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

PURPOSE OF THE HCBS WAIVER PROGRAM

The Medicaid Home and Community-Based Services (HCBS) waiver program is authorized in §1915(c) of the Social Security Act. The program permits a State to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. The State has broad discretion to design its waiver program to address the needs of the waiver's target population. Waiver services complement and/or supplement the services that are available to participants through the Medicaid State plan and other federal, state and local public programs as well as the supports that families and communities provide.

The Centers for Medicare & Medicaid Services (CMS) recognizes that the design and operational features of a waiver program will vary depending on the specific needs of the target population, the resources available to the State, service delivery system structure, State goals and objectives, and other factors. A State has the latitude to design a waiver program that is cost-effective and employs a variety of service delivery approaches, including participant direction of services.

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

1. Request Information

A. The **State** of **Ohio** requests approval for an amendment to the following Medicaid home and community-based services waiver approved under authority of §1915(c) of the Social Security Act.
B. **Program Title:**
PASSPORT Waiver 2015 Amendment
C. **Waiver Number:OH.0198**
Original Base Waiver Number: OH.0198.3
D. **Amendment Number:**
E. **Proposed Effective Date:** *(mm/dd/yy)*
03/01/16
Approved Effective Date of Waiver being Amended: 07/01/13

2. Purpose(s) of Amendment

Purpose(s) of the Amendment. Describe the purpose(s) of the amendment:
In this amendment to the PASSPORT waiver, the State proposed the following changes:

-Update Ohio Administrative Code rule references throughout the waiver;
-Replace references to the Office of Medical Assistance (OMA) with the Ohio Department of Medicaid (ODM);
-Increase the number of individuals served in the waiver in Appendix B of the waiver;
-Add a new policy that permits the enrollment of indiivduals disenrolling from another NF-LOC waiver in certain circumstances;
-Clarify language in the approved home medical equipment and supply service to include approved vehicle modifications; and
-Update the performance measures in Appendix G of the waiver to address new waiver subassurances.

3. Nature of the Amendment

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

Component of the Approved Waiver	Subsection(s)
☐ Waiver Application	

Component of the Approved Waiver	Subsection(s)
☐ Appendix A – Waiver Administration and Operation	
☑ Appendix B – Participant Access and Eligibility	B-1-b, B-3-a
☑ Appendix C – Participant Services	C-1/C-3
☐ Appendix D – Participant Centered Service Planning and Delivery	
☐ Appendix E – Participant Direction of Services	
☐ Appendix F – Participant Rights	
☑ Appendix G – Participant Safeguards	Quality Improvement
☐ Appendix H	
☐ Appendix I – Financial Accountability	
☑ Appendix J – Cost-Neutrality Demonstration	J-2-b, J-2-d

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

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

Specify:
-Update Ohio Administrative Code rule references throughout the waiver; and
-Replace references to the Office of Medical Assistance (OMA) with the Ohio Department of Medicaid (ODM) throughout the waiver

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*):
PASSPORT Waiver 2015 Amendment

C. Type of Request: amendment

Requested Approval Period:*(For new waivers requesting five year approval periods, the waiver must serve individuals who are dually eligible for Medicaid and Medicare.)*

○ **3 years** ◉ **5 years**

Original Base Waiver Number: OH.0198
Draft ID: OH.004.05.05

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

E. Proposed Effective Date of Waiver being Amended: 07/01/13
Approved Effective Date of Waiver being Amended: 07/01/13

1. Request Information (2 of 3)

F. Level(s) of Care. This waiver is requested in order to provide home and community-based waiver services to individuals who, but for the provision of such services, would require the following level(s) of care, the costs of which would be reimbursed under the approved Medicaid State plan (*check each that applies*):

☐ **Hospital**

Select applicable level of care

○ **Hospital as defined in 42 CFR §440.10**

If applicable, specify whether the State additionally limits the waiver to subcategories of the hospital level of care:

○ **Inpatient psychiatric facility for individuals age 21 and under as provided in42 CFR §440.160**

☑ **Nursing Facility**

Select applicable level of care

◉ **Nursing Facility as defined in 42 CFR □□440.40 and 42 CFR □□440.155**

If applicable, specify whether the State additionally limits the waiver to subcategories of the nursing facility level of care:

○ **Institution for Mental Disease for persons with mental illnesses aged 65 and older as provided in 42 CFR §440.140**

☐ **Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) (as defined in 42 CFR §440.150)**

If applicable, specify whether the State additionally limits the waiver to subcategories of the ICF/IID level of care:

1. Request Information (3 of 3)

G. Concurrent Operation with Other Programs. This waiver operates concurrently with another program (or programs) approved under the following authorities

Select one:

◉ **Not applicable**

○ **Applicable**

Check the applicable authority or authorities:

☐ **Services furnished under the provisions of §1915(a)(1)(a) of the Act and described in Appendix I**

☐ **Waiver(s) authorized under §1915(b) of the Act.**

Specify the §1915(b) waiver program and indicate whether a §1915(b) waiver application has been submitted or previously approved:

Specify the §1915(b) authorities under which this program operates *(check each that applies):*

☐ **§1915(b)(1) (mandated enrollment to managed care)**

☐ **§1915(b)(2) (central broker)**

☐ **§1915(b)(3) (employ cost savings to furnish additional services)**

☐ **§1915(b)(4) (selective contracting/limit number of providers)**

☐ **A program operated under §1932(a) of the Act.**

Specify the nature of the State Plan benefit and indicate whether the State Plan Amendment has been submitted or previously approved:

☐ **A program authorized under §1915(i) of the Act.**

☐ **A program authorized under §1915(j) of the Act.**

☐ **A program authorized under §1115 of the Act.**

Specify the program:

H. **Dual Eligiblity for Medicaid and Medicare.**
Check if applicable:
☑ **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.
Purpose: The purpose of the PASSPORT program is two-fold. The first element of the program is a pre-admission screening conducted over the telephone to explore possible Medicaid eligibility and to get an impression about the level of service a person may require. In this conversation, prospective participants are provided information about the variety of long-term care options available to them. The second part of the PASSPORT program is the provision of in-home care. Once a participant is determined eligible and enrolls on the PASSPORT program, a case manager works with him or her to develop a package of in-home services and supports to be provided by local service providers. A case manager monitors the quality of the care and assesses whether the services and supports are meeting the participantÃƒÂƒÃ‚,Â¢ÃƒÂ‚,Ã‚€ÃƒÂ‚,Ã‚™s needs. In this partnership, the participant and case manager make necessary changes to the service plan as needed.

Goal & Objective: The goal and objective of the PASSPORT program is to enroll low-income Ohioans age 60 or older who have a clinically documented need for long-term care services and supports, are financially eligible for Medicaid, are frail enough to require a nursing home level of care, and are able to remain safely at home with the consent of their physician.

Organizational Structure: The State Medicaid Agency (OMA) enters into a biennial interagency agreement with the Ohio Department of Aging (ODA) and separate three party agreements with ODA and the 13 regional PASSPORT Administrative Agencies (PAAs) to delegate certain waiver operation and administrative functions. OMA maintains administrative oversight of the waiver by issuing polices, adopting and authorizing rules and regulations related to the waiver, as well as through the implementation of a quality monitoring and oversight process.

Pursuant to the interagency agreement with OMA, ODA is designated as the operational entity responsible for the consistent administration of the PASSPORT program. In this capacity, ODA may adopt and implement program rules as authorized by OMA and is responsible for operational policies and procedures, the certification of qualified long term care providers, program monitoring, and for ensuring that appropriate mechanisms are in place to maintain the financial integrity of PASSPORT. The 13 regional entities (PASSPORT Administrative Agencies/PAAs) are located across the state and are responsible for the day-to-day operation and management of the waiver, for disseminating information concerning the waiver to potential enrollees, assisting individuals in waiver enrollment, conducting level of care determinations, providing administrative case management, and recruiting providers.

Service Delivery Method: Waiver case managers conduct person-centered comprehensive assessments of participant needs. Waiver case managers are licensed nurses and social workers. Using information gathered through the assessment, the case manager works with the individual to build a service plan and arrange for the delivery of services to meet the individual's assessed needs.

Currently, the PASSPORT waiver provides participants access to fifteen (15) waiver services and includes both participant-directed and provider managed service delivery methods. Available services include: personal care; chore; homemaker; adult day service; home delivered meals; emergency response services; independent living assistance; enhanced community living, social work counseling; nutritional consultation; home medical equipment and supplies; minor home modification, maintenance and repair; transportation; community transition services; and non-medical transportation.

3. Components of the Waiver Request

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

A. **Waiver Administration and Operation. Appendix A** specifies the administrative and operational structure of this waiver.

B. **Participant Access and Eligibility. Appendix B** specifies the target group(s) of individuals who are served in this waiver, the number of participants that the State expects to serve during each year that the waiver is in effect, applicable Medicaid eligibility and post-eligibility (if applicable) requirements, and procedures for the evaluation and reevaluation of level of care.

C. **Participant Services. Appendix C** specifies the home and community-based waiver services that are furnished through the waiver, including applicable limitations on such services.

D. **Participant-Centered Service Planning and Delivery.Appendix D** specifies the procedures and methods that the State uses to develop, implement and monitor the participant-centered service plan (of care).

E. **Participant-Direction of Services.** When the State provides for participant direction of services, **Appendix E** specifies the participant direction opportunities that are offered in the waiver and the supports that are available to participants who direct their services. (*Select one*):

- (●) **Yes. This waiver provides participant direction opportunities.** *Appendix E is required.*
- ( ) **No. This waiver does not provide participant direction opportunities.** *Appendix E is not required.*

F. **Participant Rights.Appendix F** specifies how the State informs participants of their Medicaid Fair Hearing rights and other procedures to address participant grievances and complaints.

G. **Participant Safeguards.Appendix G** describes the safeguards that the State has established to assure the health and welfare of waiver participants in specified areas.

H. **Quality Improvement Strategy.Appendix H** contains the Quality Improvement Strategy for this waiver.

I. **Financial Accountability.Appendix I** describes the methods by which the State makes payments for waiver services, ensures the integrity of these payments, and complies with applicable federal requirements concerning payments and federal financial participation.

J. **Cost-Neutrality Demonstration.Appendix J** contains the State's demonstration that the waiver is cost-neutral.

4. Waiver(s) Requested

A. **Comparability.** The State requests a waiver of the requirements contained in §1902(a)(10)(B) of the Act in order to provide the services specified in **Appendix C** that are not otherwise available under the approved Medicaid State plan to individuals who: (a) require the level(s) of care specified in Item 1.F and (b) meet the target group criteria specified in **Appendix B**.

B. **Income and Resources for the Medically Needy.** Indicate whether the State requests a waiver of §1902(a)(10)(C)(i)(III) of the Act in order to use institutional income and resource rules for the medically needy *(select one)*:

- (●) **Not Applicable**
- ( ) **No**
- ( ) **Yes**

C. **Statewideness.** Indicate whether the State requests a waiver of the statewideness requirements in §1902(a)(1) of the Act *(select one)*:

- (●) **No**
- ( ) **Yes**

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

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

- [ ] **Limited Implementation of Participant-Direction.** A waiver of statewideness is requested in order to make *participant-direction of services* as specified in **Appendix E** available only to individuals who reside in the following geographic areas or political subdivisions of the State. Participants who reside in these areas may

elect to direct their services as provided by the State or receive comparable services through the service delivery methods that are in effect elsewhere in the State.
Specify the areas of the State affected by this waiver and, as applicable, the phase-in schedule of the waiver by geographic area:

5. Assurances

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

A. **Health & Welfare:** The State assures that necessary safeguards have been taken to protect the health and welfare of persons receiving services under this waiver. These safeguards include:

   1. As specified in **Appendix C**, adequate standards for all types of providers that provide services under this waiver;

   2. Assurance that the standards of any State licensure or certification requirements specified in **Appendix C** are met for services or for individuals furnishing services that are provided under the waiver. The State assures that these requirements are met on the date that the services are furnished; and,

   3. Assurance that all facilities subject to §1616(e) of the Act where home and community-based waiver services are provided comply with the applicable State standards for board and care facilities as specified in **Appendix C**.

B. **Financial Accountability.** The State assures financial accountability for funds expended for home and community-based services and maintains and makes available to the Department of Health and Human Services (including the Office of the Inspector General), the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver. Methods of financial accountability are specified in **Appendix I**.

C. **Evaluation of Need:** The State assures that it provides for an initial evaluation (and periodic reevaluations, at least annually) of the need for a level of care specified for this waiver, when there is a reasonable indication that an individual might need such services in the near future (one month or less) but for the receipt of home and community-based services under this waiver. The procedures for evaluation and reevaluation of level of care are specified in **Appendix B**.

D. Choice of Alternatives: The State assures that when an individual is determined to be likely to require the level of care specified for this waiver and is in a target group specified in **Appendix B**, the individual (or, legal representative, if applicable) is:

   1. Informed of any feasible alternatives under the waiver; and,

   2. Given the choice of either institutional or home and community-based waiver services. **Appendix B** specifies the procedures that the State employs to ensure that individuals are informed of feasible alternatives under the waiver and given the choice of institutional or home and community-based waiver services.

E. **Average Per Capita Expenditures:** The State assures that, for any year that the waiver is in effect, the average per capita expenditures under the waiver will not exceed 100 percent of the average per capita expenditures that would have been made under the Medicaid State plan for the level(s) of care specified for this waiver had the waiver not been granted. Cost-neutrality is demonstrated in **Appendix J**.

F. **Actual Total Expenditures:** The State assures that the actual total expenditures for home and community-based waiver and other Medicaid services and its claim for FFP in expenditures for the services provided to individuals under the waiver will not, in any year of the waiver period, exceed 100 percent of the amount that would be incurred in the absence of the waiver by the State's Medicaid program for these individuals in the institutional setting(s) specified for this waiver.

G. **Institutionalization Absent Waiver:** The State assures that, absent the waiver, individuals served in the waiver would receive the appropriate type of Medicaid-funded institutional care for the level of care specified for this waiver.

H. **Reporting:** The State assures that annually it will provide CMS with information concerning the impact of the waiver on the type, amount and cost of services provided under the Medicaid State plan and on the health and welfare of waiver participants. This information will be consistent with a data collection plan designed by CMS.

I. **Habilitation Services.** The State assures that prevocational, educational, or supported employment services, or a combination of these services, if provided as habilitation services under the waiver are: (1) not otherwise available to the individual through a local educational agency under the Individuals with Disabilities Education Act (IDEA) or the Rehabilitation Act of 1973; and, (2) furnished as part of expanded habilitation services.

J. **Services for Individuals with Chronic Mental Illness.** The State assures that federal financial participation (FFP) will not be claimed in expenditures for waiver services including, but not limited to, day treatment or partial hospitalization, psychosocial rehabilitation services, and clinic services provided as home and community-based services to individuals with chronic mental illnesses if these individuals, in the absence of a waiver, would be placed in an IMD and are: (1) age 22 to 64; (2) age 65 and older and the State has not included the optional Medicaid benefit cited in 42 CFR §440.140; or (3) age 21 and under and the State has not included the optional Medicaid benefit cited in 42 CFR § 440.160.

6. Additional Requirements

Note: Item 6-I must be completed.

A. **Service Plan**. In accordance with 42 CFR §441.301(b)(1)(i), a participant-centered service plan (of care) is developed for each participant employing the procedures specified in **Appendix D**. All waiver services are furnished pursuant to the service plan. The service plan describes: (a) the waiver services that are furnished to the participant, their projected frequency and the type of provider that furnishes each service and (b) the other services (regardless of funding source, including State plan services) and informal supports that complement waiver services in meeting the needs of the participant. The service plan is subject to the approval of the Medicaid agency. Federal financial participation (FFP) is not claimed for waiver services furnished prior to the development of the service plan or for services that are not included in the service plan.

B. **Inpatients**. In accordance with 42 CFR §441.301(b)(1)(ii), waiver services are not furnished to individuals who are in-patients of a hospital, nursing facility or ICF/IID.

C. **Room and Board**. In accordance with 42 CFR §441.310(a)(2), FFP is not claimed for the cost of room and board except when: (a) provided as part of respite services in a facility approved by the State that is not a private residence or (b) claimed as a portion of the rent and food that may be reasonably attributed to an unrelated caregiver who resides in the same household as the participant, as provided in **Appendix I**.

D. **Access to Services**. The State does not limit or restrict participant access to waiver services except as provided in **Appendix C**.

E. **Free Choice of Provider**. In accordance with 42 CFR §431.151, a participant may select any willing and qualified provider to furnish waiver services included in the service plan unless the State has received approval to limit the number of providers under the provisions of §1915(b) or another provision of the Act.

F. **FFP Limitation**. In accordance with 42 CFR §433 Subpart D, FFP is not claimed for services when another third-party (e.g., another third party health insurer or other federal or state program) is legally liable and responsible for the provision and payment of the service. FFP also may not be claimed for services that are available without charge, or as free care to the community. Services will not be considered to be without charge, or free care, when (1) the provider establishes a fee schedule for each service available and (2) collects insurance information from all those served (Medicaid, and non-Medicaid), and bills other legally liable third party insurers. Alternatively, if a provider certifies that a particular legally liable third party insurer does not pay for the service(s), the provider may not generate further bills for that insurer for that annual period.

G. **Fair Hearing:** The State provides the opportunity to request a Fair Hearing under 42 CFR §431 Subpart E, to individuals: (a) who are not given the choice of home and community-based waiver services as an alternative to institutional level of care specified for this waiver; (b) who are denied the service(s) of their choice or the provider(s) of their choice; or (c) whose services are denied, suspended, reduced or terminated. **Appendix F** specifies the State's procedures to provide individuals the opportunity to request a Fair Hearing, including providing notice of action as required in 42 CFR §431.210.

H. **Quality Improvement**. The State operates a formal, comprehensive system to ensure that the waiver meets the assurances and other requirements contained in this application. Through an ongoing process of discovery, remediation and improvement, the State assures the health and welfare of participants by monitoring: (a) level of care determinations; (b) individual plans and services delivery; (c) provider qualifications; (d) participant health and welfare;

(e) financial oversight and (f) administrative oversight of the waiver. The State further assures that all problems identified through its discovery processes are addressed in an appropriate and timely manner, consistent with the severity and nature of the problem. During the period that the waiver is in effect, the State will implement the Quality Improvement Strategy specified in **Appendix H**.

I. Public Input. Describe how the State secures public input into the development of the waiver:
In 2011 and 2012, Ohio began working with stakeholders on the development of new initiatives intended to improve individuals' access to and the coordination of long term services and supports. In the first quarter of 2012, state staff from the Office of Medical Assistance and the Ohio Department of Aging conducted 5 regional meetings on these initiatives. In these discussions, a wide range of stakeholders including consumers, family caregivers, and advocates provided input on the current design and operation of Ohio's HCBS waivers as well as how the new initiatives could impact individuals receiving services. These initiatives and additional stakeholder outreach to support them include:

1) Unified Long-Term Care Services and Support Waiver - OhioÃ¢Â€Â™s General Assembly authorized the creation of a unified long-term care services and supports waiver to serve individuals on OhioÃ¢Â€Â™s five nursing facility level of care waiver programs. The State engaged in a year-long stakeholder process to design this new waiver program. Through this work, the State determined that an incremental approach to developing the new waiver was most appropriate given the diverse populations served. In the meantime, Ohio has begun the process of harmonizing its nursing facility level of care waivers by adding new services currently available on the StateÃ¢Â€Â™s other nursing facility level of care waiver programs. The PASSPORT application being considered by CMS represents the first step in this process.

2) Integrated Care Delivery System (ICDS) Ã¢Â€Â“ In December 2012, Ohio reached an agreement with the Centers for Medicare and Medicaid Services (CMS) on a new initiative to better coordinate care for individuals eligible for both Medicare and Medicaid. To support the ICDS program, the State has submitted concurrent 1915(b)(c) waiver applications to require certain individuals to enroll in the ICDS as well as to ensure access to long-term care services and supports. Ohio has and continues to engage stakeholders through regional forums and ongoing stakeholder meetings on the development and implementation of this initiative.

In addition to the unified waiver and ICDS, Ohio has crafted and submitted an application to CMS for the Balancing Incentive Program (BIP). When designing OhioÃ¢Â€Â™s model for BIP, the state consulted with stakeholders including both consumers and consumer advocates in addition to organizations representing the entities Ohio anticipates will serve as no wrong door/single entry point agencies once BIP is implemented.

The StateÃ¢Â€Â™s stakeholder engagement in the above initiatives provided significant insight into the needs of OhioÃ¢Â€Â™s long-term care consumers and reinforced the StateÃ¢Â€Â™s efforts to begin the process of waiver harmonization.

In addition, for the PASSPORT renewal, during the 3rd quarter of 2012, state staff from the Department of Aging met with of the PASSPORT Administrative Agencies to obtain input regarding current waiver design, identify service trends, and refine policies and practices to promote diversion and transition activities and increase operational efficiencies.

Lastly, in August 2011, the Ohio Department of Aging conducted a participant satisfaction survey to measure the overall participant satisfaction with the waiver program including the case management component. PASSPORT participants who had received at least two services and were on the program for at least six months as of July 2011 were used as the population for the statistically valid sample (95% confidence level/5% margin of error). 58 percent of the surveys were returned. Of the returned surveys, 52 percent were completed by the participant alone and another 37 percent were completed with help from other individuals. Statewide, 98 percent of surveyed participants were Ã¢ Â€Âœvery satisfied,Ã¢Â€Â Ã¢Â€Âœextremely satisfiedÃ¢Â€Â or Ã¢Â€Âœsomewhat satisfied.Ã¢Â€Â This is an increase from 94 percent in 2008.

April 2015: Please see Section 8B: Optional Information for a complete summary of the public notice and input process for this waiver

J. Notice to Tribal Governments. The State assures that it has notified in writing all federally-recognized Tribal Governments that maintain a primary office and/or majority population within the State of the State's intent to submit a Medicaid waiver request or renewal request to CMS at least 60 days before the anticipated submission date is provided by Presidential Executive Order 13175 of November 6, 2000. Evidence of the applicable notice is available through the Medicaid Agency.

K. Limited English Proficient Persons. The State assures that it provides meaningful access to waiver services by Limited English Proficient persons in accordance with: (a) Presidential Executive Order 13166 of August 11, 2000 (65 FR 50121) and (b) Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003). **Appendix B** describes how the State assures meaningful access to waiver services by Limited English Proficient persons.

7. Contact Person(s)

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

Last Name: Donica

First Name: Kimberly

Title: Bureau Chief, Bureau of Long Term Care Services and Supports

Agency: Office of Medical Assistance

Address: 50 W. Town Street, Suite 400

Address 2: P. O. Box 182709

City: Columbus

State: **Ohio**

Zip: 43218

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

Fax: (614) 752-3523

E-mail: kimberly.donica@medicaid.ohio.gov

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

Last Name: Hobbs

First Name: Matthew

Title: Chief, Division for Community Living

Agency: Ohio Department of Aging

Address:

50 West Broad Street

Address 2:

9th Floor

City:

Columbus

State: **Ohio**

Zip:

43215

Phone:

(614) 752-9168 **Ext:** ☐ **TTY**

Fax:

(614) 466-9812

E-mail:

mhobbs@age.ohio.gov

8. Authorizing Signature

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

Signature:

State Medicaid Director or Designee

Submission Date:

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

Last Name:

First Name:

Title:

Agency:

Address:

Address 2:

City:

State: **Ohio**

Zip:

Phone: **Ext:** ☐ **TTY**

Fax:

E-mail:

Attachments

Attachment #1: Transition Plan

Check the box next to any of the following changes from the current approved waiver. Check all boxes that apply.

- ☐ **Replacing an approved waiver with this waiver.**
- ☐ **Combining waivers.**
- ☐ **Splitting one waiver into two waivers.**
- ☐ **Eliminating a service.**
- ☐ **Adding or decreasing an individual cost limit pertaining to eligibility.**
- ☐ **Adding or decreasing limits to a service or a set of services, as specified in Appendix C.**
- ☐ **Reducing the unduplicated count of participants (Factor C).**
- ☐ **Adding new, or decreasing, a limitation on the number of participants served at any point in time.**
- ☐ **Making any changes that could result in some participants losing eligibility or being transferred to another waiver under 1915(c) or another Medicaid authority.**
- ☐ **Making any changes that could result in reduced services to participants.**

Specify the transition plan for the waiver:

On December 12, 2012, Governor Kasich announced that Ohio reached an agreement with the Centers for Medicare and Medicaid Services (CMS) on a new initiative to better coordinate care for individuals eligible for both Medicare and Medicaid. This initiative is only in effect in certain counties of the State and will provide for and coordinate all long-term care in addition to primary and acute care services for participating individuals. To support Ohio's integrated care delivery system (ICDS) program, the State has submitted concurrent 1915(b)(c) waiver applications to require certain individuals to enroll in the ICDS as well as to ensure access to long-term care services and supports.

Ohio is sensitive to the magnitude of the proposed changes associated with the implementation of the ICDS demonstration and the 1915 b/c ICDS Waiver. The State is committed to implementing this program in a manner that allows for the safe transition of individuals currently enrolled on the PASSPORT waiver who will be required to transition to the ICDS by emphasizing continuity of care and minimizing service disruption.

When an individual enrolled on the PASSPORT Waiver is identified as dually eligible for both Medicare and Medicaid and resides in a county participating in the ICDS demonstration, he or she will be transitioned to the ICDS Waiver (OH# 1035) over a 90 day period. The PAA waiver case manager will support the individual through this transition. The case manager's responsibility includes discharge planning for individuals leaving the PASSPORT waiver. This level of assistance will continue to be provided to individual transitioning to the ICDS demonstration.

The ICDS Waiver offers a more robust service package than PASSPORT by making available to participating individuals all of the services available on Ohio's NF LOC waivers. In the ICDS waiver, the ICDS plans will be required to adhere to specific transition requirements. The State has developed these requirements with the assistance of individuals and providers who voiced concerns about continuity of care and risks to health outcomes if enrollment in the ICDS demonstration resulted in abrupt changes in services and providers.

In accordance with the ICDS waiver's transition requirements, the ICDS plans will be required to contract with each individual's established waiver service providers upon his or her enrollment in the ICDS demonstration for the time periods described below and at the rate approved under the individual's currently approved waiver service plan. Additionally, each

individual's waiver service plan shall be updated to reflect the service nomenclature in the new ICDS Waiver.

Transition Periods:
Waiver personal care assistance, nursing, out-of-home respite, enhanced community living, adult day services, social work/counseling and independent living skills providers will be maintained for 365 days unless a change is required.
All other waiver service levels will be maintained for 365 days, and providers will be maintained for 90 days.

Changes in Provider During Transition Periods:

Individuals may initiate a change in waiver service provider at any time during the transition period. However, any change in services or service providers (initiated by either the individual or the ICDS plan) may occur only after an in-home assessment and the development of a plan for the transition to a new provider. In cases where the health and welfare of the individual is judged to be in danger, expedited service authorization time frames will apply per 42 CFR 43 8.206(d).

An ICDS plan-initiated change from an existing provider during the transition period may occur in the following circumstances:

The individual has a significant change in status as defined in Ohio Administrative Code (OAC) Rule 5101:3-45-01;

The provider gives appropriate notice of intent to discontinue services to an individual; or

Provider performance issues that affect an individualÃ¢Â€Â™s health and welfare are identified. If the ICDS plan detects a quality of care issue, the ICDS plan will work with the provider and individual to satisfactorily resolve the issue(s). If resolution is not possible, the ICDS plan will assist the individual in choosing a provider willing and able to comply with quality of care requirements.

Prior to the conclusion of the transition period, the individual shall meet with his or her ICDS waiver service coordinator and other transdisciplinary care team members to review the current comprehensive care plan and discuss any required changes in services or providers. If a change in HCBS provider is required for any reason, the individual will be provided information regarding other available providers and an individualized transition plan will be developed and integrated into the comprehensive care plan.

3/1/2014 Amendment Choices Phase Out Schedule and Individual Transition to PASSPORT:

*Currently, individuals enrolled on the Choices waiver reside in four geographic areas of the State: Northwest Ohio (PAA 4); Central Ohio (PAA 6); Southern Ohio (PAA 7) and Southeastern Ohio (PAA 8). Two of the regions are included in the My Care Ohio demonstration (PAA 4 and PAA 6). The proposed implementation schedule accounts for MyCare Ohio when planning the Choices phase-out to reduce the risk of disruption to approximately 500 individuals. After approximately 140 dual eligible individuals from two Choices service areas (Northwestern Ohio and Central Ohio) move to My Care Ohio in April 2014 and June 2014, there will be approximately 400 individuals enrolled on Choices who will transition to the PASSPORT waiver.

*Beginning in March 2014, ODA plans to transition 100 individuals per month who are not otherwise eligible for MyCare Ohio, from Choices to PASSPORT.

*With the concurrent implementation of the My Care Ohio waiver it is anticipated that roughly 375 consumers will be transitioned to the PASSPORT waiver. The State plans to accommodate the number of Choices consumers transitioning to the PASSPORT waiver with new enrollment projections in Appendix B of the PASSPORT amendment.

Attachment #2: Home and Community-Based Settings Waiver Transition Plan
Specify the state's process to bring this waiver into compliance with federal home and community-based (HCB) settings requirements at 42 CFR 441.301(c)(4)-(5), and associated CMS guidance.
Consult with CMS for instructions before completing this item. This field describes the status of a transition process at the point in time of submission. Relevant information in the planning phase will differ from information required to describe attainment of milestones.
To the extent that the state has submitted a statewide HCB settings transition plan to CMS, the description in this field may reference that statewide plan. The narrative in this field must include enough information to demonstrate that this waiver complies with federal HCB settings requirements, including the compliance and transition requirements at 42 CFR 441.301(c)

(6), and that this submission is consistent with the portions of the statewide HCB settings transition plan that are germane to this waiver. Quote or summarize germane portions of the statewide HCB settings transition plan as required.
Note that Appendix C-5 HCB Settings describes settings that do not require transition; the settings listed there meet federal HCB setting requirements as of the date of submission. Do not duplicate that information here.
Update this field and Appendix C-5 when submitting a renewal or amendment to this waiver for other purposes. It is not necessary for the state to amend the waiver solely for the purpose of updating this field and Appendix C-5. At the end of the state's HCB settings transition process for this waiver, when all waiver settings meet federal HCB setting requirements, enter "Completed" in this field, and include in Section C-5 the information on all HCB settings in the waiver.

I.STATUS OF THE STATE TRANSITION PLAN

Under the umbrella of the Office of Health Transformation http://www.healthtransformation.ohio.gov , an interagency project team, comprised of state staff from the Ohio Department of Medicaid (ODM), and the Ohio Department of Aging (ODA), the Ohio Department of Developmental Disabilities (DODD) adopted a shared approach for developing the draft statewide transition plan. Compliance with the CMS rule creates different opportunities and challenges for the Nursing-facility based level of care (NF-LOC) waiver system and the Intermediate Care Facilities for Individuals with an Intellectual Disability (ICF-IID) waiver system. As a result, the project team leveraged the existing resources and infrastructures of each waiver system to establish system specific assessment methodologies to conduct a review of the applicable state statutes, administrative rules, approved waivers, provider licensing, qualifications and waiver certification requirements, service specifications, case management administrative and operational processes, monitoring and operational oversight activities, and quality improvement strategies to determine the current level of compliance and identify areas for improvement and remediation to achieve and maintain full compliance.

During Ohio's formal public comment period, copy of the full draft transition plan was posted to the website of Ohio's Office of Health Transformation between December 15, 2014 and January 23, 2015. During the statewide formal public comment period, described in detail in Section III of Ohio 's State Transition Plan, the state received input from many interested parties, including individuals receiving services, family members, providers, advocates and the federal Centers for Medicare and Medicaid Services (CMS). As a result of the feedback, the state made adjustments to the draft plan by adding clarity, adjusting the approach to specific settings, and providing for an increased contribution from individuals and families. A summary of how public input was obtained during the development of this amendment as it pertains to the components of the statewide transition plan, described Section 8B.

II. DESCRIPTION OF THE PASSPORT WAIVER SERVICES IN NON-RESIDENTIAL SETTINGS – ADULT DAY HEALTH SERVICE

The PASSPORT waiver serves individuals age 60 or older and furnishes them with the services and supports necessary to allow the individuals to reside in their community rather than in a nursing facility. The purpose of the Adult Day Health service in PASSPORT is to furnish regularly scheduled services that support the individual's health and independence goals in a community setting. The service is available to eligible individuals and includes recreational and educational activities of the individual's choice.

