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

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

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 Providers of Remote Monitoring Equipment
Agency	Agency Providers of Remote Monitoring Equipment

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service**

Service Type: Other Service

Service Name: Remote Monitoring Equipment

Provider Category:

Individual

Provider Type:

Independent Providers of Remote Monitoring Equipment

Provider Qualifications

License (specify):

Certificate (specify):

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

Other Standard (specify):

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service**

Service Type: Other Service
Service Name: Remote Monitoring Equipment

Provider Category:Agency **Provider Type:**

Agency Providers of Remote Monitoring Equipment

Provider Qualifications**License (specify):**



Certificate (specify):

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

Other Standard (specify):



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

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

C-1/C-3: Service Specification

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

Service Type:Other Service 

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

Service Title:

Remote Monitoring

Service Definition (Scope):

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

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

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

Cost Limitation for this service: \$25,000 per waiver eligibility span combined limitation for Community Inclusion, Residential Respite, Community Respite, and Remote Monitoring.

Remote Monitoring shall only be used to reduce or replace the amount of Community Inclusion – Personal Assistance an individual needs.

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

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
- Provider managed

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

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Agency Providers of Remote

Appendix C: Participant Services

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

Service Type: Other Service

Service Name: Remote Monitoring

Provider Category:

Agency

Provider Type:

Agency Providers of Remote

Provider Qualifications

License (specify):

Certificate (specify):

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

Other Standard (specify):

Verification of Provider Qualifications

Entity Responsible for Verification:

DODD

Frequency of Verification:

DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-9-08 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Appendix C: Participant Services

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

b. **Provision of Case Management Services to Waiver Participants.** Indicate how case management is furnished to waiver participants (select one):

- Not applicable** - Case management is not furnished as a distinct activity to waiver participants.
- Applicable** - Case management is furnished as a distinct activity to waiver participants.

Check each that applies:

- As a waiver service defined in Appendix C-3. Do not complete item C-1-c.
- As a Medicaid State plan service under §1915(i) of the Act (HCBS as a State Plan Option). Complete

item C-1-c.

- As a Medicaid State plan service under §1915(g)(1) of the Act (Targeted Case Management).** *Complete item C-1-c.*
- As an administrative activity.** *Complete item C-1-c.*

- c. **Delivery of Case Management Services.** Specify the entity or entities that conduct case management functions on behalf of waiver participants:

County boards of DD conduct case management services (Targeted Case Management, or TCM) through Service and Support Administrators (SSAs) who are certified/registered through the Ohio Department of Developmental Disabilities.

In addition, assisting the individual with certain functions associated with the participant-direction aspects related to developing the ISP and individual budget, linking to providers, etc., are provided by the Support Broker, which may be paid for as a waiver service or provided on an unpaid basis.

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 Ohio's 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).

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.

DODD provider compliance reviews verify compliance for background checks. Agencies will undergo compliance reviews at least once during the term of their certification, at which time, direct services staff who

are selected as part of the review sample shall show evidence of having a current background check.

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

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

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

The requirements for the abuser registry are contained in Sections 5123.50 through 5123.54 of the Ohio Revised Code. DODD maintains an abuser registry and screens provider applicants for waiver services that have direct contact with waiver participants against the abuser registry. Certification as an independent waiver provider who is engaged in a direct services position shall not be approved until the screening has been satisfactorily completed. Agency providers must assure that all employees or contractors who are engaged in a direct services position have been screened against the abuser registry. Agency providers will not hire or employ anyone engaged in a direct services position who is on the abuser registry.

Certification shall be denied to any applicant whose name appears on the abuser registry. For waiver providers who previously have been certified, DODD regulations require the revocation of all providers' certifications whose names have been placed on the registry. If a provider is employing someone in a direct services position that is on the registry, DODD would immediately require the person on the registry to be removed from contact with any person with a developmental disability. The provider would be sanctioned for violating the abuse registry guidelines, which may involve revocation of the provider's certification.

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

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

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

Appendix C: Participant Services

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

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

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

Facility Type
Facilities licensed by DODD under ORC 5123.19

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

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

Each facility in which more than four individuals with developmental disabilities reside must be licensed by DODD in accordance with Chapter 5123.19 of the Ohio Revised Code. Licensure requirements assure that the home provides individualized services, based on the assessed needs and wants of the individual, including the opportunity to interact with individuals without disabilities, that residents have access to laundry facilities, personalized bedrooms that cannot be occupied by more than two individuals and accessible bathrooms. Homes are required to have food preparation and dining areas and non-sleeping areas that meet minimum square footage requirements. No rooms within the home, other than staff living areas, are to be 'off limits' to any resident. Residential providers are required to provide or arrange for transportation of individuals to access community services including community services/programs/activities that are available to all community members regardless of disability, in accordance with their Individual Service Plans. Licensed facilities may not erect any sign or otherwise differentiate the home from other private residences in the community.

DODD licenses 2 types of facilities: ICFs/MR and non-ICFs/MR. ('Non-ICF/MR' refers to the type of facility; it does not refer to the individual/their level of care.) 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.

Facilities are located in residential neighborhoods where access to community activities and public transportation are available. This provides individuals in these homes to interact with individuals without disabilities. The facilities physically resemble large homes, not institutions, as much as possible and provide services in a family-like way (meals, outings).

Appendix C: Participant Services

C-2: Facility Specifications

Facility Type:

Facilities licensed by DODD under ORC 5123.19

Waiver Service(s) Provided in Facility:

Waiver Service	Provided in Facility
Habilitation - Adult Day Support	<input checked="" type="checkbox"/>
Remote Monitoring Equipment	<input checked="" type="checkbox"/>
Support Brokerage	<input checked="" type="checkbox"/>
Remote Monitoring	<input checked="" type="checkbox"/>
Non-Medical Transportation	<input checked="" type="checkbox"/>
Participant-Directed Goods and Services	<input checked="" type="checkbox"/>
Residential Respite	

	<input checked="" type="checkbox"/>
Clinical/Therapeutic Intervention	<input type="checkbox"/>
Supported Employment - Enclave	<input type="checkbox"/>
Community Inclusion	<input type="checkbox"/>
Participant/Family Stability Assistance	<input type="checkbox"/>
Integrated Employment	<input type="checkbox"/>
Community Respite	<input type="checkbox"/>
Habilitation - Vocational Habilitation	<input type="checkbox"/>
Functional Behavioral Assessment	<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 not related to the individuals are not permitted to furnish waiver services to those individuals.
- Legally responsible persons, legal guardians (related or unrelated) of individuals, and family members that reside with the individual are not permitted to furnish Support Brokerage on a paid basis to those individuals.

Procedures that have been established to ensure that payment is made only for services rendered:

The Individual Service Plan (ISP) developed by the County Board specifies the waiver services eligible for

payment. Waiver services specified in the ISP are entered into the MSS/PAWS system to ensure that payment is made only for waiver services specified in ISP and only in the amounts specified in the ISP.

Consistent with the limitations in Appendix C-2-e and Appendix C-1/C-3, relatives/family members who are otherwise qualified to provide services as specified in Appendix C-1/C-3 may become qualified waiver providers by following the same certification process as DODD's other waiver providers.

Monitoring of the ISP implementation is done by the County Board's Service and Support Administrator, and provider compliance reviews conducted by DODD include a review of whether services were actually delivered in accordance with the individual's ISP.

Relatives may be employed by agencies that provide the Adult Day Waiver Services of Adult Day Support, Vocational Habilitation, Supported Employment – Enclave

During the completion of the Pre-Screen Tool for the SELF Waiver, the SSA is to identify who the individual chooses as their Support Broker. As the County Board representative that has the primary responsibility for the creation of the Individual Service Plan, the Service and Support Administrator is the single point of accountability for ensuring that providers of service act in the best interest of the individual and in accordance with what the individual needs and wants. If the Support Broker does not appear to be acting in the best interest of the individual, as with any provider, the ISP team will be convened to discuss the situation and determine what course of action should be taken to ensure that the individual's preferences are enacted (barring any preference that may cause harm to the individual).

Other policy.

Specify:

- f. Open Enrollment of Providers.** Specify the processes that are employed to assure that all willing and qualified providers have the opportunity to enroll as waiver service providers as provided in 42 CFR §431.51:

DODD continuously certifies applicants to be providers of waiver services. All documents required to be certified as a waiver provider, along with information regarding the certification process, are posted on DODD's website. Prospective providers may call or email DODD for information about the requirements or assistance with the application process. Once certified by the DODD, the Medicaid Provider application is forwarded to ODJFS for review and assignment of a Medicaid provider number.

County Boards of DD also assist in the open enrollment of providers by passing along information regarding waiver services and the provider application process to potential providers.

DODD's online Provider Certification Wizard went 'live' in Fall 2011, thereby streamlining the process potential providers use to become certified for waiver services.

Appendix C: Participant Services

Quality Improvement: Qualified Providers

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

a. Methods for Discovery: Qualified Providers

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 (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:
 Percentage 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 <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:

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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 style="width: 100%; height: 20px;" type="text"/>
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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 type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input style="width: 100%; height: 20px;" type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input style="width: 100%; height: 20px;" 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 <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

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

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- 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 verses 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 implemented an online certification tool, The Provider Certification Wizard, in 2011 that walks 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 verses 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.

An annual cost limitation has been placed on the following set of services: Community Inclusion, Remote Monitoring, Residential Respite and Community Respite. These services are grouped together in order to provide the waiver participant the flexibility of choosing the particular service necessary to maintain the individual in his/her current environment. The annual limitation for these collective services is set at \$25,000; this limitation was established for a number of reasons and supported by data drawn from DODD's existing waivers.

It was clear through our collaborations with stakeholders that there is a desired need to support individuals in the community in both the areas of personal assistance as well as with employment services. To that end, we examined data within our existing waivers to help assist us with the process of setting a reasonable and appropriate limitation by conducting a targeted analysis of individuals served on our existing waivers whose annual expenditures were less than \$40,000. The results of the analysis showed that the average expenditures related to personal care services was \$22,196. We also found that the proportion of total expenditures typically associated with personal care services was about 75% of the total annual expenditures per person (which would be \$30,000 for this waiver). We then averaged the two amounts (\$22,196 & \$30,000) to \$26,098. We further refined it to \$25,000 for the sake of simplicity.

The above limitations were developed as a result of discussions with the County Boards of DD, providers, and advocacy organizations. Based on the historical data above, these limitations have shown to be adequate in meeting individuals' needs. DODD, with assistance from with ODJFS, County Boards, and advocacy groups, will monitor the adequacy of these limitations once the waiver is operationalized to determine if the dollar limitations would need to be adjusted.

There are no built-in exceptions for individuals to exceed the limit. Proper service planning should ensure that the limit is upheld. If an individual's needs cannot be met within the limit for these services, it is likely that the individual is not appropriate for enrollment.

In cases of an emergency, the Ohio Department of Developmental Disabilities and County Boards of Developmental Disabilities will seek alternative funding mechanisms to ensure the individual's health and safety. In this circumstance, local funds, the Individual Options Waiver, or placement in an ICF/MR are three potential options to ensure health and safety.

The individual is informed of the cost limitation for the aforementioned set of services by the SSA when he/she is informed about the waiver.

- Prospective Individual Budget Amount.** There is a limit on the maximum dollar amount of waiver services authorized for each specific participant.
Furnish the information specified above.

The overall cost limitations for this waiver are \$25,000/year for children (defined as under age 22) and \$40,000/year for adults.

DODD analyzed data on the average costs for both children and adults on the DODD-operated waivers Individual Options and Level One. Research shows that children have an average of approximately \$15,000/year in waiver costs; we opted to increase that amount for this waiver in an attempt to provide the appropriate level of supports needed for individuals with intensive behavioral needs. Adults (defined as age 22 and over, unless eligible for one of the following services: Adult Day Support, Vocational Habilitation, Supported Employment – Enclave, or Integrated Employment) have an average of approximately \$45,600 in waiver expenses (which includes the cost of Adult Day Waiver Services); however, that factors in the Individual Options waiver costs, which is considered to be DODD's comprehensive waiver. Given that the SELF Waiver is aimed to be a mid-level waiver, the data supports our decision to make the cost limitation \$40,000/year, as national trends indicate that individuals on a participant-directed waiver who are given control over their budget use the dollars wisely and seldom reach the cost limitation.

- Budget Limits by Level of Support.** Based on an assessment process and/or other factors, participants are assigned to funding levels that are limits on the maximum dollar amount of waiver services. *Furnish the information specified above.*

- Other Type of Limit.** The State employs another type of limit. *Describe the limit and furnish the information specified above.*

Sets of Services to Which Annual Budget Limits Are Applied:

Following are the annual budget limitations that apply to Adult Day Support, Vocational Habilitation, and Supported Employment – Enclave waiver services when these services are provided separately or in combination.

CODB	Group A	Group A-1	Group B	Group C
Category 1	\$9,480	\$9,480	\$17,040	\$28,380
Category 2	\$9,540	\$9,540	\$17,220	\$28,680
Category 3	\$9,660	\$9,660	\$17,400	\$28,980
Category 4	\$9,780	\$9,780	\$17,580	\$29,280
Category 5	\$9,840	\$9,840	\$17,760	\$29,580
Category 6	\$9,960	\$9,960	\$17,940	\$29,880
Category 7	\$10,080	\$10,080	\$18,120	\$30,120
Category 8	\$10,140	\$10,140	\$18,240	\$30,420

The annual service limit that is applicable to the adult day service set of Adult Day Support, Vocation Habilitation, and Supported Employment – Enclave Waiver services is determined by use of a projected service utilization of 240 days per year multiplied by 6.25 hours of attendance each day multiplied by four 15-minute units per hour to obtain the maximum base of 6,000 15-minute units of service that may be received per person per twelve month waiver year. The 6,000 units are then multiplied by the rate for Vocational Habilitation/Adult Day Support that corresponds to the group to which each individual would be assigned based on completion of the Acuity Assessment Instrument. The rate selected when calculating an individual's service limit will be further determined by the cost of doing business adjustment (category) that applies to the county in which the individual is anticipated to receive the preponderance of Vocational Habilitation, Adult Day Support, and/or Supported Employment – Enclave services during the individual's twelve month waiver span. The methodology used to establish service limits will be periodically re-evaluated by the Department.

Ohio has developed the DODD Acuity Assessment Instrument to determine the levels of direct service staff supports and related resource allocations required to provide quality adult day services to individuals with similar characteristics. The score resulting from the application of the assessment is used to determine the adjusted statewide payment rates, staff intensity ratios and group assignments applicable to each individual participating in Adult Day Support, Vocational Habilitation and Supported Employment – Enclave services. Assessment scores resulting from administration of the DODD Acuity Assessment Instrument were then grouped into ranges and subsequently linked with group size expectations that result in four payment rates that have been calibrated on group size.

Service and Support Administrators (SSA) employed by county boards 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, or Supported Employment-Enclave waiver services have been authorized through the individual planning process. The SSA will be responsible to inform the waiver enrollee/guardian of the assessment score and resulting group assignment initially and at each time the assessment instrument is re-administered.

Each provider shall document the ratios of staff members to individuals served in a grouping during the times or span of times in each calendar day when Adult Day Support, Vocational Habilitation and Supported Employment - Enclave services were provided. When determining that an individual received services at the staff intensity ratio indicated by the Acuity Assessment Instrument score, a certified provider may use the average of the staff to individual ratios at which he/she provided each waiver service to the individual during one calendar day.

An administrative review processes internal to DODD and subject to ODJFS oversight will be available to individuals who believe that their DD 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:

For DODD-operated waivers, the person who performs the primary Case Management duties is known as a Service and Supports Administrator (SSA). Service and Support Administrators, as “agents of the State”, are responsible for service plan development and revision. 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, The qualifications to be certified by DODD in accordance with rule 5123:2-5-02 as an SSA are that the person must hold, at minimum, 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.

SSA is an operational unit separate from any other function of the County Board. SSA staff are prohibited from providing any direct service to any individual and are prohibited from serving in a policy or decision-making position for any entity that provides direct service.

- Social Worker.**

Specify qualifications:

- Other**

Specify the individuals and their qualifications:

The Support Broker, considered to be an “agent of the individual”, is responsible for assisting the individual and the SSA with the development of the Individual Service Plan (ISP). The Support Broker will be a person selected by the participant who has successfully completed the Support Broker training established by DODD and meets the qualifications as listed in 5123:2-9-47. Support Brokerage may be provided as a waiver service or on an unpaid basis. Whether a Support Broker would be paid or unpaid will be individual-specific and will be a decision made by the individual and their ISP team based on the resources available to, and requested by, the individual.

Appendix D: Participant-Centered Planning and Service Delivery

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

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

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

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

Appendix D: Participant-Centered Planning and Service Delivery

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

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

(a) Each participant receives information and support from the SSA and the Support Broker to direct and be actively engaged in the service plan development process. The DODD website publishes a variety of handbooks and brochures to assist participants and family members to understand HCBS waivers and the service planning process. A handbook will be created to be used as an informational resource concerning the participant-direction specifications of this waiver.

(b) The participant selects who is included in the planning process, and the Support Broker will assist with ensuring those persons selected by the individual are involved in the planning process. In addition, SSAs will undergo training on what Support Brokerage and Participant Direction are as a means of gaining a more comprehensive understanding for the process and requirements for this waiver. The Support Broker assists the individual in developing the plan and selecting providers. The SSA has ultimate responsibility for ensuring the completion of the ISP (as well as for the annual re-determination and ISP review) and for implementation and monitoring of the ISP.

SSA is ultimately responsible for the actual creation of plan and recommendation of approval, etc. and for resolving any issues that may arise in relation to the creation and implementation of the ISP.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (4 of 8)

d. Service Plan Development Process. In four pages or less, describe the process that is used to develop the participant-centered service plan, including: (a) who develops the plan, who participates in the process, and the timing of the plan; (b) the types of assessments that are conducted to support the service plan development process, including securing information about participant needs, preferences and goals, and health status; (c) how the participant is informed of the

services that are available under the waiver; (d) how the plan development process ensures that the service plan addresses participant goals, needs (including health care needs), and preferences; (e) how waiver and other services are coordinated; (f) how the plan development process provides for the assignment of responsibilities to implement and monitor the plan; and, (g) how and when the plan is updated, including when the participant's needs change. State laws, regulations, and policies cited that affect the service plan development process are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

- a.) The single point of accountability and responsibility for the development of the Individual Service Plan (ISP) is the County Board Service and Support Administrator (SSA). The SSA will assist the participant, at the time of initial enrollment, in selecting a Support Broker who, in conjunction with the SSA, will help the participant with the development of their Individual Service Plan (ISP). At the time of initial enrollment, in order to assure health and welfare of participants disenrolling from other DODD administered waivers and to allow the participant to have access to a Support Broker, the SSA and the participant create an interim plan which only identifies the provider of Support Brokerage and the budget associated with the service of Support Brokerage, where applicable. This interim plan authorizes the Support Broker to begin working with the participant and the SSA in the creation of the ISP and individual budget for the other services the individual will receive. The interim plan will indicate that the SSA, Support Broker, and individual will have no more than 30 days from date of enrollment to develop a full Individual Service Plan. The details contained in the interim plan will be transferred to the ISP prior to the expiration of the interim plan. The Support Broker is responsible for working with the SSA to identify all potentially viable resources, as well as assisting the participant to implement what is in his/her plan. The participant, with assistance of the Support Broker, determines who participates in the person-centered ISP development process. The SSA is responsible to actively participate on the planning team as well as for reviewing the ISP and budget to recommend for approval.
- b.) The SSA is responsible for ensuring the development of the ISP and for ensuring that this process occurs with the active participation of the individual to be served, the Support Broker, the guardian/representative of the individual, as applicable, other persons selected by the individual (including, but not limited to, family members), and the provider (s) selected by the individual. The ISP shall focus on the individual's strengths, interests, and talents, and will integrate all services and supports, regardless of funding, available to meet the needs and desired outcomes of the individual. The SSA is also responsible for ensuring the ISP addresses the results of the assessment process and results from service monitoring. Input from the individual, the individual's guardian/representative, the SSA, the Support Broker, and other team members determines the types of assessments that are included in the planning process. Assessments and evaluations by certified and/or licensed professionals shall be completed as dictated by the needs of the individual. Assessments shall also include evaluation of the individual's likes, dislikes, priorities, and desired outcomes, as well as what is important to and for the individual, including skill development, health, safety, and welfare needs, as applicable.
- c.) It will be the County Board Service and Supports Administrator (SSA)'s responsibility to inform the participant of the services that are available under this waiver and the responsibilities associated with participant-direction.
- d.) The participant, the Support Broker, and the SSA, will determine what services would best meet the needs of the participant. The ISP shall include services and supports that assist the individual to engage in meaningful, productive activities and develop community connections. All services and activities indicated shall include the provider type, the frequency, and the funding source; and specify how services will be coordinated among providers and across all settings for the individual. The SSA will also review the ISP to ensure the amount, scope, frequency, and duration of the services selected will meet the participant's needs.
- e.) The participant, the Support Broker, and the SSA will coordinate the services that are listed in the individual's service plan.
- f.) The Support Broker will assist the participant to find potential providers for their ISP services. The participant and the Support Broker will implement and provide day-to-day oversight of the plan. The SSA has responsibility for ensuring that the services stated in the ISP are implemented in the timeframes specified, for monitoring that the services have been delivered and continue based on the requirements of the ISP, and that the services in the ISP continue to meet the health and welfare needs of the individual.
- g.) Once developed, the plan will be reviewed by the Support Broker and participant, with the SSA, at least annually, unless there is a change in participant need/circumstance or the participant requests a change to their ISP. After the participant and Support Broker submit the requested changes and review with the SSA, revisions to the ISP will be recommended by the SSA for approval to ensure the ISP will continue to address the participant's needs and desired outcomes. DODD requires an ISP review within 10 days of request. In addition, requests may be addressed sooner in cases of emergency.

When an individual requests to move funds from one service to another, the individual and the Support Broker will request a meeting with the individual's SSA and, upon determining that no health and welfare issues would be caused by change in funds for the identified services, the SSA is to modify the ISP and budget accordingly, then notify the FMS about the changes. The SSA would have the responsibility of verifying utilization with the FMS prior to movement of funds so that rejections do not occur. The FMS will provide monthly utilization reports to assist with tracking the individual's budget.

All ISPs are subject to the approval and review of the single state Medicaid agency.

In those instances when an independent provider is selected for a service that is subject to rate negotiation, the rate used in the individual's budget is developed from a collaborative process. As stated in the language in the waiver application, the first step in the process is the development of the individual's ISP, which details the actual services that the individual will receive and the level of service that they will need for the services listed in the plan. The ISP team (which includes the individual and the Support Broker) will devise the options that will work for the individual in terms of determining, based on the level of need and the waiver services selected, what range of rates can be offered to the prospective provider while still keeping to the overall cost limitations of the waiver. Based on this, the individual and the Support Broker will present an offer to the prospective provider and the rate negotiation process will begin. Once a rate has been settled upon, that rate will be used in the final formulation of the individual's budget.

Appendix D: Participant-Centered Planning and Service Delivery

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

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

The service and support administrator (SSA) is required to perform/coordinate assessments after the initial request for services and at least annually thereafter to determine the health, safety and welfare needs of the participant as part of the service planning process. Assessments by licensed and/or certified professionals shall be completed as dictated by the needs of the individual or the requirements of the service. The SSA is also required to monitor incident trends and the development and implementation of prevention and/or risk management plans as needed for the participant. Back-up plans are part of the discussion during the person-centered planning process about what is needed for the participant. The back-up plan will be specifically tailored to each participant and will incorporate a variety of approaches, including back up-workers and/or family/natural support who can be called when a scheduled worker does not arrive at their designated time. The participant can also contact their county board of DD's emergency service (available 24 hours/day, 7 days/week).