Individuals receiving the Adult Day Health service in the PASSPORT waiver reside in traditional private residences in the community and receive the HCBS service for a portion of the day at an adult day health setting of their choice. A qualifying HCBS adult day health center must be a freestanding building or a space within another building not used for other purposes during the provision of adult day health service. The Adult Day Health Service in the PASSPORT waiver is furnished in a non -residential setting. As a result, the focus of the compliance analysis is directed at the Adult Day Health service and the characteristics of the settings in which this service is delivered.

III.ASSESSMENT OF THE NON-RESIDENTIAL SETTING IN PASSPORT

The State conducted a systematic review of applicable state statutes, administrative rules, provider requirements (licensing, qualifications and waiver certification), service specifications, case management standards, administrative and operational processes, and monitoring and operational oversight activities for the approved PASSPORT waiver. The state also conducted on on-line survey to gauge how the Adult Day service providers assessed their level of compliance with the new regulations. There are currently 270 adult day health HCBS providers eligible to furnish the waiver service. The state conducted an analysis of data maintained by ODA and ODM to determine the Adult Day Health waiver settings are located in 50% (44) of 88 counties and serve approximately 2,300 individuals enrolled on one of the State's five NF-LOC waivers receiving the service.

IV.ANALYSES OF THE NON-RESIDENTIAL SETTINGS IN PASSPORT

Adult Day Health services in non-residential settings that currently meet the HCBS setting characteristics:

ANALYSIS:
In the preliminary analysis, the State has not identified any non-residential settings that are currently 100% compliant with the new regulation.

The state will ensure that existing settings continue to meet the HCBS characteristics by adopting a new Ohio Administrative Code rule and modifying the State's HCBS ongoing provider oversight function.

In the event a setting, which previously demonstrated evidence of compliance but subsequently cannot (or does not) produce acceptable evidence of compliance, the state's established relocation team, led by the State Long-Term Care Ombudsman, will work with individuals who choose to transition to a setting of their choice which meets the HCBS characteristic.

Adult Day Health services in non-residential settings that currently do not meet HCBS characteristics for provider-owned or controlled settings, but may with modifications:

ANALYSIS:
The HCBS waiver provider certification standards provide a basis for reducing the risk of isolating individuals from the broader community. Proposed modifications will ensure individuals on PASSPORT are afforded full access to the benefits of community living across the system, rather than relying on setting specific policies and practices. In the preliminary analysis, the State has identified that 92% of the currently certified HCBS adult day health providers are free standing.
These settings are located in 44 counties and are serving approximately 91% of the individuals receiving the adult day health services available on the PASSPORT waiver.

REMEDIATION:
Proposed modifications will ensure individuals are afforded full access to the benefits of community living across the system, rather than relying on setting specific policies and practices. The state will ensure that existing settings come into full compliance with the HCBS characteristics by adopting a new HCB setting rule, modifying existing OAC rules, furnishing provider education, and modifying the State's HCBS ongoing provider oversight function.
In the event a setting, which previously demonstrated evidence of compliance but subsequently cannot (or does not) produce acceptable evidence of compliance, the state's established relocation team, led by the State Long-Term Care Ombudsman, will work with individuals who choose to transition to a setting of their choice, which meets the HCBS characteristics.

Adult Day Health services in non-residential settings that are presumed to have the effect of isolating individuals and may be subject to heightened scrutiny process:

ANALYSIS:
CMS described settings "presumed to have the qualities of an institution" as those located in a public or private facility that provides inpatient treatment. The State's preliminary assessment identified one setting, which may have the effect of isolating individuals and be subject to heightened scrutiny by virtue of its location alone: adult day health settings that are located in in the same building as a nursing facility.

There are 22, or 8%, of adult day health service waiver providers that are located in the same building as a nursing facility. These settings are located in 15 Ohio counties and currently serve approximately 9% of all the individuals receiving the adult day health service in the State's five NF-LOC waivers.

REMEDIATION:
Recognizing that the size or physical location of a setting is not the sole factor in determining whether a particular location possesses the characteristics of an HCBS setting, the State will conduct on-site evaluations of these locations to determine their level of compliance. The on-site review will include a review of the providers' policies and procedures as well as the experience of individuals' served in these settings. Regulatory changes, administrative and operational processes must be established prior to conducting the on-site evaluations. The results of the on-site evaluations will be the primary factor in choosing whether enough evidence can be presented to CMS to show that the setting is not institutional in nature.

The State will ensure that existing settings that are subject to heightened scrutiny come into full compliance with HCBS characteristics requirements by adopting a new HCBS settings rule, modifying existing OAC rules, establishing standards and defining acceptable evidence of compliance, provider remediation plans, on-site assessments which includes the individual's

experience residing in the setting, and modifying the State's HCBS ongoing provider oversight function.

In the event the setting cannot or does not produce acceptable evidence of compliance, the state's established relocation team, led by the State Long-Term Care Ombudsman, will work with individuals who choose to transition to a setting of their choice, which meets the HCBS characteristics.

Adult Day Health PASSPORT waiver settings that cannot meet the HCBS characteristics:

ANALYSIS:
In the preliminary analysis, the State has not identified any non-residential settings that cannot meet the HCBS characteristics.

By adopting a new HCBS settings rule and modifying the state's initial HCBS provider certification rules, the State will ensure no new settings that cannot meet the HCBS characteristics are permitted to furnish the Medicaid funded Adult Day Health service.
In the event a setting, which previously demonstrated evidence of compliance but subsequently cannot (or does not) produce acceptable evidence of compliance, the state's established relocation team, led by the State Long-Term Care Ombudsman, will work with individuals to transition them to a setting of their choice, which meets the HCBS characteristics.

IV.STATUS OF THE STATE'S TRANSITION TO COMPLIANCE

Ohio submitted its Final State Transition Plan through the portal on March 13, 2015. The State awaits CMA approval of the State Transition Plan. While the State is attaching a PASSPORT Transition Plan, the State expects that language in the State's Transition Plan approved by CMS and related to the PASSPORT Waiver will take precedence over the language in the waiver transition plan.

Remediation strategies include:

Adoption of an overarching HCBS Waiver Administration rule that details the CMS HCBS settings characteristics required for all provider controlled settings, amendments to Adult Day Health OAC 173-39-02.1, and modification to the provider oversight process are slated for 7/2015-7/2016.

Provider Education and compliance monitoring will include development of a provider self-assessment tool, development of a standardized compliance monitoring tool, modification of provider and case management operational manuals and forms, as well as guidance to impacted providers and case management entities. Proposed Time Frame: 1/2016-6/2016.

Conduct on-site assessments for settings subject to heightened scrutiny. Proposed Time Frame: 7/2016-12/2016

Ongoing Compliance achieved via on site provider reviews, which include experience of individuals in the setting, are slated for 7/2016 and ongoing.

The State's Quality Strategy will include the results from a nationally recognized, statistically valid consumer survey, such as the National Core Indicators – Aging and Disability. Proposed Time Frame: 2016 and ongoing.

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

Additional Needed Information (Optional)

Provide additional needed information for the waiver (optional):

The following is a summary of how public input was obtained during the development of this amendment as it pertains to the components of the statewide transition plan, described in Attachment #2.

Dates of the formal public comment period.

Ohio's formal public comment period was held from December 15, 2014, through January 23, 2015.

Summary of the public notice and input process used for this amendment.

Ohio provided six methods for the public to provide input on the draft transition plan and/or request a non-electronic copy of the plan:
• E-mail - Ohio established a dedicated e-mail box named MCD-HCBSfeedback.
• Written comments - Ohio also provided a U.S. Postal Service address, which was Ohio Department of Medicaid, ATTN: HCBS Transition Plan, P.O. Box 182709, 5th Floor, Columbus, OH 43218.
• Fax - Ohio provided a fax number, which was (614) 466-6945.
• Toll-free phone number - Ohio provided a toll-free number, 1 (800) 364-3153, with a recorded message advising callers they had reached the CMS HCBS draft transition plan phone message box and offering five minutes in which to leave a message.
• Testimony at public hearings - Ohio held two public hearings on January 7 and January 15, 2015, in the State Office Tower's Lobby Hearing Room in Columbus.

The state did not choose to use a newspaper as a non-electronic method for public notice posting and input. The state leveraged existing relationships and processes by partnering with a wide range of stakeholders to inform individuals of the non -electronic options for obtaining a copy of the statewide transition plan and/or to submit comments. The State informed individuals and families of the details of the public notice process through the distribution of hard copies of State agency publications. The waiver case managers assisted with the outreach to individuals on how to access a non-electronic copy of the transition plan and the non-electronic methods available to submit comments. In addition, stakeholder partners were educated on the non-electronic options in order to furnish, upon request, access to hard copies of the plan and information about non-electronic methods to submit comments.

Active Link used to post the entire application.

On 12/15/2014, Ohio posted a public notice, summary of the draft plan, the draft plan itself, and questions and answers on the Ohio Office of Health Transformation (OHT) website at http://www.healthtransformation.ohio.gov/CurrentInitiatives/ExpandandStreamlineHCBS.aspx.

Summary of comments received, any modifications made to the waiver based upon the comments received, and reasons why comments were not adopted.

The state received 258 unduplicated comments on the statewide transition plan during the formal public comment period. Of the comments received, 21% were categorized as related to a wide range of topics which were not specific to any type of setting or system. The following is a summary of the miscellaneous comments germane to this waiver:

Comment: Additional detail is needed about the state's approach to implementing the transition plan.
Response: No change was made to the waiver. The statewide transition plan was modified to reflect the involvement of stakeholders in the implementation.

Comment: Concern was expressed about the apparent over-reliance on information from providers of HCBS.
Response: No change was made to the waiver. The self-assessment survey process was merely one aspect of the initial phase of determining whether settings possessed HCBS characteristics. The statewide transition plan was modified to reflect the elements of the on-site evaluations yet to be conducted.

Comment: Any setting should be permissible if it is determined to meet the HCBS characteristics.
Response: No changewas made to the waiver. The statewide transition plan proposes the adoption of an administrative rule that details the settings characteristics required for all provider-controlled settings and proposes modifications to the assisted living service specifications to incorporate the CMS' required HCBS community integration and access characteristics.

Comment: The State should ensure flexibility and choice of settings options, based on individuals' person-centered plans.
Response: No change was made to the waiver. In accordance with the CMS regulation, the plan proposes to adopt an administrative rule which will require that individuals be offered alternative settings in which to receive HCBS and that the chosen setting be identified in their person-centered plans. However, any setting in which individuals receive HCBS must comport with the CMS regulation.

Comment: Need better definitions of "integration" and "community."
Response: No change was made to the waiver. The statewide transition plan proposes the adoption of an administrative rule that details the settings characteristics required for all provider-controlled

settings and proposes modifications to the assisted living service specifications to incorporate the CMS required HCBS community integration and access characteristics.

Adult Day health is the only service furnished in a non-residential, provider-controlled setting offered in this waiver. The following is a summary of all the comments received specific to this service:

Comment: Should not differentiate between adult day services housed in a nursing home vs. an ADS program in a separate building but connected by a corridor.
Response: No change made to the waiver. The statewide transition plan indicates the physical location of a setting is not the only factor which determines if the setting has the effect of isolating individuals from the broader community. The statewide transition plan proposes the adoption of an administrative rule that details the settings characteristics required for all provider-controlled settings and also proposes modifications to the assisted living service specifications to incorporate the CMS' required HCBS community integration and access characteristics.

Comment: The provision of HCBS in a nursing facility are not in a community-based setting and should not be permitted.
Response: No change made to the waiver. The statewide transition plan indicates the physical location of a setting is not the only factor which determines if the setting has the effect of isolating individuals from the broader community. The statewide transition plan proposes the adoption of an administrative rule that details the settings characteristics required for all provider-controlled settings and also proposes modifications to the assisted living service specifications to incorporate the CMS' required HCBS community integration and access characteristics.

Comment: The draft plan could blur the line between HCBS and institutional settings and make waiver funding available in the latter.
Response: No change made to the waiver. The statewide transition plan states physical location of a setting is not the sole factor in determining whether a particular location possesses the characteristics of an HCBS settings. The statewide transition plan proposes the adoption of an administrative rule that details the settings characteristics required for all provider-controlled settings and also proposes modifications to the assisted living service specifications to incorporate the CMS' required HCBS community integration and access characteristics.

Comment: Use the CMS HCBS settings toolkit as a guide to determine whether a setting has the effect of isolating individuals.
Response: No change made to the waiver. The state agrees the toolkit is a useful guide. The statewide transition plan proposes to establish standards around acceptable evidence of compliance in order to demonstrate the setting does not have the effect of isolating individuals from the greater community.

Comment: The center provides for everything I need.
Response: No change made to the waiver. No change requested.

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:
Ohio Department of Aging Division for Community Living

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:
ODM maintains oversight of operational and policy development at ODA through an interagency agreement between ODM and ODA, and thirteen three party agreements with ODM, ODA and the PAAs. These agreements provide for ODM reviews of programmatic compliance with federal and state laws and regulations and both auditing and fiscal compliance. The PAAs, which serve as ODA™s designee as outlined in the agreement, are delegated responsibility for the daily operation of the PASSPORT waiver as designated regional entities. ODA is primarily responsible for monitoring the PAAs compliance with state and federal law and policies relative to waiver operations.

The single State Medicaid Agency's (ODM) oversight of the Operating Agency's (ODA) performance occurs through a combination of on-site assessment, reviews of performance data and management reports, interagency quality briefings, quarterly interagency quality forums, and fiscal reviews.

ODM monitors ODA's compliance and performance by:

1) Performing Targeted Reviews of HCBS waiver consumers (described below and in Appendix H)

2) Conducting the Continuous Review of ODA Performance Data (described below and in Appendix H);

3) Assuring the resolution of case-specific problems;

4) Generating and compiling quarterly performance data;

5) Convening operating agency Quality Briefings twice a year;

6) Convening multi-agency quality forums (the Quality Steering Committee described further below and in Appendix H) approximately four times per year; and

7) Fiscal reviews and audits (described below and in Appendix I).

ODM's primary means for monitoring waiver compliance with federal waiver assurances occurs through both targeted in person reviews of HCBS waiver consumers and the ongoing review of performance data gathered by ODA and ODM. Through the targeted review process, ODM will identify a target group of waiver consumers using claims and diagnosis information. ODM's staff will perform reviews of the target group to identify best practices as well as areas for improvement in waiver operations, including both service delivery and case management. These reviews will help the State to drive system changes that address vulnerabilities and to improve individuals'™ experience and health outcomes. If areas of non-compliance or opportunities to improve program performance are identified through this process, ODM may require ODA to develop and implement quality improvement plans and monitor their effectiveness at achieving desired outcomes.

In addition to the information gathered through the State'™s targeted reviews, ODM will also examine performance data and other information gathered both by ODM and ODA to measure compliance and performance with respect to the federal waiver assurances including service planning, care management, free choice of provider, level of care, health and welfare, hearing rights, participant satisfaction, and validation of service delivery. This data and any remediation (if necessary) will be submitted in accordance with the approved performance measures in the waiver. This information will also be used by ODM to complete the quality sections of the CMS 372 report (submitted to CMS annually) required to demonstrate cost neutrality in the waiver. Similar to the targeted review, if areas of non-compliance or opportunities to improve program performance are identified through this process, ODM may require ODA to develop and implement quality improvement plans and monitor their effectiveness at achieving desired outcomes.

As part of the state's oversight strategy, each year ODM will host quality forums for ODM and ODA to review and discuss both monitoring and oversight processes and quality data. These quality briefings will be informed by data and other findings gathered through the ODM targeted review process as well as quality data presented by ODA . In these meetings, which will occur approximately twice per year, the departments will include a discussion about opportunities for program improvement that were detected, what corrective measures are or were taken, and how the operating agency verified, or intends to verify, that the actions were effective. The quality briefings will also serve as the forum for ODM and ODA to share and review the validity and/or usefulness of performance metrics identified in the interagency Quality Steering Committee and this application. Throughout this review process, if areas of non-compliance or opportunities to improve program performance are identified through this or other processes, ODM may require ODA to develop and implement quality improvement plans and monitor their effectiveness at achieving desired outcomes.

ODM also convenes the interagency HCBS waiver quality steering committee (QSC). The committee collects, compiles, and reports aggregate waiver-specific performance data. The committee uses this data to conduct additional analysis as a means to assess and compare performance across Ohio'™s Medicaid waiver systems, to identify cross-system structural weaknesses, to support collaborative efforts to improve waiver systems, and to help Ohio move toward a more unified quality management system. In 2012, at CMS'™ recommendation, Ohio engaged with the NQE to update and revise the performance measures used in the State'™s approved HCBS waivers. The QSC was instrumental in facilitating collaborative interaction across state agencies and with the NQE to support the development of the œcore measures that are reflected in this waiver application.

ODM will receive PASSPORT management reports on a regular basis and discuss the content of these reports with ODA staff at least annually to assess waiver performance and compliance. PASSPORT management reports include monthly enrollment, disenrollment & census reports; data gathered through the waiver'™s approved performance measures; financial reports, and annual provider certification & activity reports.

In addition to the department'™s program review and compliance monitoring, ongoing fiscal reviews occur on a regular basis. This includes desk reviews of administrative costs and A-133 Audits, which occur at least every three years based on risk.

Lastly, ODM will be informed of all PASSPORT provider certification issues and may participate in the conferences/discussions. The certification process will be facilitated by ODA or its designee. ODA will enter into an agreement with its designee to specify expectations and requirements associated with certification. The PASSPORT Administrative Agency (PAA) is ODA's designee for the PASSPORT program.

Appendix A: Waiver Administration and Operation

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

   ○ **Yes. Contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or operating agency (if applicable).**
   Specify the types of contracted entities and briefly describe the functions that they perform. *Complete Items A-5 and A-6.:*

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

Appendix A: Waiver Administration and Operation

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

   ○ **Not applicable**

   ◉ **Applicable** - Local/regional non-state agencies perform waiver operational and administrative functions. Check each that applies:

   ☑ **Local/Regional non-state public agencies** perform waiver operational and administrative functions at the local or regional level. There is an **interagency agreement or memorandum of understanding** between the State and these agencies that sets forth responsibilities and performance requirements for these agencies that is available through the Medicaid agency.

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

   Waiver operational and administrative functions are conducted by thirteen regional entities (PASSPORT Administrative Agencies/PAA). Twelve of the regional entities are Area Agencies on Aging and one is a not for profit social service agency. Two PAAs are non-state public agencies, one is a city agency and the other is a federally designated Regional Planning and Development Commission. The remaining eleven are regional non-governmental, non-state entities. The roles and responsibilities of ODM, ODA and these 13 regional entities (the PAAs) are established and documented in an interagency agreement, one with each PAA, referred to as the three party agreements.

   Through the three party agreements operational responsibility for Screening and Level of Care (LOC) Evaluations, Assessments, and Administrative Case Management is delegated to the PAAs and is subject to the quality control and oversight of ODA and ODM. The PAAs are responsible for testifying at state hearings regarding appeals of LOC and PASSPORT services etc., and are bound by the hearing officer's' decisions.

   The PAA is responsible for recruiting, screening and facilitating the certification and enrollment of HCBS waiver providers to ensure an adequate supply of services are available meet the long term care service needs of PASSPORT enrollees. The PAA maintains waiver provider quality assurance processes to ensure that provider claims for PASSPORT waiver services do not exceed authorized limits as specified in approved care plans, that enrollees were eligible PASSPORT services on service claim dates, and that services were delivered on the claim dates as claimed by providers.

   The state Medicaid agency (ODM) has authority in the three party agreements to review and conduct oversight activities to monitor all programmatic responsibilities delegated to ODA and the PAAs. These reviews can be regularly scheduled or occur as needed. Reviews are specific to ODA performance and the performance of the regional entities overseen by ODA. Both financial and program audits are authorized in the agreements which includes audits of the regional entities.

☑ **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:

Waiver operational and administrative functions are conducted by thirteen regional entities (PASSPORT Administrative Agencies/PAA). Twelve of the regional entities are Area Agencies on Aging and one is a not for profit social service agency. Two PAAs are non-state public agencies, one is a city agency and the other is a federally designated Regional Planning and Development Commission. The remaining eleven are regional non-governmental, non-state entities. The roles and responsibilities of OMA, ODA and these 13 regional entities (the PAAs) are established and documented in an interagency agreement, one with each PAA, referred to as the three party agreements.

Through the three party agreements operational responsibility for Screening and Level of Care (LOC) Evaluations, Assessments, and Administrative Case Management is delegated to the PAAs and is subject to the quality control and oversight of ODA and ODM. The PAAs are responsible for testifying at state hearings regarding appeals of LOC and PASSPORT services etc., and are bound by the hearing officer's' decisions.

The PAA is responsible for recruiting, screening and facilitating the certification and enrollment of HCBS waiver providers to ensure an adequate supply of services are available meet the long term care service needs of PASSPORT enrollees. The PAA maintains waiver provider quality assurance processes to ensure that provider claims for PASSPORT waiver services do not exceed authorized limits as specified in approved care plans, that enrollees were eligible PASSPORT services on service claim dates, and that services were delivered on the claim dates as claimed by providers.

The state Medicaid agency (ODM) has authority in the three party agreements to review and conduct oversight activities to monitor all programmatic responsibilities delegated to ODA and the PAAs. These reviews can be regularly scheduled or occur as needed. Reviews are specific to ODA performance and the performance of the regional entities overseen by ODA. Both financial and program audits are authorized in the agreements which includes audits of the regional entities.

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:
OMA monitoring and oversight responsibilities include ensuring that ODA is exercising its operational authority for the day-to-day operation of the PASSPORT waiver program in accordance with federal Medicaid requirements. OMA supports and facilitates ongoing qualitative improvements in the systems, procedures, and protocols ODA employs to ensure conformity of providers, recipients, and other entities with federal Medicaid requirements. When a program component is determined to be out of compliance with federal Medicaid requirements, OMA will work with ODA to assess the root cause of the problem and develop and implement appropriate corrective action to remedy the identified compliance issue.

   ODA monitoring and oversight responsibilities include ensuring that the regional entities are establishing and implementing systems, procedures and protocols to ensure conformity of providers, recipients, staff, or other entities with federal Medicaid requirements. ODA will support and facilitate ongoing qualitative improvements in the systems, procedures, and protocols at the PAA level. When a program component is determined to be out of compliance with the federal Medicaid requirements, OMA will work with ODA to assess the root cause of the problem and develop and implement appropriate corrective action to remedy the identified compliance issue.

Appendix A: Waiver Administration and Operation

6. **Assessment Methods and Frequency.** Describe the methods that are used to assess the performance of contracted and/or local/regional non-state entities to ensure that they perform assigned waiver operational and administrative

functions in accordance with waiver requirements. Also specify how frequently the performance of contracted and/or local/regional non-state entities is assessed:
The three-party agreements between the ODM, ODA, and the PAAs outline the responsibilities of the two state agencies for assessing the performance of the PAAs. ODM is responsible for ensuring ODA and PAA compliance with federal regulations, including the amount, duration and scope of services, free choice of providers, timeliness of delivery of services to waiver eligible participants and the availability of services statewide. Additionally, OMA conducts A-133 audits of the regional entities at least once every three years.

In addition, the ODM Bureau of Long Term Care Services and Supports (BLTCSS) performs reviews of performance data and other information, facilitates interagency quality briefings, and convenes the interagency Quality Steering Committee (QSC).

ODA is responsible for assuring that PAAs perform their delegated responsibilities in accordance with the following, in order precedence: Code of Federal Regulations, Ohio's HCBS waivers, Ohio Revised Code, ODM Administrative rules, ODA Administrative rules, interagency agreements, and operational policies.

ODA's assessment methods and their frequency include: annual reviews of the PAAs; on-site technical assistance visits performed as needed; monthly review of established performance indicators, and analysis of the results from the PAA quarterly retrospective record reviews. ODA analyzes the data, develops remediation plans (as needed), and oversees the implementation of the remediation plan and evaluates the subsequent results.

Appendix A: Waiver Administration and Operation

7. **Distribution of Waiver Operational and Administrative Functions.**In the following table, specify the entity or entities that have responsibility for conducting each of the waiver operational and administrative functions listed (*check each that applies*):
In accordance with 42 CFR §431.10, when the Medicaid agency does not directly conduct a function, it supervises the performance of the function and establishes and/or approves policies that affect the function.All functions not performed directly by the Medicaid agency must be delegated in writing and monitored by the Medicaid Agency. *Note: More than one box may be checked per item. Ensure that Medicaid is checked when the Single State Medicaid Agency (1) conducts the function directly; (2) supervises the delegated function; and/or (3) establishes and/or approves policies related to the function.*

Function	Medicaid Agency	Other State Operating Agency	Local Non-State Entity
Participant waiver enrollment	☑	☐	☑
Waiver enrollment managed against approved limits	☑	☑	☐
Waiver expenditures managed against approved levels	☑	☑	☐
Level of care evaluation	☑	☐	☑
Review of Participant service plans	☑	☐	☑
Prior authorization of waiver services	☑	☑	☐
Utilization management	☑	☑	☑
Qualified provider enrollment	☑	☑	☐
Execution of Medicaid provider agreements	☑	☐	☐
Establishment of a statewide rate methodology	☐	☑	☐
Rules, policies, procedures and information development governing the waiver program	☑	☑	☐
Quality assurance and quality improvement activities	☑	☑	☑

Appendix A: Waiver Administration and Operation

Quality Improvement: Administrative Authority of the Single State Medicaid Agency

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

a. **Methods for Discovery: Administrative Authority**
The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.

i. **Performance Measures**

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Performance measures for administrative authority should not duplicate measures found in other appendices of the waiver application. *As necessary and applicable, performance measures should focus on:*

- Uniformity of development/execution of provider agreements throughout all geographic areas covered by the waiver
- Equitable distribution of waiver openings in all geographic areas covered by the waiver
- Compliance with HCB settings requirements and other new regulatory components (for waiver actions submitted on or after March 17, 2014)

Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percentage of Quality Briefings conducted between Office of Medical Assistance (OMA) to review the operating agency's (Department of Aging (ODA)) performance data as specified in the waiver application

Data Source (Select one):
Other
If 'Other' is selected, specify:
OMA/BLTCSS Quality Briefings minutes/performance measure data

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:

	☑ **Other** Specify: semi-annual	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percentage of performance measure reports with performance measure data submitted to OMA by ODA as specified in the waiver application that were submitted on time and in the correct format.

Data Source (Select one):
Reports to State Medicaid Agency on delegated Administrative functions
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☑ **Annually**	☐ **Stratified** Describe Group:

	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percentage of incident Alert(s) closed by OMA.

Data Source (Select one):
Other
If 'Other' is selected, specify:
OMA/BLTCSS/Protection from Harm Alert Data Base

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:

	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Other** Specify:	☐ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percentage of Adverse Outcomes for which a plan of correction was required and received from ODA within specified timelines by type of finding. (Imminent, Serious, Moderate, Failure to Report, LOC, and Care Planning).

Data Source (Select one):
Other
If 'Other' is selected, specify:
OMA adverse outcome data base

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =

☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Other** Specify:	☐ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of PAA activity reports submitted to OMA by ODA

Data Source (Select one):
Reports to State Medicaid Agency on delegated Administrative functions
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☑ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample**

		Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of quality improvement plans required by OMA that were submitted by ODA and accepted by OMA.

Data Source (Select one):
Trends, remediation actions proposed / taken
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**

☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☑ **Other** Specify: As required by OMA	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of PAA monitoring reports submitted by ODA to OMA

Data Source (Select one):
Reports to State Medicaid Agency on delegated Administrative functions
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	

		☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

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

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 for remediation include: 1) data gathered through the HCBS quality steering committee, this information is used to access and compare performance across Ohio's Medicaid waiver systems to identify cross-system structural weaknesses, to support collaborative efforts to improve waiver systems, and to help Ohio move towards a more unified quality management system; 2) ODM targeted reviews, the reports that result from the completed review are used to inform consideration of corrective actions and program improvements on an individual and programmatic basis; and 3) via reports submitted to ODM by ODA. ODA is able to address individual problems as they are discovered and provide technical assistance that may include plans of corrective action.

When problems are discovered, the individual PAA is notified and technical assistance is provided using e-mail, phone contact and/or letters to PAA Director. When issues are noted that are systemic, ODA will provide statewide training and incorporate that corrective action into its monitoring during the next monitoring cycle.

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

Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

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

◉ **No**
○ **Yes**
Please provide a detailed strategy for assuring Administrative Authority, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix B: Participant Access and Eligibility

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

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

Target Group	Included	Target SubGroup	Minimum Age	Maximum Age	
				Maximum Age Limit	No Maximum Age Limit
☑ Aged or Disabled, or Both - General					
	☑	Aged	65		☑
	☑	Disabled (Physical)	60	64	
	☐	Disabled (Other)			
☐ Aged or Disabled, or Both - Specific Recognized Subgroups					
	☐	Brain Injury			☐
	☐	HIV/AIDS			☐
	☐	Medically Fragile			☐
	☐	Technology Dependent			☐
☐ Intellectual Disability or Developmental Disability, or Both					
	☐	Autism			☐
	☐	Developmental Disability			☐
	☐	Intellectual Disability			☐
☐ Mental Illness					
	☐	Mental Illness			
	☐	Serious Emotional Disturbance			

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

Participants must be 60 years of age or older and meet the level of care criteria at the time of enrollment.

Individuals enrolled in the Passport waiver who are potentially subject to mandatory enrollment in the ICDS 1915(b)(c) waiver shall be eligible for participation in PASSPORT only until the date on which enrollment in the ICDS waiver commences. Transition into the ICDS waiver shall occur as described in the waiver's Transition Plan.

ODA will be permitted to enroll individuals disenrolling from another NF-LOC waiver, who meet the eligibility criteria for the PASSPORT waiver. These individuals will retain their LOC determination for the period it would have been effective in the waiver from which they disenrolled, absent a change of condition. The PASSPORT case manager at the PAA will assist the individual enrolling from another NF-LOC waiver to facilitate their transition."

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:

Once a Disabled (Physical) participant reaches the maximum age limit they then become part of the Aged category and continue on the PASSPORT waiver. As indicated in (B)(1)(a), there is no maximum age limit under the aged category.

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:

    Not to exceed $14,700 per month for waiver services.

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

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

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

  - ○ **The following dollar amount:**

    Specify dollar amount:

    The dollar amount *(select one)*

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

      Specify the formula:

    - ○ **May be adjusted during the period the waiver is in effect. The State will submit a waiver amendment to CMS to adjust the dollar amount.**

  - ○ **The following percentage that is less than 100% of the institutional average:**

    Specify percent:

  - ○ **Other:**

    Specify:

Appendix B: Participant Access and Eligibility

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

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 individual applying for PASSPORT services is assessed prior to enrollment to identify long-term services and supports needs. If the individual's needs cannot be met within the cost limit, the individual may not be enrolled in PASSPORT. The individual may also be referred to a nursing home or another program that would meet the individual's needs.

Any individual denied access to the waiver because the individual's needs exceed the cost limit is informed of his or her right to a State hearing.

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:

Once enrolled, additional waiver services may not be authorized in excess of the $14,700 per month cost limit. When a change in condition or circumstances occurs that necessitates the provision of additional wavier services, referrals to other community services, including institutional services, will be explored.

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	44778
Year 2	28749
Year 3	31059
Year 4	33753
Year 5	

Waiver Year	Unduplicated Number of Participants
	35546

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

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

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

Table: B-3-b

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

Appendix B: Participant Access and Eligibility

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

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

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

Purpose(s) the State reserves capacity for:

Purposes
Reserve capacity for waiver participants transitioning from the Ohio Home Care Waiver and the Transitions Carve Out Waiver

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):*

Reserve capacity for waiver participants transitioning from the Ohio Home Care Waiver and the Transitions Carve Out Waiver

Purpose *(describe):*

The state will reserve waiver slots to accommodate the currently enrolled waiver participants who are transitioning from the Ohio Home Care Waiver and the Transitions Carve Out Waiver to PASSPORT.

Describe how the amount of reserved capacity was determined:

The amount of reserved capacity is based on the current enrollment of the Transition Carve Out waiver and the projected number of Ohio Home Care Waiver participants who will "age out" of this waiver (ie: reach the age of 60) during WY 2.