Backup plans are required in each ISP. SSAs, individuals and their ISP team engage in risk evaluation and assessment on an ongoing basis. SSAs facilitate discussion of services requested and/or denied by the individual that may create a concern for the health and welfare of the individual. The team works collaboratively with the individual in the process of balancing rights, risks and responsibility.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (6 of 8)

- f. **Informed Choice of Providers.** Describe how participants are assisted in obtaining information about and selecting from among qualified providers of the waiver services in the service plan.

The SSA will assist the participant and the Support Broker with accessing the DODD provider website, which lists certified providers and the services for which those providers are certified. In addition, the Support Broker will help the participant identify resources within their community who are potential providers that would be qualified for the services requested.

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; establishing general Medicaid rules processing claims for federal reimbursement, conducting audits; conducting post-payment review of Medicaid claims; monitoring the compliance and effectiveness of the Operating Agency's operations; leading the development of quality improvement plans; and facilitating interagency data-sharing and collaboration.

Responsibilities delegated to the Operating Agency 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 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) annually 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) routinely assures resolution of case-specific problems; 4) generates and compiles quarterly performance data; 5) convenes operating agency Quality Briefings; and 6) 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:

The participant and their local County Board of DD.

Appendix D: Participant-Centered Planning and Service Delivery

D. SERVICE PLAN IMPLEMENTATION AND MONITORING

- a. Service Plan Implementation and Monitoring.** Specify: (a) the entity (entities) responsible for monitoring the implementation of the service plan and participant health and welfare; (b) the monitoring and follow-up method(s) that are used; and, (c) the frequency with which monitoring is performed.

a) The SSA will establish an individualized level of monitoring to readily identify problems while continuing to support self-direction by the participant. The SSA is responsible for monitoring the implementation of the ISP in order to verify the health, safety and welfare of the participant.

The participant and the Support Broker are responsible for ensuring consistent implementation of services and the achievement of the desired outcomes for the participant as stated in the ISP.

b) The monitoring provided by the SSA, as applicable to each participant, includes, but is not limited to, behavior support plans and services; emergency interventions; identified trends and patterns of unusual incidents and major unusual incidents; the development and implementation of prevention and/or risk management plans; the results of reviews; and other participant needs determined by the assessment process.

DODD, as the operating agency for this waiver, also has a role in the oversight of the ISP's implementation. DODD reviews the County Board to ensure they are fulfilling their obligations in regards to annual redetermination, service plan development, and monitoring. DODD reviews certified HCBS waiver providers to ensure they are also meeting their obligations around implementing services as written in the plan, waiver service documentation, and provider certification standards. As part of the DODD review of HCBS waiver services, the assessments and service plans (including the need for a back-up plan) are a large component of the review process.

c) The on-going oversight provided by the Support Broker occurs through regular interaction with the participant and their provider(s), as defined within the ISP. The ISP monitoring conducted by the County Board occurs as indicated in the plan but no less than annually.

b) The service and support administrator is the primary entity responsible to monitor the local implementation of the ISP in order to verify the health, safety and welfare of the individual; consistent implementation of services; achievement of the desired outcomes for the individual as stated in the ISP; and that services received are those reflected in the ISP. The ISP team meets initially to create the plan, and then at least annually thereafter they review the plan to determine if changes need to be made. This monitoring of implementation of the plan, includes, but is not limited to behavior support plan implementation; emergency intervention; identified trends and patterns of unusual incidents and major unusual incidents and the development and implementation of prevention and/or risk management plans; results of quality assurance reviews; and other individual needs determined by the assessment process (OAC 5123:2-1-11). Documentation of the above-listed items, as applicable, must be contained in the individual's file, which is reviewed when the Office of Provider Standards and Review conducts their County Board Accreditation reviews.

- b. Monitoring Safeguards.** *Select one:*

Entities and/or individuals that have responsibility to monitor service plan implementation and participant health and welfare may not provide other direct waiver services to the participant.

Entities and/or individuals that have responsibility to monitor service plan implementation and participant health and welfare may provide other direct waiver services to the participant

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

Appendix D: Participant-Centered Planning and Service Delivery

Quality Improvement: Service Plan

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

- a. Methods for Discovery: Service Plan Assurance/Sub-assurances**

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-CART CMO Database

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

<i>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 that were completed using the procedures 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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

- 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 <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 <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 (<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"/>

- 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 <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"/>

- 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 <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 (<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 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	Frequency of data collection/generation (<i>check each that applies</i>):	Sampling Approach (<i>check each that applies</i>):
---	--	--

<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 <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

	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></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.

DODD becomes aware of problems through a variety of mechanisms including, but not limited to, formal & informal complaints, technical assistance requests, and routine & special regulatory review processes (accreditation, licensure, provider compliance, ect. During the DODD regulatory review process in the areas of Service Plan Development and Service Plan Implementation are reviewed to ensure that the service plan meets the assessed needs and the wants of the waiver recipient. When non-compliance in this area is identified, a citation is issued to the provider. The provider will be required to submit a plan of correction by the specified due date. Verification of the plan of correction will be done to ensure that the plan of correction has been implemented to correct the area of non-compliance. When issues are noted that are systemic, DODD will provide statewide training and additional technical assistance and monitor for improvement during subsequent monitoring cycles.

It is the responsibility of the County Board SSA to ensure that the individual service plan is compiled correctly and timely. During the DODD regulatory review process in the areas of Service Plan Development and Service Plan Implementation the following are reviewed 1) the service plan meets the assessed needs and the wants of the waiver recipient, 2) it 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 <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly

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

- a. Description of Participant Direction.** In no more than two pages, provide an overview of the opportunities for participant direction in the waiver, including: (a) the nature of the opportunities afforded to participants; (b) how participants may take advantage of these opportunities; (c) the entities that support individuals who direct their services and the supports that they provide; and, (d) other relevant information about the waiver's approach to participant

direction.

a.) This waiver includes many opportunities for participants to control and manage his or her supports and services by allowing the participant to:

- Develop a person-centered plan that ensures health and welfare (with assistance from the SSA and Support Broker)
- Develop an individual budget
- Negotiate rates within a range for applicable services
- Serve as the employer of record, if applicable
- Recruit, hire, and manage providers
- Establish work schedules
- Train and supervise providers
- Discharge providers when necessary (or request that the co-employer do it on their behalf, if applicable)
- Participate in the development and implementation of a backup/emergency plan

b.) Prior to entrance on this waiver, all participants will be informed that they will need to self-direct at least one service under this waiver, which at minimum means deciding what portion of their individual budget they wish to allocate to at least one of their service provider(s) in accordance with the cost limitations established for the services.

c.) The SSA will assist the participant in directing their services by helping them to select a Support Broker. Once the Support Broker is chosen, that person, in conjunction with the SSA, will assist the individual in selecting the services for their ISP and determining the budget amounts for those services.

DODD plans to make information on the budget methodology for the SELF waiver available on our website once the waiver has been approved. In addition, information on what individual budgets are will be contained in the SELF waiver handbook.

Appendix E: Participant Direction of Services

E-1: Overview (2 of 13)

b. Participant Direction Opportunities. Specify the participant direction opportunities that are available in the waiver. *Select one:*

- Participant: Employer Authority.** As specified in *Appendix E-2, Item a*, the participant (or the participant's representative) has decision-making authority over workers who provide waiver services. The participant may function as the common law employer or the co-employer of workers. Supports and protections are available for participants who exercise this authority.
- Participant: Budget Authority.** As specified in *Appendix E-2, Item b*, the participant (or the participant's representative) has decision-making authority over a budget for waiver services. Supports and protections are available for participants who have authority over a budget.
- Both Authorities.** The waiver provides for both participant direction opportunities as specified in *Appendix E-2*. Supports and protections are available for participants who exercise these authorities.

c. Availability of Participant Direction by Type of Living Arrangement. *Check each that applies:*

- Participant direction opportunities are available to participants who live in their own private residence or the home of a family member.**
- Participant direction opportunities are available to individuals who reside in other living arrangements where services (regardless of funding source) are furnished to fewer than four persons unrelated to the proprietor.**
- The participant direction opportunities are available to persons in the following other living arrangements**

Specify these living arrangements:

Appendix E: Participant Direction of Services

E-1: Overview (3 of 13)

d. **Election of Participant Direction.** Election of participant direction is subject to the following policy (*select one*):

- Waiver is designed to support only individuals who want to direct their services.
- The waiver is designed to afford every participant (or the participants representative) the opportunity to elect to direct waiver services. Alternate service delivery methods are available for participants who decide not to direct their services.
- The waiver is designed to offer participants (or their representatives) the opportunity to direct some or all of their services, subject to the following criteria specified by the State. Alternate service delivery methods are available for participants who decide not to direct their services or do not meet the criteria.

Specify the criteria

Appendix E: Participant Direction of Services

E-1: Overview (4 of 13)

e. **Information Furnished to Participant.** Specify: (a) the information about participant direction opportunities (e.g., the benefits of participant direction, participant responsibilities, and potential liabilities) that is provided to the participant (or the participant's representative) to inform decision-making concerning the election of participant direction; (b) the entity or entities responsible for furnishing this information; and, (c) how and when this information is provided on a timely basis.

A handbook will be created as a means to inform the participant about the rights, responsibilities and services available under this waiver. This handbook will be available on DODD's website and will be given to the participant by the SSA prior to enrollment on this waiver to ensure the participant understands the responsibilities associated both with this waiver and with participant-direction. This information will also be revisited with the participant by the Support Broker and the SSA at least annually when the ISP is reviewed and revised.

Appendix E: Participant Direction of Services

E-1: Overview (5 of 13)

f. **Participant Direction by a Representative.** Specify the State's policy concerning the direction of waiver services by a representative (*select one*):

- The State does not provide for the direction of waiver services by a representative.
- The State provides for the direction of waiver services by representatives.

Specify the representatives who may direct waiver services: (check each that applies):

- Waiver services may be directed by a legal representative of the participant.**
- Waiver services may be directed by a non-legal representative freely chosen by an adult participant.**

Specify the policies that apply regarding the direction of waiver services by participant-appointed representatives, including safeguards to ensure that the representative functions in the best interest of the participant:

The participant who wishes to designate a non-legal representative/designee would do so by signing a form. A power of attorney may be used for this. Unless otherwise limited by the participant, the non-legal representative/designee would have direction over the ISP, the budget, selection of residence and providers, and negotiation of rates. If the participant objects to a decision made by the non-legal representative/designee, the participant's decision prevails. The participant may revoke the designation at any time, and the revocation should be in writing.

The non-legal representative/designee cannot be a provider, nor can they be employed by a county board, or a provider, or a contractor of either. The ISP process, along with the involvement of the SSA and support broker, will provide the mechanism for ensuring decisions are made in the best interests of the participant. Safeguards include the participation and watchfulness of the support broker and the service and support administrator as would be expected in their roles.

Appendix E: Participant Direction of Services

E-1: Overview (6 of 13)

- g. Participant-Directed Services.** Specify the participant direction opportunity (or opportunities) available for each waiver service that is specified as participant-directed in Appendix C-1/C-3.

Participant-Directed Waiver Service	Employer Authority	Budget Authority
Remote Monitoring Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Support Brokerage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Remote Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Participant-Directed Goods and Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Residential Respite	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Clinical/Therapeutic Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Community Inclusion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Participant/Family Stability Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Integrated Employment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Community Respite	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Functional Behavioral Assessment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Appendix E: Participant Direction of Services

E-1: Overview (7 of 13)

- h. Financial Management Services.** Except in certain circumstances, financial management services are mandatory and integral to participant direction. A governmental entity and/or another third-party entity must perform necessary financial transactions on behalf of the waiver participant. *Select one:*

- Yes. Financial Management Services are furnished through a third party entity.** (Complete item E-1-i).