The amount of reserved capacity is based on the projected number of currently enrolled Ohio Home Care Waiver participants who will "age out" of this waiver (ie: reach the age of 60) during WY 3, WY 4, and WY 5.

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

Waiver Year	Capacity Reserved
Year 1	
Year 2	2000
Year 3	550
Year 4	525
Year 5	500

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:

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

The PASSPORT waiver is open to all eligible individuals.

All applicants must meet all eligibility requirements that are rule-filed in Ohio Administrative Code.

Specifically, these rules are in Ohio Administrative Code in the OMA section:
5160-31-03 (Eligibility)
5101-31-04 (Enrollment)

In addition, this rule is in Ohio Administrative Code in the ODA section:
173-42-01 (Enrollment)

Appendix B: Participant Access and Eligibility

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

Answers provided in Appendix B-3-d indicate that you do not need to complete this section.

Appendix B: Participant Access and Eligibility

B-4: Eligibility Groups Served in the Waiver

a.

1. **State Classification.** The State is a *(select one)*:
   - ○ **§1634 State**
   - ○ **SSI Criteria State**
   - ◉ **209(b) State**
2. **Miller Trust State.**
   Indicate whether the State is a Miller Trust State *(select one)*:
   - ○ **No**
   - ◉ **Yes**

b. Medicaid Eligibility Groups Served in the Waiver. Individuals who receive services under this waiver are eligible under the following eligibility groups contained in the State plan. The State applies all applicable federal financial participation limits under the plan. *Check all that apply*:

Eligibility Groups Served in the Waiver (excluding the special home and community-based waiver group under 42 CFR §435.217)

- ☐ **Low income families with children as provided in §1931 of the Act**
- ☐ **SSI recipients**
- ☑ **Aged, blind or disabled in 209(b) states who are eligible under 42 CFR §435.121**
- ☐ **Optional State supplement recipients**
- ☐ **Optional categorically needy aged and/or disabled individuals who have income at:**

  Select one:

  - ○ **100% of the Federal poverty level (FPL)**
  - ○ **% of FPL, which is lower than 100% of FPL.**

  Specify percentage:
- ☐ **Working individuals with disabilities who buy into Medicaid (BBA working disabled group as provided in §1902(a)(10)(A)(ii)(XIII)) of the Act)**
- ☑ **Working individuals with disabilities who buy into Medicaid (TWWIIA Basic Coverage Group as provided in §1902(a)(10)(A)(ii)(XV) of the Act)**
- ☑ **Working individuals with disabilities who buy into Medicaid (TWWIIA Medical Improvement Coverage Group as provided in §1902(a)(10)(A)(ii)(XVI) of the Act)**
- ☐ **Disabled individuals age 18 or younger who would require an institutional level of care (TEFRA 134 eligibility group as provided in §1902(e)(3) of the Act)**
- ☐ **Medically needy in 209(b) States (42 CFR §435.330)**
- ☐ **Medically needy in 1634 States and SSI Criteria States (42 CFR §435.320, §435.322 and §435.324)**
- ☐ **Other specified groups (include only statutory/regulatory reference to reflect the additional groups in the State plan that may receive services under this waiver)**

  Specify:

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

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

Select one and complete Appendix B-5.

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

Check each that applies:

- ☑ **A special income level equal to:**

Select one:

- ◉ **300% of the SSI Federal Benefit Rate (FBR)**
- ○ **A percentage of FBR, which is lower than 300% (42 CFR §435.236)**

Specify percentage:

- ○ **A dollar amount which is lower than 300%.**

Specify dollar amount:

- ☑ **Aged, blind and disabled individuals who meet requirements that are more restrictive than the SSI program (42 CFR §435.121)**
- ☐ **Medically needy without spenddown in States which also provide Medicaid to recipients of SSI (42 CFR §435.320, §435.322 and §435.324)**
- ☐ **Medically needy without spend down in 209(b) States (42 CFR §435.330)**
- ☐ **Aged and disabled individuals who have income at:**

Select one:

- ○ **100% of FPL**
- ○ **% of FPL, which is lower than 100%.**

Specify percentage amount:

- ☐ **Other specified groups (include only statutory/regulatory reference to reflect the additional groups in the State plan that may receive services under this waiver)**

Specify:

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (1 of 7)

In accordance with 42 CFR §441.303(e), Appendix B-5 must be completed when the State furnishes waiver services to individuals in the special home and community-based waiver group under 42 CFR §435.217, as indicated in Appendix B-4. Post-eligibility applies only to the 42 CFR §435.217 group.

a. **Use of Spousal Impoverishment Rules.** Indicate whether spousal impoverishment rules are used to determine eligibility for the special home and community-based waiver group under 42 CFR §435.217:

Note: For the five-year period beginning January 1, 2014, the following instructions are mandatory. The following box should be checked for all waivers that furnish waiver services to the 42 CFR §435.217 group effective at any point during this time period.

☑ **Spousal impoverishment rules under §1924 of the Act are used to determine the eligibility of individuals with a community spouse for the special home and community-based waiver group. In the case of a participant with a community spouse, the State uses *spousal* post-eligibility rules under §1924 of the Act.**
Complete Items B-5-e (if the selection for B-4-a-i is SSI State or §1634) or B-5-f (if the selection for B-4-a-i is 209b State) and Item B-5-g unless the state indicates that it also uses spousal post-eligibility rules for the time periods before January 1, 2014 or after December 31, 2018.

Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018 (select one).

◉ **Spousal impoverishment rules under §1924 of the Act are used to determine the eligibility of individuals with a community spouse for the special home and community-based waiver group.**

In the case of a participant with a community spouse, the State elects to (*select one*):

◉ **Use spousal post-eligibility rules under §1924 of the Act.**
(Complete Item B-5-c (209b State) and Item B-5-d)

○ **Use regular post-eligibility rules under 42 CFR §435.726 (SSI State) or under §435.735 (209b State)**
(Complete Item B-5-c (209b State). Do not complete Item B-5-d)

○ **Spousal impoverishment rules under §1924 of the Act are not used to determine eligibility of individuals with a community spouse for the special home and community-based waiver group. The State uses regular post-eligibility rules for individuals with a community spouse.**
(Complete Item B-5-c (209b State). Do not complete Item B-5-d)

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (2 of 7)

Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018.

b. **Regular Post-Eligibility Treatment of Income: SSI State.**

Answers provided in Appendix B-4 indicate that you do not need to complete this section and therefore this section is not visible.

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (3 of 7)

Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018.

c. **Regular Post-Eligibility Treatment of Income: 209(B) State.**

The State uses more restrictive eligibility requirements than SSI and uses the post-eligibility rules at 42 CFR 435.735 for individuals who do not have a spouse or have a spouse who is not a community spouse as specified in §1924 of the Act. Payment for home and community-based waiver services is reduced by the amount remaining after deducting the following amounts and expenses from the waiver participant's income:

i. **Allowance for the needs of the waiver participant** (*select one*):

○ **The following standard included under the State plan**

(*select one*):

○ **The following standard under 42 CFR §435.121**

Specify:

- **Optional State supplement standard**
- **Medically needy income standard**
- **The special income level for institutionalized persons**

(*select one*):

- **300% of the SSI Federal Benefit Rate (FBR)**
- **A percentage of the FBR, which is less than 300%**

Specify percentage:

- **A dollar amount which is less than 300%.**

Specify dollar amount:

- **A percentage of the Federal poverty level**

Specify percentage:

- **Other standard included under the State Plan**

Specify:

- **The following dollar amount**

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

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

Specify:

65% of 300% of SSI payment of an individual

- **Other**

Specify:

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

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

Specify the amount of the allowance (*select one*):

- **The following standard under 42 CFR §435.121**

Specify:

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

  Specify dollar amount: If this amount changes, this item will be revised.
- **The amount is determined using the following formula:**

  Specify:

iii. Allowance for the family (*select one*):

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

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

  Specify:
- **Other**
  Specify:

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

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

Select one:

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

  Specify:

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (4 of 7)

Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018.

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

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

i. Allowance for the personal needs of the waiver participant

(*select one*):

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

  Specify percentage:

- ○ **The following dollar amount:**

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

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

  Specify formula:

  65% of 300% of SSI payment of an individual

- ○ **Other**

  Specify:

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

Select one:

- ◉ **Allowance is the same**
- ○ **Allowance is different.**

Explanation of difference:

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

a. Health insurance premiums, deductibles and co-insurance charges

b. Necessary medical or remedial care expenses recognized under State law but not covered under the State's Medicaid plan, subject to reasonable limits that the State may establish on the amounts of these expenses.

Select one:

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

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (5 of 7)

Note: The following selections apply for the five-year period beginning January 1, 2014.

e. Regular Post-Eligibility Treatment of Income: SSI State or §1634 State - 2014 through 2018.

Answers provided in Appendix B-4 indicate that you do not need to complete this section and therefore this section is not visible.

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (6 of 7)

Note: The following selections apply for the five-year period beginning January 1, 2014.

f. Regular Post-Eligibility Treatment of Income: 209(B) State - 2014 through 2018.

Answers provided in Appendix B-5-a indicate the selections in B-5-c also apply to B-5-f.

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (7 of 7)

Note: The following selections apply for the five-year period beginning January 1, 2014.

g. Post-Eligibility Treatment of Income Using Spousal Impoverishment Rules - 2014 through 2018.

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

Answers provided in Appendix B-5-a indicate the selections in B-5-d also apply to B-5-g.

Appendix B: Participant Access and Eligibility

B-6: Evaluation/Reevaluation of Level of Care

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

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

i. **Minimum number of services.**

The minimum number of waiver services (one or more) that an individual must require in order to be determined to need waiver services is: 1

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

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

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

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:

13 PASSPORT Administrative Agencies (PAAs)

- ( ) **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:

Registered Nurses (RN) and Social Workers (LSW or LISW) licensed to practice in the State of Ohio complete the initial level of care evaluation for waiver applicants. All registered nurses are licensed by the Ohio Board of Nursing and all social workers are licensed by the Counselor, Social Worker, Marriage and Family Therapists Board to practice in Ohio. The PAAs verify the current licensure status of applicants during the hiring process and PAAs provide training to enable staff to be certified by ODA as assessors/case managers. ODA reviewers verify that this activity has been completed during biennial reviews that include a review of personnel qualifications.

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

As a condition of waiver eligibility, applicants must meet a NF LOC as defined in OAC rule 5160-3-08. The nursing facility level of care includes both the skilled level of care (SLOC) and intermediate level of care (ILOC). The criteria for both are described below.

A SLOC is a determination that an individual receives at least one skilled nursing service at least seven days per week, and/or a skilled rehabilitation service at least five days per week. Skilled services must be ordered by a physician, and must be delivered by a licensed or certified professional due to either the instability of the individual's condition and the complexity of the prescribed service, or the instability of the individual's condition and the presence of special medical complications.

An ILOC is a determination that an individual's physical and mental condition and resulting service needs have been evaluated and:

- The individual requires hands-on assistance with the completion of at least two activities of daily living;

- The individual requires hands-on assistance with the completion of at least one activity of daily living, and is unable to perform self-administration of medication and the medication must be administered by another person;
- The individual requires one or more skilled nursing or skilled rehabilitation services at less than an SLOC; or
- Due to a cognitive impairment, including but not limited to dementia, the individual requires supervision by another person on a 24 hour-a-day basis to prevent harm.

ODA has developed minimum documentation standards to ensure all appropriate information is collected at the PAA. ODA reviews documentation practice during monitoring visits.

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.

In the PASSPORT waiver, the State uses the CARE (Comprehensive Assessment/Reassessment Evaluation) tool for screening, assessment, reassessment, service planning and billing. This assessment/reassessment tool is contained in ODA's electronic PIMS system. The level of care determination is conducted when completing the CARE tool. The CARE tool features the essential elements of the JFS 03697 form which is used to determine the level of care for individuals accessing institutional services under the Medicaid state plan. While the CARE tool is different than the JFS 03697, the outcomes of the evaluations are equivalent because the elements used to determine LOC are the same.

Additionally, the individual is informed of his or her fair hearing/appeal rights in accordance with OAC Division 5101:6 at the time the LOC determination is made.

State laws, regulations and policies concerning LOC criteria are available upon request.

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:

A licensed registered nurse or social worker who is employed by the regional entity (PAA) conducts the in-person interview with the waiver applicant and/or his/her designated representative. The level of care initial evaluation and the annual reevaluation is completed using the standardized assessment tool maintained in the PASSPORT Information Management System (PIMS),. The tool includes the following components: demographics, functional abilities, cognitive/mental functioning, physical and medical systems review, social supports, and financial resources. Additional information may be gathered from physicians and health and social service care providers.

The individual is informed of hearing/appeals rights in accordance with OAC Rule 5101:6 at the time the determination is made.

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):*

Timely re-evaluations are ensured through the PAA's use of a PIMS generated report that identifies waiver participants who are due for a re-evaluation. On a monthly basis, ODA runs this report retrospectively to ensure the timely completion of the re-evaluations.

In addition, ODA requires the PAAs to submit quarterly record reviews that include data elements related to timeliness of annual re-evaluations. ODA generates and analyzes the PAAs quarterly reports in aggregate to ensure accuracy and to check for anomalies. It is through this analysis that participants who are not receiving timely re-evaluations would be identified. In the event that ODA finds this type of discrepancy, ODA would provide remediation (technical assistance in the form of calls, emails if needed, on-site visit) to the individual PAA. If a statewide pattern or trend is noted, ODA would provide training and monitor through ad hoc visits to the PAAs.

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

Electronically retrievable documentation of all level of care evaluations and reevaluations are maintained in accordance with state and federal regulations. ODA's Information Service Division houses this information in a centralized State server.

Appendix B: Evaluation/Reevaluation of Level of Care

Quality Improvement: Level of Care

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

a. **Methods for Discovery: Level of Care Assurance/Sub-assurances**

The state demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care consistent with level of care provided in a hospital, NF or ICF/IID.

i. **Sub-Assurances:**

a. ***Sub-assurance: An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

Number and percent of new enrollees who had a LOC indicating the need for institutional LOC prior to receipt of services

Data Source (Select one):
Other
If 'Other' is selected, specify:
PASSPORT Information Management System (PIMS)

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☑ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**

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

b. ***Sub-assurance: The levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percent of participants with a level of care redetermination completed within 12 months of the previous level of care determination.

Data Source (Select one):
Other
If 'Other' is selected, specify:
PASSPORT Information Management System (PIMS)

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☑ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other**	

	Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

c. ***Sub-assurance: The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percent of participants with LOC determinations/redeterminations reviewed that were completed using the processes and instruments required by the approved waiver.

Data Source (Select one):
Record reviews, off-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	

		☑ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95% CI with a MOE +/- 5%
☑ **Other** Specify: Regional PAA	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

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

b. Methods for Remediation/Fixing Individual Problems

i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.
Using quarterly reports submitted by PAAs, ODA is able to address individual problems as they are discovered and provide technical assistance that may include plans of corrective action. When problems are discovered, the individual PAA is notified and technical assistance is provided using on-site technical assistance, e-mail, phone contact and/or letters to PAA Director.

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

Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

c. **Timelines**
When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of 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 of initial [comprehensive] in-person assessment, the assessor (RN or LSW) collects information about the individual's strengths, needs and preferences and, as part of the assessment, determines if the individual meets level of care and other waiver eligibility requirements. From this comprehensive evaluation, the assessor presents the individual with options for having their needs met, which may include, if appropriate, enrollment in a Medicaid waiver or referral to alternative home and community-based or nursing facility services. The assessor may provide written materials or

other documentation detailing the available options and supports the individual as they exercise freedom of choice.

The individual's choice to enroll in the Medicaid waiver is documented both in the electronic record and with their signature on the Agency-Client Agreement form. The assessor informs the individual of feasible care options available under the waiver and supports the individual as they exercise freedom of choice among the service options available.

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.

Written copies of the Agency-Client Agreement are maintained by the PAAs in accordance with state and federal regulations.

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 program. The State makes interpretation services available at the county and State level. A variety of OMA forms have been translated into Spanish and Somali, including the Medicaid Participant guide and state hearing rights forms. The participants are informed about how to access interpretation services by the County Departments of Job and Family Services and by the PAA's assessors/case managers.

The PAAs, acting as ODA's regional designee, assure interpretation services are available to participants through sub¬contracts with local immigrant and refugee agencies and organizations serving the hearing impaired. Accommodations for limited English proficient participants are provided at the time of application, at assessment, and in conjunction with routine case management activities. Each PAA adapts program and educational materials to accommodate the language needs of participants served in their specific geographical location.

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	Adult Day Service		
Statutory Service	Homemaker		
Statutory Service	Personal Care		
Other Service	Alternative Meals Service		
Other Service	Choices - Home Care Attendant Service		
Other Service	Chore		
Other Service	Community Transition Service		
Other Service	Emergency Response System		
Other Service	Enhanced Community Living Service		
Other Service	Home Care Attendant		
Other Service	Home Delivered Meals		
Other Service	Home Medical Equipment, Supplies, and Vehicle Modifications		
Other Service	Independent Living Assistance		
Other Service	Minor Home Modification, Maintenance and Repair		
Other Service	Non-Medical Transportation		
Other Service	Nutritional Consultation		
Other Service	Out-of-Home Respite		

Service Type	Service		
Other Service	Pest Control		
Other Service	Social Work Counseling		
Other Service	Transportation		
Other Service	Waiver Nursing Service		

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:

Adult Day Health

Alternate Service Title (if any):

Adult Day Service

HCBS Taxonomy:

Category 1:	Sub-Category 1:
04 Day Services	04050 adult day health
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Service Definition *(Scope)*:

Adult Day Health Services (ADHS) - ADHS are regularly scheduled services delivered at an ADHS center which is a non-institutional, community based setting. The ADHS service includes recreational and educational programming to support the individual health and independence goals. The provider must furnish at least one meal, but no more than two meals per day that meet the individual's dietary requirements. The ADHS center may also make available health status monitoring, skilled therapy services, and transportation to and from the ADHS center.

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

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

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

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

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Adult Day Center, Social Service Agency, Nursing Facilities, Community Action Agency, Churches

Appendix C: Participant Services

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

Service Type: Statutory Service
Service Name: Adult Day Service

Provider Category:
Agency
Provider Type:
Adult Day Center, Social Service Agency, Nursing Facilities, Community Action Agency, Churches
Provider Qualifications
License *(specify):*

Certificate *(specify):*
ODA certification as a LTC agency provider:
OAC 173-39-03 - This rule describes the certification process for community-based long-term care services beginning with the request for the application and concluding with the final description of how ODA issues the certification.
OAC 173-39-02. Conditions of Participation for PASSPORT Services. This rule establishes the requirements and scope of responsibility related to service delivery and documentation.
OAC 173-39-02.1 – Adult Day Service Specifications. This rule establishes the parameters for the type of tasks and describes the timelines and documentation requirements for this service.
Other Standard *(specify):*
Medicaid provider agreement with ODM (OAC 5160-1-17.2)
Verification of Provider Qualifications
Entity Responsible for Verification:
1. Ohio Department of Aging
2. PASSPORT Administrative Agency
Frequency of Verification:
Verification of provider qualifications occurs in accordance with rule 173-39-04 of the Ohio Administrative Code.

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:
Homemaker
Alternate Service Title (if any):

HCBS Taxonomy:

Category 1:	Sub-Category 1:
08 Home-Based Services	08050 homemaker
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Service Definition *(Scope):*
"Services that consist of the performance of general household tasks (e.g., meal preparation and routine household care) provided by a qualified homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home. Homemakers shall meet such standards of education and training as are established by the State for the provision of these activities."
Homemakers may also assist the participant to manage personal appointments, day-to-day household activities, and to ensure that the participant maintains his/her current living arrangement by acting as a travel attendant.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:

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

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

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

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Home Health Agency, Social Service Agency, Hospitals

Appendix C: Participant Services

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

Service Type: Statutory Service
Service Name: Homemaker

Provider Category:
Agency

Provider Type:
Home Health Agency, Social Service Agency, Hospitals
Provider Qualifications
License *(specify):*

Certificate *(specify):*
ODA-certification as a LTC agency provider:

OAC 173-39-03. This rule describes the certification process for community-based long-term care services beginning with the request for the application and concluding with the final description of how ODA issues the certification.

OAC 173-39-02. Conditions of Participation for PASSPORT Services. This rule establishes the requirements and scope of responsibility related to service delivery and documentation.

OAC 173-39-02.8 - Homemaker Service Specifications. This rule establishes the parameters for the type of tasks and describes the timelines and documentation requirements for this service.
Other Standard *(specify):*
Medicaid provider agreement with ODM (OAC 5160-1-17.2)
Verification of Provider Qualifications
Entity Responsible for Verification:
1. Ohio Department of Aging

2. PASSPORT Administrative Agencies
Frequency of Verification:
Verification of provider qualifications occurs in accordance with rule 173-39-04 of the Ohio Administrative Code.

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):

HCBS Taxonomy:

Category 1:	Sub-Category 1:
08 Home-Based Services	08030 personal care

Category 2:	Sub-Category 2:

Category 3: **Sub-Category 3:**

Category 4: **Sub-Category 4:**

Service Definition *(Scope):*
The service furnishes hands-on assistance with activities of daily living (ADLs) in the home and in the community. Tasks include: bathing, dressing, grooming, nail care, hair care, oral hygiene, shaving, deodorant application, skin care, foot care, feeding, toileting, assisting with ambulation, position in bed, transferring, range of motion exercise, and monitoring intake and output.

The service also furnishes hands-on assistance with instrumental activities of daily living (IADLs) in the home and in the community that are incidental to the provision of hands-on assistance with ADLS but may not comprise the entirety of the service. Tasks include: general homemaking activities including, but not limited to: meal preparation and cleanup, laundry, bed-making, dusting, vacuuming and waste disposal. Household chores including but not limited to washing floors, windows and walls, taking down loose rugs and tiles, and moving heavy items to provide safe access and exit.

The service does not include tasks performed by a licensed health professional, including skilled or nursing care. The service is intended to complement, not replace, similar services available under the Medicaid state plan. The waiver service shall not be used in lieu of the Medicaid state plan home health benefit when it has been determined the individual meets the eligibility criteria as defined in OAC 5101:3-12-01 to receive the service.

When the service is delivered by an individual provider type, the consumer-directed employee may not perform any health-related elements of the service (skilled care, nursing, medication administration) that, by state law, only licensed medical professionals can deliver. The individualized service plan will describe how routine health related tasks will be met through the use of agency based providers. For all other tasks permitted under the PASSPORT personal care service, a waiver participant may use a combination of participant-directed individual providers and agency-based provider managed services.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:

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

- [x] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

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

- [ ] **Legally Responsible Person**
- [x] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Qualified consumer-employed provider
Agency	Home Health Agency, Social Service Agency, Hospitals

Appendix C: Participant Services

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

Service Type: Statutory Service
Service Name: Personal Care

Provider Category:
Individual
Provider Type:
Qualified consumer-employed provider
Provider Qualifications
License *(specify):*

Certificate *(specify):*
ODA certification as a long term care consumer directed individual provider:

OAC 173-39-02 Conditions of Participation for PASSPORT Services. This rule establishes the requirements and scope of responsibility for agency and individual providers

OAC 173-39-03 This rule describes the certification process for agency and individual providers of community-based long-term care services beginning with the request for the application and concluding with the final description of how ODA issues the certification.

OAC 173-39-02.11 – Personal Care Service Specifications. This rule establishes the parameters for the type of tasks, describes the agency and individual provider qualifications and documentation requirements for this service.
Other Standard *(specify):*
Consumer-employed provider agreement
Medicaid Provider agreement with ODM(OAC 5160-1-17.2)
Verification of Provider Qualifications
Entity Responsible for Verification:
Waiver Participant
PASSPORT Administrative Agency
Ohio Department of Aging
Frequency of Verification:
Verification of provider qualifications occurs in accordance with rule 173-39-04 of the Ohio Administrative Code.

Appendix C: Participant Services

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

Service Type: Statutory Service
Service Name: Personal Care

Provider Category:
Agency
Provider Type:
Home Health Agency, Social Service Agency, Hospitals
Provider Qualifications
License *(specify):*

Certificate *(specify):*
ODA certification as a LTC agency provider:

OAC 173-39-03 This rule describes the certification process for community-based long-term care services beginning with the request for the application and concluding with the final description of how ODA issues the certification.

OAC 173-39-02 -Conditions of Participation for PASSPORT Services. This rule establishes the requirements and scope of responsibility related to service delivery and documentation.

OAC 173-39-02.11 – Personal Care Service Specifications. This rule establishes the parameters for the type of tasks and describes the timelines and documentation requirements for this service.
Other Standard *(specify):*
Medicaid Provider agreement with ODM (OAC 5160-1-17.2)

Verification of Provider Qualifications

Entity Responsible for Verification:
1. Ohio Department of Aging

2. PASSPORT Administrative Agency

Frequency of Verification:
Verification of provider qualifications occurs in accordance with rule 173-39-04 of the Ohio Administrative Code.

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:
Alternative Meals Service

HCBS Taxonomy:

Category 1:	Sub-Category 1:
17 Other Services	17990 other

Category 2:	Sub-Category 2:

Category 3:	Sub-Category 3:

Category 4:	Sub-Category 4:

Service Definition *(Scope):*
The alternative meals service assists the individual with procuring one to two nutritious meals per day. Alternative meals service offers the individual the option to obtain meals from non-traditional providers, such as restaurants.

Alternative meals are not meals served in an Adult Day Center. Unlike the agency-based home delivered meals service, the alternative meals service is a self-directed service.

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

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

- [x] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

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

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Restaurants, Senior Centers, Social service agency, Churches

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Alternative Meals Service

Provider Category:
Agency
Provider Type:
Restaurants, Senior Centers, Social service agency, Churches
Provider Qualifications
License *(specify):*

Certificate *(specify):*
Providers furnishing services in the PASSPORT waiver will be required to adhere to the following requirements as outlined in the Ohio Administrative Code.

ODA certified provider:

Compliance with OAC chapter 173-39 including OAC rules 173-39-03 (ODA provider certification), 173-39-02 (conditions of participation), 173-39-02.2 (alternative meals service).
Other Standard *(specify):*
Provider has an active Medicaid provider agreement with the Ohio Department of Medicaid(OAC 5160-1-17.2)
Verification of Provider Qualifications
Entity Responsible for Verification:
ODA
PASSPORT Administrative Agency
Frequency of Verification:
Verification of provider qualifications occurs in accordance with rule 173-39-04 of the Ohio Administrative Code.

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:
Choices - Home Care Attendant Service

HCBS Taxonomy:

Category 1:	Sub-Category 1:
08 Home-Based Services	08030 personal care
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Service Definition *(Scope):*
The Choices - Home Care Attendant service consists of supportive activities specific to the needs of a medically stable, disabled adult, which are designed to address ADL and IADL impairments. Choices Home Care Attendant substitutes for the absence, loss, diminution or impairment of a physical or cognitive function and may include one or more of the following types of activities:

1) Personal Care including: assistance with bathing, dressing. and grooming, caring for nail, hair and oral hygiene, shaving, deodorant application, skin care with lotions and/or powders, foot care and ear care, feeding, assistance with elimination, assistance with ambulation, changing position in bed, assistance with transfers, normal range of motion, and adequate nutrition and fluid intake;

2) General household Activities including: planning, preparation and clean-up of meals, laundry, bed making, dusting, vacuuming, shopping and other errands, replacing furnace filters, waste disposal, seasonal yard care and snow removal, and other routine household maintenance activities and other routine household chores;
3) Heavy Household Chores including: washing floors, windows, and walls, tracking down loose rugs and tiles, moving heaving items or furniture to provide safe access and egress, and other heavy household activities;
4) Assistance with money management and correspondence;
5) Escort services and transportation to enable consumers to gain access to waiver and other community services, activities, and resources. This activity is offered in addition to medical transportation available under the State Plan and does not replace it. Whenever possible, other sources will be utilized.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
This service cannot be used concurrently with the personal care or chore services.

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

- [x] **Participant-directed as specified in Appendix E**
- [ ] **Provider managed**

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

- [ ] **Legally Responsible Person**
- [x] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Home Health Agency, Social Service Agency, Hospitals
Individual	Individual

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Choices - Home Care Attendant Service

Provider Category:
Agency
Provider Type:
Home Health Agency, Social Service Agency, Hospitals
Provider Qualifications
License *(specify):*

Certificate *(specify):*
ODA certified provider
Other Standard *(specify):*
Provider has an active Medicaid provider agreement with the Ohio Department of Medicaid (OAC 5160-1-17.2)

Providers furnishing services in the PASSPORT waiver will be required to adhere to the following requirements as outlined in the Ohio Administrative Code.

Compliance with OAC chapter 173-39 including OAC rules 173-39-03 (ODA provider certification), 173-39-02 (conditions of participation) and 173-39-02.04 (Choices home care attendant).
Verification of Provider Qualifications
Entity Responsible for Verification:
Waiver participants, ODA or its designee for ODA-certified providers.
Frequency of Verification:
Verification of provider qualifications occurs in accordance with rule 173-39-04 of the Ohio Administrative Code.

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Choices - Home Care Attendant Service

Provider Category:
Individual
Provider Type:
Individual
Provider Qualifications
License *(specify):*
Motor vehicle (as needed)
Certificate *(specify):*
Providers furnishing services in the PASSPORT waiver will be required to adhere to the following requirements as outlined in the Ohio Administrative Code.

ODA certified provider:

Compliance with OAC chapter 173-39 including OAC rules 173-39-03 (ODA provider certification), 173-39-02 (conditions of participation) and 173-39-02.04 (Choices home care attendant).

Other Standard *(specify):*

Provider has an active Medicaid provider agreement with the Ohio Department of Medicaid (OAC 5160-1-17.2)

Verification of Provider Qualifications

Entity Responsible for Verification:

ODA or its designee for ODA certified providers, waiver beneficiaries for ODA certified providers.

Frequency of Verification:

Verification of provider qualifications occurs in accordance with rule 173-39-04 of the Ohio Administrative Code.

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:

Chore

HCBS Taxonomy:

Category 1:	Sub-Category 1:
08 Home-Based Services	08060 chore

Category 2:	Sub-Category 2:

Category 3:	Sub-Category 3:

Category 4:	Sub-Category 4:

Service Definition *(Scope):*

Services needed to maintain a home in a clean, sanitary and safe environment. This service includes heavy household chores such as washing floors, windows and walls, tacking down loose rugs and floor tiles, moving heavy items of furniture in order to provide safe access and egress. These services are provided only when neither the participant nor anyone else in the household is capable of performing or financially providing for them, and when no other relative, caregiver, landlord, community/volunteer agency, or third party payer is capable of or responsible for their provision. In the case of rental property, the responsibility of the landlord, pursuant to a lease agreement, is examined prior to any authorization of service.

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

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

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

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

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Handymen, House cleaners, Maids, Home Repair Workers
Agency	Social Service Agency, Home Health Agency

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Chore

Provider Category:
Individual
Provider Type:
Handymen, House cleaners, Maids, Home Repair Workers
Provider Qualifications
License *(specify):*

Certificate *(specify):*
ODA certification as a LTC non-agency provider:
Other Standard *(specify):*
Medicaid provider agreement with ODM (OAC 5160-1-17.2)

OAC 173-39-03 - This rule describes the certification process for community-based long-term care services beginning with the request for the application and concluding with the final description of how ODA issues the certification.

OAC 173-39-02. Conditions of Participation for PASSPORT Services. This rule establishes the requirements and scope of responsibility related to service delivery and documentation.

OAC 173-39-02.5 – Chore Service Specifications. This rule establishes the parameters for the type of tasks and describes the timelines and documentation requirements for this service.

Verification of Provider Qualifications
Entity Responsible for Verification:
1. Ohio Department of Aging

2. PASSPORT Administrative Agency
Frequency of Verification:
Verification of provider qualifications occurs in accordance with rule 173-39-04 of the Ohio Administrative Code.

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Chore

Provider Category:
Agency
Provider Type:
Social Service Agency, Home Health Agency
Provider Qualifications
License *(specify):*

Certificate *(specify):*
ODA certification as a LTC agency provider:
Other Standard *(specify):*
Medicaid provider agreement with ODM (OAC 5160-1-17.2)

OAC 173-39-03 - This rule describes the certification process for community-based long-term care services beginning with the request for the application and concluding with the final description of how ODA issues the certification.