Specify whether governmental and/or private entities furnish these services. *Check each that applies:*

- Governmental entities**
- Private entities**
- No. Financial Management Services are not furnished. Standard Medicaid payment mechanisms are used.**
Do not complete Item E-1-i.

Appendix E: Participant Direction of Services

E-1: Overview (8 of 13)

- i. Provision of Financial Management Services.** Financial management services (FMS) may be furnished as a waiver service or as an administrative activity. *Select one:*

- FMS are covered as the waiver service specified in Appendix C1/C3**

The waiver service entitled:

- FMS are provided as an administrative activity.**

Provide the following information

- i. Types of Entities:** Specify the types of entities that furnish FMS and the method of procuring these services:

The entity who provides the FMS service is a statewide FMS vendor that was selected via a competitive bidding request for proposals (RFPs) process which DODD participated in.

- ii. Payment for FMS.** Specify how FMS entities are compensated for the administrative activities that they perform:

The FMS will be paid as a monthly fee per participant as part of their contract with the state.

- iii. Scope of FMS.** Specify the scope of the supports that FMS entities provide (*check each that applies*):

Supports furnished when the participant is the employer of direct support workers:

- Assists participant in verifying support worker citizenship status**
- Collects and processes timesheets of support workers**
- Processes payroll, withholding, filing and payment of applicable federal, state and local employment-related taxes and insurance**
- Other**

Specify:

Supports furnished when the participant exercises budget authority:

- Maintains a separate account for each participant's participant-directed budget**
- Tracks and reports participant funds, disbursements and the balance of participant funds**
- Processes and pays invoices for goods and services approved in the service plan**
- Provide participant with periodic reports of expenditures and the status of the participant-directed budget**

Other services and supports

Specify:

Additional functions/activities:

- Executes and holds Medicaid provider agreements as authorized under a written agreement with the Medicaid agency
- Receives and disburses funds for the payment of participant-directed services under an agreement with the Medicaid agency or operating agency
- Provides other entities specified by the State with periodic reports of expenditures and the status of the participant-directed budget
- Other

Specify:

- iv. **Oversight of FMS Entities.** Specify the methods that are employed to: (a) monitor and assess the performance of FMS entities, including ensuring the integrity of the financial transactions that they perform; (b) the entity (or entities) responsible for this monitoring; and, (c) how frequently performance is assessed.

DODD monitors and assesses the performance of the FMS in the following ways:

- Annual reviews conducted by DODD Audit staff or by a contract with an audit agency that review a representative sample of participant files including all fiscal and financial records. Expenditures are reviewed for being allowed under the waiver and Ohio Administrative Code, and whether expenditures are accurately and appropriately assigned and reported.
 - All expenditures are reported monthly to DODD from the FMS. DODD staff identifies inconsistencies based on information including utilization, individual budgets, expenditures, dates of service, waiver enrollment date and then follow up with FMS staff to see correction of errors.
 - The FMS will be required by contract to comply with applicable audit requirements and responsibilities of the Office of Management and Budget (OMB) Circular A-133.
- On a quarterly basis, DODD will review the timeliness of processing payroll and payment of other invoices by the FMS.

DODD will conduct annual satisfaction surveys of enrollees.

Periodically, DODD will randomly select a number of provider files maintained by the FMS to verify qualifications of these providers.

At the end of the first year, DODD will review all systems and practices to confirm compliance with the contract and Medicaid regulations.

An independent outside audit group will conduct internal audits in accordance with a Compliance Plan which must be approved by DODD.

Appendix E: Participant Direction of Services

E-1: Overview (9 of 13)

- j. **Information and Assistance in Support of Participant Direction.** In addition to financial management services, participant direction is facilitated when information and assistance are available to support participants in managing their services. These supports may be furnished by one or more entities, provided that there is no duplication. Specify the payment authority (or authorities) under which these supports are furnished and, where required, provide the additional information requested (*check each that applies*):

- Case Management Activity.** Information and assistance in support of participant direction are furnished as an element of Medicaid case management services.

Specify in detail the information and assistance that are furnished through case management for each participant direction opportunity under the waiver:

- Waiver Service Coverage.** Information and assistance in support of participant direction are provided through the following waiver service coverage(s) specified in Appendix C-1/C-3 (check each that applies):

Participant-Directed Waiver Service	Information and Assistance Provided through this Waiver Service Coverage
Habilitation - Adult Day Support	<input type="checkbox"/>
Remote Monitoring Equipment	<input type="checkbox"/>
Support Brokerage	<input checked="" type="checkbox"/>
Remote Monitoring	<input type="checkbox"/>
Non-Medical Transportation	<input type="checkbox"/>
Participant-Directed Goods and Services	<input type="checkbox"/>
Residential Respite	<input type="checkbox"/>
Clinical/Therapeutic Intervention	<input type="checkbox"/>
Supported Employment - Enclave	<input type="checkbox"/>
Community Inclusion	<input type="checkbox"/>
Participant/Family Stability Assistance	<input type="checkbox"/>
Integrated Employment	<input type="checkbox"/>
Community Respite	<input type="checkbox"/>
Habilitation - Vocational Habilitation	<input type="checkbox"/>
Functional Behavioral Assessment	<input type="checkbox"/>

- Administrative Activity.** Information and assistance in support of participant direction are furnished as an administrative activity.

Specify (a) the types of entities that furnish these supports; (b) how the supports are procured and compensated; (c) describe in detail the supports that are furnished for each participant direction opportunity under the waiver; (d) the methods and frequency of assessing the performance of the entities that furnish these supports; and, (e) the entity or entities responsible for assessing performance:

Appendix E: Participant Direction of Services

E-1: Overview (10 of 13)

- k. Independent Advocacy** *(select one).*

- No. Arrangements have not been made for independent advocacy.
- Yes. Independent advocacy is available to participants who direct their services.

Describe the nature of this independent advocacy and how participants may access this advocacy:

Independent advocacy can be accessed as a waiver service under Community Inclusion.

Appendix E: Participant Direction of Services

E-1: Overview (11 of 13)

- l. Voluntary Termination of Participant Direction.** Describe how the State accommodates a participant who voluntarily terminates participant direction in order to receive services through an alternate service delivery method, including how the State assures continuity of services and participant health and welfare during the transition from participant direction:

If a participant chooses to voluntarily terminate from the waiver, a waiver opportunity from the DODD-operated waivers known as Individual Options (IO) or Level One may be made available to the participant. If there are no waivers available, a secondary option would be to access other available state/local resources. If no other alternatives are appropriate to meet the individual's needs, he/she will be referred for ICF/MR services. The SSA and Support Broker will assist the participant in order to responsibly transfer the participant to waiver or community-based services, or to assist the participant in ICF/MR placement.

The individual, their Support Broker, and their SSA will devise and implement a transition plan that will assure the individual's health and welfare is not put in jeopardy if an individual decides they no longer want to direct their services.

Ohio will have a contract with the entity that will provide the Support Brokerage training; the proposed timeframe for selection of this contractor will be Winter 2011.

Appendix E: Participant Direction of Services

E-1: Overview (12 of 13)

- m. Involuntary Termination of Participant Direction.** Specify the circumstances when the State will involuntarily terminate the use of participant direction and require the participant to receive provide-managed services instead, including how continuity of services and participant health and welfare is assured during the transition.

Appendix E: Participant Direction of Services

E-1: Overview (13 of 13)

- n. **Goals for Participant Direction.** In the following table, provide the State's goals for each year that the waiver is in effect for the unduplicated number of waiver participants who are expected to elect each applicable participant direction opportunity. Annually, the State will report to CMS the number of participants who elect to direct their waiver services.

Table E-1-n

	Employer Authority Only	Budget Authority Only or Budget Authority in Combination with Employer Authority
Waiver Year	Number of Participants	Number of Participants
Year 1	<input type="text"/>	<input type="text" value="500"/>
Year 2	<input type="text"/>	<input type="text" value="1000"/>
Year 3	<input type="text"/>	<input type="text" value="2000"/>

Appendix E: Participant Direction of Services

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

- a. **Participant - Employer Authority** Complete when the waiver offers the employer authority opportunity as indicated in Item E-1-b:

- i. **Participant Employer Status.** Specify the participant's employer status under the waiver. *Select one or both:*

- Participant/Co-Employer.** The participant (or the participant's representative) functions as the co-employer (managing employer) of workers who provide waiver services. An agency is the common law employer of participant-selected/recruited staff and performs necessary payroll and human resources functions. Supports are available to assist the participant in conducting employer-related functions.

Specify the types of agencies (a.k.a., agencies with choice) that serve as co-employers of participant-selected staff:

The contracted FMS entity may serve as the Employer of Record in a Co-Employer if the individual chooses them. The FMS entity's qualifications will be detailed in the requirements of the contract that the FMS holds with the State.

Agencies with Choice may also serve as the Employer of Record in a Co-Employer arrangement. In those instances, the agencies must meet the qualifications for the waiver service they are certified to provide.

The SSA and the Support Broker will have responsibility for ensuring that the individual is the managing employer and that the Employer of Record operates in accordance to the individual's preferences as permitted by law.

- Participant/Common Law Employer.** The participant (or the participant's representative) is the common law employer of workers who provide waiver services. An IRS-Approved Fiscal/Employer Agent functions as the participant's agent in performing payroll and other employer responsibilities that are required by federal and state law. Supports are available to assist the participant in conducting employer-related functions.

- ii. **Participant Decision Making Authority.** The participant (or the participant's representative) has decision making authority over workers who provide waiver services. *Select one or more decision making authorities that participants exercise:*

- Recruit staff**
 Refer staff to agency for hiring (co-employer)
 Select staff from worker registry
 Hire staff common law employer

- Verify staff qualifications**
- Obtain criminal history and/or background investigation of staff**

Specify how the costs of such investigations are compensated:

Provider applicants incur the expense of the background (BCII) check.

- Specify additional staff qualifications based on participant needs and preferences so long as such qualifications are consistent with the qualifications specified in Appendix C-1/C-3.**
- Determine staff duties consistent with the service specifications in Appendix C-1/C-3.**
- Determine staff wages and benefits subject to State limits**
- Schedule staff**
- Orient and instruct staff in duties**
- Supervise staff**
- Evaluate staff performance**
- Verify time worked by staff and approve time sheets**
- Discharge staff (common law employer)**
- Discharge staff from providing services (co-employer)**
- Other**

Specify:

Appendix E: Participant Direction of Services

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

b. Participant - Budget Authority *Complete when the waiver offers the budget authority opportunity as indicated in Item E-1-b:*

i. Participant Decision Making Authority. When the participant has budget authority, indicate the decision-making authority that the participant may exercise over the budget. *Select one or more:*

- Reallocate funds among services included in the budget**
- Determine the amount paid for services within the State's established limits**
- Substitute service providers**
- Schedule the provision of services**
- Specify additional service provider qualifications consistent with the qualifications specified in Appendix C-1/C-3**
- Specify how services are provided, consistent with the service specifications contained in Appendix C-1/C-3**
- Identify service providers and refer for provider enrollment**
- Authorize payment for waiver goods and services**
- Review and approve provider invoices for services rendered**
- Other**

Specify:

	 
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Appendix E: Participant Direction of Services

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

b. Participant - Budget Authority

- ii. Participant-Directed Budget** Describe in detail the method(s) that are used to establish the amount of the participant-directed budget for waiver goods and services over which the participant has authority, including how the method makes use of reliable cost estimating information and is applied consistently to each participant. Information about these method(s) must be made publicly available.

The person-centered planning process will result in an ISP that details the services that the participant needs, regardless of funding source. Once the plan is developed, the frequency, duration and provider rates for each of the waiver services are used to calculate the cost for each waiver service. Once the annual cost for each waiver service is calculated, they are totaled to establish the projected, annualized cost within the waiver's cost limitations (also known as the Individual Budget) of all waiver services for the participant. Additional information regarding cost limitations for this waiver can be found in Appendix C-4.