OAC 173-39-02. Conditions of Participation for PASSPORT Services. This rule establishes the requirements and scope of responsibility related to service delivery and documentation.

OAC 173-39-02.5 – Chore Service Specifications. This rule establishes the parameters for the type of tasks and describes the timelines and documentation requirements for this service.

Verification of Provider Qualifications
Entity Responsible for Verification:
1. Ohio Department of Aging

2. PASSPORT Administrative Agency
Frequency of Verification:
Verification of provider qualifications occurs in accordance with rule 173-39-04 of the Ohio Administrative Code.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).
Service Type:
Other Service
As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.
Service Title:
Community Transition Service

HCBS Taxonomy:

Category 1: **Sub-Category 1:**

16 Community Transition Services	16010 community transition services

Category 2: **Sub-Category 2:**

Category 3: **Sub-Category 3:**

Category 4: **Sub-Category 4:**

Service Definition *(Scope):*
Community Transition Services are non-recurring set-up expenses for individuals who are transitioning from an institutional setting or another provider-operated living arrangement to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses. Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board and may include:

(a) security deposits that are required to obtain a lease on an apartment or home;
(b) essential household furnishing and moving expenses required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens;
(c) set-up fees or deposits for utility or service access, including telephone, electricity, heating and water;
(d) services necessary for the individual's health and safety such as pest eradication and one-time cleaning prior to occupancy;
(e) moving expenses;
(f) necessary home accessibility adaptations "that are not the responsibility of the landlord"; and
(g) activities to arrange for and procure needed resources.

Community Transition Services are furnished only to the extent that they are reasonable and necessary as determined through the waiver service plan development process, clearly identified in the waiver service plan and the person is unable to meet such expenses or when the services cannot be obtained from other sources.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
This service may be used one time per waiver enrollment, is delivered within the first 90 days of the initial enrollment date and the total cost of all items/services purchased with the service shall not exceed $1500.00.

This is service available only if the individual is unable to meet such expenses or when the services cannot be obtained from other sources.

Community Transition Services do not include monthly rental or mortgage expenses, food, regular utility charges, and/or household appliances or items that are intended for purely diversion/recreational purposes.

Individuals may use this service in lieu of, but not in addition to the community transition service available through Ohio's Home Choice (MFP) Demonstration Program.

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

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

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

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Social Workers; Healthcare Professionals; Community-based Social Service Provider
Agency	Human Service Agencies; Social Service Agencies; Senior Centers; Community Action Organizations; Home Health Agencies;

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Community Transition Service

Provider Category:
Individual
Provider Type:
Social Workers; Healthcare Professionals; Community-based Social Service Provider
Provider Qualifications
License *(specify):*
License as required by profession.
Certificate *(specify):*
ODA certification as a LTC non-agency provider.
Other Standard *(specify):*
Medicaid provider agreement with ODM (OAC 5160-1-17.2)
Verification of Provider Qualifications
Entity Responsible for Verification:
1. Ohio Department of Aging

2. PASSPORT Administrative Agency
Frequency of Verification:
Verification of provider qualifications occurs in accordance with rule 173-39-04 of the Ohio Administrative Code.

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Community Transition Service

Provider Category:
Agency
Provider Type:
Human Service Agencies; Social Service Agencies; Senior Centers; Community Action Organizations; Home Health Agencies;
Provider Qualifications
License *(specify):*

Certificate *(specify):*
ODA certification as a LTC agency provider
Other Standard *(specify):*
Medicaid provider agreement with ODM (OAC 5160-1-17.2)
Verification of Provider Qualifications
Entity Responsible for Verification:
1. Ohio Department of Aging

2. PASSPORT Administrative Agency

Frequency of Verification:
Verification of provider qualifications occurs in accordance with rule 173-39-04 of the Ohio Administrative Code.

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:
Emergency Response System

HCBS Taxonomy:

Category 1:	Sub-Category 1:
14 Equipment, Technology, and Modifications	14010 personal emergency response system (PERS)
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Service Definition *(Scope):*
Emergency Response Services (ERS) are emergency intervention services composed of telecommunications equipment, an emergency response center and a medium for two-way, hands-free communication between the individual and an emergency response center. Personnel at the emergency response center intervene in an emergency when the center receives an alarm signal from the ERS equipment.

ERS can meet the needs of individuals who live alone, are alone for significant parts of the day, or have no regular caregiver for extended periods of time and would otherwise require extensive routine supervision. ERS includes installation, testing and equipment rental and monitoring fees.

ERS equipment shall include a variety of remote or other specialty activation devices from which the individual can choose in accordance with their specific needs. ALL ERS equipment shall have an internal battery that provides at least twenty-four hours of power without recharging and send notification to the emergency response center when the battery's level is low. Equipment includes, but is not limited to:

1) Wearable waterproof activation devices; and

Devices that offer:

1) Voice to voice communication capability,
2) Visual indication of an alarm;
3) Audible indication of an alarm.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:
ERS does not include the following:

*Equipment that connects the individual directly to 911

*Equipment such as a boundary alarm, a medication dispenser, a medication reminder, or any other equipment or home
medical equipment or supplies, regardless of whether such equipment is connected to the ERS equipment.

*Remote monitoring services

*Services performed in excess of what is approved pursuant to the individual's waiver services plan.

*New equipment or repair of previously-approved equipment that has been damaged as a result of confirmed misuse,
abuse, or negligence.

ERS does not duplicate coverage provided under the State plan.

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

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

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

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Social Service Agency, Medical Equipment & Supply Company, Durable Medical Equipment Suppliers

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Emergency Response System

Provider Category:
Agency
Provider Type:
Social Service Agency, Medical Equipment & Supply Company, Durable Medical Equipment Suppliers
Provider Qualifications
License *(specify):*

Certificate *(specify):*
ODA certification as a LTC agency provider:

OAC 173-39-03 - This rule describes the certification process for community-based long-term care services beginning with the request for the application and concluding with the final description of

how ODA issues the certification.

OAC 173-39-02. Conditions of Participation for PASSPORT Services. This rule establishes the requirements and scope of responsibility related to service delivery and documentation.

OAC 173-39-02.6 – Personal Emergency Response System Service Specifications. This rule establishes the parameters for the type of tasks/requirements and describes the timelines and documentation requirements for this service.

Other Standard *(specify):*

Medicaid provider agreement with ODM (OAC 5160-1-17.2)

Verification of Provider Qualifications

Entity Responsible for Verification:

1. Ohio Department of Aging

2. PASSPORT Administrative Agency

Frequency of Verification:

Verification of provider qualifications occurs in accordance with rule 173-39-04 of the Ohio Administrative Code.

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:

Enhanced Community Living Service

HCBS Taxonomy:

Category 1:	Sub-Category 1:
08 Home-Based Services	08020 home health aide

Category 2:	Sub-Category 2:

Category 3:	Sub-Category 3:

Category 4:	Sub-Category 4:

Service Definition *(Scope):*

(1) The Enhanced Community Living service, provided by a designated team of nurses and direct care staff in a multi-family housing setting, integrates the delivery of direct service interventions and health status monitoring activities and includes eight elements:

• The establishment of measurable health goals;
• The identification of modifiable healthcare risks;
• The implementation and regular monitoring of specific interventions related to achieving the measurable health goals and modifiable healthcare risks;
• Assistance with accessing additional allied health services;
• The provision of, or arrangement for, education on self-managing chronic diseases or chronic health conditions;
• Daily wellness checks. "Daily wellness check" means a component of the service through which a direct-service staff member has face-to-face contact with the consumer to observe any changes in the consumer's level of functioning and determine what, if any, modifications to the day's service delivery plan are needed;
• Access to planned and intermittent assistance with the personal care service under rule 173-39-02.11 of the Administrative Code; The scope of personal care tasks includes assistance with ADLs (mobility, bathing, grooming, toileting, dressing, and eating) and the provision of any component of the homemaker service under rule OAC 173-39-02.8 to assist the consumer with IADLs if the component is incidental to the care furnished or essential to the health and welfare of the consumer. The scope of homemaker tasks include assistance with meal planning, laundry, and house cleaning. Since personal care and homemaker service tasks are included in the scope of the Enhanced Community Living service, the concurrent use by a waiver participant of either the personal care service or the homemaker service as a distinct additional service is not permitted. The service authorization process will prevent the case manager from authorizing PCS and HMK services that are concurrent with an ECL service authorization.
• Activities to assist a consumer who is returning home following a hospital or nursing facility stay.

The ECL service does not provide 24 hour on-site protective oversight, 24 hour supervision or 24 hour assistance.

Access to the Enhanced Community Living service is not contingent upon the waiver participant’s receipt of the state plan home health service

(2) The Enhanced Community Living (ECL) service provides the waiver participant, residing in their own private residence in a multi-family housing setting, with on-site access throughout the day to individually-tailored supportive and health-related interventions necessary to avoid institutionalization and maintain optimal health status

• Multi-family housing is defined as a housing site that uses a landlord-tenant rental agreement, provides a minimum of six units of housing under one roof; and receives assistance through a federally-assisted housing program (as defined under 24 C.F.R.5.100), a project-based voucher program (as defined in 24 C.F.R. 983) or a low-income housing tax credit program (that is based on Section 42 of the Internal Revenue Code). This waiver service is not furnished in facilities that are subject to Section 1616(e) of the Social Security Act.

• On-site access to the service produces increased service flexibilities for the waiver participant by delivering the elements of the service in smaller blocks of time and more frequently throughout the day; and the scope/duration/and frequency of the service delivery can be quickly modified in response to the waiver participant’s intermittent and/or unplanned needs.

• The integration of the delivery of direct service interventions and health status monitoring activities is intended to support the transition of individuals from institutional settings and to reduce the risk for permanent institutionalization by: expanding access to services and supports delivered on an intermittent basis; empowering the waiver consumer to be an active participant in achieving his/her health care goals and reducing modifiable health risks; increasing the likelihood of timely identification of changes in health status; reducing the risks for acute exacerbations of chronic health conditions that result in hospitalization or nursing facility care; and increasing the continuity of care across sites of care.

(3) The service differs from the Medicaid State Plan benefits, specifically Private Duty Nursing and Home Health Aide, in these areas:

• The waiver service provides interventions which focus on the prevention of deteriorating or worsening medical conditions and the management of stabilized chronic conditions; and
• The waiver service does not provide continuous (more than four hours) blocks of service to the wavier participant.

The mechanisms to prevent duplicate billing for similar services include:

• Prior authorization requirement by the state Medicaid agency for the Private Duty Nursing; and
• Requirement for the waiver service plan to include home health aide service in order for the service to be reimbursable.

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

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

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

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

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Medicare-certified home health agency, Home Health Agencies, Human Service Agencies, Social Service Agencies, Senior Centers.

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Enhanced Community Living Service

Provider Category:
Agency
Provider Type:
Medicare-certified home health agency, Home Health Agencies, Human Service Agencies, Social Service Agencies, Senior Centers.
Provider Qualifications
License *(specify):*

Certificate *(specify):*
ODA certification as a Long Term Care Agency provider:

OAC 173-39-03 This rule describes the certification process for community-based long-term care services beginning with the request for the application and concluding with the final description of how ODA issues the certification.

OAC 173-39-02 -Conditions of Participation for PASSPORT Services. This rule establishes the requirements and scope of responsibility related to service delivery and documentation.

OAC 173-39-02.20 – Enhanced Community Living Service Specification. This rule establishes the parameters for the type of tasks and describes the timelines and documentation requirements for this service.

Other Standard *(specify):*

Medicaid Provider Agreemetn with ODM (OAC 5160-1-17.2)

Verification of Provider Qualifications

Entity Responsible for Verification:

Ohio Department of Aging (ODA)

PASSPORT Administrative Agencies (PAA)

Frequency of Verification:

Verification of provider qualifications occurs in accordance with rule 173-39-04 of the Ohio Administrative Code.

Appendix C: Participant Services

C-1/C-3: Service Specification

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

Service Type:

Other Service

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

Service Title:

Home Care Attendant

HCBS Taxonomy:

Category 1:	Sub-Category 1:
08 Home-Based Services	08030 personal care

Category 2:	Sub-Category 2:

Category 3:	Sub-Category 3:

Category 4:	Sub-Category 4:

Service Definition *(Scope):*

Home care attendant services include all of the following tasks when provided by an unlicensed home care attendant, and authorized by a licensed physician or an RN (hereafter referred to as the authorizing health care professional:

*Assistance with the self-administration of medications in accordance with OAC rule 5160-46-04.1 or 5160-50-04.1

*The performance of certain nursing tasks in accordance with OAC rule 5160-46-04.1 or 5160-50-04.1; and

*Personal care aid tasks as set forth in rule 5160-46-04 or rule 5160-50-04 of the Administrative Code.

While this service includes personal care aide tasks, it is more involved because of the provision of assistance with self-administration of medication and the performance of certain nursing tasks – tasks that have, until the passage

of RC 5111.88-5111.8811 (Am Sub HB 1, 128th General Assembly), and the addition of this service, had to be performed by an RN, or licensed practical nurse at the direction of an RN, as waiver nursing, private duty nursing or home health nursing services.
Home care attendants are non-agency providers. Individuals who receive home care attendant services do not have employer authority or budget authority, nor do they bear any liability for home care attendant services.
A home care attendant shall assist an individual with the self-administration of only the following medication: oral medication; topical medications; subcutaneous injections of routine doses of insulin; programming of a pump used to deliver routine doses of insulin; medication administered via stable, labeled gastrostomy or jejunostomy tubes using pre-programmed pumps; and doses of scheduled II, III, IV, and V drugs only when administered orally or
topically.
A home care attendant shall not assist an individual with the performance of any of the following nursing tasks: intravenous (IV) insertion, removal or discontinuation; intramuscular injections; IV medication administration; subcutaneous injections (except for routine doses of insulin as described in the previous paragraph); programming of pumps used to deliver medications, including but not limited to epidural, subcutaneous and IV (and except for routine doses of insulin as described in the previous paragraph); insertion and initiation of infusion therapies; and central line dressing changes.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
*The home care attendant must be identified as the provider, and be specified on the waiver service plan, the number of hours for which the provider is authorized to furnish home care attendant services to the individual.
*Home care attendant services do not include services performed in excess of what is approved pursuant to the waiver service plan.
*Individuals cannot receive, and providers cannot bill separately, for personal care aide services when personal care aide tasks are performed during a home care attendant service visit.
A home care attendant who provides home care attendant services to an individual in accordance with the limitations set forth in Sections 5111.88 through 5111.8811 of the Revised Code, and Rule 173-39-02.24 of the Administrative Code, including activities in accordance with the authorizing health care professional's authorization, is not considered to be engaging in the practice of nursing as an RN or an LPN in violation of section 4723.03 of the Revised Code (the Ohio Nurse Practice Act).
*Home care attendant services to not duplicate coverage provided under the State plan.
Service Delivery Parameters:

Home care attendant services must be authorized by an authorizing health care professional on form(s) established by ODA. The form must bear the signatures of the individual or authorized representative, home care attendant and the authorizing health care professional. The form(s) identify the following: individual choice and appropriateness, description of the type of assistance with self-administration of medication to be furnished, oversight responsibilities of the authorizing health professional, and medication storage requirements. A detailed description of each component is described below.

Consumer choice and appropriateness

The individual's choice of home care attendant and written consent from the individual or authorized representative allowing the attendant to provide the specific home care attendant services identified during the assessment and service planning processes.

Written assurance from the individual's authorizing health care professional attesting that the individual or authorized representative possesses the skills necessary to :

-Actively choose the home care attendant service;
-Actively choose their home care attendant;
-Participate in the implementation of the service itself.

*Written assurance from the authorizing health care professional that the attendant has demonstrated the ability to furnish the consumer-specific home care attendant service to the individual.

Task description

*A description of the specific nursing task or self-administration of medication that the home care attendant will assist the individual with, and instructions the attendant must follow when assisting the individual.

Authorizing health professional's oversight

The home care attendant is required to secure the services of an RN, in agreement with the individual or authorized representative, and participate in a face-to-face visit every ninety days with the individual, authorized representative, and the RN for the purpose of monitoring the individual's health and welfare. The first RN consultation shall occur upon the initiation of home care attendant services and the case manager must be present at the time. During the face-to-face visit, the RN shall serve as a resource for the purpose of answering any questions the home care attendant, individual, and/or authorized representative have about individual care needs, medications and other medical issues. The home care attendant and the RN are required to document the activities of the visit in the individual's clinical record, and the home care attendant must discuss the results of the face-to-face visit with the case manager and the individual and/or authorized representative. The individual or auth. representative may contact the authorizing health care professional at any time. Consulting RNs may include, but are not limited to, the individual's authorizing health care professional, or a private physician's office or clinic nurse, etc. It is the provider's responsibility to secure the services of the nurse.

Medication storage

Medication must be maintained in its original container and the attached label must match the dosage and means of administration set forth on the JFS 2389 "Home Care Attendant Medication Authorization Form." In addition, schedule drugs must have warning labels on them, and the attendant is required to count, and recount at least monthly, the medication in the individual's or authorized representative's presence and record the count on a log located in the individual's record. The attendant is required to notify the authorizing health care professional within 24 hours if any medication is missing, or the count cannot be reconciled. Schedule drugs must be stored separately from all other medications, and must be secured and locked at all times when not being administered to the individual in order to prevent access by unauthorized individuals.
The service shall not be delivered concurrently with the personal care service.

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

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

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

- [ ] **Legally Responsible Person**
- [x] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Non-agency home care attendant

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Home Care Attendant

Provider Category:
Individual
Provider Type:
Non-agency home care attendant
Provider Qualifications
License *(specify):*

Certificate *(specify):*

ODA certification as a LTC non-agency provider:
OAC 173-39-03 - This rule describes the certification process for community-based long-term care services beginning with the request for the application and concluding with the final description of how ODA issues the certification.
OAC 173-39-02. Conditions of Participation for PASSPORT Services. This rule establishes the requirements and scope of responsibility related to service delivery and documentation.
OAC 173-39-02.24 Home Care Attendant Service Specifications. This rule establishes the parameters for the type of tasks and describes the timelines and documentation requirements for this service.
Other Standard *(specify):*
Valid Medicaid Provider Agreement (OAC 5160-1-17.2)

Verification of Provider Qualifications

Entity Responsible for Verification:
ODA
PASSPORT Administrative Agency
Frequency of Verification:
Verification of provider qualifications occurs in accordance with rule 173-39-04 of the Ohio Administrative Code.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).
Service Type:
Other Service
As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.
Service Title:
Home Delivered Meals

HCBS Taxonomy:

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

Service Definition *(Scope):*
Home Delivered Meals (HDM) – HDM services provides individuals with safe and nutritious meals (either regular or therapeutic) that meet one-third of the dietary reference intake (DRI) and meet the current dietary guidelines for Americans and the recommended daily allowances (RDA). HDM service does not constitute a full nutritional regimen.

Eligible participants include those who have an assessed need for a home delivered meal due to one or more of the following:

1. An ADL/ and or IADL deficit resulting in the inability to safely prepare a meal and/or
2. A cognitive impairments resulting in the inability to safely prepare a meal;
3. The individual is a risk for malnutrition;
4. The individual requires meals that are prepared to meet specialized dietary or therapeutic needs.

The service includes the preparation, packaging, and delivery of a safe and nutritious meal(s) to an individual at his or her home. The meal may be hot, frozen, vacuum packaged, or shelf stable.

Specialized meals include but are not limited to specialized diets due to medical conditions or specialized textures.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
No more than 2 meals per day may be authorized by the case manager for a waiver participant.

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

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

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

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Food preparation agency, home health agency, senior centers, social service agency, churches, hospitals, and caterers

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Home Delivered Meals

Provider Category:
Agency
Provider Type:
Food preparation agency, home health agency, senior centers, social service agency, churches, hospitals, and caterers
Provider Qualifications
License *(specify):*

Certificate *(specify):*
ODA certification as a LTC agency provider:

OAC 173-39-03 - This rule describes the certification process for community-based long-term care services beginning with the request for the application and concluding with the final description of how ODA issues the certification.

OAC 173-39-02. Conditions of Participation for PASSPORT Services. This rule establishes the requirements and scope of responsibility related to service delivery and documentation.

OAC 173-39-02.14 – Home Delivered Meal Service Specifications. This rule establishes the

parameters for the type of meals and describes the timelines and documentation requirements for this service.

In addition, provider must meet all Federal, State and local regulations for preparation, handling and transport of food; must meet ORC chapter 3117 and OAC chapter 3117-1; must meet Ohio Uniform Food Safety Code; must pass all local health department inspections; and must pass all Ohio Department of Agriculture meat and poultry inspections.

Other Standard *(specify):*

Medicaid provider agreement with ODM (OAC 5160-1-17.2)

Verification of Provider Qualifications

Entity Responsible for Verification:

1. Ohio Department of Aging

2. PASSPORT Administrative Agency

Frequency of Verification:

Verification of provider qualifications occurs in accordance with rule 173-39-04 of the Ohio Administrative Code.

Appendix C: Participant Services

C-1/C-3: Service Specification

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

Service Type:

Other Service

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

Service Title:

Home Medical Equipment, Supplies, and Vehicle Modifications

HCBS Taxonomy:

Category 1:	Sub-Category 1:
14 Equipment, Technology, and Modifications	14031 equipment and technology

Category 2:	Sub-Category 2:
14 Equipment, Technology, and Modifications	14032 supplies

Category 3:	Sub-Category 3:

Category 4:	Sub-Category 4:

Service Definition *(Scope):*

Specialized medical equipment, supplies, and vehicle modifications include (a) devices, controls, or appliances, specified in the plan of care, that enable participants to increase their ability to perform activities of daily living; (b) devices, controls, or appliances that enable the participant to perceive, control, or communicate with the environment in which they live; (c) items necessary for the life support or to address physical conditions along

with ancillary supplies and equipment necessary to the proper functioning of such items; (d) such other durable and non-durable medical equipment not available under the State plan that is necessary to address participant functional limitations; and (e) necessary medical supplies not available under the State plan; and (f) vehicle modifications to a vehicle owned by the participant, or a family member, or someone who resides in the same household as the participant, that are not otherwise available through any other funding source and that are suitable to enable the participant to function with greater independence and avoid institutionalization. Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the State plan and exclude those items that are not of direct medical or remedial benefit to the participant. All items shall meet applicable standards of manufacture, design and installation."

Vehicle modifications include new modifications and repairs of previous equipment or vehicle modifications, including parts and labor, unless the repair is required as a result of confirmed misuse, abuse or negligence.

All Home Medical Equipment, Supplies, and Vehicle Modifications must be prior-approved, and the provider of such services must be identified on the individual's service plan.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
ODA or its designee shall only approve the lowest cost alternative that meets the participant's needs as determined during the assessment process.

A new vehicle modification may require evaluation by an occupational therapist, pursuant to section 4577.08 of the Revised Code or a physical therapist pursuant to section 4755.44 of the Revised Code. The cost of the assessment may be included in the cost of the vehicle modification. Additionally, vehicle modifications may be provided up to 180 days prior to the individual's dischrage from an institution to the community. In csuch instances, the date of service for allowable expenses shall be the date on which the individual leaves the institution and enrolls on the waiver.

ODA or its designee shall not approve the same type of vehicle modification for the same participant within a three-year period, unless there is a documented change in the participant's medical and/or physical condition requiring the replacement.

Home Medical Equipment, Supplies, and Vehicle Modifications do not include:
*Funding of down payments toward the purchase or lease of any vehicle modification.
*Equipment, supplies or services furnished in excess of what is approved pursuant to, and as specified on the participant's service plan.
*New vehicle modifications or repair of previously approved modifications that have been damaged as a result of confirmed misuse, abuse or negligence.
*Payment toward the purchase or lease of a vehicle except as set forth in the service definition above.
*Routine care and maintenance of vehicle modifications and devices.
*Permanent modification of leased vehicles.
*Vehicle inspection costs.
*Vehicle insurance costs.
*Services performed in excess of what is approved pursuant to, and specified on, the participant's service plan.

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

- [x] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

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

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Pharmacies, Owner/operator Drug Stores, Non-Agency Employed Providers
Agency	Medical Equipment & Supplies Company, Durable Medical Equipment Suppliers

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Home Medical Equipment, Supplies, and Vehicle Modifications

Provider Category:
Individual
Provider Type:
Pharmacies, Owner/operator Drug Stores, Non-Agency Employed Providers
Provider Qualifications
License *(specify):*

Certificate *(specify):*
ODA certification as a LTC non-agency provider:

OAC 173-39-03 - This rule describes the certification process for community-based long-term care services beginning with the request for the application and concluding with the final description of how ODA issues the certification.

OAC 173-39-02. Conditions of Participation for PASSPORT Services. This rule establishes the requirements and scope of responsibility related to service delivery and documentation.

OAC 173-39-02.7– Home Medical Equipment & Supplies Service Specification. This rule establishes the parameters for the type of equipment & supply requirements and describes the timelines and documentation requirements for this service.
Other Standard *(specify):*
Medicaid provider agreement with ODM (OAC 5160-1-17.2)
Verification of Provider Qualifications
Entity Responsible for Verification:
1. Ohio Department of Aging

2. PASSPORT Administrative Agency
Frequency of Verification:
Verification of provider qualifications occurs in accordance with rule 173-39-04 of the Ohio Administrative Code.

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Home Medical Equipment, Supplies, and Vehicle Modifications

Provider Category:
Agency
Provider Type:
Medical Equipment & Supplies Company, Durable Medical Equipment Suppliers
Provider Qualifications
License *(specify):*

Certificate *(specify):*
ODA certification as a LTC agency provider:

OAC 173-39-03 - This rule describes the certification process for community-based long-term care services beginning with the request for the application and concluding with the final description of

how ODA issues the certification.

OAC 173-39-02. Conditions of Participation for PASSPORT Services. This rule establishes the requirements and scope of responsibility related to service delivery and documentation.

OAC 173-39-02.7– Home Medical Equipment & Supplies Service Specification. This rule establishes the parameters for the type of equipment & supply requirements and describes the timelines and documentation requirements for this service.

Other Standard *(specify):*

Medicaid provider agreement with ODM (OAC 5160-1-17.2)

Verification of Provider Qualifications

Entity Responsible for Verification:

1. Ohio Department of Aging

2. PASSPORT Administrative Agency

Frequency of Verification:

Verification of provider qualifications occurs in accordance with rule 173-39-04 of the Ohio Administrative Code.

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:

Independent Living Assistance

HCBS Taxonomy:

Category 1:	Sub-Category 1:
17 Other Services	17990 other

Category 2:	Sub-Category 2:

Category 3:	Sub-Category 3:

Category 4:	Sub-Category 4:

Service Definition *(Scope):*

Independent Living Assistance (ILA) is a service designed to provide activities to assist participants to manage their households, handle their personal affairs, self-administer medications, and help ensure that participants retain their community living arrangements and avoid institutionalization due to loss of shelter or other essential

environmental services. There are three (3) types of ILA: telephone support; in-person support and travel attendant activities.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:
ILA service will not be duplicative of other services in the waiver.

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

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

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

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Home Health Agency, Social Service Agency
Individual	Social Workers; Nurses; Homemakers; Individual Workers

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Independent Living Assistance

Provider Category:
Agency
Provider Type:
Home Health Agency, Social Service Agency
Provider Qualifications
License *(specify):*

Certificate *(specify):*
ODA certification as a LTC agency provider:

OAC 173-39-03 - This rule describes the certification process for community-based long-term care services beginning with the request for the application and concluding with the final description of how ODA issues the certification.

OAC 173-39-02. Conditions of Participation for PASSPORT Services. This rule establishes the requirements and scope of responsibility related to service delivery and documentation.

OAC 173-39-02.15– Independent Living Assistance Service Specification. This rule establishes the parameters for the type of tasks and describes the timelines and documentation requirements for this service.

Other Standard *(specify):*
Medicaid provider agreement with ODM (OAC 5160-1-17.2)

Verification of Provider Qualifications
Entity Responsible for Verification:
1. Ohio Department of Aging

2. PASSPORT Administrative Agency

Frequency of Verification:
Verification of provider qualifications occurs in accordance with rule 173-39-04 of the Ohio Administrative Code.

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Independent Living Assistance

Provider Category:
Individual
Provider Type:
Social Workers; Nurses; Homemakers; Individual Workers
Provider Qualifications
License *(specify):*

Certificate *(specify):*
ODA certification as a LTC non-agency provider:

OAC 173-39-03 - This rule describes the certification process for community-based long-term care services beginning with the request for the application and concluding with the final description of how ODA issues the certification.

OAC 173-39-02. Conditions of Participation for PASSPORT Services. This rule establishes the requirements and scope of responsibility related to service delivery and documentation.

OAC 173-39-02.15– Independent Living Assistance Service Specification. This rule establishes the parameters for the type of tasks and describes the timelines and documentation requirements for this service.
Other Standard *(specify):*
Medicaid provider agreement with ODM (OAC 5160-1-17.2)
Verification of Provider Qualifications
Entity Responsible for Verification:
1. Ohio Department of Aging

2. PASSPORT Administrative Agency
Frequency of Verification:
Verification of provider qualifications occurs in accordance with rule 173-39-04 of the Ohio Administrative Code.

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:
Minor Home Modification, Maintenance and Repair

HCBS Taxonomy:

Category 1: 14 Equipment, Technology, and Modifications

Sub-Category 1: 14020 home and/or vehicle accessibility adaptations

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Service Definition *(Scope):*
Those physical adaptations to the private residence of the participant or the participant's family, required by the participant's service plan, that are necessary to ensure the health, welfare and safety of the participants or that enable the participant to function with greater independence in the home. Such adaptations include the installation of ramps and grab-bars, the widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems that are necessary for the welfare of the participant.

Excluded are those adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the participant. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair).

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

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

- [x] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

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

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Independent Contractors and Independent General Contractors
Agency	Home Improvement Companies; Builders; Neighborhood Organizations; Community Action Agencies

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Minor Home Modification, Maintenance and Repair

Provider Category:
Individual

Provider Type:
Independent Contractors and Independent General Contractors
Provider Qualifications
License *(specify):*

Certificate *(specify):*
ODA certification as a LTC non-agency provider:

OAC 173-39-03 - This rule describes the certification process for community-based long-term care services beginning with the request for the application and concluding with the final description of how ODA issues the certification.

OAC 173-39-02. Conditions of Participation for PASSPORT Services. This rule establishes the requirements and scope of responsibility related to service delivery and documentation.

OAC 173-39-02.9– Minor Home Modification, Maintenance & Repair Service Specification. This rule establishes the parameters for the type of tasks and describes the timelines and documentation requirements for this service.
Other Standard *(specify):*
Medicaid provider agreement with ODM(OAC 5160-1-17.2)
Verification of Provider Qualifications
Entity Responsible for Verification:
1. Ohio Department of Aging

2. PASSPORT Administrative Agency
Frequency of Verification:
Verification of provider qualifications occurs in accordance with rule 173-39-04 of the Ohio Administrative Code.

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Minor Home Modification, Maintenance and Repair

Provider Category:
Agency
Provider Type:
Home Improvement Companies; Builders; Neighborhood Organizations; Community Action Agencies
Provider Qualifications
License *(specify):*

Certificate *(specify):*
ODA certification as a LTC agency provider:

OAC 173-39-03 - This rule describes the certification process for community-based long-term care services beginning with the request for the application and concluding with the final description of how ODA issues the certification.

OAC 173-39-02. Conditions of Participation for PASSPORT Services. This rule establishes the requirements and scope of responsibility related to service delivery and documentation.

OAC 173-39-02.9– Minor Home Modification, Maintenance & Repair Service Specification. This rule establishes the parameters for the type of tasks and describes the timelines and documentation requirements for this service.

Other Standard *(specify):*
Medicaid provider agreement with ODM (OAC 5160-1-17.2)

Verification of Provider Qualifications

Entity Responsible for Verification:
1. Ohio Department of Aging

2. PASSPORT Administrative Agency

Frequency of Verification:
Verification of provider qualifications occurs in accordance with rule 173-39-04 of the Ohio Administrative Code.

Appendix C: Participant Services

C-1/C-3: Service Specification

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

Service Type:
Other Service

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

Service Title:
Non-Medical Transportation

HCBS Taxonomy:

Category 1:	Sub-Category 1:
15 Non-Medical Transportation	15010 non-medical transportation

Category 2:	Sub-Category 2:

Category 3:	Sub-Category 3:

Category 4:	Sub-Category 4:

Service Definition *(Scope):*
Non-Medical transportation" is service offered in order to enable waiver participants to gain access to waiver and other community services, activities, and resources, as specified by the service plan. This service is offered in addition to medical transportation required under 42CFR$ 431.53 and transportation service under the State Plan, defined at 42 CFR$440.170(a) (if applicable), and does not replace them. Transportation services under the waiver are offered in accordance with participant's service plan. Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge are utilized.

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

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

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

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

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Social Service Agencies; Licensed Ambulette and Transportation Service providers; Senior Centers; Community Action Organizations
Individual	Cab drivers; Senior Companions

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:
Social Service Agencies; Licensed Ambulette and Transportation Service providers; Senior Centers; Community Action Organizations
Provider Qualifications
License *(specify):*
Individuals employed by the agency to transport participants must have valid Ohio driver's licenses and proof of insurance.
Certificate *(specify):*
ODA certification as a LTC agency provider

OAC 173-39-03 - This rule describes the certification process for community-based long-term care services beginning with the request for the application and concluding with the final description of how ODA issues the certification.

OAC 173-39-02. Conditions of Participation for PASSPORT Services. This rule establishes the requirements and scope of responsibility related to service delivery and documentation.

OAC 173-39-02.18 Non-Medical Transportation Service Specification. This rule establishes the parameters and requirements for this service and describes the timelines and documentation requirements for this service.
Other Standard *(specify):*
Medicaid provider agreement with ODM (OAC 5160-1-17.2)
Verification of Provider Qualifications
Entity Responsible for Verification:
1. Ohio Department of Aging

2. PASSPORT Administrative Agency
Frequency of Verification:
Verification of provider qualifications occurs in accordance with rule 173-39-04 of the Ohio Administrative Code.

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:
Cab drivers; Senior Companions
Provider Qualifications
License *(specify):*
Individuals employed to transport participants must have valid Ohio driver's licenses and proof of insurance
Certificate *(specify):*
ODA certification as a LTC non-agency provider:

OAC 173-39-03 - This rule describes the certification process for community-based long-term care services beginning with the request for the application and concluding with the final description of how ODA issues the certification.

OAC 173-39-02. Conditions of Participation for PASSPORT Services. This rule establishes the requirements and scope of responsibility related to service delivery and documentation.

OAC 173-39-02.18 Non-Medical Transportation Service Specification. This rule establishes the parameters and requirements for this service and describes the timelines and documentation requirements for this service.
Other Standard *(specify):*
Medicaid provider agreement with ODM(OAC 5160-1-17.2)
Verification of Provider Qualifications
Entity Responsible for Verification:
1. Ohio Department of Aging

2. PASSPORT Administrative Agency
Frequency of Verification:
Verification of provider qualifications occurs in accordance with rule 173-39-04 of the Ohio Administrative Code.

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:
Nutritional Consultation

HCBS Taxonomy:

Category 1: **Sub-Category 1:**

11 Other Health and Therapeutic Services	11040 nutrition consultation

Category 2: **Sub-Category 2:**

Category 3: **Sub-Category 3:**

Category 4: **Sub-Category 4:**

Service Definition *(Scope):*
Nutritional consultation, also known as medical nutrition therapy, is a service designed to provide individualized guidance on appropriate food and nutrient intake for participants with special needs. Nutritional consultation takes into consideration the participant's desires, health, cultural and socioeconomic background, and any functional and psychological factors, including home and caregiver resources.

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

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

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

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

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Licensed Dietitians
Agency	Home Health Agency, Social Service Agency

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Nutritional Consultation

Provider Category:
Individual

Provider Type:
Licensed Dietitians

Provider Qualifications

License *(specify):*
Licensed by the Ohio Board of Dietitians under Chapter 4759 of the Ohio Revised Code.

Certificate *(specify):*
ODA certification as a LTC non-agency provider:

OAC 173-39-03 - This rule describes the certification process for community-based long-term care services beginning with the request for the application and concluding with the final description of

how ODA issues the certification.

OAC 173-39-02. Conditions of Participation for PASSPORT Services. This rule establishes the requirements and scope of responsibility related to service delivery and documentation.
OAC 173-39-02.10 – Nutritional Consultation Service Specifications. This rule establishes the parameters for the type of tasks and describes the timelines and documentation requirements for this service.
Other Standard *(specify):*
Medicaid provider agreement with ODM (OAC 5160-1-17.2)
Verification of Provider Qualifications
Entity Responsible for Verification:
1. Ohio Department of Aging

2. PASSPORT Administrative Agency
Frequency of Verification:
Verification of provider qualifications occurs in accordance with rule 173-39-04 of the Ohio Administrative Code.

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Nutritional Consultation

Provider Category:
Agency
Provider Type:
Home Health Agency, Social Service Agency
Provider Qualifications
License *(specify):*

Certificate *(specify):*
ODA certification as a LTC agency provider:

OAC 173-39-03 - This rule describes the certification process for community-based long-term care services beginning with the request for the application and concluding with the final description of how ODA issues the certification.

OAC 173-39-02. Conditions of Participation for PASSPORT Services. This rule establishes the requirements and scope of responsibility related to service delivery and documentation.

OAC 173-39-02.10 – Nutritional Consultation Service Specifications. This rule establishes the parameters for the type of tasks and describes the timelines and documentation requirements for this service.
Other Standard *(specify):*
Medicaid provider agreement with ODM (OAC 5160-1-17.2)
Verification of Provider Qualifications
Entity Responsible for Verification:
1. Ohio Department of Aging

2. PASSPORT Administrative Agency
Frequency of Verification:
Verification of provider qualifications occurs in accordance with rule 173-39-04 of the Ohio Administrative Code.

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:

Out-of-Home Respite

HCBS Taxonomy:

Category 1:	Sub-Category 1:
09 Caregiver Support	09011 respite, out-of-home

Category 2:	Sub-Category 2:

Category 3:	Sub-Category 3:

Category 4:	Sub-Category 4:

Service Definition *(Scope)*:

Out-of-home respite services are services delivered to individuals in an out-of-home setting in order to allow respite for caregivers normally providing care. The service must include an overnight stay. The services the out-of-home respite provider must make available are:

1) Waiver nursing
2) Personal care aide services
3) Three meals per day that meet the consumer's dietary requirements.

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

*The services delivered by an Out-of Home Respite service provider cannot be reimbursed separately.
*Out-of-Home Respite Services and the provider of such services must be identified on the waiver service plan.
*Out-of-Home Respite Services do not include services performed in excess of what is approved pursuant to the waiver services plan.

The following service may not be delivered concurrently with out of home respite: Personal care, homemaker, home delivered meals, home care attendant; consumer directed home care attendant, or adult day service.

Out-of-home respite services do not duplicate coverage provided under the State plan.

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

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

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

- [ ] **Legally Responsible Person**
- [ ] **Relative**

☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	NF and other institutional providers (i.e. hospitals, etc.)

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Out-of-Home Respite

Provider Category:
Agency
Provider Type:
NF and other institutional providers (i.e. hospitals, etc.)
Provider Qualifications
License *(specify):*
NF per OAC rule 5160-3-02
Certificate *(specify):*
ODA certification as a LTC agency provider:
OAC 173-39-03 This rule describes the certification process for community-based long-term care services beginning with the request for the application and concluding with the final description of how ODA issues the certification.
OAC 173-39-02 Conditions of Participation for PASSPORT Services. This rule establishes the requirements and scope of responsibility related to service delivery and documentation.
OAC 173-39-02.23 Out of Home Respite Service specifications. This rule establishes the parameters for the type of tasks and describes the timelines and documentation requirements for the service.
Other Standard *(specify):*
Active Medicaid Provider Agreement(OAC 5160-1-17.2)
Verification of Provider Qualifications
Entity Responsible for Verification:
ODA

PASSPORT Administrative Agency
Frequency of Verification:
Verification of provider qualifications occurs in accordance with rule 173-39-04 of the Ohio Administrative Code.

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:
Pest Control

HCBS Taxonomy:

Category 1: 17 Other Services

Sub-Category 1: 17990 other

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Service Definition *(Scope):*
Pest Control services are designed to prevent, suppress, or eradicate anything that competes with humans for food and water, injures humans, spreads disease to humans and/or annoys humans and causes or is expected to cause more harm than is reasonable to accept. Pests include insects such as roaches, mosquitoes, and fleas; insect like organisms, such as mites and ticks; and vertebrates, such as rats and mice.

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

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

- [x] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

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

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Extermination Company
Individual	Exterminator

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Pest Control

Provider Category:
Agency

Provider Type:
Extermination Company

Provider Qualifications

License *(specify):*

Certificate *(specify):*

ODA Certification as a LTC non-agency provider:

OAC 173-39-03 - This rule describes the certification process for community-based long-term care services beginning with the request for the application and concluding with the final description of how ODA issues the certification.

OAC 173-39-02. Conditions of Participation for PASSPORT Services. This rule establishes the requirements and scope of responsibility related to service delivery and documentation.

OAC 173-39-02.3 Pest Control Service Specification. This rule establishes the parameters and requirements for this service and describes the timelines and documentation requirements for this service.

Other Standard *(specify):*

Valid Medicaid Provider Agreement (OAC 5160-1-17.2).

Verification of Provider Qualifications

Entity Responsible for Verification:

Ohio Department of Aging

PASSPORT Administrative Agency

Frequency of Verification:

Verification of provider qualifications occurs in accordance with 173-39-04 of the Ohio Administrative Code.

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Pest Control

Provider Category:

Individual

Provider Type:

Exterminator

Provider Qualifications

License *(specify):*

Certificate *(specify):*

ODA certification as a LTC consumer-directed individual provider.

OAC 173-39-03 - This rule describes the certification process for community-based long-term care services beginning with the request for the application and concluding with the final description of how ODA issues the certification.

OAC 173-39-02. Conditions of Participation for PASSPORT Services. This rule establishes the requirements and scope of responsibility related to service delivery and documentation.

OAC 173-39-02.3 Pest Control Service Specification. This rule establishes the parameters and requirements for this service and describes the timelines and documentation requirements for this service.

Other Standard *(specify):*

Medicaid provider agreement with ODM (OAC 5160-1-17.2)

Verification of Provider Qualifications

Entity Responsible for Verification:

ODA

PASSPORT Administrative Agency

Frequency of Verification:

Verification of provider qualifications occurs in accordance with rule 173-39-04.

Appendix C: Participant Services

C-1/C-3: Service Specification

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

Service Type:

Other Service

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

Service Title:

Social Work Counseling

HCBS Taxonomy:

Category 1:	Sub-Category 1:
10 Other Mental Health and Behavioral Services	10090 other mental health and behavioral services

Category 2:	Sub-Category 2:

Category 3:	Sub-Category 3:

Category 4:	Sub-Category 4:

Service Definition *(Scope):*

Social Work Counseling (SWC) is a service designed to facilitate participant adjustment when the participant's physical, social and emotional well being is threatened. Services may be provided for the caregiver/family members, in conjunction with the participant, when the purpose of the service is to enable the caregiver/family members to function better together with the participant or the purpose is related to the participant's care.

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

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

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

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

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Human/Social Service agencies that employ licensed independent social workers, licensed professional clinical counselors, psychologists (MA or PhD) or Masters of Social Service Administration.
Individual	Licensed Independent Social Workers, Licensed Professional Clinical Counselors, Psychologists (MA or PhD) or Masters of Social Service Administration

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Social Work Counseling

Provider Category:
Agency
Provider Type:
Human/Social Service agencies that employ licensed independent social workers, licensed professional clinical counselors, psychologists (MA or PhD) or Masters of Social Service Administration.
Provider Qualifications
License *(specify):*

Certificate *(specify):*
ODA certification as a LTC agency provider:

OAC 173-39-03 - This rule describes the certification process for community-based long-term care services beginning with the request for the application and concluding with the final description of how ODA issues the certification.

OAC 173-39-02. Conditions of Participation for PASSPORT Services. This rule establishes the requirements and scope of responsibility related to service delivery and documentation.

OAC 173-39-02.12 – Social Work Counseling Service Specifications. This rule establishes the parameters for the type of tasks and describes the timelines and documentation requirements for this service.
Other Standard *(specify):*
Medicaid provider agreement with ODM (OAC 5160-1-17.2)
Verification of Provider Qualifications
Entity Responsible for Verification:
1. Ohio Department of Aging

2. PASSPORT Administrative Agency
Frequency of Verification:
Verification of provider qualifications occurs in accordance with rule 173-39-04 of the Ohio Administrative Code.

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Social Work Counseling

Provider Category:
Individual
Provider Type:

Licensed Independent Social Workers, Licensed Professional Clinical Counselors, Psychologists (MA or PhD) or Masters of Social Service Administration

Provider Qualifications

License *(specify):*

Licensed by the Ohio Board of Counselors, Social Workers and Marital Family Therapists under Ohio Revised Code Chapter 4757 as one of the following:

LISW, LPCC, LPC, or MSSA; or licensed by the Ohio Board of Psychology as a Psychologist (MA or PhD) under Ohio Revised Code Chapter 4732.

Certificate *(specify):*

ODA certification as a LTC non-agency provider:

OAC 173-39-03 - This rule describes the certification process for community-based long-term care services beginning with the request for the application and concluding with the final description of how ODA issues the certification.

OAC 173-39-02. Conditions of Participation for PASSPORT Services. This rule establishes the requirements and scope of responsibility related to service delivery and documentation.

OAC 173-39-02.12 – Social Work Counseling Service Specifications. This rule establishes the parameters for the type of tasks and describes the timelines and documentation requirements for this service.

Other Standard *(specify):*

Medicaid provider agreement with ODM (OAC 5160-1-17.2)

Verification of Provider Qualifications

Entity Responsible for Verification:

1. Ohio Department of Aging

2. PASSPORT Administrative Agency

Frequency of Verification:

Verification of provider qualifications occurs in accordance with rule 173-39-04 of the Ohio Administrative Code.

Appendix C: Participant Services

C-1/C-3: Service Specification

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

Service Type:

Other Service

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

Service Title:

Transportation

HCBS Taxonomy:

Category 1:	Sub-Category 1:
17 Other Services	17990 other

Category 2:	Sub-Category 2:

Category 3: **Sub-Category 3:**

Category 4: **Sub-Category 4:**

Service Definition *(Scope):*
Transportation is a service designed to enable a participant to gain access to medical appointments specified by the participant's plan of care, when medical transportation is not otherwise available or funded by state plan Medicaid or any other source. Whenever possible, participants must use family, neighbors, friends, or community agencies to provide this service without charge.

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

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

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

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

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Social Service Agency, Licensed Ambulette and Transportation Service providers; Senior Centers; Community Action Organizations

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Transportation

Provider Category:
Agency

Provider Type:
Social Service Agency, Licensed Ambulette and Transportation Service providers; Senior Centers; Community Action Organizations

Provider Qualifications

License *(specify):*

Certificate *(specify):*
ODA certification as a LTC agency provider

OAC 173-39-03 - This rule describes the certification process for community-based long-term care services beginning with the request for the application and concluding with the final description of how ODA issues the certification.

OAC 173-39-02. Conditions of Participation for PASSPORT Services. This rule establishes the requirements and scope of responsibility related to service delivery and documentation.

OAC 173-39-02.13– Transportation Service Specification. This rule establishes the parameters and requirements for this service and describes the timelines and documentation requirements for this service.

Other Standard *(specify):*

Medicaid provider agreement with ODM (OAC 5160-1-17.2)

Verification of Provider Qualifications

Entity Responsible for Verification:

1. Ohio Department of Aging

2. PASSPORT Administrative Agency

Frequency of Verification:

Verification of provider qualifications occurs in accordance with rule 173-39-04 of the Ohio Administrative Code.

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:

Waiver Nursing Service

HCBS Taxonomy:

Category 1:	Sub-Category 1:
05 Nursing	05020 skilled nursing

Category 2:	Sub-Category 2:

Category 3:	Sub-Category 3:

Category 4:	Sub-Category 4:

Service Definition *(Scope):*

Waiver nursing services are defined as services that provided to PASSPORT waiver individuals that require the skills of a registered nurse (RN) or licensed practical nurse (LPN) at the direction of an RN. All nurses providing waiver nursing services to individuals on the PASSPORT Waiver shall provide services within the nurse's scope of practice as set forth in Chapter 4723. of the Revised Code (Ohio's Nurse Practice Act) and Administrative Code rules adopted there under, and shall possess a current, valid and unrestricted license with the Ohio Board of

Nursing.
Waiver nursing services provide needed nursing services up to the individual's approved individual budget that are not otherwise available. Waiver nursing provides part-time, intermittent and/or continuous nursing services. It is different than state plan home health nursing because its approved provider pool is not limited to Medicare-certified home health agencies and it can be provided in the community.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Waiver Nursing Services do not duplicate coverage provided under the State plan.
Waiver nursing does not include the following:

*Services delegated in accordance with Chapter 4723 of the Revised Code and rules adopted there under and to be performed by individuals who are not licensed nurses in accordance with Chapter 4723. of the Revised Code.

*Services that require the skills of a psychiatric nurse.

*Visits performed for the sole purpose of meeting the supervisory requirements for LPN at the direction of an RN.

*Visits performed for the sole purpose of conducting an "OASIS" assessment or any other assessment.

*Visits performed for the sole purpose of meeting the home care attendant services nurse consultation requirements.

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

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

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

- [ ] **Legally Responsible Person**
- [x] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Non-agency employed RN; non-agency employed LPN
Agency	Medicare-certified HHA, ACHC-CHAP-accredited agency, and Joint Commission-accredited agency.

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Waiver Nursing Service

Provider Category:
Individual
Provider Type:
Non-agency employed RN; non-agency employed LPN
Provider Qualifications
License *(specify):*
RN/LPN
Certificate *(specify):*
ODA certification as a LTC non-agency provider.
OAC 173-39-03 This rule describes the certification process for community-based long-term care services beginning with the request for the application and concluding with the final description of how ODA issues the certification.
OAC 173-39-02 Conditions of Participation for PASSPORT Services. This rule establishes the requirements and scope of responsibility related to service delivery and documentation.

OAC 173-39-02.22 Waiver Nursing Service Specifications. This rule establishes the parameters for the type of tasks and describes the timelines and documentation requirements for this service.
Other Standard *(specify):*
Valid Medicaid provider agreement (OAC 5160-1-17.2).
Verification of Provider Qualifications
Entity Responsible for Verification:
ODA
PASSPORT Administrative Agency
Frequency of Verification:
Verification of provider qualifications occurs in accordance with rule 173-39-04 of the Ohio Administrative Code.

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Waiver Nursing Service

Provider Category:
Agency
Provider Type:
Medicare-certified HHA, ACHC-CHAP-accredited agency, and Joint Commission-accredited agency.
Provider Qualifications
License *(specify):*
RN/LPN
Certificate *(specify):*
ODA certification as a LTC agency provider.
OAC 173-39-03 This rule describes the certification process for community-based long-term care services beginning with the request for the application and concluding with the final description of how ODA issues the certification.
OAC 173-39-02 Conditions of Participation for PASSPORT Services. This rule establishes the requirements and scope of responsibility related to service delivery and documentation.
OAC 173-39-02.22 Waiver Nursing Service Specifications. This rule establishes the parameters for the type of tasks and describes the timelines and documentation requirements for this service.
Other Standard *(specify):*
Valid Medicaid provider agreement (OAC 5160-1-17.2).
Verification of Provider Qualifications
Entity Responsible for Verification:
Ohio Department of Aging
Passport Administrative Agency
Frequency of Verification:
Verification of provider qualifications occurs in accordance with rule 173-39-04 of the Ohio Administrative Code

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.*
- [x] **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:

Case management activities are conducted by PAAs as outlined in the Three-Party Agreement signed by OMA, ODA and the PAAs.

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):

As part of ODA's certification process, providers of community-based long term care services under a program that ODA administers must ensure that employees for paid positions that provide direct care undergo a criminal background investigation through the Ohio Bureau of Criminal Identification and Investigation (BCI&I). Chapter 173-9 of the OAC establishes the requirements and procedures for conducting free database reviews and criminal records checks on applicants and employees for paid positions that provide direct care.

a). Beginning 1/1/2013, all direct care employee applicants need to be screened against relevant abuse and fraud databases. If a prospective provider, or existing agency or non-agency provider meets certain criteria based on the results of their registry screen, the person will not be permitted to furnish services to individuals enrolled on the PASSPORT Waiver.

b). All direct care employee applicants need to have BCI&I checks completed. If the criminal record check with BCI&I does find criminal convictions in the PASSPORT HCBS worker's past, there are tiered exclusionary periods for disqualifying offenses during which individuals convicted of certain crimes may not be hired. These exclusionary periods apply to both agency and non-agency providers. The exclusionary periods include five, seven and ten-year bars, as well as a permanent exclusion for certain disqualifying offenses.

c). Ohio BCI&I scope of investigation is the state of Ohio. For prospective employees who have resided in Ohio for less than five years, a criminal records check by the FBI is required.

d). Beginning 1/1/2013, the process to ensure mandatory investigations have been conducted includes: statutory authority to ODA, OMA and the Ohio Attorney General to review criminal records checks; a criminal background check log roster to be maintained by the certified provider (173-9-08); and the review of criminal background reports by ODA and its designees for purposes of certification and ongoing monitoring activities (OAC 173-39-03 and 173-39-04 respectively). Specific criminal background check procedures, including disqualifying offenses, are found in ORC 173.394 and OAC 173-9-06.

e). If found, any repeated or pervasive lack of compliance with the background check requirements may result in taking an adverse action against the provider including suspension of new referrals, transfer of participants to another provider, and revocation of the provider certification.

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):

Pursuant to sections 173.394, 5164.341 and 5164.342 of the Ohio Revised Code, Ohio requires registry screens of provider agency applicants or employees prior to the background check being performed. They must also be performed on non-agency providers/applicants as part of the provider enrollment process. If a prospective provider, or existing agency or non-agency provider meets certain criteria based on the results of their registry screen, the person will not be permitted to furnish services to individuals enrolled on the PASSPORT waiver. These databases include, but are not limited to the following:

(1) The excluded parties list system maintained by the United States General Services Administration, which tracks individuals who are debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No.12549 or under guidelines implementing Executive Order No. 12549;

(2) The list of individuals and entities excluded by Medicare, Medicaid, or SCHIP and maintained by the Office of Inspector General in the United States Department of Health and Human Services;

(3) The DODD abuser registry;

(4) Ohio's internet-based sex offender and child-victim offender database;

(5) Ohio's internet-based database of inmates;

(6) Ohio's state nurse aide registry;

(7) Any other database, if any, specified in rules adopted by OMA or the Ohio Department of Aging.

Providers are also prohibited from furnishing waiver services if the screen reveals there are findings by the director of the Ohio Department of Health that the applicant or employee neglected, abused, or misappropriated the property of, a resident of a long-term care facility or residential care facility.

Additionally, in accordance with Section 4723 of the Ohio Revised Code, nurse providers must have current, valid and unrestricted Ohio RN or LPN licenses, and LPN supervisors must hold appropriate licensure. Dietitians, social workers, nurses and counselors cannot have any actions or sanctions pending against them by their respective licensing bodies. This is verified according to the provider qualification verification section in the service definition outlined in Appendix C.

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).**

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.

- (●) **Other policy.**

Specify:

The consumer directed individual service provider may be a relative who is not the spouse, parent, stepparent, and/or legal guardian of the participant.

An individual provider of the personal care service must comply with the following requirements:

OAC 173-39-02 (Conditions of Participation): These standards include: a Medicaid provider agreement, prohibitions on providing services by a legally responsible individual, minimum age requirement, government issued photo identification, ability to read, write, and understand English, communication skills, telephone, secure record storage, completion of criminal records check, attendance at mandatory training, and compliance with all applicable federal, state, and local laws.

OAC 173-39-02.11 (Personal Care Service): These standards include: completion of an ODA-approved direct service worker training program, completion of individual specific training, mastery of consumer-specific tasks, and annual continuing education training.

There are no other limits or special circumstances specific to family members as service providers. Family members who are the consumer directed individual provider for personal care are expected to provide services as defined by the service plan. The case manager works with the individual to develop a service plan that meets the individual's needs. Prior to payment, the consumer/authorized representative reviews and signs the time sheet before it is submitted to the FMS and to the case manager for their review.

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:

ODM requires that any applicant pursuing a Medicaid provider agreement to submit to a BCI&I background check in accordance with OAC 5160-1-17.2. ODM in their role as the State Medicaid Authority authorizes the standards set by ODA as the foundation for granting a Medicaid provider agreement. Any provider that wants to participate in the PASSPORT HCBS waiver must complete the waiver service provider enrollment process for all ODA long-term care providers set forth in Ohio Administrative Code (OAC) chapter 173-39 and meet the PASSPORT service specifications set forth in OAC rules 173-39-01 through 173-39-08.

The number and location of LTC-certified providers is not limited by ODA or the PAAs.

The provider procurement and enrollment process is managed by the PAAs. The process begins when the provider completes an initial application packet. Next, an on-site review is conducted by ODA's designee, the PAA, to establish the provider's ability to meet the service specifications requirements, ability to deliver all the services described (as defined in Appendix C-3 of this waiver), staff orientation, training and supervision requirements, and implementation of care plan documentation requirements. Following the on-site review, the PAA makes a recommendation to ODA regarding certification. After certification is issued by ODA, the provider is eligible to provide PASSPORT HCBS services to the waiver participants and to be reimbursed by Medicaid for those services.

Prospective providers may access information about the PASSPORT waiver's provider requirements and application process through the ODA website (http://aging.ohio.gov/services/passport/providerinformation.aspx) and on the regional entities' (i.e.: PASSPORT Administrative Agencies/PAA) individual websites.

OAC rule 173-39-03 (Provider Certification) identifies the major certification milestones and timelines for all provider types, including individual providers.

Appendix C: Participant Services

Quality Improvement: Qualified Providers

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

a. **Methods for Discovery: Qualified Providers**

The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

i. **Sub-Assurances:**

a. ***Sub-Assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percent of new agency providers that meet initial certification requirements prior to providing waiver services

Data Source (Select one):
Operating agency performance monitoring
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☑ **Other** Specify: Regional PAA	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of individual providers that continue to meet certification requirements at time of Structural Compliance Review (SCR)

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):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☑ **Other** Specify: Regional PAA	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of agency providers that continue to meet certification requirements at time of Structural Compliance Review (SCR)

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):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☑ **Other** Specify: Regional PAA	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other**	

	Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of enrolled providers for which appropriate background checks were conducted timely at the time of their structural compliance review.

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):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☑ **Other** Specify: Regional PAA	☑ **Annually**	☐ **Stratified** Describe Group:
		☐ **Other**

	☐ **Continuously and Ongoing**	Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of individual providers that meet initial certification requirements prior to providing waiver services

Data Source (Select one):
Operating agency performance monitoring
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☑ **Other**	☐ **Annually**	☐ **Stratified**

Specify: Regional PAA		Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

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

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
N/A

Data Source (Select one):
Other
If 'Other' is selected, specify:
N/A

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☑ **Other** Specify: N/A	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☑ **Other** Specify: N/A
	☑ **Other** Specify: N/A	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☑ **Other** Specify: N/A	☐ **Annually**
	☐ **Continuously and Ongoing**
	☑ **Other** Specify: N/A

c. ***Sub-Assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.***

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percent of individual providers who have been verified at the time of their structural compliance review to have met training requirements.

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):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☑ **Other** Specify: Regional PAA	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of agency providers who have been verified at the time of their structural compliance review to have met training requirements

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):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☑ **Other** Specify: Regional PAA	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

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

b. Methods for Remediation/Fixing Individual Problems

i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.
Using quarterly reports submitted by PAAs, ODA is able to address individual problems as they are discovered and provide technical assistance that may include plans of corrective action. When problems are discovered, the individual PAA is notified and technical assistance is provided using on-site technical assistance, e-mail, phone contact and/or letters to PAA Director.

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

Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

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

- (●) **No**
- ( ) **Yes**
  Please provide a detailed strategy for assuring Qualified Providers, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix C: Participant Services

C-3: Waiver Services Specifications

Section C-3 'Service Specifications' is incorporated into Section C-1 'Waiver Services.'

Appendix C: Participant Services

C-4: Additional Limits on Amount of Waiver Services

a. **Additional Limits on Amount of Waiver Services.** Indicate whether the waiver employs any of the following additional limits on the amount of waiver services (*select one*).

- (●) **Not applicable**- The State does not impose a limit on the amount of waiver services except as provided in Appendix C-3.
- ( ) **Applicable** - The State imposes additional limits on the amount of waiver services.

When a limit is employed, specify: (a) the waiver services to which the limit applies; (b) the basis of the limit, including its basis in historical expenditure/utilization patterns and, as applicable, the processes and methodologies that are used to determine the amount of the limit to which a participant's services are subject; (c) how the limit will be adjusted over the course of the waiver period; (d) provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors specified by the state; (e) the safeguards that are in effect when the amount of the limit is insufficient to meet a participant's needs; (f) how participants are notified of the amount of the limit. (*check each that applies*)

- [ ] **Limit(s) on Set(s) of Services.** There is a limit on the maximum dollar amount of waiver services that is authorized for one or more sets of services offered under the waiver.
  Furnish the information specified above.
- [ ] **Prospective Individual Budget Amount.** There is a limit on the maximum dollar amount of waiver services authorized for each specific participant.
  Furnish the information specified above.
- [ ] **Budget Limits by Level of Support.** Based on an assessment process and/or other factors, participants are assigned to funding levels that are limits on the maximum dollar amount of waiver services.
  Furnish the information specified above.
- [ ] **Other Type of Limit.** The State employs another type of limit.
  Describe the limit and furnish the information specified above.

Appendix C: Participant Services

C-5: Home and Community-Based Settings

Explain how residential and non-residential settings in this waiver comply with federal HCB Settings requirements at 42 CFR 441.301(c)(4)-(5) and associated CMS guidance. Include:

1. Description of the settings and how they meet federal HCB Settings requirements, at the time of submission and in the future.

2. Description of the means by which the state Medicaid agency ascertains that all waiver settings meet federal HCB Setting requirements, at the time of this submission and ongoing.

Note instructions at Module 1, Attachment #2, HCB Settings Waiver Transition Plan for description of settings that do not meet requirements at the time of submission. Do not duplicate that information here.

Specific settings where individuals reside
• Individuals enrolled on this waiver reside either alone in a private residence or with families/friends in a private residence. Individuals are not permitted to be enrolled in
this waiver if they reside in facilities subject to 1616(e) of the Social Security Act.

Specific settings where individuals receive services
• Individuals enrolled on this waiver may receive HCB services in residential and non-residential settings.

Process to assess and determine all waiver settings meet the HCB settings requirements

• Residential settings: The State has determined the residential settings are compliant since all of the individuals enrolled in this waiver live alone in a private residence or with families/friends in a private residence. As a function of service planning and monitoring, the waiver case manager conducts home visits, in accordance with Appendix D of the approved waiver application, to ensure individuals are residing in settings compliant with 42 CFR 441.301.(c)(4)-(5).

• Non-residential settings: The State has not yet determined whether or not any specific non-residential setting for the Adult Day Health Service in the PASSPORT waiver currently meets 42 CFR 441.301(c)(4)-(5). Attachment 2 describes the remediation strategies, outlined in the statewide transition plan, for determining the level of compliance

Appendix D: Participant-Centered Planning and Service Delivery

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

State Participant-Centered Service Plan Title:
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):*
   - [x] **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:
   - [x] **Social Worker**
     Specify qualifications:

Ohio licensure as a state-tested and Board certified independent social worker or a state-tested licensed and Board certified social worker.

☑ **Other**

Specify the individuals and their qualifications:

Individuals with at least one year prior experience in health care, medical social work, or geriatrics. This applies to both nurses and social workers.

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 participant-focused all-services plan that promotes individual preferences, values, and the right to self-determination is developed with each participant. The participant, individuals selected by the participant if applicable and the assessor/case manager, participate in the initial and ongoing assessment, coordination, and monitoring of a participant's needs, strengths, circumstances and services to assure that services/interventions continue to be appropriate. The process includes the following tasks:

1) Development of an individualized written service plan that includes goals, objectives, and outcomes.

2) Participant education in order to promote informed choice, understanding of risk and benefits of care options/decisions, and confidentiality standards.

3) Participant education related to how to contact the PAA and the assigned case manager.

4) Participant education related to becoming the employer of record and the self-direction of care.