Information regarding the Individual Budgeting process will be provided to the individual by the County Board SSA and will be available upon request.

All participants on the SELF Waiver will have control over the allocated amount for the majority of services on this waiver within the cost limitations of the services (where applicable), with the exception of the Adult Day Waiver Services (Adult Day Support, Vocational Habilitation, Supported Employment – Enclave, and Non-Medical Transportation).

- * The individual budgeting process will involve the SSA, the participant and their Support Broker.
- * Individual budgets are determined through the planning process.
- * The budget will include the dollar amount over which the individual exercises decision-making authority and control over the types and amounts of services and supports.
- * The budget is reviewed and approved at least annually by the county board SSA.
- * The County Board of DD will review and recommend approval of the ISP and authorize the Individual Budget. The authorized ISP and budget amount shall be provided to the FMS.
- * Direct oversight of the Individual Budget is the responsibility of the individual, the FMS entity, the individual's Support Broker and the SSA. The individual, their Support Broker, the county board, and DODD shall receive a fiscal report monthly from the FMS.

When an individual requests to move funds from one service to another, the individual and the Support Broker will request a meeting with the individual's SSA and, upon determining that no health and welfare issues would be caused by change in funds for the identified services, the SSA is to modify the ISP and budget accordingly, then notify the FMS about the changes.

Appendix E: Participant Direction of Services

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

b. Participant - Budget Authority

- iii. Informing Participant of Budget Amount.** Describe how the State informs each participant of the amount of the participant-directed budget and the procedures by which the participant may request an adjustment in the budget amount.

The participant and their Support Broker will devise the participant's Individual Budget based on the services listed in the ISP. Participants will be notified of the cost limitations associated with the waiver by the SSA prior to enrolling on the waiver.

If an individual wants to adjust their plan or budget, the individual and Support Broker will contact and set up a meeting with the SSA to discuss this request for an adjustment. If the request for an adjustment is reasonable, is within the established cost limitations for the waiver, and does not jeopardize the individual's health and welfare, the SSA should approve the request, then notify the FMS about the changes.

Determining the reasonableness of a participant's request for a budget adjustment will take into consideration the extent to which the request addresses the participant's needs, goals and preferences as described in the service plan and strategies identified there to mitigate risks to the participant.

DODD's Service and Support Administration rule (OAC 5123:2-1-11) requires that an individual must be provide with written notification and an explanation of the individual's right to a Medicaid fair hearing "...if the ISP process results in a recommendation for the approval, reduction, denial, or termination of an HCBS waiver service or Medicaid case management service." The participant's request for a budget adjustment would be predicated on an underlying service request, the denial of which would trigger the hearing rights referenced in the rule.

Appendix E: Participant Direction of Services

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

b. Participant - Budget Authority

iv. Participant Exercise of Budget Flexibility. *Select one:*

- Modifications to the participant directed budget must be preceded by a change in the service plan.**
- The participant has the authority to modify the services included in the participant directed budget without prior approval.**

Specify how changes in the participant-directed budget are documented, including updating the service plan. When prior review of changes is required in certain circumstances, describe the circumstances and specify the entity that reviews the proposed change:

Appendix E: Participant Direction of Services

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

b. Participant - Budget Authority

- v. **Expenditure Safeguards.** Describe the safeguards that have been established for the timely prevention of the premature depletion of the participant-directed budget or to address potential service delivery problems that may be associated with budget underutilization and the entity (or entities) responsible for implementing these safeguards:

The SSA and Support Broker work with the participant to ensure that the budget is utilized according to the ISP. When problems are identified such as underutilization, the Support Broker and the SSA work together with the participant to find solutions and make changes as necessary.

In addition, the FMS entity, based on the participant's individual budget, pays expenditures that in accordance with the authorized budget, and provides the participant, the Support Broker, the county board, and DODD with a monthly report of expenditures and budget status to ensure that the budget is not being depleted prematurely. The FMS entity will also not submit claims for reimbursement if they are not included in the

ISP.

It is the FMS' responsibility to monitor and track the budget; provide reports to the individual, Support Broker, SSA, and DODD; and to identify and provide notification of any problems that occur. It is the SSA's responsibility to convene a meeting with the individual and their Support Broker to address any problems identified by the FMS.

It is the FMS' responsibility to make adjustments in a timely manner, and it is the responsibility of DODD to ensure that this occurs as part of its contract with the FMS.

Appendix F: Participant Rights

Appendix F-1: Opportunity to Request a Fair Hearing

The State provides an opportunity to request a Fair Hearing under 42 CFR Part 431, Subpart E to individuals: (a) who are not given the choice of home and community-based services as an alternative to the institutional care specified in Item 1-F of the request; (b) are denied the service(s) of their choice or the provider(s) of their choice; or, (c) whose services are denied, suspended, reduced or terminated. The State provides notice of action as required in 42 CFR §431.210.

Procedures for Offering Opportunity to Request a Fair Hearing. Describe how the individual (or his/her legal representative) is informed of the opportunity to request a fair hearing under 42 CFR Part 431, Subpart E. Specify the notice(s) that are used to offer individuals the opportunity to request a Fair Hearing. State laws, regulations, policies and notices referenced in the description are available to CMS upon request through the operating or Medicaid agency.

Appendix F: Participant-Rights

Appendix F-2: Additional Dispute Resolution Process

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

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

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

Appendix F: Participant-Rights

Appendix F-3: State Grievance/Complaint System

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

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

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

The Ohio Department of Developmental Disabilities

- 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 (MUI)/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, as appropriate. These include medical, behavior, environmental and other miscellaneous subjects. Regional managers in the MUI/Registry Unit recommend closure when the issue has been resolved. The case is then closed by unit supervisors.

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

The DODD's Office of 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.

How the grievance/complaint is collected, maintained, and analyzed depends on the nature of the complaint, which then dictates which entity within the department is the appropriate respondent. For example, when a complaint deals with abuse/neglect, each complaint is logged into an Incident Tracking System and is acted upon the same or next day or until the issue is resolved. If, however, the complaint is of a nature that does not involve an individual's health and welfare, the complaint is addressed by either DODD's Office of Provider Standards and Review, if appropriate, or by DODD's Family Advocate. The responsible entity maintains the complaints in the format used by that division.

Appendix G: Participant Safeguards

Appendix G-1: Response to Critical Events or Incidents

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

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

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

Reportable Incidents

- “Major Unusual Incident” means the alleged, suspected, or actual occurrence of an incident when there is reason to believe the health or safety of an individual may be adversely affected or an individual may be placed at a reasonable risk of harm as listed in this paragraph, if such individual is receiving services through the DD service delivery system or will be receiving such services as a result of the incident. Major unusual incidents (MUIs) include the following::
- Abuse:
 - o Physical abuse.
 - o Sexual abuse.
 - o Verbal abuse.
- Attempted suicide.
- Death.
- Exploitation.
- Failure to report.
- Known injury.
- Law enforcement.
- Medical emergency.
- Misappropriation.
- Missing individual.
- Neglect.
- Peer-to-peer acts.
- Prohibited sexual relations.
- Rights code violation.
- Unapproved behavior support.
- Unknown injury.
- Unscheduled hospitalization.

Required Reporters

- o County Boards
- o Ohio Department of Developmental Disabilities
- o Support Brokers
- o DODD operated Developmental Centers
- o All DD licensed or certified providers
- o DD employees providing specialized services
- o Financial Management Service entity

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.

The SSA and the Support Broker are mandated reporters and will play key roles in reporting and prevention planning for individuals on the waiver. Individuals enrolled on this waiver will be given reporting information upon enrollment so they can immediately contact the county board regarding any concerns. The county board has the obligation to ensure immediate actions and conduct the investigation.

Reference Rule: OAC 5123:2-17-02

Any incident meeting the definition of a Major Unusual Incident (MUI) is required to be reported by the provider; the type of provider and who they work for is irrelevant. Immediate actions to protect the health and welfare of the individual are to be completed by the provider, with the county board having the obligation to assure that the immediate action implemented is appropriate for the incident involved. If there are disagreements between a provider and a county board involving immediate actions to be taken, DODD is consulted and shall make the determination.

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

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

DODD, county boards of DD, and providers conduct annual trainings on reporting and investigation of Major Unusual Incidents for county boards, DODD employees, providers, Support Brokerage entities, Financial Management Services entities, and families.

DODD sends out Field Alerts on health and safety issues through an on-line newsletter that goes to families, providers, and county boards. The Alerts also go to all county boards and certified and licensed providers through a listserv.

DODD and county boards have Hotlines/Help Lines for receiving reports that have been communicated to providers and families.

DODD published a family handbook on MUIs which was distributed through the county boards and placed on the Department's website.

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

The individual will receive specific information at enrollment and at the time of the ISP team meeting regarding protection and reporting. The information will include specific contact numbers for reporting as well as easily understood definitions of what can be reported. In addition, providers are required to take MUI rule training prior to providing services to an individual. The rule requires annual MUI training for providers thereafter. The names of all certified providers are automatically included in the list serve when they become certified. If they do not have to access the list serve, the information is sent to the email address provided at time of certification.

Within five calendar days of receiving a complaint, the department shall confirm that all administrative remedies as described in the administrative rules or existing in contract between the conflicting parties have been exhausted. Upon confirming that all existing remedies have been exhausted, the department shall review the record and issue a decision within thirty days.

- d. **Responsibility for Review of and Response to Critical Events or Incidents.** Specify the entity (or entities) that receives reports of critical events or incidents specified in item G-1-a, the methods that are employed to evaluate such reports, and the processes and time-frames for responding to critical events or incidents, including conducting investigations.

The County Board of DD's Major Unusual Incident Unit receives reports of critical incidents from providers, families, county board operated programs, support brokers, and financial management services entities. This Unit is responsible for determining if the report meets the criteria of a Major Unusual Incident, ensuring immediate actions have been taken to protect the individual(s), making notifications, and initiating the investigation for all Major Unusual Incidents.

Investigations into allegations of abuse, neglect, misappropriation, exploitation, 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, discovery during other ODJFS oversight activities, contact by other agencies, media sources, stakeholders and citizens.

The monitoring is completed by viewing the report and all investigation updates recorded in DODD's Incident Tracking System (ITS) and other DODD and 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 determine that the immediate health and safety of the individual(s) involved in the incident are and continue to be adequate; that appropriate notification was made to law enforcement, children's services, guardians, other appropriate agencies and parties; that all of the causes and contributing factors are identified, and are adequately remedied and/or addressed in the prevention plans; and that all questions by all parties have been answered, that the recommendations and prevention plans have been implemented/completed.

After the initial review the progress of the incident investigations are periodically reviewed until closed. If during the process of getting a Director's Alert MUI case to closure it becomes apparent the efforts to provide for the waiver recipient(s)'s health or welfare are not being assured for any reason, ODJFS will address those issues through the Adverse Outcome process describe in Appendix A.

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

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

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

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

Assessments are conducted based on the performance of the county board but at least on a three (3) year cycle.

Triggers are identified which could result in the assessment being done sooner.

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

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

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

- DODD holds a quarterly Mortality Review Committee compiled of stakeholders, including ODJFS, to review deaths for the purpose of identifying trends, possible Alerts, notification to other jurisdiction entities or licensing boards. In addition, the committee looks at causes of deaths and what steps might be taken to educate the field on the causes.

- A statewide Trend and Pattern Committee, made up of stakeholders, including ODJFS, meets twice a year to review statewide trends and patterns along with activities and initiatives being taken by DODD in regards to health and safety.

- DODD's MUI/Registry Unit conducts annual, in-depth analysis on Abuse, Neglect, and Misappropriation to determine root causes and outcomes, and provide interventions to help reduce reoccurrences. This is communicated through Alerts and during annual trainings.

- DODD's MUI/Registry Unit notifies the county board of individual trends and requires the county board to identify what action will be implemented to address the trends.

- DODD works in conjunction with DODD's Office of Provider Standards and Review (OPSR) when trends and patterns are noted with a particular provider.