5) Participant education regarding the services provided by: the Long Term Care Ombudsman Program and the Medicaid Hotline.

6) Participant advocacy, as needed, on behalf of the participant and/or caregiver.

The PAA assessor/case manager will identify and document in the electronic participant record the name(s) of the individual(s) the waiver participant has selected to be involved in the service planning process, and/or the appointment of a durable power of attorney or legal guardian. This information will be established at the initial assessment and verified at least annually thereafter.

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 service plan is developed by the participant, any individuals selected by the participant, and the assessor/case manager as a part of the enrollment process.

B. The service plan assessment includes: a psycho-social assessment (including consideration of the participant's cultural and spiritual preferences and informal support systems), a functionality assessment (including ADLs/IADLs, and risk factors that may result in an individual risk agreement) a health status assessment (including medical history), an evaluation of the participant's level of cognitive functioning, and if applicable, a mental health assessment.

C. Written and verbal descriptions of the services available under the waiver are provided to the participant by the PAA case manager. The case manager will educate the participant on the role of employer of record and responsibilities related to the self-direction of care when an individual and/or authorized representative elects to receive all or a portion of their waiver services from participant directed providers.

D. The service plan includes the following components: the identified participant need(s), identification of risk factors and participant behaviors/preferences that require an individual risk agreement, the service(s) ordered to meet the service need(s) identified for the individual, the goal of the intervention(s), the desired outcome(s), the frequency of the service delivery, the individual or entity responsible for service delivery, and the funding source.

E. The PAA assessor/case manager authorizes and oversees the delivery of waiver services, supports the participant to oversee the delivery of self-directed waiver services to ensure participant health and welfare, and coordinates the community- based services identified in the service plan.

F. The PAA assessor/case manager is responsible for oversight and monitoring of the services described in the service plan. Documentation maintained in the participant's record by the assessor/case manager will address progress made toward the identified goals/outcomes and/or changes made to accommodate the participant's (waiver and non-waiver services) needs to ensure health and welfare.

The PAA case manager will provide an ongoing review and update of the service plan at a minimum of every twelve months or when a change in care need or service provision is indicated.

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.

Risk Assessment and mitigation is an integral component of the service plan development process and remains an ongoing consideration when evaluating the effectiveness of the participant's plan. The assessor/case manager is responsible for the identification of risk factors, evaluation of the level of risk posed to the participant, identifying strategies which are agreed upon by the participant to mitigate risk, and the ongoing review of the service plan to assess its effectiveness. During each individual's assessment (and reassessment), the participant and the assessor/case manager review resource materials including a listing of potential service providers. The information considered

includes the service provider's geographical area, services performed by the provider, provider rates and staffing capacity.

The service plan includes any identified risk factor(s) and/or participant preferences and/or behaviors, a description of the parameters set to mitigate the risk, and the corresponding goals, outcomes services and/or supports to be provided.

For both provider-managed and participant directed services, PAA staff verifies that there are feasible back-up plans reflected on the service plan. Participants may use both informal (unpaid) and formal (paid) services as a part of their back –up plan. The case manager will facilitate discussions with participants to determine who will provide services in the event of a planned or unplanned absence of the primary service provider. The individual/agency providing the service will be identified on the individual's back-up plan, which will indicate the provider's status as either the primary or secondary back-up provider as well as if the provider is a formal or informal support to the consumer. The case manager will make certain that participants understand that anyone they may want to pay for service provision through the waiver must be a current ODA certified long-term care provider at the time of service. To ensure service continuity back-up plans are reviewed and updated as needed and at a minimum during the annual re-assessment evaluation.

In addition to back-up plans, the PAAs hold natural disaster and emergency plans at their regional location to ensure all people aged 60 and older are included in emergency planning and, if need be, implementation.

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 PAA assessor/case manager will make available to the participant, prior to enrollment, at annual re-assessment, and at any time upon request, a summary of each ODA certified long-term care agency and non-agency provider serving participants in that PAA's region. This list of providers includes information about the location, size, and general demographics of the provider in addition to current certification reports. The provider list includes current ODA certified long-term care individual providers who have expressed an interest in being employed by additional participants.

Participants review the provider list with their assessor/case manager, who will explain the information presented to assist the participant in making the best decisions for their care needs. If the participant has any questions, the PAA staff either responds to, or researches, the question and provides information back to the participant so they may make an informed choice of service provider. The PAA will be responsible for ensuring the provider information is current by updating the summary document on an ongoing basis.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (7 of 8)

g. **Process for Making Service Plan Subject to the Approval of the Medicaid Agency.**Describe the process by which the service plan is made subject to the approval of the Medicaid agency in accordance with 42 CFR §441.301(b)(1)(i):

The single State Medicaid Agency (ODM) conducts audits of plans of care maintained by the PAA designated as responsible for evaluation and reevaluation of levels of care. Participants can request a State Hearing with ODM regarding plans of care and OMA has general authority to provide oversight of the Administering Agency actions regarding the waiver, which includes plans of care.

Appendix D: Participant-Centered Planning and Service Delivery

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

h. **Service Plan Review and Update.** The service plan is subject to at least annual periodic review and update to assess the appropriateness and adequacy of the services as participant needs change. Specify the minimum schedule for the review and update of the service plan:

- **Every three months or more frequently when necessary**

- ○ **Every six months or more frequently when necessary**
- ◉ **Every twelve months or more frequently when necessary**
- ○ **Other schedule**

Specify the other schedule:

i. **Maintenance of Service Plan Forms.** Written copies or electronic facsimiles of service plans are maintained for a minimum period of 3 years as required by 45 CFR §92.42. Service plans are maintained by the following *(check each that applies):*

- ☐ **Medicaid agency**
- ☑ **Operating agency**
- ☐ **Case manager**
- ☐ **Other**

Specify:

Appendix D: Participant-Centered Planning and Service Delivery

D-2: Service Plan Implementation and Monitoring

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

The service plan is a comprehensive description of a participant's needs including both the waiver and non-waiver resources designated to meet those needs such as health services and prospects for community integration. The State monitors service plan implementation through telephone contact and in-person visits with participants, an ongoing review of participant needs and supporting documentation, and when a change in the individual's care needs or service provision is indicated. In addition, a reassessment is conducted at least annually with each participant.

The PAA case manager is primarily responsible for monitoring the implementation of the service plan and for the ongoing assessment of participant health and welfare. The purpose of the monitoring visit is to determine if service plan has been appropriately implemented and meets the needs of the participant, ensures participant health and welfare, and to verify that the participant has ongoing access to non-waiver services. Documentation of ongoing monitoring conducted by the case manager is maintained in the ODA's electronic data base.

Contact with participants is care planned and occurs as often as individual need dictates; however there is a minimum requirement for quarterly in-person contact with consumers. Every other contact can occur by telephone if the individual is able to direct more of their own care and it is justified in the care plan. The scheduled and as needed on-site and telephone contacts with the participant ensure the timely identification of unmet participant needs or service delivery problems. Modifications to the service plan and service delivery schedule are initiated as soon as the need/issue is identified. The participant chooses from a variety of methods to resolve the identified issues including: the selection of alternate providers or direct service workers, negotiation with current providers for service modifications, adding (waiver and non-waiver) services, and change in the level of involvement of the participant's informal support systems.

The written service plan is updated to describe the intervention developed to address the issues, time frames for implementation, entities responsible for implementation and times frames to evaluate the effectiveness of the intervention in resolving the identified need or problem. The case manager is responsible for ongoing monitoring and evaluation of the effectiveness and participant satisfaction of the intervention.

The PAAs are required by ODA policy to have established internal quality assurance practices for assessment and case management activities. These internal practices identify trends and patterns related to clinical practice issues that impact participant outcomes. The PAAs use this data to identify training needs in the clinical and provider network and

to develop best practices and protocols to enhance participant outcomes.

ODA will continue a quarterly record review system for PAAs that incorporates a review of issues related to data entry. ODA is compiling this data and sharing the statewide perspective with PAAs. The record reviews ensure that services are furnished in accordance with the participant's service plan; participants have access to waiver services identified in their service plan which includes: participants are provided with information about service providers in their geographic area and given their free choice of providers; and participants are asked questions about their back¬up plans, if they have had to use their back-up plans and how the back-up plan worked when used.

On an annual basis ODA compiles aggregate findings of trends and patterns related to service plan implementation and monitoring. ODA recommends concerns/issues for further remediation and/or quality initiatives in accordance with the Quality Management Strategy.

b. Monitoring Safeguards.*Select one:*

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

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

Appendix D: Participant-Centered Planning and Service Delivery

Quality Improvement: Service Plan

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

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

The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

i. Sub-Assurances:

a. ***Sub-assurance: Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percent of participants whose service plans adequately addresses their assessed needs and personal goals, including health and safety risk factors.

Data Source (Select one):
Record reviews, off-site
If 'Other' is selected, specify:

Responsible Party for data		**Sampling Approach** *(check each that applies):*

collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95% CI with a MOE +/- 5%
☑ **Other** Specify: Regional PAA	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of participants whose service plans have appropriate strategies to address their health and safety risks.

Data Source (Select one):
Record reviews, off-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95% CI with a MOE +/- 5%
☑ **Other** Specify: Regional PAA	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

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

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percent of service plans that were developed according to the policies and 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 *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95% CI with a MOE +/- 5%
☑ **Other** Specify: Regional PAA	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

c. ***Sub-assurance: Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percent of service plans reviewed that were updated at least annually

Data Source (Select one):
Record reviews, off-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95% CI with a MOE +/- 5%
☑ **Other**	☐ **Annually**	☐ **Stratified**

Specify: Regional PAA		Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent 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 *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☑ **Representative Sample**

		Confidence Interval = 95% CI with a MOE +/- 5%
☑ **Other** Specify: Regional PAA	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

d. ***Sub-assurance: Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

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

Data Source (Select one):
Record reviews, off-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95% CI with a MOE +/- 5%
☑ **Other** Specify: Regional PAA	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other**

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

e. ***Sub-assurance: Participants are afforded choice: Between waiver services and institutional care; and between/among waiver services and providers.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percent of participants with a signed application for waiver services that indicates choice was offered between waiver services and institutional care.

Data Source (Select one):
Record reviews, off-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95% CI with a MOE +/- 5%
☑ **Other** Specify: Regional PAA	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of participants notified of their rights to choose among waiver services and/or providers.

Data Source (Select one):
Record reviews, off-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95% CI with a MOE +/- 5%
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:

	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

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

b. Methods for Remediation/Fixing Individual Problems

i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.
Via quarterly reports submitted by PAAs, ODA is able to address individual problems as they are discovered and provide technical assistance that may include plans of corrective action. When problems are discovered, the individual PAA is notified and technical assistance is provided using e-mail, phone contact and/or letters to PAA Director.

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

Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**

Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

c. **Timelines**
When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of 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.

The PASSPORT waiver has historically used the employer authority with the individual provider type in the personal care service. This waiver amendment expands participant direction to include budget authority and adds services in which the individual may exercise participant direction. These services include the alternative meals service, choices home care attendant service, and pest control.

(A)The nature of the opportunities afforded to participants:
The nature of the opportunities afforded to participants enables them to act as the employer of record with the authority to hire, train, direct, and fire the direct service workers who provide the majority of the hands on care through the personal care and choices home care attendant services service. Direct service workers may include friends, neighbors, and some relatives. Participants may also choose to use agency based providers to deliver hands on care. Participants exercising this authority may have multiple direct service workers.

Participants also schedule day to day service provision and identify providers for program enrollment. The participant evaluates the current PASSPORT service plan and determines what services are needed to safely maintain them at home and shares this with the case manager.

Waiver participants exercise budget authority for consumer-directed individual Choices Home Care Attendant Service, Alternative Meals, Pest Control, Minor Home Modification, and Home Medical Equipment and Supplies Service by designing their service plan in conjunction with their case manager, which includes determining the budget amount for services.

Participants also schedule day to day service provision and identify providers for program enrollment. The participant evaluates the current PASSPORT service plan and determines what services are needed to safely maintain them at home and shares this with the case manager. As an example, the participant may choose to have the HCAS provider cook their meals instead of receiving home delivered meals service.

(B) How the participants take advantage of these opportunities:
At the initial assessment individuals seeking waiver enrollment are given an overview of the waiver program that includes the role of the case manager, the care planning process, available services and a description of the participant direction options available. This description includes a discussion of the purpose of participant direction, the differences between the agency and individual provider types, and the additional responsibilities of the waiver participants who choose this option. ODA has incorporated a brief questionnaire into the assessment process to determine the participant's interest level in participant-direction and well as to identify the participant’s strengths and weaknesses for participant-direction of care. These results will help determine if the use of an authorized representative (AR), if necessary, will enable the participant to be more successful. For some participants, an AR may be required to support their use of employer authority.

Current waiver participants will be made aware of the participant direction opportunities in PASSPORT from their case manager at a minimum during the initial assessment and annual reassessment visits. Participants may request information on participant direction from their case manager at any time. Information about the participant directed service option is also available on ODA's website. ODA has added a self-direction self-assessment to our website to assist participants in the decision making process.

(C) The entities that support individuals who direct their service and the supports that they provide:
The entities that support individuals who direct their services include both the PAA that provides administrative case management and the financial management service (FMS).

The PAA case managers provide information and assistance, help participants gain knowledge of employer responsibilities, give an orientation to the participant directed service delivery option, and assist with the development and management of the service plan. When the waiver participant expresses an interest in using the participant directed service delivery option, the PAA staff provides the participant with training on the qualifications/skills of a consumer-employed provider, recruitment, hiring, and training of a qualified provider, employer-related tasks, including working with the FMS, and service planning including development of a back-up plan. A Participant Employer manual that includes this information is also furnished to the participant. If the participant has identified an AR to act on his or her behalf and/or assist the participant with directing their service, that person will attend trainings with the participant. If an AR is needed or requested by the participant and has not been identified, the PAA staff will train the participant on how to choose an AR.

The financial management service (FMS) is operated as an administrative function. The vendor holds a contract with the Office of Medical Assistance (ODM) to provide the service statewide to participants of several waiver programs. ODA works with the FMS vendor directly to manage the reporting functions for the PASSPORT waiver.

The FMS assists with participant education relative to becoming an employer by providing individuals with an employer packet that includes employer Federal, and State employment and tax forms including Worker's

Compensation. The FMS trains case managers and individuals enrolled on PASSPORT on the purpose of these forms. On behalf of waiver participants the FMS vendor furnishes employee packets that include an employment application, the participant employer/employee agreement, sample reports and the necessary Federal and State employment forms. The FMS reviews time sheets and processes the individual provider payroll. The FMS reports payroll errors to the participant and case manager and works with them to resolve problems.

(D) The waiver's approach to participant direction is to provide all service recipients with the opportunity to direct their care using an individual provider. Case managers help participants determine the level of support they need to direct their services. This is done by assessing the participant's ability to supervise the delivery of those services contained in the individual's service plan. The case manager will provide participants with information about available opportunities for self-direction.

Those individuals interested in self direction must participate in three orientation meetings. In the first orientation session the case manager gives the participant a self-direction questionnaire, information on how to develop job descriptions, and recruit employees (individual providers (IP)). If the participant has identified an AR, that person would attend all of the information sessions with the participant. If an AR has not been identified, the case manager will give the participant training on how to choose an AR. The person serving as the AR may not be a service provider for the participant and must agree to serve as the representative. At the conclusion of the orientation, the individual is asked to determine if they feel self-direction is a good option for them, if they are interested in employer authority (personal care) or both employer and budget authority (consumer-directed individual choices home care attendant service), and to identify potential providers. There is no defined time frame for the participant to make this decision; however if more than six months elapse the case manager will repeat this program orientation prior to proceeding with the second orientation.

The second program orientation is scheduled when the participant contacts the case manager. The case manager works with the participant to review the qualifications of identified individual providers and/or assists to participant with locating providers if none have been identified. The case manager will provide the participant with a list of IPs working for other individuals who are interested in additional employment. During this meeting, the participant and case manager review the current service plan and associated budget to develop a new service plan with participant directed services. The participant is furnished with a Participant's Manual which contains information on employer responsibilities, evaluating the quality of their employee(s) work and performance evaluations, and working with the FMS agency. Participants are also provided with additional resources for training their employees to address the participant's specific health related needs.

The third orientation is scheduled when employees have completed the ODA long term care individual provider certification and Ohio Medicaid provider enrollment processes. In this meeting, participants are assisted with the completion of the necessary employer and employee tax forms, worker's compensation enrollment, and designation of the FMS to work on behalf of the participant.

The participant or the participant's AR must be willing and able to direct the services for use of participant directed service delivery method. The participant's physician must agree to the service plan. All participants have an assigned case manager and may also choose an unpaid AR who is approved by the PAA to assist with managing the direct service workers.

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*:

- [x] **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 participant's 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

When a waiver participant expresses an interest in participant direction the manager assesses the participant's ability to self-direct and assume the responsibilities of an employer. Individuals must demonstrate their willingness to learn about the expectations of an employer. This information is provided by the care manager and includes the following criteria:

1) Understanding methods for selecting, managing, and dismissing employees;
2) Understanding what service activities are covered;
3) Participation in the development, monitoring, and revision of the waiver service plan and reliable back-up plans;
4) Understanding corresponding provider requirements, including assuring the criminal records check procedures are followed and;
5) Working with the FMS for timely payroll processing, including written approval of provider time sheets.

Individuals may choose to have an authorized representative assist them in performing the role of the employer. Case managers will provide additional skills development in specific areas as requested by the individual or as deemed needed by the case manager to assist the individual in the role of the employer. If the participant has negative service outcomes that result from poor execution of their employer responsibilities, an authorized representative may be required to continue this service delivery method. If no authorized representative can be found, or if the individual does not want an authorized representative, the State will transition the participant back to provider managed services.

If the case manager determines that an authorized representative is required for the continued use of the participant services option, the participant will be provided with the documented reasons for the decision. The individual will be informed if they choose not to have an authorized representative that their waiver services will be delivered by an agency provider.

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.

At the initial assessment, individuals seeking waiver enrollment are given an overview of the waiver program that includes the role of the case manager, the care planning process, available services and a description of the participant direction option available. This description includes a discussion of the purpose of participant direction, the differences between the agency and individual provider types, and the additional responsibilities of waiver participants who choose this option.

The assessment includes an education component in which the individual is provided detailed information about the specific requirements for legal hiring practices and complying with tax and insurance requirements. The individual is also notified that, as an employer, they must follow legal interviewing and hiring practices as well as comply with the tax and insurance responsibilities required by Federal, state, and local governments.

Currently enrolled waiver participants may request additional information about participant direction from their case manager at any time. The PAA assessor/case manager will, on a timely basis, make the information available upon request either in writing or by scheduling an in home appointment with the participant as appropriate. In addition to the case manager, participants and family members may refer themselves to the case manager to request using the participant directed service delivery method. The PASSPORT case manager will also discuss the participant directed individual provider option with individuals at their annual reassessment.

Information about the individual provider option is also available on ODA's website.

When the individual expresses an interest in the participant direction option, a more detailed "how to" orientation is provided by the PAA staff. The elements of this orientation include:

- Identification of the elements of the personal care service to be provided by the consumer-employed provider;
- Qualifications/skills of consumer-employed provider;
- Recruitment, hiring, and training of qualified provider;
- Employer-related tasks, including working with the FMS;
- Service planning, including development of a back-up plan.
- A Participant Employer manual that includes this information is also furnished to the participant.

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 authorized representative is an individual's legal guardian, power of attorney, family member or any other person identified by the individual in consultation with the PAA case manager, selected to assist with service management. The authorized representative that is the participant's non-legal representative carries out decisions made by the participant and cannot make decisions without the individual's consent. The authorized representative makes decisions in the best interest of the individual. If the participant's best interests are not in keeping with the participant's expressed wishes, the case manager will assist the participant with exploring suitable alternatives that meet the individual's needs. Case managers will also assist participants seeking a common ground with a legal guardian or non-legal representative by exploring appropriate alternatives suitable to the needs of the individual.

The authorized representative must:

1) Demonstrate a strong personal commitment to the participant and shows knowledge about the participant's preferences;
2) Be willing and able to fulfill all the employer responsibilities, on behalf of the waiver participant;
3) Be at least 18 years old and willing to submit to a criminal background check, if requested;
4) Not be known to conduct illegal activities or have any history of physical, mental, or financial abuse; and
5) Agree to a face to face visit with the participant at least every pay period.

An authorized representative may not be paid for this function or be hired by the participant as an individual provider as defined in OAC 173-39-02(D).

The participant and authorized representative sign an Assignment of Consumer's Authorized Representative form that states the participant's choice of the authorized representative and describes the above listed requirements.

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.

Waiver Service	Employer Authority	Budget Authority
Pest Control	☐	☑
Choices - Home Care Attendant Service	☑	☑
Personal Care	☑	☐
Home Medical Equipment, Supplies, and Vehicle Modifications	☐	☑
Alternative Meals Service	☐	☑
Minor Home Modification, Maintenance and Repair	☐	☑

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 C-1/C-3**

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:

Entities specializing in FMS for self- directed programs and payroll services that are consistent with the applicable regulations of 45 CFR §74 may provide this function. Through a RFP process the State of Ohio has contracted with a single FMS vendor. The FMS vendor is paid a monthly fee per individual.

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

The FMS vendor is paid a monthly fee per individual. Payment is through an administrative contract with the State of Ohio.

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:

☑ **Assist participant in verifying support worker citizenship status**
☑ **Collect and process timesheets of support workers**
☑ **Process 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:

☑ **Maintain a separate account for each participant's participant-directed budget**
☑ **Track and report participant funds, disbursements and the balance of participant funds**
☐ **Process and pay 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:

- [ ] **Execute and hold Medicaid provider agreements as authorized under a written agreement with the Medicaid agency**
- [ ] **Receive and disburse funds for the payment of participant-directed services under an agreement with the Medicaid agency or operating agency**
- [x] **Provide 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.

The State provides oversight of interactions of the FMS with consumers and the PASSPORT Administrative Agencies (PAA) through regularly occurring contract management meetings with the vendor. The State monitors the effectiveness of the FMS established protocols for customer service, reporting, payroll processing and employer related activities as defined in the FMS contract and operational protocols. The Vendor FEA task list used to establish criteria for the selection of the FMS are the same criteria used to monitor their compliance with the contract. The FMS vendor provides monthly, quarterly and semiannual program reports to the state that are used to assess FMS vendor performance

The State oversees the employee payroll process with the PAAs and the FMS. The State reviews the monthly FMS invoice prior to payment to ensure the invoice remittance only includes the authorized services, scope, duration, and frequency and timely resolution of identified issues. The State monitors the timeliness and fluidity of FMS process to ensure the best service for consumers and their employees.

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
Independent Living Assistance	[ ]

Participant-Directed Waiver Service	Information and Assistance Provided through this Waiver Service Coverage
Adult Day Service	☐
Waiver Nursing Service	☐
Nutritional Consultation	☐
Out-of-Home Respite	☐
Home Care Attendant	☐
Chore	☐
Non-Medical Transportation	☐
Pest Control	☐
Choices - Home Care Attendant Service	☐
Enhanced Community Living Service	☐
Personal Care	☐
Home Delivered Meals	☐
Social Work Counseling	☐
Community Transition Service	☐
Home Medical Equipment, Supplies, and Vehicle Modifications	☐
Alternative Meals Service	☐
Transportation	☐
Minor Home Modification, Maintenance and Repair	☐
Emergency Response System	☐
Homemaker	☐

☑ **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:

A. The waiver participant's case manager and the FMS entity support are responsible for supporting the waiver individual in exercising employer and/or budget authority under the waiver.

B. The information and assistance supports are an administrative function of the PAA and the State contracts with an FMS vendor to furnish the services statewide.

C. The PAA case manager provides the support to the participant in gaining knowledge of the responsibilities of self direction, hiring and training their direct service workers including the completion of IRS and State workers compensation forms, developing the person centered care plan, service plans, and the associated service budgets.

The PAA case manager provides support to participant through education and training sessions with the participant/authorized representative prior to waiver enrollment.

The PAA case manager provides support to the participant/representative through the provision of a participant's reference manual for support with the duties of being the employer of record. The reference manual provides information on hiring, firing, and training workers. It will also contain forms to assist the participant with tracking worker's time sheets, and other budget expenditures.

The FMS agency provides support to the participant through assistance with completion of IRS and State workers compensation forms, and performance of payroll functions.

D. The PAAs conduct quarterly consumer record reviews in accordance with the processes established by the state. The state oversees the function, reviews the findings and directs the remediation, when indicated.

E. The oversight of the participant-directed service delivery method is the shared responsibility of ODA and the State Medicaid agency.

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:

The Office of the State Long-Term Care Ombudsman program (SLTCOP) is responsible for addressing complaints regarding the health, safety, welfare, and civil rights of long-term care participants in PASSPORT, as well as the rights of nursing homes and residential care facility residents found in Chapter 3721.10 - 3721.17 of the Ohio Revised Code. Further, the SLTCOP investigates allegations of the action or inaction of a provider of long-term care or a representative of a provider of long-term care, government entities, or private social service agencies whose actions may adversely affect the health, safety, welfare or rights of a participant.

The waiver participant receives SLTCOP information from the case manager, including contact information for the state and local programs at enrollment, annually at re-assessment, and as needed.

Ohio Administrative Code rule 173-14-16 addresses timeframes for responding to inquiries and resolution. Contact with the ombudsman does not have an effect on the timeframes for appeal rights.

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:

The case manager is responsible for facilitating the transition from participant-directed services to provided-managed services. When a request to discontinue participant direction is received from the waiver participant, the case manager:

(1) Identifies the contributing factors which led to the voluntary termination of participant-direction;
(2) Determines what, if any, other changes are occurring that may impact the waiver participant's health and welfare or service needs;
(3) Re-Assesses the waiver participant's current needs to identify appropriate services;
(4) Establishes the service authorization for the agency provider managed services;
(5) Assists the waiver participant with the provider selection;
(6) Reviews basic parameters of provider-managed services with the waiver participant; and
(7) Coordinates the last date of participant-directed service with the first date of provided-managed service;
(8) Determines the waiver participant's back up plan is adequate or assists with the development of an alternative, in the event the participant directed services cannot be maintained until the provided-managed service is in place;
(9) Ensures the appropriate actions are taken by the waiver participant, individual provider, and the FMS to terminate the employer-employee relationship.

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 provider-managed services instead, including how continuity of services and participant health and welfare is assured during the transition.

Involuntary termination of the participant direction service delivery method may be necessary when the waiver participant:

1) No longer has an assessed need for the participant directed service ;
2) Is unable to perform the responsibilities of an employer;
3) Does not have a qualified authorized representative to act on his/her behalf; or
4) In order to preserve the health and welfare of the participant.

When there is no available qualified authorized representative, the case manager will assist the waiver participant to choose a different provider type to meet the assessed needs.

Following the process outlined in E-1-l, the case manager will assist the waiver participant to obtain appropriate provider-managed services. The case manager will support the participants to continue to receive participant-directed services until provider managed services are in place. The case manager will ensure that the participant is receiving appropriate services and supports to transition safely back to provider managed services.

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		450
Year 2		1234
Year 3		1270
Year 4		1312
Year 5		1339

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:

- [x] **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*:

- [x] **Recruit staff**
- [ ] **Refer staff to agency for hiring (co-employer)**
- [ ] **Select staff from worker registry**
- [x] **Hire staff common law employer**
- [x] **Verify staff qualifications**
- [x] **Obtain criminal history and/or background investigation of staff**

Specify how the costs of such investigations are compensated:

The potential employee pays the cost for the background investigation.

- [x] **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.**
- [x] **Determine staff duties consistent with the service specifications in Appendix C-1/C-3.**
- [x] **Determine staff wages and benefits subject to State limits**
- [x] **Schedule staff**
- [x] **Orient and instruct staff in duties**
- [x] **Supervise staff**
- [x] **Evaluate staff performance**
- [x] **Verify time worked by staff and approve time sheets**
- [x] **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**
- [x] **Determine the amount paid for services within the State's established limits**
- [ ] **Substitute service providers**
- [x] **Schedule the provision of services**

- [x] **Specify additional service provider qualifications consistent with the qualifications specified in Appendix C-1/C-3**
- [x] **Specify how services are provided, consistent with the service specifications contained in Appendix C-1/C-3**
- [x] **Identify service providers and refer for provider enrollment**
- [ ] **Authorize payment for waiver goods and services**
- [x] **Review and approve provider invoices for services rendered**
- [ ] **Other**

Specify:

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.

Participants are provided with general program information when they enroll in the PASSPORT waiver program. Consumers and/or their AR may request additional information about participant directed services at any time. The case manager will discuss participant directed services with consumers at the annual reassessment. Information about the participant directed services is available on ODA's website, including program and rate setting rules.

The PAA will assure that consumers are informed of their rights to a state hearing and the method of obtaining a state hearing. The consumer is informed of the circumstances under which a timely hearing request will result in continued benefits up to the time a decision is rendered as a result of an administrative appeal.

The case manager reviews the current provider managed service package with the consumer and works with the consumer to develop the self directed service package to safely maintain the consumer at home. The participant will also use the current amount budgeted for services to establish the initial budget for participant managed services. The participant will determine the number of HCAS hours that will be purchased and the number of employees that will be hired to provide the service. Participants exhibit budget authority for HCAS, Alternative Meals, Pest Control, Minor Home Modification, Home Medical Equipment and Supplies Service by designing their service plan in conjunction with their case manager including determining the budget amount for services.

The participant will also establish the rate of pay for each worker and any pay differentials (early morning/late night) that will be offered. The participant must pay each worker no less than the current federal minimum wage. The average cost for workers in home care agencies and the Choices participant directed waiver program are shared with the participant to assist them with determining worker pay rates. The participant is educated about the correlation of wages and the amount of service hours available for purchase based on those wages. The participant may not pay their worker a wage that is higher than the established maximum for the HCAS service in ODJFS' rule 5101:3-1-06.

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 AAA staff will inform the participant in writing of the current PASSPORT budget for services after the care plan has been developed. The AAA staff then works with the participant to develop the participant directed services budget. The participant may request a reassessment if the current service plan needs change. A reassessment of need will be conducted and, if appropriate, the participant's service plan and budget will be revised to reflect the new service plan.

The PAA will assure that consumers are informed of their rights to a state hearing and the method of obtaining a state hearing. The consumer is informed of the circumstances under which a timely hearing request will result in continued benefits up to the time a decision is rendered on the administrative appeal.

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 case manager and the FMS will monitor the participant's monthly use of the of the HCAS service. The participant will submit timesheets for workers 2 times a month. If the participant is in a position to overspend the service budget, the case manager will contact the participant to discuss the service use and, if necessary, reassess the participant's service needs and the service plan.

If the participant is under utilizing the budget the case manager will ensure that the participant has adequate access to all services stated in service plan. If under utilization continues for a quarter, reassessment of the participant's service needs will be conducted and the service plan and individual budget will be revised. The participant will be given fair hearing rights.

Appendix F: Participant Rights

Appendix F-1: Opportunity to Request a Fair Hearing

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

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

At the time of enrollment in the waiver, the PAA assessor/case manager provides the individual with information in both written and verbal formats including: the right to choose HCBS as an alternative to institutional care, and the right to appeal any decision regarding benefits (e.g., failure to be given a choice of HCBS as an alternative to institutional care, denial of choice of services and/or providers, and/or denial, suspension, reduction or termination of benefits, etc.).

In the event of an adverse action, the individual receives a written notice regarding the proposed adverse action, a written notice of the right to a state hearing, and a written confirmation that the request for a hearing must be made with 90 days of the mailing date of the prior notice.

If someone other than the individual submits a written hearing request, the request must include a written statement signed by the individual authorizing the person to act on their behalf. If a hearing request is made during that time, the proposed action will not be taken until the state hearing is decided.

The individual receives written information regarding instructions on how to locate free legal services; the date, time and location of their hearing at least ten days in advance; the right to have representation during the hearing, access to the case file, and any rules being applied to the case; hearing decisions are rendered no later than 90 days from the date of the hearing request; ODM must take the action ordered by the decision within 15 days of the date of the decision; and instructions on how to ask for an administrative appeal in the event the individual loses the hearing.

Computer-generated adverse action notices and formal notices of approval are stored in ODM's CRIS-E system. When an enrolled participant requests an appeal in a timely manner, the PAA will continue waiver services as outlined in the service plan pending resolution of the appeal.

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:

1. ODA is responsible for the operation of the complaint process pertaining to the PASSPORT HCBS waiver program. The complaint process is available to participants, family members, caregivers, and the general public regarding the PASSPORT program. Complaints are also routed from the Governor's Office and OMA to ODA regarding PASSPORT participants. The operation of the complaint process in no way undermines the opportunity of a participant to request a Fair Hearing to address problems that fall under the scope of the Fair Hearing process.

2. OMA is responsible for the Medicaid Hot Line which is a toll-free number available to anyone to lodge a complaint regarding a Medicaid-funded program or provider.

3. The Office of the State Long-Term Care Ombudsman program (SLTCOP) is responsible for addressing complaints regarding the health, safety, welfare, and civil rights of long-term care participants, as well as violations of rights of residents of nursing homes and residential care facilities found in Chapters 3721.10 - 3721.17 of the Ohio Revised Code. Further, the SLTCOP investigates allegations of the action or inaction of a provider of long term care or a representative of a provider of long term care, government entities or private social service agencies whose actions may adversely affect the health, safety, welfare or rights of a participant.

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).

1. ODA and ODA's designee (the state's 13 regional PAAs) - At the time of enrollment, the assessor/case manager provides the participant with information regarding their right to register and file a complaint. Participants are assured that when they make a complaint none of their services will be stopped during the complaint process.

The PAA case manager is responsible for educating participants regarding the right to voice dissatisfaction and/or register a complaint at any time. The participant is informed that a complaint is not a pre-requisite to receive a fair hearing nor does filing a complaint prevent the participant from exercising fair hearing rights. The purpose of the complaint process is to ensure issues identified by the participant are addressed in a timely, thorough manner.

The complaint process includes:

a)Types of Complaints - The types of complaints to be addressed include, but are not limited to: health and safety; general quality of life; civil rights; service delivery with Medicaid providers; code of ethics violations; and/or dissatisfaction with services provided by the PAA case manager.

Individuals involved in the resolution of the complaint may include, but are not limited to: the participant and/or designated representative; the PAA case manager; the PAA case manager's supervisor; PAA Quality Improvement staff; Medicaid provider agency staff; and ODA staff.

b)Process for Addressing the Complaint - Although there are multiple options for a participant to initiate the complaint process, generally, the participant begins by contacting the assigned PAA case manager. If the complaint involves the case manager, the participant will contact the case manager's supervisor. Documentation of the participant's stated concerns and subsequent action taken by the PAA case manager are maintained in the case notes section of the electronic participant record.

The PAA case manager or the case manager's supervisor will initiate the problem solving process. Problem solving includes determining the exact nature of the concern, assessing probable cause, planning appropriate corrective action, informing all individuals involved of the investigatory findings and corrective action to be implemented, implementing corrective action, and documenting interventions to resolve the issue.

If the participant is not satisfied with the outcome they may request further review to be completed by the PAA Clinical Manager, the PAA Site Director, ODA, Long Term Care Regional Ombudsman Program, and/or Medicaid

Hot Line. The participant may elect to request a fair hearing at any point in the process.

Time Frames – Within seven days of receipt of the complaint by the case manager and/or supervisor, the problem-solving process will be initiated. However, issues with immediate health or safety implications are addressed upon receipt. Documentation of the outcome must occur no later than 30 days from receipt of the complaint.

c) Mechanisms Used to Resolve Complaints - The operating agency and the PAAs have policies, procedures, and reporting tracking systems. Data collected by the operating agency and/or the PAA permits the analysis of patterns by type of complaint, time taken to resolve the complaint, and implementation of corrective action through resolution.

2.OMA – If OMA receives a complaint about the PASSPORT program, the complaint is referred to ODA for follow - up and resolution (as is possible) and provides a deadline for response to the complaint. The length of time given to provide a response depends on the type and seriousness of the complaint registered, but the length of time for a response rarely exceeds 30 days.

3.SLTCOP - The State Long Term Care Ombudsman must establish a screen for all complaints received that identify the time frame to begin an initial investigation of the complaint. The screen will address the urgency of the complaint and will determine if probable physical harm is likely. In the event of probable physical harm, the investigation will be initiated by the end of the next working day after the complaint is received. The means of resolving a complaint include: participant empowerment, negotiation, mediation, referral, legislative advocacy, and public disclosure.

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).

ODA defines an incident as any event that is not consistent with the routine care and delivery of service to a participant and which requires near-term review to assure participant safety and welfare is not at risk and/or that identified risk is remediated and prevention planning is implemented. Incidents include, but are not limited to, abuse, neglect, exploitation, suspicious or unnatural death, accidental injuries, significant changes in condition, medication errors with health and safety implications, inappropriate use of restraints, and involuntary disenrollment.

Incidents are further categorized as a critical incident or a non-critical incident. The State operates a web-based incident report entry and database, commonly referred to as WIRED. WIRED provides the opportunity for live updates and communication between the PAA, ODA and OMA.
The WIRED database provides the primary source of data for compiling incident data for analysis, including trending, by multiple variables that may be used to identify systemic, practice and management performance. Additional data sources may include record review through ODA's monitoring processes and /or performance measure dashboard tools.

Critical Incidents may include but not be limited to:
• Abuse
• Neglect
• Exploitation
• Deaths that are identified as unnatural or suspicious Illness of unknown cause or origin
• Injury of unknown cause or origin
• Involuntary disenrollment
• Medication with known negative health consequences
• Use of restraints

Non-critical incidents may include but not be limited to:
• Accidental injury
• Acute or significant change in condition
• Consumer wandering
• Fall with injury
• Rights violation
• Self-neglect

Events of abuse, neglect and exploitation are required to be reported to the authority of Adult Protective Services (APS) in accordance with the provisions of Ohio Revised Code sections 5101.60, 5101.61 and 5101.62. Mandatory reporters of abuse, neglect and exploitation to APS include licensed professionals including physicians, nurses, social workers and any other health care staff with professional licenses. All ODA certified providers are mandated to report to APS and to ODA as a part of the Conditions of Participation in Ohio Administrative Code rule 173-39-02(F)(2)(a) and (b). Additional community authorities available and used to support assurance of HCBS participant health and welfare and to investigate issues within their scope of authority may include, but are not limited to, law enforcement, legal aide services, the Office of the State Long-Term Care Ombudsman, and others, as appropriate. WIRED collects data from incident reports identifying reports to APS and the involvement of optional community authorities allowing trending usage of these resources in remedial activities.

Entities responsible for reporting critical incidents and/or non-critical incidents include ODA certified providers, ODA's designees, the PASSPORT Administrative Agencies, and ODA.

ODA certified provider responsibilities

The established timeline for ODA certified providers to report to the PASSPORT Administrative Agency is no later than 1 business day of becoming aware of the incident. (OAC 173-39-02) The provider may communicate the information orally or in written format.

PAA Responsibilities

All critical incidents and reportable incidents are reported by the PAA to ODA through WIRED. The PASSPORT Administrative Agency is responsible for the following reporting practices:

Critical incidents: Report to ODA no later than 1 business day of PAA's knowledge of the incident; and

Non-critical incidents: Report to ODA no later than 2 business days of becoming aware of the event.

The PAA is responsible for evaluating reported incidents to assure that participants' immediate health and safety needs are met through immediate interventions determined appropriate and through the development and implementation of a prevention plan, as appropriate, using the tools of assessment and care and service planning. The PASSPORT Administrative Agency uses observation, interview, and document and record inspections to investigate and evaluate incidents. Formal investigative authorities such as law enforcement, coroners, the Long-Term Care Ombudsman, may conduct independent investigative actions and follow-up activities.

ODA maintains oversight of the PASSPORT Administrative Agencies. The PASSPORT Administrative Agency is responsible for completing its evaluation / investigation and implementation of identified remedial plan elements for reportable incidents within 30 calendar days; and within 90 calendar days for critical incidents.

ODA Responsibilities

In the event an incident involves the action or inaction of the PASSPORT Administrative Agency or staff, and a conflict of interest is identified, ODA becomes the responsible entity for evaluations, investigation and remediation. ODA reviews all critical incidents filed by the PAA to assure appropriate actions are taken to assure participant health and safety and preventive actions plans are identified.

ODA is required to report critical incidents that meet OMA identified criteria to OMA no later than business day of ODA's knowledge of the incident. ODA and OMA have shared access to WIRED. WIRED automatically generates an e-mail to alert the identified OMA contact that a report has been forwarded for OMA review. ODA is responsible for assuring that any OMA direction about a critical event is implemented and documented.

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.

Waiver participants, their caregivers, family members and representatives, as appropriate, are educated by the PASSPORT Administrative Agency about their right to be free from abuse, neglect and exploitation, the role of APS and local contact numbers. Participants are also educated to notify the participants' case manager of events, concerns, complaints and changes in condition. Participants and, as appropriate, their representatives, are educated at the time of assessment, enrollment and at each contact with their case manager. Written information with contact information for the case manager and other community resources such as the Long-Term Care Ombudsman is provided at assessment and enrollment. A verbal review of this information and reminder that the case manager is the primary contact for concerns takes place at each contact whether it is on the phone or in person. Participants and their representatives are also educated through written materials and orally of alternate contacts available to them for complaints such as a case manager's supervisor, ODA, OMA and the Office of the State Long-Term Care Ombudsman. Participants and their representatives are educated and encouraged to provide timely notification regarding concerns and changes.

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.

Entities required to report incidents include ODA Certified providers serving waiver participants,the PASSPORT Administrative Agencies (PAAs),and ODA.

Providers are required to report critical and non-critical incidents to the PASSPORT Administrative Agency no later than one business day after becoming aware of the incident. The provider may communicate the information orally or in written format.

The PASSPORT Administrative Agency is responsible for reporting to ODA, through WIRED, critical incidents no later than one business day of becoming aware of the incident, and non-critical incidents no later than two business days of becoming aware of the incident.

The PAA is responsible for evaluating reported incidents to assure that participants' immediate health and safety needs are met through immediate interventions determined appropriate and through the development and implementation of a prevention plan, as appropriate, using the tools of assessment and care and service planning. The PASSPORT Administrative Agency uses observation, interview, and document and record inspections to investigate and evaluate incidents. The PAA identifies critical incidents as defined by ODA and, through professional judgment of the scope and severity of the events, may promote a non-incident to critical incident status for immediate review by ODA. Formal investigative authorities such as law enforcement, coroners, the Long-Term Care Ombudsman, may conduct independent investigative actions and follow-up activities.

The PAA reviews non-critical incidents through immediate supervisory oversight and is responsible for determining if any additional follow-up is needed to remediate the event by evaluating such things including, but not limited to, the participant's immediate safety needs, immediate remedial actions, whether the events warrant an event based reassessment, the use of care and service planning in meeting identified needs and/or assuring long-term remediation of the event. The PAAs also evaluate performance through data trending, case manager evaluation, and record reviews. The WIRED database provides the primary source of data for compiling incident data for analysis, including trending, by multiple variables that may be used to identify systemic, practice and management performance. Additional data

sources may include record review through ODA's monitoring processes and/or performance measure dashboard tools.

PAAs are expected to respond immediately to address participant needs identified through an incident report to assure the participants' immediate health and welfare. The PASSPORT Administrative Agency is responsible for completing its evaluation/investigation and implementation of identified remedial plan elements for non-critical incidents within 30 calendar days, and for critical incidents within 90 calendar days. The PAA is responsible for evaluating reported incidents to assure participant immediate health and safety is met through immediate interventions determined appropriate and through the development and implementation of a prevention plan, as appropriate, using the tools of assessment and care and service planning. The PASSPORT Administrative Agency uses observation, interview, and document and record inspections to investigate and evaluate incidents. Formal investigative authorities such as law enforcement, coroners, the Long-Term Care Ombudsman, may conduct independent investigative actions and follow-up activities.

The PAA identifies critical incidents as defined by ODA and, through professional judgment of the scope and severity of the events, may promote a non-critical incident to critical incident status for immediate review by ODA. Events determined to be critical incidents must be reported in WIRED no later than one business day of becoming aware of the incident. ODA reviews and tracks the critical events providing oversight and recommendations for additional actions as deemed appropriate and as warranted. The PAA is responsible for assuring the additional actions are implemented within in the established time frames for completing incident actions.

ODA is required to report critical incidents that meet OMA identified criteria to OMA no later than one business day. ODA and OMA have shared access to WIRED. WIRED automatically generates an e-mail to alert the identified OMA contact that a report has been forwarded for OMA review. ODA is responsible for assuring that any OMA direction about a critical event is implemented and documented.

Events of abuse, neglect and exploitation are required to be reported to the authority of Adult Protective Services in accordance with the provisions of Ohio Revised Code 5101.60, 5101.61 and 5101.62. Mandatory reporters of abuse, neglect and exploitation to APS include licensed professionals including physicians, nurses, social workers and any other health care staff with professional licenses. All ODA certified providers are mandated to report to APS and to ODA as a part of the Conditions of Participation in Ohio Administrative Code 173-39-02(F)(2)(a) and (b).

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.

The State operates a web-based incident report entry and database, commonly referred to as WIRED. WIRED provides the opportunity for live updates and communication between the PAA, ODA and OMA. The communication feature provides the PAA, ODA and OMA a secure means for immediate oversight to evaluate, identify needed actions and to document the actions taken. The WIRED database collects a number of data elements including but not limited to action dates, information about the individual, provider information, if appropriate, the reporter, incident type, cause, results, interventions, and verification and remedial status. The WIRED data primary source of data for compiling incident data for analysis, including trending, by multiple variables that may be used to identify systemic issues or trends, practice trends and process management performance. Additional data sources may include quarterly record review through ODA's Performance Center, and /or performance measure dashboard tools, quarterly. ODA provides a required set of data displays and analysis to OMA on a semi-annual basis. Response to identified improvement opportunities are implemented specific to the identified need and may include but not be limited to provider education, case manager education, policy and/or operations manual updates and training, and additions to the ODA Health and Safety Tool Kit, a source for participant educational materials. Data sources that initially identified the improvement opportunities are used to track the success of the improvement activities as a part of a continuous quality improvement strategy.

Appendix G: Participant Safeguards

Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (1 of 3)

a. **Use of Restraints.***(Select one)*: *(For waiver actions submitted before March 2014, responses in Appendix G-2-a will display information for both restraints and seclusion. For most waiver actions submitted after March 2014, responses regarding seclusion appear in Appendix G-2-c.)*

The State does not permit or prohibits the use of restraints

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

ODA does not permit for the use of restraints or seclusion during the delivery of waiver services.

ODA will instruct PAA case management staff and/or their supervisors that if during an in-person visit or a telephone conversation with the consumer, staff learns of the use of restraints or seclusion, staff is to alert PAA management of any situation where restraints or seclusion are used in the consumer's home. In cases where the PAA staff has witnessed the use of restraints or seclusion on a PASSPORT consumer, ODA will instruct the PAA staff to alert any involved family/caregiver, agency providing services, PAA management and the local APS agency and file an incident report with ODA.

ODA will notify OMA of the event via our established incident reporting system. ODA's oversight would be conducted on an individual basis and as frequently as necessary until the issue is resolved.

The use of restraints is permitted during the course of the delivery of waiver services. Complete Items G-2-a-i and G-2-a-ii.

i. **Safeguards Concerning the Use of Restraints.**Specify the safeguards that the State has established concerning the use of each type of restraint (i.e., personal restraints, drugs used as restraints, mechanical restraints). State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

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

Appendix G: Participant Safeguards

Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (2 of 3)

b. Use of Restrictive Interventions.*(Select one)*:

The State does not permit or prohibits the use of restrictive interventions

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

ODA does not permit the use of restrictive interventions during the delivery of waiver services.

ODA will instruct PAA case management staff and/or their supervisor that if during an in-person visit staff or a telephone conversation with consumer, staff learns of the use of restrictive interventions, staff is to alert PAA management of the situation occurring in the consumer's home. In cases where the PAA staff has witnessed the use of restrictive interventions on a PASSPORT consumer, ODA will instruct the PAA staff to alert any involved family/caregiver, agency providing services, PAA management and the local APS agency and file an incident report with ODA.

ODA will notify OMA of the event via our established incident reporting system. ODA's oversight would be conducted on an individual basis and as frequently as necessary until the issue is resolved.

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.

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:

Appendix G: Participant Safeguards

Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (3 of 3)

c. **Use of Seclusion.***(Select one)*: *(This section will be blank for waivers submitted before Appendix G-2-c was added to WMS in March 2014, and responses for seclusion will display in Appendix G-2-a combined with information on restraints.)*

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

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

ODA does not permit the use of restraints or seclusion during the delivery of waiver services.

ODA will instruct PAA case management staff and/or their supervisors that if during an in-person visit or a telephone conversation with the consumer, staff learns of the use of restraints or seclusion, staff is to alert PAA management of any situation where restraints or seclusion are used in the consumer's home. In cases where the PAA staff has witnessed the use of restraints or seclusion on a PASSPORT consumer, ODA will instruct the PAA staff to alert any involved family/caregiver, agency providing services, PAA management and the local APS agency and file an incident report with ODA.

ODA will notify OMA of the event via our established incident reporting system. ODA's oversight would be conducted on an individual basis and as frequently as necessary until the issue is resolved.

○ **The use of seclusion is permitted during the course of the delivery of waiver services**. Complete Items G-2-c-i and G-2-c-ii.

i. **Safeguards Concerning the Use of Seclusion.**Specify the safeguards that the State has established concerning the use of each type of seclusion. State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

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

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.

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.

Appendix G: Participant Safeguards

Appendix G-3: Medication Management and Administration (2 of 2)

c. Medication Administration by Waiver Providers

Answers provided in G-3-a indicate you do not need to complete this section

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).

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:

(b) Specify the types of medication errors that providers are required to *record:*

(c) Specify the types of medication errors that providers must *report* to the State:

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.

Appendix G: Participant Safeguards

Quality Improvement: Health and Welfare

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

a. **Methods for Discovery: Health and Welfare**
The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare. *(For waiver actions submitted before June 1, 2014, this assurance read "The State, on an ongoing basis, identifies, addresses, and seeks to prevent the occurrence of abuse, neglect and exploitation.")*

i. **Sub-Assurances:**

a. ***Sub-assurance: The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instancesof abuse, neglect, exploitation and unexplained death.*** *(Performance measures in this sub-assurance include all Appendix G performance measures for waiver actions submitted before June 1, 2014.)*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

Number and percent of participants (and/or family or guardian) reviewed who received information regarding how to report abuse, neglect, exploitation and other critical incidents, as specified in the waiver application

Data Source (Select one):
Record reviews, off-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95% CI with a MOE +/- 5%
☑ **Other** Specify: Regional PAA	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**

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

b. ***Sub-assurance: The state demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percent of critical incidents that were reported within the required time frames as specified in the waiver application.

Data Source (Select one):
Other
If 'Other' is selected, specify:
Reports from ODA's WIRED electronic incident monitoring system

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☑ **Other** Specify: Regional PAA	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other**	

	Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of critical incident reviews/investigations that were completed as specified in the approved waiver

Data Source (Select one):
Other
If 'Other' is selected, specify:
ODA - WIRED data system

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☑ **Other** Specify: Regional PAA	☐ **Annually**	☐ **Stratified** Describe Group:

	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of participants with a critical incident who had a plan of prevention/documentation of a plan, developed as a result of the incident

Data Source (Select one):
Other
If 'Other' is selected, specify:
ODA - WIRED data system

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =

☑ **Other** Specify: Regional PAA	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

c. ***Sub-assurance: The state policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

Number and percent of instances of unapproved restraint, seclusion or other restrictive interventions with a prevention plan developed as a result of the incident.

Data Source (Select one):
Other
If 'Other' is selected, specify:
ODA - WIRED data system

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☑ **Other** Specify: Regional PAA	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**

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

d. ***Sub-assurance: The state establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percent of incidents for abuse, neglect and exploitation involving paid caregivers were investigated.

Data Source (Select one):
Other
If 'Other' is selected, specify:
ODA - WIRED data system

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☑ **Other** Specify: Regional PAA	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other**	

	Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

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

b. Methods for Remediation/Fixing Individual Problems

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

ii. Remediation Data Aggregation

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

Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☐ **Annually**

Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

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

- ○ **No**
- ○ **Yes**

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

Appendix H: Quality Improvement Strategy (1 of 2)

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

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

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

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

Quality Improvement Strategy: Minimum Components

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

In the QIS discovery and remediation sections throughout the application (located in Appendices A, B, C, D, G, and I) , a state spells out:

- The evidence based discovery activities that will be conducted for each of the six major waiver assurances;
- The *remediation* activities followed to correct individual problems identified in the implementation of each of the assurances;

In Appendix H of the application, a State describes (1) the *system improvement* activities followed in response to aggregated, analyzed discovery and remediation information collected on each of the assurances; (2) the correspondent *roles/responsibilities* of those conducting assessing and prioritizing improving system corrections and improvements; and (3) the processes the state will follow to continuously *assess the effectiveness of the OIS* and revise it as necessary and appropriate.

If the State's Quality Improvement Strategy is not fully developed at the time the waiver application is submitted, the state may provide a work plan to fully develop its Quality Improvement Strategy, including the specific tasks the State plans to undertake during the period the waiver is in effect, the major milestones associated with these tasks, and the entity (or entities) responsible for the completion of these tasks.

When the Quality Improvement Strategy spans more than one waiver and/or other types of long-term care services under the Medicaid State plan, specify the control numbers for the other waiver programs and/or identify the other long-term services that are addressed in the Quality Improvement Strategy. In instances when the QIS spans more than one waiver, the State must be able to stratify information that is related to each approved waiver program. Unless the State has requested and received approval from CMS for the consolidation of multiple waivers for the purpose of reporting, then the State must stratify information that is related to each approved waiver program, i.e., employ a representative sample for each waiver.

Appendix H: Quality Improvement Strategy (2 of 2)

H-1: Systems Improvement

a. System Improvements

i. Describe the process(es) for trending, prioritizing, and implementing system improvements (i.e., design changes) prompted as a result of an analysis of discovery and remediation information.

The State's quality oversight strategy for the PASSPORT waiver relies on the collaborative efforts of staff at ODM and ODA to generate and analyze both data and other performance related information to measure compliance with federal waiver assurances and to assure consumer health and welfare.

Role of the State Medicaid Agency (SMA)

Ohio Medicaid has crafted a broad quality strategy that creates a framework for the program to achieve the following aims:

1. Better Care: Improve the overall quality, by making health care more patient-centered, reliable, accessible, and safe.

2. Healthy People/Healthy Communities: Improve the health of the Ohio Medicaid population by supporting proven interventions to address behavioral, social and, environmental determinants of health; and

3. Practice Best Evidence Medicine: Facilitate the implementation of best clinical practices to Medicaid providers through collaboration and improvement science approaches.

Within this framework, the State is pursuing program and process changes intended to make care safer, improve care coordination, promote evidence-based prevention and treatment practices, support person and family centered care, and ensure effective and efficient administration. For Ohio's HCBS waivers, this approach to quality builds upon the processes and infrastructure currently in place to measure compliance with federal waiver assurances.

ODM Oversight of PASSPORT
ODM oversees the operation and performance of ODA to ensure the PASSPORT program is operated in accordance with the approved waiver, and to assess the effectiveness of ODA's oversight of the PAAs operating PASSPORT locally. Operation of the PASSPORT waiver is delegated by ODM to ODA and the PAAs through interagency agreements between ODM, ODA, and the State's thirteen PAAs. These agreements include language authorizing ODM to perform oversight activities to establish the program's compliance with federal and state laws and regulations as well as auditing and fiscal compliance. In the PASSPORT waiver, Ohio will integrate the State's Medicaid quality strategy into HCBS waivers by aligning ODM's waiver quality processes with that work. To implement this approach to quality, ODM will employ a multifaceted monitoring and oversight process that includes the following activities:

Targeted Review - ODM places a priority on maintaining a presence in the community to monitor consumer health outcomes and to identify opportunities for program improvement. ODM will initiate a series of targeted reviews of waiver consumers across populations. These reviews will be performed on a subset of consumers enrolled on all of the State's HCBS waivers. Ohio will use claims data and other criteria to identify a target group on the basis of, for example, diagnosis, service utilization (over or under), Medications, and care

management. The goal of these targeted reviews will be to locate "hot spots" within the program and identify at risk consumers who, with the assistance of our partners (sister agencies, case managers, and providers etc.), we can help to avoid or mitigate negative health outcomes. Through this process, ODM may identify opportunities for program improvement and or increased oversight within PASSPORT. Should ODM have findings from the targeted review the department may require ODA to develop and implement corrective action as needed.

Continuous Review of ODA Performance Data- Under the Continuous Review process, ODM will regularly review, monitor, and dialogue with ODA about data generated through the approved waiver's performance measures to gauge performance and compliance with federal waiver assurances including service planning, care management, free choice of provider, level of care, health and welfare, hearing rights, participant satisfaction, and validation of service delivery. Through its review of this data, ODM may request additional information as well as remediation and/or corrective action as appropriate.

Quality Briefings - Twice per year, ODM and ODA will meet to dialogue about data generated through the departments' quality processes. In these meetings, the departments' will review performance data generated through the Targeted Review process and discuss remediation and/or corrective action. These Quality Briefings will also be informed by data presented by ODA on the oversight activities conducted by that department including but not limited to problems detected, corrective measures taken, and how the operating agency verified, or intends to verify, that the actions were effective. The Quality Briefings will also serve as the forum for ODM and ODA to share and review performance metrics identified in the interagency Quality Steering Committee and this application.

Case Specific Resolution - ODM will continue to assure case-specific resolution through "Alert Monitoring" and its "Adverse Outcomes" process.

Quarterly Performance Data and Multi-Agency Quality Forums - ODM convenes the multi-agency HCBS waiver Quality Steering Committee (QSC). The committee collects, compiles, and reports aggregate waiver-specific performance data. The committee uses this data as a means to assess and compare performance across Ohio's Medicaid waiver systems to identify cross-waiver structural weaknesses, support collaborative efforts to improve waiver systems, and to help move Ohio toward a more unified quality management system.

Fiscal Reviews – ODM staff perform regular desk reviews of administrative costs, with A-133 Audits being performed every one to three years based on risk. On a biennial basis, ODM staff conduct audits of PAAs prepared cost reports. Additional detail about Ohio's practice for maintaining fiscal oversight of the PASSPORT waiver can be found in Appendix I.

Open Lines of Communication - ODM and ODA schedule monthly managers meetings in which the departments discuss issues related to program operations including but not limited to: consumer health and safety, program administration, budgeting, enrollment, providers and provider enrollment, provider reimbursement, issues pertaining to Medicaid state plan services, pending legislation, statute and rule changes etc.

Role of the Operating Agency
ODA, in collaboration with ODM, as the SMA, work cooperatively to:
• Assess trends and patterns in the PASSPORT HCBS waiver system;
• Assign priority of essential system changes; and
• To evaluate whether desired outcomes are met.

ODA's system improvement activities are built around the following components:
Data obtained from the PASSPORT Information Management System (PIMS), a monthly report of established performance indicators is compiled to identify both statewide and PAA specific trends. The results are analyzed by ODA and distributed to the PAAs. When indicated, remediation plans are initiated.

Using data derived from the PAA quarterly retrospective case review, quarterly reports are compiled to identify both state-wide and PAA specific trends. The review elements include:

1) The assessment findings supports the LOC determination;
2) The LOC criterion was applied correctly;
3) The documentation in the case record supports the determination;
4) All assessed needs and interventions are identified and met;

5) Appropriate interventions are implemented as needed;
6) Follow-up and monitoring of the intervention occurs;
7) Documentation in PIMS case notes of compliance with contact schedule requirements; and
8) Documentation of correspondence and actions through case notes.

The results are distributed to the PAAs and when indicated, remediation plans are initiated.

Using data derived primarily from PIMS, Web-based Incident Report Entry and Database (WIRED), and the PAA quarterly record review, a report is compiled twice a year to analyze the waiver performance measure trends.
Using data derived from the Annual on-site review of each PAA's performance, results of the review are analyzed by ODA and distributed to the PAA. When indicated, remediation plans are initiated.
There are two processes occurring simultaneously each month at ODA:
1) The annual review of a specific PAA and;
2) The analysis and evaluation of the system data compiled from the sources described above.
Monthly meetings are held at ODA to analyze the data; identify any findings/recommendations from the PAA review and make a determination whether remediation is warranted for a specific PAA or statewide. Dissemination of data is shared with all the PAAs to incorporate the findings into the PAA specific system improvement processes. ODA is responsible for monitoring and evaluating the effectiveness and the sustainability of remediation plans developed to address areas of both under-performing and non-compliance by the PAA.

ii. System Improvement Activities

Responsible Party*(check each that applies):*	**Frequency of Monitoring and Analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☑ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Quality Improvement Committee**	☑ **Annually**
☐ **Other** Specify:	☐ **Other** Specify:

b. System Design Changes

i. Describe the process for monitoring and analyzing the effectiveness of system design changes. Include a description of the various roles and responsibilities involved in the processes for monitoring & assessing system design changes. If applicable, include the State's targeted standards for systems improvement.

ODM monitoring and oversight responsibilities include ensuring that ODA is exercising its authority for the day -to-day operation of the waiver in accordance with federal Medicaid requirements. ODM supports and facilitates ongoing qualitative improvements in the systems, procedures, and protocols ODA employs to ensure conformity of providers, recipients, and other entities with federal Medicaid requirements. When a program component is determined to be out of compliance with federal Medicaid requirements, ODM will work with ODA to assess the root cause and develop and implement an appropriate course of action to remedy the program.

ODA monitoring and oversight and responsibilities include ensuring that the regional entities are establishing and implementing systems, procedures and protocols to ensure conformity of providers, recipients, staff, or other entities with federal Medicaid requirements. The ODA will support and facilitate ongoing qualitative improvements in the systems, procedures, and protocols at the PAA level. When a program component is determined to be out of compliance with federal Medicaid requirements, ODM will work with ODA to assess the root cause and develop and implement an appropriate course of action to remedy the problem.

ODM is responsible for ensuring ODA and PAA compliance with federal regulations, including the amount, duration and scope of services, free choice of providers, timeliness of delivery of services to waiver eligible participant and the availability of services statewide and conducts A-133 audits of the regional entities at least once every three years based on risk.

ODA is responsible for ensuring the PAAs performance is in accordance with the following, in order precedence: Code of Federal Regulations, Ohio's HCBS waivers, Ohio Revised Code, ODM Administrative rule and ODA Administrative rules, and operational policies.

The assessment Methods and Frequency include: on-site operational reviews conducted every other year; on-site technical assistance visits performed as needed; review of performance data related to screening, assessment, enrollments, disenrollments, and ongoing census on a monthly basis.

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

ODM in conjunction with ODA will, at least annually, review the effectiveness of the systems improvement strategy including plans of correction, technical assistance provided, and training offered to improve program operations.

These discussions may occur in the QSC or through quality briefings outlined in this appendix.

Appendix I: Financial Accountability

I-1: Financial Integrity and Accountability

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

Each of the PASSPORT Administrative Agencies (PAA) that ODM passes funds on to receive and expend sufficient funding require an annual Single Audit as required by OMB Circular A-133. The Single Audits are performed by independent public accounting firms. The results of these audits are forwarded to ODA along with a corrective action plan to address any audit findings. ODA reviews the results of the audits and follows up with the PAA regarding their corrective action plans. ODA has achieved the goal of reviewing the Single Audit results within 45 days of receiving them.

In addition to the Single Audits, OMB Circular A-133 requires that ODA engage in a sub- recipient monitoring process. Each PAA is fiscally monitored by ODA''s Fiscal Management Division on an annual basis and programmatically monitored by ODA's Performance Center division every year. ODA requires the PAAs to submit corrective action plans when the results of the monitoring visit identify noncompliance with laws, rules, regulations and/or ODA policy or weaknesses in internal accounting controls.

Each PAA also receives a financial and compliance audit performed by ODM, the Single State Medicaid Agency in Ohio.

ODM audits cost reports from ODA and the regional PAAs to establish that ODA and the PAA operations are compliant with applicable federal and state requirements, and with the terms and conditions established in three-party agreements between ODM, ODA, and each PAA. The state is currently utilizing a risk-based auditing approach. Under this approach, individual PAAs are audited at least once every three years and ODM determines which PAAs to audit by assessing various risk factors, including: percentage of program dollars, significant changes in expense levels, operational concerns, and the significance of prior audit findings. ODM will continue the practice of performing monthly desk reviews of PAA cost reports.