Reference Rule: OAC 5123:2-17-02

ODJFS Protection from Harm Unit Additional Oversight Responsibilities:

- Participate in DODD's semi-annual Trends and Patterns Committee
- Participate in DODD's quarterly Mortality Review Committee
- Leads ODJFS review and presentation of PFH Data in semi-annual Quality Briefings with DODD

Critical Events / MUI's for new independent providers will be monitored through the local county boards. New independent providers are required to have training on appropriate reporting of MUI's prior to providing services. The county boards are then responsible to monitor MUI reports for independent providers for potential pattern/trend identification. DODD reviews all initial MUI reports through the Incident Tracking System (ITS) to assure that incidents are coded properly and appropriate immediate action has taken place. In addition, DODD provides oversight through review of MUI's to assure that, thorough investigations have been completed, causes and contributing factors have been identified and prevention plans are developed and implemented prior to the MUI being closed on the ITS.

Appendix G: Participant Safeguards

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

- 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 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 Governor has also issued an Executive Order banning the use of prone restraints under any circumstances. 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 that shall acknowledge that the purpose of behavior support is to promote the growth, development and independence of those individuals, and promote individual choice in daily decision-making, emphasizing self-determination and self-management. They shall also do the following:
 - Focus on positive teaching and support strategies and specify a hierarchy of these teaching and support strategies.
 - Behavior support methods are integrated into individual plans and are designed to provide a systematic approach to helping the individual learn new, positive behaviors while reducing undesirable behaviors.

The DODD implements the Major Unusual Incident (MUI) system (described in G-1) 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, or guardian if the individual is eighteen years old or older, or from the parent or guardian if the individual is under eighteen years of age.
- Training and required experience is required for staff who develop behavior support plans and for all persons employed by a provider who are responsible for implementing plans are specified and required training is documented.
- DODD monitors the unauthorized use of restraint and seclusion through the Ohio Department of Developmental Disabilities Major Unusual Incident Tracking System.
- A regular review of all behavior support plans is held, at least, in conjunction with individual plan updates.
- Plans that incorporate aversive methods, including restraint and time-out shall be reviewed as determined by the interdisciplinary team but at least every thirty days using status reports.

The following information is expected to be reviewed monthly by the team: Target behaviors, type of intervention, frequency of intervention, duration of intervention any incident reports related to the target behavior. This information should be included in the documentation, analyzed and communicated to the team.

- 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 services are adequately protected.

Staff that provide direct services must meet all training and education requirements stipulated in the Provider Certification Rule (OAC 5123:2-2-01). All staff responsible for implementing aversive interventions must be trained on the individual's behavior support plan. Behavior assessments are completed to determine the need for behavioral interventions. If the team determines the need for behavioral interventions, a behavior support plan is developed. All plans that include aversive interventions must be reviewed and approved by the Human Rights Committee and Behavior Support Committee. All plans that include aversive interventions must be reviewed every thirty days. All plans that include time out and restraint require the author of the plan to submit notification to DODD within five days of local approval of the plan.

The individual's behavior support plan identifies the settings in which the interventions are to be implemented. MUIs are filed for the use of unapproved behavior supports.

- 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.

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 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, ODJFS reports the incident as an “Imminent” or “Serious” Adverse Outcome (as described in Appendix A) and brings the incident directly to the attention of appropriate DODD authorities. ODJFS then tracks these reported incidents through the AO process until the issue is appropriately investigated, reported, and resolved, including that effective measures have been taken to prevent reoccurrence for the individual and for others who may be at risk.

For all compliance reviews a review sample is developed utilizing notification forms submitted for all plans using time out or restraint. DODD also follows up on complaints and MUIs for unapproved behavior supports.

For all individuals in the review sample, all aspects of the plan are reviewed including behavior supports. Plans are reviewed to monitor compliance. Citations are issued for any areas of non-compliance. Technical assistance is provided as needed throughout all compliance reviews. If citations are issued, a Plan of Correction (POC) is required from the provider. The POC must include timelines for correcting the area of non-compliance as well as the responsible party and action steps for remediation. The individual’s behavior support plan identifies the settings in which the interventions are to be implemented. MUIs are filed for the use of unapproved behavior supports.

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). When a concern 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.

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:
 - Focus on positive teaching and support strategies and specify a hierarchy of these teaching and support strategies.
 - 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.
 - 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, 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.

Staff that provide direct services must meet all training and education requirements stipulated in the Provider Certification Rule (OAC 5123:2-2-01). All staff responsible for implementing aversive interventions must be trained on the individual's behavior support plan. Behavior assessments are completed to determine the need for behavioral interventions. If the team determines the need for behavioral interventions, a behavior support plan is developed. All plans that include aversive

interventions must be reviewed and approved by the Human Rights Committee and Behavior Support Committee. All plans that include aversive interventions must be reviewed every thirty days. All plans that include time out and restraint require the author of the plan to submit notification to DODD within five days of local approval of the plan.

The individual's behavior support plan identifies the settings in which the interventions are to be implemented. MUIs are filed for the use of unapproved behavior supports.

- 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.

For all compliance reviews a review sample is developed utilizing notification forms submitted for all plans using time out or restraint. DODD also follows up on complaints and MUIs for unapproved behavior supports.

For all individuals in the review sample, all aspects of the plan are reviewed including behavior supports. Plans are reviewed to monitor compliance. Citations are issued for any areas of non-compliance. Technical assistance is provided as needed throughout all compliance reviews. If citations are issued, a Plan of Correction (POC) is required from the provider. The POC must include timelines for correcting the area of non-compliance as well as the responsible party and action steps for remediation. The individual's behavior support plan identifies the settings in which the interventions are to be implemented. MUIs are filed for the use of unapproved behavior supports.

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). When a concern 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.

Appendix G: Participant Safeguards

Appendix G-3: Medication Management and Administration (1 of 2)

This Appendix must be completed when waiver services are furnished to participants who are served in licensed or unlicensed

living arrangements where a provider has round-the-clock responsibility for the health and welfare of residents. The Appendix does not need to be completed when waiver participants are served exclusively in their own personal residences or in the home of a family member.

a. Applicability. Select one:

- No. This Appendix is not applicable** (do not complete the remaining items)
- Yes. This Appendix applies** (complete the remaining items)

b. Medication Management and Follow-Up

- i. Responsibility.** Specify the entity (or entities) that have ongoing responsibility for monitoring participant medication regimens, the methods for conducting monitoring, and the frequency of monitoring.

Individual medication management and follow up is the responsibility of the physician, clinical nurse specialist, psychiatrist or other prescribing authority. These various health care professionals determine the need to monitor and follow up based on the individual's diagnoses, individual's medication regimen and stability of the individual being served. In addition, a quality assessment is completed for each individual receiving administration of prescribed medications, performance of health-related activities, and/or tube feedings at least once every three years or more frequently if needed (see OAC 5123:2-6-07). The quality assessment includes:

- Observation of administering prescribed medication or performing health-related activities;
- Review of documentation of prescribed medication administration and health-related activities for completeness of documentation and for documentation of appropriate actions taken based on parameters provided in prescribed medication administration and health-related activities training;
- Review of all prescribed medication errors from the past twelve months;
- Review of the system used by the employer or provider to monitor and document completeness and correct techniques used during oral and topical prescribed medication administration and performance of health-related activities.

Plans that incorporate medication for behavior control is prohibited unless it is prescribed by and under the supervision of a licensed physician who is involved in the interdisciplinary planning process. The protocols for this are described under Appendix G-2.

Prior documented informed consent is obtained from the individual receiving services from the County Board of DD program, or guardian if the individual is eighteen years old or older, or from the parent or guardian if the individual is under eighteen years of age.

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

The Ohio Department of Developmental Disabilities (DODD) monitors medication administration through regularly scheduled reviews. The frequency of these reviews is based upon the terms of a provider's certification, license or accreditation, which range from one to five years. Special reviews (not scheduled) can be conducted by DODD if requested by an individual, parent or guardian or if there is suspicion of abuse, neglect, or non-compliance with laws or rules especially those related to medication administration.

DODD also becomes aware of potentially harmful practices through the review of major unusual incidents. These incidents are initially investigated by local County Board of DD personnel and the results of the investigation forwarded to the state for review. Medication errors that result in harm or reasonable risk of harm to an individual are classified, reported, and investigated as major unusual incidents.

Appendix G: Participant Safeguards

Appendix G-3: Medication Management and Administration (2 of 2)

c. Medication Administration by Waiver Providers

i. Provider Administration of Medications. *Select one:*

- Not applicable.** *(do not complete the remaining items)*
- Waiver providers are responsible for the administration of medications to waiver participants who cannot self-administer and/or have responsibility to oversee participant self-administration of medications.** *(complete the remaining items)*

ii. State Policy. Summarize the State policies that apply to the administration of medications by waiver providers or waiver provider responsibilities when participants self-administer medications, including (if applicable) policies concerning medication administration by non-medical waiver provider personnel. State laws, regulations, and policies referenced in the specification are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

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

In accordance with Section 5123.47 of the Revised Code, a family member of a person with a developmental disability may authorize an independent provider to administer oral and topical prescribed medications or perform other health care task as part of the in-home care the worker provides to the individual, if all of the following apply:

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

Per Ohio Administrative Code (OAC) 5123:2-6-03 (A), staff that will be administering medication to individuals that do not self-medicate as is required to become certified to administer medications. For general medication administration staff are required to meet specific standard and then must attend a class that is a minimum of 14 hours per OAC 5123:2-6-06 (C) (1), do at least one successful return demonstration, and take a written test that must be passed with at least a score of 80% as described in OAC 5123:2-6-06 (C) (6). This certification must be renewed annually. To do this the staff must complete at least 2 hours of continuing education and complete a successful return demonstration per 5123: 2-6-06 (C) (7) (a).

To administer medication per gastrostomy or jejunostomy, the staff must take the general medication

administration class and become certified. After completing the initial certification they must take an additional four-hour class per 5123:2-6-06 (D) (1), complete a return demonstration, take a written test and pass with at least 80% as described in OAC 5123:2-6-06 (D) (5). This certification is available to them for one year and must be renewed annually. The renewal process is described in OAC 5123 :2-6-06 (D) (6) and includes annual completion of at least one hour of continuing education and a successful return demonstration. In addition initially individual specific training must be completed and a nurse (an RN or an LPN under the direction of an RN) must delegate this to the staff prior to the medication administration beginning as required per OAC 5123:2-6-06(D) (1) (i).

Certified staff in residential settings of 5 beds or less are permitted to do insulin administration after being certified as in 5123 :2-6-06 (E). The staff must take the general medication administration class and then per 5123:2-6-06 (E) (1) they must take an additional minimum four-hour class. OAC 5123:2-6-06 (E) (4) states that during the class the staff must complete a successful return demonstration, take a written test and pass with at least 80%. In addition, prior to doing medication administration each certified staff must be provided individual specific training related to the individuals they will be serving per OAC 5123 :2-6-06 (E) (1) (k) and a nurse (an RN or an LPN under the direction of an RN) must delegate that specific medication administration to the staff per OAC 5123:2-6-06 (E) (1) (i)

ORC 5123.41 through 5123.46 and 5123.65 of the Ohio Revised Code, along with OAC 5123:2-6-01 through 5123:2-6-07 govern administration of medication to be completed by waiver providers. These laws and rules require staff who will be administering medications to individuals that cannot self-medicate to meet certain standards and to become and maintain certification as described above. Specific curriculum has been developed and must be used unless an individual has developed his/her own and had it approved by the DODD. All tests are developed by the DODD must be administered as the "written test" and no exceptions are granted. Medication administration must be documented on a medication administration record although a specific form is not required.

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 review is completed. When reported directly to DODD, DODD will complete an investigation to determine necessary action.

ODJFS also reports non-compliance with laws or rules governing medication administration. When the situation does not meet DODD’s MUI definition (5123:2-17-02 C 13), the case is processed as an Adverse Outcome as described in Appendix A. When ODJFS discovers a situation where harm has occurred, or where there is a reasonable risk of harm to an individual due to medication management or administration issues, and the problem is not already being effectively addressed by DODD (e.g., an MUI was not filed, the situation is not being, or the individual is otherwise still at risk) the case is processed as an Adverse Outcome and reported to DODD’s MUI Unit." In those cases where a MUI was filed the AO Committee may also monitor for resolution.

Appendix G: Participant Safeguards

Quality Improvement: Health and Welfare

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

a. Methods for Discovery: Health and Welfare

The State, 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 MUI’s 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 (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:

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 (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 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 MUI's 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	Frequency of data	Sampling Approach(check
------------------------------	--------------------------	--------------------------------

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

Data Aggregation and Analysis:

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

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 <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 checked="" type="checkbox"/> Other Specify: Regional DODD Behavior Support Committees, Statewide DODD Behavior Support Advisory Committee	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing

Other
Specify:

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

b. Methods for Remediation/Fixing Individual Problems

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

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 has implemented 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 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 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 activities, and share information about best practices.

Systems Review - Once during the SELF 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.

The Provider Compliance review tool has been completed and is in the process of implementation throughout the state. The next step in the process will be to use the tool to start collecting data and to troubleshoot and fix any issues that may arise.

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

b. System Design Changes

- i. Describe the process for monitoring and analyzing the effectiveness of system design changes. Include a description of the various roles and responsibilities involved in the processes for monitoring & assessing system

design changes. If applicable, include the State's targeted standards for systems improvement.

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

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. Per CMS' request, relevant components of the Firewalls document have been incorporated into the waiver application.

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, 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, among other information not pertinent to the SELF waiver, 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 Suicide, 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 are 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 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

A. 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.

An annual review will be conducted of the FMS entity by the DODD Audit Office or by a contract with an audit agency. We plan to obtain an understanding of the procedures and processes utilized by the FMS and then develop a protocol for testing of financial records and participant files. Expenditures will be reviewed for allowability under the waiver and the Ohio Administrative Code, and whether expenditures are accurately and appropriately assigned and reported.

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 <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 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 type="checkbox"/>	<input type="checkbox"/>

<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:
 Number and percent of waiver claims reviewed that were paid using the correct rate as specified in Chapters 5123:2-9 and 5101:3-41 of the Ohio Administrative Code.

Data Source (Select one):
Financial records (including expenditures)
 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 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 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:

Number and percent of waiver claims reviewed that were paid for participants who were enrolled in the waiver on the date the service was delivered.

Data Source (Select one):

Financial records (including expenditures)

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

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Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input style="width: 100%; height: 20px;" type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input style="width: 100%; height: 20px;" type="text"/>

Performance Measure:

Number and percent of reviewed waiver service claims that paid for services that were authorized in the participant's service plan.

Data Source (Select one):

Financial records (including expenditures)

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 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%; height: 20px;" type="text"/>
<input type="checkbox"/> Other Specify: <input style="width: 100%; height: 20px;" type="text"/>	<input checked="" 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: At least 10% of

		enrollees
<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.

DODD initiates an investigation into rejected or denied claims within two business days of becoming aware that the problem exists. The length of time required to resolve a claim depends on the nature of the claim and the complexities around the issue.

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

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

c. Timelines

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

- No**
- Yes**

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

Appendix I: Financial Accountability

I-2: Rates, Billing and Claims (1 of 3)

- a. Rate Determination Methods.** In two pages or less, describe the methods that are employed to establish provider payment rates for waiver services and the entity or entities that are responsible for rate determination. Indicate any opportunity for public comment in the process. If different methods are employed for various types of services, the description may group services for which the same method is employed. State laws, regulations, and policies referenced in the description are available upon request to CMS through the Medicaid agency or the operating agency (if applicable).

DODD is responsible for the development of statewide rates for waiver services through an Interagency Agreement with ODJFS, Ohio’s single state Medicaid agency. The rate development process includes input from stakeholders. Once developed by DODD, ODJFS is responsible for the final review and approval of all rates. Once approved by ODJFS, all reimbursement rates are incorporated into Ohio’s Administrative Code, which includes a period for public comment as well as a public hearing process that allows for public testimony before Ohio’s Joint Commission on Agency Rule Review (JCARR), a body comprised of representatives from the Ohio Senate and the Ohio House of Representatives. Public Comments are solicited during the Public Hearing phase for any new/amended/to be rescinded Administrative rules in Ohio. Information about payment rates is made available to the individual during the Individual Service Planning process.

Independent Provider rate model development:

The model begins with Bureau of Labor Statistics (BLS) information specific to Ohio’s job market and incorporates factors for employee-related expenses (payroll taxes, FICA, etc), administrative overhead, and non-billable work time. With the exception of the Support Broker service, this results in a statewide ceiling for each service. Rates can then be negotiated by the participant and Support Broker, but cannot exceed the rate ceiling. For the Support Broker service, the rate is a fixed statewide rate because the Support Broker is the only person allowed to negotiate rates on

the participant's behalf.

For all independent rates, there is no adjustment for administrative overhead or non-billable work time. Administrative overhead is assumed to be incurred by the FMS, which will be paid separately (via contract) for their services. Independent providers are assumed to be 100% productive, thus all time spent with the participant is assumed to be billable work time.

Agency Provider rate model development:

As with the independent provider model, the agency provider rate model begins with Bureau of Labor Statistics (BLS) information specific to Ohio's job market and incorporates factors for employee-related expenses, administrative overhead, and non-billable work time. The model's assumptions for employee-related expenses, non-billable work time, and administrative overhead are similar to previously approved rate models. For all agency providers, the rate is a fixed statewide rate with no cost of doing business adjustment or negotiation.

For the services of Participant-Directed Goods and Services, and Participant/Family Stability Assistance, claims are reimbursed at the provider's usual and customary charge for the service.

Reimbursement rates for Community Inclusion - Transportation are based on federal mileage reimbursement guidelines. Claims for Community Inclusion - Transportation that are not associated with mileage are reimbursed at the lower of the rate established or the provider's usual and customary charge for the service.

An independent rate model was developed for Adult Day Support, Vocational Habilitation, and Supported Employment - Enclave services. The base hourly wage is calculated using salary survey data as submitted by counties as well as a select set of hourly wages from the U.S. Bureau of Labor Statistics for occupations closely paralleling those for providers of Adult Day Support and Vocational Habilitation services. These wages are averaged to arrive at a base hourly wage that is applied statewide. Data from cost reports as submitted by each county were used to calculate a series of additional cost components that impact the wages. These rates are adjusted for cost of doing business and for the acuity requirements noted in C-4.

Non-Medical Transportation may be billed either per trip or per mile. Per trip Non-Medical Transportation rates are calculated using data from cost reports. From the cost report data, the total reported transportation costs for adults are divided by the total number of reported trips to derive a cost per trip by county. The calculated transportation rates are then adjusted regional cost of doing business factors to derive the final rates. The per mile non-medical transportation rate combines the hourly rate of the provider/vehicle driver with the mileage rate to derive a single payment rate.

Waiver participants will receive information from the SSA about rates(for all services) in written format during the ISP process.

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

Claims will be submitted through an FMS from various types and classes of SELF Waiver service providers. Claims submitted will be processed in a billing file and forwarded to ODJFS for adjudication through the state's claims payment system, the Medicaid Management Information System (MMIS).

Appendix I: Financial Accountability

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

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

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

Select at least one:

Certified Public Expenditures (CPE) of State Public Agencies.

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

Certified Public Expenditures (CPE) of Local Government Agencies.

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

Certified public expenditures are incurred by county boards of dd when the waiver services are delivered by the boards. The claims for these services are accompanied by an attestation that the services delivered were fully paid for with public funds and are eligible expenditures for FFP. Claims delivered by county boards of dd are reimbursed at the lower of the county board's usual and customary charge for the service or the statewide rates established for those services as described in Section I-2-a of this Appendix.

It is the State of Ohio's responsibility to monitor and audit its subrecipients as Federally required. Ohio Department of Developmental Disabilities (DODD) monitors and audits the cost reports that are prepared as a result of the cost based activity. It is the responsibility of DODD to ensure timely reviews and audits of its subrecipients in order to settle the associated costs for the period under review.

Adult Day Services Reconciliation:

The total annual cost of providing services to the Medicaid consumers will be derived from the cost report. The annual revenue will be derived by taking reimbursement received for the units of services delivered multiplied by unit rates approved by CMS. The total annual cost of providing services will be reconciled to reimbursement received.

Appendix I: Financial Accountability

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

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

The FMS is required to verify that the service a provider is billing for was included in the individual's approved service plan. DODD uses its Medicaid Services System Payment Authorization for Waiver Services (MSS/PAWS) system to validate that the individual was enrolled on the SELF Waiver on the date the service was delivered. The MSS/PAWS system is electronically linked with DODD's Waiver Management System (WMS), which indicates that the individual has a current level of care determination. In addition to the validation by the FMS and DODD, ODJFS' MMIS adjudicates all claims for reimbursement and makes the determination that both the individual receiving the service and the provider delivering the service were eligible for Medicaid waiver payment on the date the service was delivered. Further validation is accomplished through various post reviews that track backward from paid claims to actual service delivery documentation.

As part of the monthly billing, the FMS invoices based on a monthly fee per participant served. As part of the reviews DODD will select a sample of those individuals served and ensure what FMS billed DODD for was accurate, supported, in compliance with our Administrative Rules and statute. As part of the review, DODD will ensure what they are billing for is supported by documentation. That documentation would be for the services they billed the providers on behalf of the individuals and would be supported by service documentation. The service documentation which supports the payments to the providers would be reviewed as part of the review to ensure FMS is billing DODD appropriately.

- e. **Billing and Claims Record Maintenance Requirement.** Records documenting the audit trail of adjudicated claims (including supporting documentation) are maintained by the Medicaid agency, the operating agency (if applicable), and providers of waiver services for a minimum period of 3 years as required in 45 CFR §92.42.

Appendix I: Financial Accountability

I-3: Payment (1 of 7)

- a. **Method of payments -- MMIS** (*select one*):

- Payments for all waiver services are made through an approved Medicaid Management Information System (MMIS).**
- Payments for some, but not all, waiver services are made through an approved MMIS.**

Specify: (a) the waiver services that are not paid through an approved MMIS; (b) the process for making such payments and the entity that processes payments; (c) and how an audit trail is maintained for all state and federal funds expended outside the MMIS; and, (d) the basis for the draw of federal funds and claiming of these expenditures on the CMS-64:

- Payments for waiver services are not made through an approved MMIS.**

Specify: (a) the process by which payments are made and the entity that processes payments; (b) how and through which system(s) the payments are processed; (c) how an audit trail is maintained for all state and federal funds expended outside the MMIS; and, (d) the basis for the draw of federal funds and claiming of these expenditures on the CMS-64:

- Payments for waiver services are made by a managed care entity or entities. The managed care entity is paid a monthly capitated payment per eligible enrollee through an approved MMIS.**

Describe how payments are made to the managed care entity or entities:

Appendix I: Financial Accountability

I-3: Payment (2 of 7)

- b. **Direct payment.** In addition to providing that the Medicaid agency makes payments directly to providers of waiver services, payments for waiver services are made utilizing one or more of the following arrangements (*select at least one*):

- The Medicaid agency makes payments directly and does not use a fiscal agent (comprehensive or limited) or a managed care entity or entities.**
- The Medicaid agency pays providers through the same fiscal agent used for the rest of the Medicaid program.**
- The Medicaid agency pays providers of some or all waiver services through the use of a limited fiscal agent.**

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

DODD is available as the limited fiscal agent for this waiver program. DODD is responsible for paying provider claims as authorized in an Interagency Agreement with ODJFS. The ODJFS will adjudicate the claims and maintain regular, on-going meetings with the Fiscal and Information Systems sections of DODD to assure that claims are paid efficiently and that systems concerns are addressed timely.

Providers may be paid by a Financial Management Service (FMS) as authorized through a contract that is recognized in the Interagency Agreement between DODD and ODJFS. The contract includes specific information pertinent to reporting responsibilities of the FMS that enable DODD and ODJFS to effectively oversee the terms of the contract with the FMS.

- Providers are paid by a managed care entity or entities for services that are included in the State's contract with the entity.**

Specify how providers are paid for the services (if any) not included in the State's contract with managed care entities.

Appendix I: Financial Accountability

I-3: Payment (3 of 7)

- c. **Supplemental or Enhanced Payments.** Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan/waiver. Specify whether supplemental or enhanced payments are made. *Select one:*

- No. The State does not make supplemental or enhanced payments for waiver services.**
- Yes. The State makes supplemental or enhanced payments for waiver services.**

Describe: (a) the nature of the supplemental or enhanced payments that are made and the waiver services for which these payments are made; (b) the types of providers to which such payments are made; (c) the source of the non-Federal share of the supplemental or enhanced payment; and, (d) whether providers eligible to receive the supplemental or enhanced payment retain 100% of the total computable expenditure claimed by the State to CMS. Upon request, the State will furnish CMS with detailed information about the total amount of supplemental or enhanced payments to each provider type in the waiver.

Appendix I: Financial Accountability

I-3: Payment (4 of 7)

- d. **Payments to State or Local Government Providers.** *Specify whether State or local government providers receive payment for the provision of waiver services.*

- No. State or local government providers do not receive payment for waiver services.** Do not complete Item I-3-e.
- Yes. State or local government providers receive payment for waiver services.** Complete Item I-3-e.

Specify the types of State or local government providers that receive payment for waiver services and the services that the State or local government providers furnish: *Complete item I-3-e.*

County Boards of Developmental Disabilities receive payment for waiver services provided.

Appendix I: Financial Accountability

I-3: Payment (5 of 7)

e. Amount of Payment to State or Local Government Providers.

Specify whether any State or local government provider receives payments (including regular and any supplemental payments) that in the aggregate exceed its reasonable costs of providing waiver services and, if so, whether and how the State recoups the excess and returns the Federal share of the excess to CMS on the quarterly expenditure report.

Select one:

- The amount paid to State or local government providers is the same as the amount paid to private providers of the same service.
- The amount paid to State or local government providers differs from the amount paid to private providers of the same service. No public provider receives payments that in the aggregate exceed its reasonable costs of providing waiver services.
- The amount paid to State or local government providers differs from the amount paid to private providers of the same service. When a State or local government provider receives payments (including regular and any supplemental payments) that in the aggregate exceed the cost of waiver services, the State recoups the excess and returns the federal share of the excess to CMS on the quarterly expenditure report.

Describe the recoupment process:

Appendix I: Financial Accountability

I-3: Payment (6 of 7)

f. Provider Retention of Payments. Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by states for services under the approved waiver. *Select one:*

- Providers receive and retain 100 percent of the amount claimed to CMS for waiver services.
- Providers are paid by a managed care entity (or entities) that is paid a monthly capitated payment.

Specify whether the monthly capitated payment to managed care entities is reduced or returned in part to the State.

Appendix I: Financial Accountability

I-3: Payment (7 of 7)

g. Additional Payment Arrangements**i. Voluntary Reassignment of Payments to a Governmental Agency. *Select one:***

- No. The State does not provide that providers may voluntarily reassign their right to direct payments to a governmental agency.**
- Yes. Providers may voluntarily reassign their right to direct payments to a governmental agency as provided in 42 CFR §447.10(e).**

Specify the governmental agency (or agencies) to which reassignment may be made.

The Ohio Department of Developmental Disabilities

ii. Organized Health Care Delivery System. *Select one:*

- No. The State does not employ Organized Health Care Delivery System (OHCDS) arrangements under the provisions of 42 CFR §447.10.**
- Yes. The waiver provides for the use of Organized Health Care Delivery System arrangements under the provisions of 42 CFR §447.10.**

Specify the following: (a) the entities that are designated as an OHCDS and how these entities qualify for designation as an OHCDS; (b) the procedures for direct provider enrollment when a provider does not voluntarily agree to contract with a designated OHCDS; (c) the method(s) for assuring that participants have free choice of qualified providers when an OHCDS arrangement is employed, including the selection of providers not affiliated with the OHCDS; (d) the method(s) for assuring that providers that furnish services under contract with an OHCDS meet applicable provider qualifications under the waiver; (e) how it is assured that OHCDS contracts with providers meet applicable requirements; and, (f) how financial accountability is assured when an OHCDS arrangement is used:

iii. Contracts with MCOs, PIHPs or PAHPs. *Select one:*

- The State does not contract with MCOs, PIHPs or PAHPs for the provision of waiver services.**
- The State contracts with a Managed Care Organization(s) (MCOs) and/or prepaid inpatient health plan(s) (PIHP) or prepaid ambulatory health plan(s) (PAHP) under the provisions of §1915(a)(1) of the Act for the delivery of waiver and other services. Participants may voluntarily elect to receive waiver and other services through such MCOs or prepaid health plans. Contracts with these health plans are on file at the State Medicaid agency.**

Describe: (a) the MCOs and/or health plans that furnish services under the provisions of §1915(a)(1); (b) the geographic areas served by these plans; (c) the waiver and other services furnished by these plans; and, (d) how payments are made to the health plans.

- This waiver is a part of a concurrent §1915(b)/§1915(c) waiver. Participants are required to obtain waiver and other services through a MCO and/or prepaid inpatient health plan (PIHP) or a prepaid ambulatory health plan (PAHP). The §1915(b) waiver specifies the types of health plans that are used and how payments to these plans are made.**

Appendix I: Financial Accountability**I-4: Non-Federal Matching Funds (1 of 3)**

- a. **State Level Source(s) of the Non-Federal Share of Computable Waiver Costs.** Specify the State source or sources of the non-federal share of computable waiver costs. *Select at least one:*

- Appropriation of State Tax Revenues to the State Medicaid agency**
 Appropriation of State Tax Revenues to a State Agency other than the Medicaid Agency.

If the source of the non-federal share is appropriations to another state agency (or agencies), specify: (a) the State entity or agency receiving appropriated funds and (b) the mechanism that is used to transfer the funds to the Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement, and/or, indicate if the funds are directly expended by State agencies as CPEs, as indicated in Item I-2-c:

DODD provides a portion of the non-federal share of computable waiver costs through funds appropriated in its budget. These funds are not transferred to the State Medicaid Agency, as DODD makes the requests for provider payment to the Auditor and Treasurer of State.

DODD attests to ODJFS that expenditures included in Intra-State Transfer Vouchers (ISTVs) are based on the state's accounting of actual recorded expenditures.

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

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

Appendix I: Financial Accountability

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

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

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

Check each that applies:

- Appropriation of Local Government Revenues.**

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

County boards of DD provide a portion of the non-federal share of computable waiver costs. DODD operates as the Fiscal Agent and will maintain the administrative control of the non-federal share. The non-federal share will be comprised of various funds appropriated through the state legislation and funds generated through local levies. Ohio utilizes a CPE arrangement for the non-federal share when county boards are the providers.

- Other Local Government Level Source(s) of Funds.**

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

expended by local government agencies as CPEs, as specified in Item I-2- c:

County boards of DD provide a portion of the non-federal share of computable waiver costs. DODD operates as the Fiscal Agent and will maintain the administrative control of the non-federal share. The non-federal share will be comprised of various funds appropriated through the state legislation and funds generated through local levies. Ohio utilizes a CPE arrangement for the non-federal share when county boards are the providers.

Appendix I: Financial Accountability

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

- c. **Information Concerning Certain Sources of Funds.** Indicate whether any of the funds listed in Items I-4-a or I-4-b that make up the non-federal share of computable waiver costs come from the following sources: (a) health care-related taxes or fees; (b) provider-related donations; and/or, (c) federal funds. *Select one:*

- None of the specified sources of funds contribute to the non-federal share of computable waiver costs**
- The following source(s) are used**
Check each that applies:
- Health care-related taxes or fees**
- Provider-related donations**
- Federal funds**

For each source of funds indicated above, describe the source of the funds in detail:

Appendix I: Financial Accountability

I-5: Exclusion of Medicaid Payment for Room and Board

- a. **Services Furnished in Residential Settings.** *Select one:*
- No services under this waiver are furnished in residential settings other than the private residence of the individual.**
- As specified in Appendix C, the State furnishes waiver services in residential settings other than the personal home of the individual.**
- b. **Method for Excluding the Cost of Room and Board Furnished in Residential Settings.** The following describes the methodology that the State uses to exclude Medicaid payment for room and board in residential settings:

The rate setting methodology does not include any factors that represent costs associated with room and board.

Appendix I: Financial Accountability

I-6: Payment for Rent and Food Expenses of an Unrelated Live-In Caregiver

Reimbursement for the Rent and Food Expenses of an Unrelated Live-In Personal Caregiver. *Select one:*

- No. The State does not reimburse for the rent and food expenses of an unrelated live-in personal caregiver who resides in the same household as the participant.**

- Yes. Per 42 CFR §441.310(a)(2)(ii), the State will claim FFP for the additional costs of rent and food that can be reasonably attributed to an unrelated live-in personal caregiver who resides in the same household as the waiver participant. The State describes its coverage of live-in caregiver in Appendix C-3 and the costs attributable to rent and food for the live-in caregiver are reflected separately in the computation of factor D (cost of waiver services) in Appendix J. FFP for rent and food for a live-in caregiver will not be claimed when the participant lives in the caregiver's home or in a residence that is owned or leased by the provider of Medicaid services.**

The following is an explanation of: (a) the method used to apportion the additional costs of rent and food attributable to the unrelated live-in personal caregiver that are incurred by the individual served on the waiver and (b) the method used to reimburse these costs:

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (1 of 5)

- a. **Co-Payment Requirements.** Specify whether the State imposes a co-payment or similar charge upon waiver participants for waiver services. These charges are calculated per service and have the effect of reducing the total computable claim for federal financial participation. *Select one:*

- No. The State does not impose a co-payment or similar charge upon participants for waiver services.**
- Yes. The State imposes a co-payment or similar charge upon participants for one or more waiver services.**
- i. **Co-Pay Arrangement.**

Specify the types of co-pay arrangements that are imposed on waiver participants (*check each that applies*):

Charges Associated with the Provision of Waiver Services (if any are checked, complete Items I-7-a-ii through I-7-a-iv):

- Nominal deductible**
- Coinsurance**
- Co-Payment**
- Other charge**

Specify:

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (2 of 5)

- a. **Co-Payment Requirements.**
- ii. **Participants Subject to Co-pay Charges for Waiver Services.**

Answers provided in Appendix I-7-a indicate that you do not need to complete this section.

Appendix I: Financial Accountability**I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (3 of 5)****a. Co-Payment Requirements.****iii. Amount of Co-Pay Charges for Waiver Services.**

Answers provided in Appendix I-7-a indicate that you do not need to complete this section.

Appendix I: Financial Accountability**I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (4 of 5)****a. Co-Payment Requirements.****iv. Cumulative Maximum Charges.**

Answers provided in Appendix I-7-a indicate that you do not need to complete this section.

Appendix I: Financial Accountability**I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (5 of 5)****b. Other State Requirement for Cost Sharing.** Specify whether the State imposes a premium, enrollment fee or similar cost sharing on waiver participants. *Select one:*

- No. The State does not impose a premium, enrollment fee, or similar cost-sharing arrangement on waiver participants.**
- Yes. The State imposes a premium, enrollment fee or similar cost-sharing arrangement.**

Describe in detail the cost sharing arrangement, including: (a) the type of cost sharing (e.g., premium, enrollment fee); (b) the amount of charge and how the amount of the charge is related to total gross family income; (c) the groups of participants subject to cost-sharing and the groups who are excluded; and, (d) the mechanisms for the collection of cost-sharing and reporting the amount collected on the CMS 64:

	
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