Additionally as part of the subrecipient monitoring audit, ODM assesses the fiscal and programmatic monitoring efforts of ODA to assure they satisfy the requirements of OMB Circular A-133. Incorporated within ODM's testing is an assessment as to whether ODA monitors the PAA's activities related to services rendered to beneficiaries and that ODA personnel verifies, on a sample basis, the accuracy and allowability of paid service units. ODM also examines and analyzes data from ODA's claims authorization system as a means to evaluate statewide compliance of paid claims. These sub-recipient audits are conducted annually, and may be for a period of six months to one year based on risk.

ODM performs ongoing audits and reviews to verify the medical necessity and legitimacy of Medicaid paid claims, including whether claims are allowable, reasonable, and compliant with applicable requirements. On an annual basis ODM staff conduct a risk-assessment to determine which types of Medicaid providers and services represent higher risk for potential fraud, waste, abuse, or noncompliance with other requirements. To determine risk, ODM considers the amount of funds dispersed (materiality), reimbursement changes, fraud risk factors (opportunity, attitude, incentive, and pervasiveness), the strength of Ohio Administrative Code rules, recent rule changes, recent industry changes, control factors, and the program's age. All Risk Factors are rated on a scale of 1 to 10 and then weighted to generate a total risk assessment by category of service.

ODM relies on the outcomes of this risk assessment to guide its strategy for data mining (to identify abnormalities and/or outliers in relation to Medicaid paid claims) and to inform the design of direct audit and review activities. All Medicaid services provided under any Medicaid waiver are subject to the risk-based assessment and review.

ODM communicates the amount of monetary findings to ODM for tracking as an accounts receivable and for collection. ODM staff refer any provider suspected of engaging in fraudulent activities to the Attorney General's Medicaid Fraud Control Unit. Final resolution of these recovery efforts is managed by ODM and/or the office of the Attorney General as appropriate.
ODA also receives an annual Single Audit as performed by the Ohio Auditor of State and is audited under the same guidelines as the PAAs by ODM.

Appendix I: Financial Accountability

Quality Improvement: Financial Accountability

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

a. **Methods for Discovery: Financial Accountability**
State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver. *(For waiver actions submitted before June 1, 2014, this assurance read "State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.")*
   i. **Sub-Assurances:**

      a. ***Sub-assurance: The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.*** *(Performance measures in this sub-assurance include all Appendix I performance measures for waiver actions submitted before June 1, 2014.)*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
The percent of authorized waiver claims submitted that were paid.

Data Source (Select one):
Other
If 'Other' is selected, specify:
PASSPORT Information Management System

Responsible Party for data	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*

collection/generation *(check each that applies):*		
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☑ **Other** Specify: Regional PAA	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of waiver claims paid using the correct input rate

Data Source (Select one):

Other
If 'Other' is selected, specify:
PASSPORT Information Management System

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of claims paid for individuals who were enrolled on the waiver on the date of services.

Data Source (Select one):
Other
If 'Other' is selected, specify:
PASSPORT Information Management System

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of waiver claims submitted supported by required documentation at time of review

Data Source (Select one):
Other
If 'Other' is selected, specify:
PASSPORT Information Management System

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95% CI with +/- 5% MOE
☐ **Other** Specify:	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

b. ***Sub-assurance: The state provides evidence that rates remain consistent with the approved rate methodology throughout the five year waiver cycle.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

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 that result from audits performed by ODM are addressed through corrective action plans and the initiation of recovery activities as appropriate.

In addition, via quarterly reports submitted by PAAs, ODA is able to address individual problems as they are discovered and provide technical assistance that may include plans of corrective action. When problems are discovered, the individual PAA is notified and technical assistance is provided using e-mail, phone contact and/or letters to the PAA's Director. When issues are noted that are systemic, ODA will provide statewide training and monitor during the next monitoring cycle.

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

Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**

Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

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

◉ **No**

○ **Yes**
Please provide a detailed strategy for assuring Financial Accountability, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix I: Financial Accountability

I-2: Rates, Billing and Claims (1 of 3)

a. **Rate Determination Methods.** In two pages or less, describe the methods that are employed to establish provider payment rates for waiver services and the entity or entities that are responsible for rate determination. Indicate any opportunity for public comment in the process. If different methods are employed for various types of services, the description may group services for which the same method is employed. State laws, regulations, and policies referenced in the description are available upon request to CMS through the Medicaid agency or the operating agency (if applicable).

The Ohio Department of Medicaid and the Ohio Department of Aging develop provider reimbursement rates in the PASSPORT waiver. ODM provides oversight in developing the methodology used to determine the rate and reviewing the data and analysis used by ODA in determining these rates. The service plan development and modification processes encourage the waiver participant to consider a range of information in order to make an informed choice when selecting a waiver provider. The provider rate information is one element of this decision. The informed choice of provider process allows the waiver participant to select any willing and qualified provider regardless of the provider's unit of service reimbursement rate. The PAA assessor/case manager makes reimbursement rate information available to the waiver participant prior to enrollment, at annual re-assessment, when service plans are modified, and upon request.

The methods used to determine provider rates for the PASSPORT home and community based services waiver program are set forth in rule 5160-31-07 of the Ohio Administrative Code (OAC). This rule establishes the following categories: per job bid rate; per item rate; and unit rate for use in reimbursing providers of appropriately billed PASSPORT waiver services.

Per Job Bid Rate – A per job bid rate is used to determine the rate for the following services: minor home modification services; chore services; non-medical transportation; community transition service and medical transportation services; and pest control services.

Per Item Rate –A per item rate is used for home medical equipment, supplies, and vehicle modifications. The cost of the item cannot exceed the maximum Medicaid state plan rate as applicable. The cost of an item that does not have an established Medicaid rate is reimbursed at a per item bid rate submitted and agreed to in writing by the PASSPORT administrative agency (PAA) prior to delivery of the item.

Unit Rate – A unit rate is used for the following services: adult day services transportation; home delivered meal services; homemaker services; social work counseling services; nutritional consultation services; personal care services; independent living assistance services; emergency response system services; alternative meal services, choices home care attendant services, waiver nursing, out-of home respite, and home care attendant.

Consumers have the opportunity to set the unit pay rate for individual providers of home care attendant service within the bounds of minimum wage, the consumer's service budget and the established maximum for the service.

The State has established Medicaid maximum rates for each service offered through the PASSPORT waiver and all rates, regardless if the service is provider or consumer managed, shall not exceed the maximum set in Appendix A to rule 5160-1-06.1 of the Ohio Administrative Code. This standard applies for all PASSPORT services including those in which the individual has authority to negotiate rates.

PASSPORT service payment constitutes payment in full and shall not be construed as a partial payment when the payment amount is less than the provider's charge. The provider shall not bill the participant for any difference between the Medicaid payment and the provider's charge or request the participant to share in the cost through a co-payment or other similar charge. The provider shall consider Medicaid payment as payment in full.

PASSPORT provider rates are established either through Ohio's legislative budget process or Ohio's administrative rule making process. The legislative budget process allows public input from any interested member of the public including general members of the public, consumers, provider associations and any other PASSPORT stakeholder. There are several public hearings held throughout the budget process with notices posted on the Ohio General Assembly website with additional information about hearings in many of Ohio's major news papers. The public is also encouraged to write or telephone their state legislators to express their views. Public input into the administrative rule making process is outlined in the "Participating in ODA's Rule Development" guidebook. Any older Ohioan, advocate, service provider, or member of the general public is encouraged to contact ODA or OMA any time that a change is proposed in the area of administrative law regarding PASSPORT. The proposed rule is posted on ODA's website and public hearings are advertised and held at both the agency level and at the legislative Joint Committee on Agency Rule Review (JCARR) prior to adopting new rules regarding provider rate changes.

In addition, ODM staff review provider payment rates for waiver services on an ongoing basis, looking at comparable services being provided in the Ohio health care industry, community services environment, and Medicare. ODM review rates and recommend rate changes. The availability of funding in the state's biennial budget also impacts ODM's ability to adjust provider rates.

ODM regularly informs consumers, providers and stakeholders of administrative policy changes through its internal and external department clearance process. They are afforded opportunities to discuss their concerns prior to and during public hearings. Notices for the public hearings for all rate-related policy or rate changes are made in accordance with 42 CFR 447.205.

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:

All provider billings are submitted for review through ODA's PASSPORT Information Management System (PIMS). Providers can either use a direct data entry module into the database or use a HIPAA compliant electronic data interchange. Paper invoices can also be submitted to the PAA for data entry into PIMS by PAA staff. The regional entities (as described in A-4) process the billings to determine the extent of payment to the providers. Payment to providers comes from advances provided to the regional entities from state GRF dollars. HCAS and personal care individual providers submit their timesheets to the FMS which then provides the PAA with the claims for entry into PIMS. Payment to providers comes from advances provided to the regional entities by ODA from state GRF dollars. After the payments are documented, ODA will compile a claim from the payment records and submit it through Ohio's MITS to in order for the state to obtain the federal share.

All PASSPORT providers have the option to bill and be directly reimbursed by ODM. They may choose to exercise this right during their provider certification process.

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.)*

Appendix I: Financial Accountability

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

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

Provider claims are initially reviewed using ODA's PASSPORT Information Management (PIMS) claims processing system. This system contains edits to assure that the participant is enrolled, that the service is prior authorized and it is delivered according to the participant's service plan using certified providers who have a Medicaid provider agreement. The system identifies an approved payment amount for each service. ODA compiles claims from these approved payment records and submits an electronic file to Ohio's MITS. The MITS has controls in place to ensure that participants are Medicaid eligible and entitled to receive certain waiver services at a certain maximum cost for a given period of time; that providers are eligible to receive payment for those waiver services; and that providers are eligible to provide the certain waiver services.

e. Billing and Claims Record Maintenance Requirement. Records documenting the audit trail of adjudicated claims (including supporting documentation) are maintained by the Medicaid agency, the operating agency (if applicable), and providers of waiver services for a minimum period of 3 years as required in 45 CFR §92.42.

Appendix I: Financial Accountability

I-3: Payment (1 of 7)

a. Method of payments -- MMIS (*select one*):

- (●) **Payments for all waiver services are made through an approved Medicaid Management Information System (MMIS).**
- ( ) **Payments for some, but not all, waiver services are made through an approved MMIS.**

  Specify: (a) the waiver services that are not paid through an approved MMIS; (b) the process for making such payments and the entity that processes payments; (c) and how an audit trail is maintained for all state and federal funds expended outside the MMIS; and, (d) the basis for the draw of federal funds and claiming of these expenditures on the CMS-64:

- ( ) **Payments for waiver services are not made through an approved MMIS.**

  Specify: (a) the process by which payments are made and the entity that processes payments; (b) how and through which system(s) the payments are processed; (c) how an audit trail is maintained for all state and federal funds expended outside the MMIS; and, (d) the basis for the draw of federal funds and claiming of these expenditures on the CMS-64:

- ( ) **Payments for waiver services are made by a managed care entity or entities. The managed care entity is paid a monthly capitated payment per eligible enrollee through an approved MMIS.**

  Describe how payments are made to the managed care entity or entities:

Appendix I: Financial Accountability

I-3: Payment (2 of 7)

b. Direct payment. In addition to providing that the Medicaid agency makes payments directly to providers of waiver services, payments for waiver services are made utilizing one or more of the following arrangements (*select at least one*):

- [ ] **The Medicaid agency makes payments directly and does not use a fiscal agent (comprehensive or limited) or a managed care entity or entities.**
- [ ] **The Medicaid agency pays providers through the same fiscal agent used for the rest of the Medicaid program.**
- [x] **The Medicaid agency pays providers of some or all waiver services through the use of a limited fiscal agent.**

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

  ODM uses the ODA and its regional entities as a limited fiscal agent to pay for all waiver services. As stated previously, waiver providers use the option of submitting their claims to the regional entities for payment. The regional entity adjudicates the claims using the ODA payment system edits to assure appropriateness and accuracy of payment. Subsequently, ODA compiles the claims for submission to MMIS in order for the state to obtain FFP. ODM through its MITS will adjudicate the ODA claim.

  Provider claims are initially adjudicated through ODAÃ‚Â's PASSPORT Information Management System (PIMS). This system adjudicates claims to assure several factors are met for the service dates including:

- Participant is enrolled in the PASSPORT waiver program.
- Service is authorized by the case manager as shown through the service plan
- Number and types of units of services billed are included within the service plan.
- The provider is certified by ODA and has a Medicaid provider number.
- Payments to the provider are limited to the rates identified for each service
- ODA then compiles its claim for FFP from these approved payment records and submits an electronic file to Ohio's MITS system which is housed and maintained by ODM.
- The MMIS has controls in place to ensure that participants are Medicaid eligible and entitled to receive certain waiver services at a certain maximum cost for a given period of time; that providers are eligible to receive payment for those waiver services; and that providers are eligible to provide the certain waiver services.

After the PAA adjudicates the claim, the PAA sends the payment (check) to the provider. ODM's role is to adjudicate the ODA claim for federal reimbursement.

The regional entities are paid for administrative costs by ODM pursuant to the provisions in the Three-Party Agreements and pursuant to the standards of OMB Circular A-133. ODM performs audits of those costs as indicated in the three-party agreements at least once every 3 years. ODA performs fiscal audits every year to ensure the provider meets program and fiscal standards.

As part of ODM'™s on-going review process, to determine whether ODA complies with financial accountability requirements for waiver enrollees ODM selects a sample of enrollees and associated claims and verifies whether services were delivered within service limits as recorded in PIMS. For enrollees with a recorded patient liability, claims data is reviewed to determine whether patient liability amounts were appropriately accounted for before claims were submitted to ODM for payment. Once patient liability is met, services are eligible for payment through Medicaid. To test the delivery of services in compliance with patient liability and assessed needs, PIMS service authorization and claims data is used for a sample of waiver enrollees. This data is used to review all authorized services for the selected enrollees to assure only those services were delivered. The data was tested to verify that patient liability was appropriately tracked and applied to claims and only authorized services were delivered within authorized limits and denied otherwise.

☐ **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:

Local senior centers may provide such services as Adult Day Service, Homemaker, Personal Care, Chore, Emergency Response System, Home Delivered Meals, Independent Living Assistance, Transportation, and Non-Medical Transportation

Social service agencies may provide such services as Adult Day Service, Community Transition Service, Independent Living Assistance, Social Work Counseling, Transportation, and Non-Medical Transportation.

Hospitals could provide Enhanced Community Living, Emergency Response System, Home Delivered Meals, Nutritional Consultation, Personal Care, Social Work Counseling, or Waiver Nursing. Some hospitals may also operate a Medicare Home Health Agency, allowing the hospital to become certified to deliver such services under the waiver.

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.

Ohio Department of Aging

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*:

- [x] **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:

- [x] **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:

To the extent these funds are used by the state to fund waiver services, the source of funds is a horse racing excise tax (ORC 3769) and some moneys from a nursing facility franchise fee (ORC 3727.51). These moneys are appropriated directly to OMA via the biennial budget process.

Appendix I: Financial Accountability

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

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

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

Check each that applies:

- [ ] **Appropriation of Local Government Revenues.**

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

☐ **Other Local Government Level Source(s) of Funds.**

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

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:

Nursing facility franchise fee.

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:
Do not complete this item.

Appendix I: Financial Accountability

I-6: Payment for Rent and Food Expenses of an Unrelated Live-In Caregiver

Reimbursement for the Rent and Food Expenses of an Unrelated Live-In Personal Caregiver.*Select one:*

◉ **No. The State does not reimburse for the rent and food expenses of an unrelated live-in personal caregiver who resides in the same household as the participant.**

- ○ **Yes. Per 42 CFR §441.310(a)(2)(ii), the State will claim FFP for the additional costs of rent and food that can be reasonably attributed to an unrelated live-in personal caregiver who resides in the same household as the waiver participant. The State describes its coverage of live-in caregiver in Appendix C-3 and the costs attributable to rent and food for the live-in caregiver are reflected separately in the computation of factor D (cost of waiver services) in Appendix J. FFP for rent and food for a live-in caregiver will not be claimed when the participant lives in the caregiver's home or in a residence that is owned or leased by the provider of Medicaid services.**

The following is an explanation of: (a) the method used to apportion the additional costs of rent and food attributable to the unrelated live-in personal caregiver that are incurred by the individual served on the waiver and (b) the method used to reimburse these costs:

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (1 of 5)

a. **Co-Payment Requirements.** Specify whether the State imposes a co-payment or similar charge upon waiver participants for waiver services. These charges are calculated per service and have the effect of reducing the total computable claim for federal financial participation. *Select one:*

- ◉ **No. The State does not impose a co-payment or similar charge upon participants for waiver services.**
- ○ **Yes. The State imposes a co-payment or similar charge upon participants for one or more waiver services.**

i. **Co-Pay Arrangement.**

Specify the types of co-pay arrangements that are imposed on waiver participants (*check each that applies*):

Charges Associated with the Provision of Waiver Services *(if any are checked, complete Items I-7-a-ii through I-7-a-iv):*

- ☐ **Nominal deductible**
- ☐ **Coinsurance**
- ☐ **Co-Payment**
- ☐ **Other charge**

Specify:

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (2 of 5)

a. **Co-Payment Requirements.**

ii. **Participants Subject to Co-pay Charges for Waiver Services.**

Answers provided in Appendix I-7-a indicate that you do not need to complete this section.

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (3 of 5)

a. **Co-Payment Requirements.**

iii. **Amount of Co-Pay Charges for Waiver Services.**

Answers provided in Appendix I-7-a indicate that you do not need to complete this section.

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (4 of 5)

a. Co-Payment Requirements.

iv. Cumulative Maximum Charges.

Answers provided in Appendix I-7-a indicate that you do not need to complete this section.

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (5 of 5)

b. Other State Requirement for Cost Sharing. Specify whether the State imposes a premium, enrollment fee or similar cost sharing on waiver participants. *Select one*:

- (●) **No. The State does not impose a premium, enrollment fee, or similar cost-sharing arrangement on waiver participants.**
- ( ) **Yes. The State imposes a premium, enrollment fee or similar cost-sharing arrangement.**

Describe in detail the cost sharing arrangement, including: (a) the type of cost sharing (e.g., premium, enrollment fee); (b) the amount of charge and how the amount of the charge is related to total gross family income; (c) the groups of participants subject to cost-sharing and the groups who are excluded; and, (d) the mechanisms for the collection of cost-sharing and reporting the amount collected on the CMS 64:

Appendix J: Cost Neutrality Demonstration

J-1: Composite Overview and Demonstration of Cost-Neutrality Formula

Composite Overview. Complete the fields in Cols. 3, 5 and 6 in the following table for each waiver year. The fields in Cols. 4, 7 and 8 are auto-calculated based on entries in Cols 3, 5, and 6. The fields in Col. 2 are auto-calculated using the Factor D data from the J-2-d Estimate of Factor D tables. Col. 2 fields will be populated ONLY when the Estimate of Factor D tables in J-2-d have been completed.

Level(s) of Care: Nursing Facility

Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
Year	Factor D	Factor D'	Total: D+D'	Factor G	Factor G'	Total: G+G'	Difference (Col 7 less Column4)
1	9017.00	7611.00	16628.00	49323.32	2830.46	52153.78	35525.78
2	10977.88	11002.00	21979.88	48206.00	5034.00	53240.00	31260.12
3	11297.56	12146.00	23443.56	48206.00	5185.00	53391.00	29947.44
4	11430.75	12511.00	23941.75	48206.00	5341.00	53547.00	29605.25
5	11548.99	12886.00	24434.99	48206.00	5501.00	53707.00	29272.01

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (1 of 9)

a. Number Of Unduplicated Participants Served. Enter the total number of unduplicated participants from Item B-3-a who will be served each year that the waiver is in operation. When the waiver serves individuals under more than one level of care, specify the number of unduplicated participants for each level of care:

Table: J-2-a: Unduplicated Participants

Waiver Year	Total Unduplicated Number of Participants (from Item B-3-a)	Distribution of Unduplicated Participants by Level of Care (if applicable) Level of Care: Nursing Facility
Year 1	44778	44778
Year 2	28749	28749
Year 3	31059	31059
Year 4	33753	33753
Year 5	35546	35546

Appendix J: Cost Neutrality Demonstration

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

b. Average Length of Stay. Describe the basis of the estimate of the average length of stay on the waiver by participants in item J-2-a.

For each year, monthly beginning census plus new enrolls is summed and divided by the sum of all new enrolls to generate average length of stay in months per unduplicated recipient: sum (monthly census + new enrolls)/sum (monthly new enrolls) = average monthly length of stay per unduplicated recipient. This result (average monthly length of stay) is multiplied by 30.4 (average days per month) to produce average length of stay per unduplicated recipient expressed in days.

Average Length of Stay equals all recipient months in a given program year divided by the total unduplicated recipients. In projecting the average length of stay for each program year of this wavier application, recipient months are estimated by summing beginning monthly caseload plus new enrolls.

Two factors will impact the average length of stay: the transition of the current dual eligible waiver participants out of the PASSPORT waiver into the My Care Ohio waiver and the phase-in of the Transition Carve Out waiver consumers into the PASSPORT waiver. These factors are reflected in the calculations below:

Average Length of Stay (recipient months) = [sum of beginning caseload by month) + (sum of enrollments by month)]/ (total unduplicated recipients)
Year 1
9.1 months = [396632 Total Beginning Caseload) + (10844 Enrolls)]/ (44778 unduplicated recipients)
277 recipient days = 9.1 recipient months times (365/12)

Year 2
8.1 months =(222,351 total Beginning Caseload)+ (11,329)]/ (28,749 unduplicated recipients)
247 recipient days = 8.1 recipient months times (365/12)

Year 3
8.1 months = [(246,637 total Beginning Caseload) + (11,457 Enrolls)]/(31,059 unduplicated recipients)
247 recipient days = 8.1 recipient months times (365/12)

Year 4
8.3 months = [(271,679 total Beginning Caseload) + (11,701 Enrolls)]/33,753 unduplicated recipients
253 recipient days = 8.3 recipient months times (365/12)

Year 5
8.4 months = (283,726 total Beginning Caseload) + (12,345 Enrolls)]/(35,546 unduplicated recipients)
255 recipient days = 8.4 recipient months times (365/12)

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (3 of 9)

c. **Derivation of Estimates for Each Factor.** Provide a narrative description for the derivation of the estimates of the following factors.

i. **Factor D Derivation.** The estimates of Factor D for each waiver year are located in Item J-2-d. The basis for these estimates is as follows:

For each waiver year, Factor D is calculated by dividing the estimated Grand Total waiver service cost by the Estimated Unduplicated Recipients. For each service in each waiver year, the Total Cost is calculated by multiplying # Users (col. 2) times Average Units per User (col. 3) times Average Cost/Unit (col. 4). The Grand Total waiver service cost is the sum of the Total Cost for each waiver service for each waiver year.
For each year of the five-year period of the waiver, the Estimated Unduplicated Recipients was projected using actual annual data points for the currently approved waiver. However, the calculation for Year 1 of the waiver projects a -60% reduction in monthly caseload size during the last three months of the waiver due to transitioning Dual eligible consumers to Ohio's ICDS demonstration waiver at the time of approval of the ICDS waiver. Core assumptions were that average monthly new enrolls would increase 0.4 percent each year over the prior year; average monthly disenrollment rates would initially average -2.5 percent but increase to -6.1 percent by Year 2 of the waiver period due to the transition of Dual eligible consumers to the ICDS waiver.
Using the 12 month period (July 2011-June 2012), the unique number of Users of each Waiver Service was calculated as a percent of the Total Estimated Unduplicated Participants for that same period. The percent distribution of Users of each Waiver Service was applied against the Total Estimated Unduplicated Participants for each Waiver Year of the waiver renewal application.
For each Waiver Year in the waiver renewal application, the Average Units per User were increased about 1.0 percent each year over the prior year, consistent with actual long term data trends in the currently approved waiver. The Average Cost/Unit in each Waiver Year in this waiver renewal application is held constant each year.

A different methodology was applied to calculate the impact of the additional three services on the Factor D. The projections and utilization trends in the Transition Carve Out Waiver (TCOW) and the Ohio Home Care Waiver (OHCW) were used as the source for the core assumptions for the three additional services (waiver nursing, out of home respite, and home care attendant). This provided a rational starting point to ensure a smooth transition for TCOW and OHCW consumers who will be phased-in to the PASSPORT waiver in Years 2 and 3 of the waiver cycle as well as reflect the projected utilization of these new services by currently enrolled PASSPORT waiver consumers.

Home Care Attendant
Estimated number of users: Utilization projection of the service in the Transition Carve-Out Waiver and the actual utilization of service reported on the most recently approved CMS-372(S) for the Ohio Home Care waiver. The utilization is projected to increase 1% with each waiver year.
Units/User: The projected units per user is equal to the current Transition Carve Out Waiver projection. The Average Cost/Unit in each Waiver Year in this waiver renewal application is held constant each year.
Cost/Unit: The projected cost per unit is equal to the current Transition Carve Out waiver projections. The Average Cost/Unit in each Waiver Year is held constant in each year.

Out of Home Respite
Estimated number of users: Utilization projection of the services is based on the current Transition Carve Out waiver projection and of the current OHCW projection. The utilization is projected to increase 1% with each waiver year.
Units/User: The projected units per user is based on the average utilization of Transition Carve Out waiver and Ohio Home Care waiver. There is a higher utilization of this service on the Ohio Home Care Waiver that is not expected to be replicated in the waiver due to the historical utilization trend in TCOW and the differences in the population served in the OHCW compared to PASSPORT. The Average Cost/Unit in each Waiver Year in this waiver renewal application is held constant each year
Cost/Unit: The projected cost per unit is equal to the current Transition Carve Out Waiver projection.

Waiver Nursing
Estimated number of users: The most recently approved CMS 372 (S) reports indicated less than 25% of all TCOW participants received this service and approx. 60% of all OHCW participants received this service. The projection assumes 25% of the 1200 TCWO consumers (300) who are being phased-in to PASSPORT would

use this service and 60% of the OHCW consumers (420) would use the service and projected approximately 5% (1280) currently enrolled PASSPORT consumers to use the service. The utilization is projected to increase 1% with each waiver year.

Units/User: The projected units per user is the average utilization of the service as reflected on the most recently approved CMS 372 (S) reports for the Transition Carve Out Waiver and the Ohio Home Care Waiver.

Cost/Unit: The project cost per unit is the average cost of the service as reflected on the most recently approved CMS 372 (S) reports for the Transition Carve Out Waiver and the Ohio Home Care waiver.

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

For waiver years 2 through 5, projected service utilization for non-waiver services is based on actual utilization of the PASSPORT waiver population during state fiscal years 2011 and 2012, excluding consumers who will be transitioning to the MyCare Ohio waiver. An annual inflation factor of 3% was applied to the historical expenditures to project costs for waiver years 2 through 5. Eligibility data was used to identify dual eligibles. Drug expenditures were then removed for the dual eligible waiver consumers.

iii. **Factor G Derivation.** The estimates of Factor G for each waiver year are included in Item J-1. The basis of these estimates is as follows:

The estimates of Factor G for each waiver year are included in Item J-1. The basis of these estimates is as follows:
The control group includes individuals age 60 and older who were institutionalized in a nursing facility for 260 or more days during state fiscal year 2012, excluding consumers who are eligible for the MyCare Ohio waiver. Factor G estimates are based on an analysis of nursing facility claims for dates of service during state fiscal years 2011 and 2012. For waiver years 2 through 5, the costs are expected to remain static based on typical nursing facility trends.

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

The estimates of Factor G' for each waiver year are included in Item J-1. The basis of these estimates is as follows:
The control group is specified in c-iii. G prime estimates are based on an analysis of non-institutional claims for dates of service during state fiscal years 2011 and 2012. For waiver years 2 through 5, an annual inflation factor of 3% was applied to the historical expenditures to project costs for future waiver years. Eligibility data was used to identify dual eligibles. Drug expenditures were then removed for the dual eligible control group consumers.

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (4 of 9)

Component management for waiver services. If the service(s) below includes two or more discrete services that are reimbursed separately, or is a bundled service, each component of the service must be listed. Select "*manage components*" to add these components.

Waiver Services	
Adult Day Service	
Homemaker	
Personal Care	
Alternative Meals Service	
Choices - Home Care Attendant Service	
Chore	
Community Transition Service	
Emergency Response System	
Enhanced Community Living Service	
Home Care Attendant	
Home Delivered Meals	

Waiver Services	
Home Medical Equipment, Supplies, and Vehicle Modifications	
Independent Living Assistance	
Minor Home Modification, Maintenance and Repair	
Non-Medical Transportation	
Nutritional Consultation	
Out-of-Home Respite	
Pest Control	
Social Work Counseling	
Transportation	
Waiver Nursing Service	

Appendix J: Cost Neutrality Demonstration

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

d. Estimate of Factor D.

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

Waiver Year: Year 1

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Adult Day Service Total:						**16377462.90**
Adult Day Service	per day	3051	87.00	61.70	**16377462.90**	
Homemaker Total:						**7304577.00**
Homemaker	1/4 hour	4403	474.00	3.50	**7304577.00**	
Personal Care Total:						**293398606.80**
Personal Care	1/4 hour	35961	2092.00	3.90	**293398606.80**	
Alternative Meals Service Total:						**450.00**
Alternative Meals Service	per meal	3	15.00	10.00	**450.00**	
Choices - Home Care Attendant Service Total:						**6683445.00**
Choices - Home Care Attendant Service	1/4 hour	450	4791.00	3.10	**6683445.00**	
Chore Total:						**1117326.00**
Chore	per job	1438	3.00	259.00	**1117326.00**	
					GRAND TOTAL:	**403755069.00**
					Total Estimated Unduplicated Participants:	**44778**
					Factor D (Divide total by number of participants):	**9017.00**
					Average Length of Stay on the Waiver:	277

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Community Transition Service Total:						**7370.10**
Community Transition Service	per item	9	1.00	818.90	**7370.10**	
Emergency Response System Total:						**6574251.60**
Emergency Response System	per month	28987	9.00	25.20	**6574251.60**	
Enhanced Community Living Service Total:						**28845.00**
Enhanced Community Living Service	1/4 hour	9	641.00	5.00	**28845.00**	
Home Care Attendant Total:						**0.00**
Home Care Attendant	1/4 hour	0	0.00	5.80	**0.00**	
Home Delivered Meals Total:						**43856988.00**
Home Delivered Meals	per meal	26677	274.00	6.00	**43856988.00**	
Home Medical Equipment, Supplies, and Vehicle Modifications Total:						**8043696.00**
Home Medical Equipment, Supplies, and Vehicle Modifications	per item	19920	6.00	67.30	**8043696.00**	
Independent Living Assistance Total:						**116461.80**
Independent Living Assistance	1/4 hour	567	79.00	2.60	**116461.80**	
Minor Home Modification, Maintenance and Repair Total:						**4563693.60**
Minor Home Modification, Maintenance and Repair	per job	2441	2.00	934.80	**4563693.60**	
Non-Medical Transportation Total:						**929632.50**
Non-Medical Transportation	per trip	2615	5.00	71.10	**929632.50**	
Nutritional Consultation Total:						**23475.20**
Nutritional Consultation	1/4 hour	131	16.00	11.20	**23475.20**	
Out-of-Home Respite Total:						**0.00**
Out-of-Home Respite	per day	0	0.00	199.20	**0.00**	
Pest Control Total:						**3375.00**
Pest Control	per job	9	5.00	75.00	**3375.00**	

GRAND TOTAL:	**403755069.00**
Total Estimated Unduplicated Participants:	**44778**
Factor D (Divide total by number of participants):	**9017.00**
Average Length of Stay on the Waiver:	277

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Social Work Counseling Total:						**1347984.10**
Social Work Counseling	1/4 hour	1613	61.00	13.70	**1347984.10**	
Transportation Total:						**13377428.40**
Transportation	per trip	11202	14.00	85.30	**13377428.40**	
Waiver Nursing Service Total:						**0.00**
Waiver Nursing Service	1/4 hour	0	0.00	9.70	**0.00**	
				GRAND TOTAL:		**403755069.00**
				Total Estimated Unduplicated Participants:		**44778**
				Factor D (Divide total by number of participants):		**9017.00**
				Average Length of Stay on the Waiver:		277

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (6 of 9)

d. Estimate of Factor D.

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

Waiver Year: Year 2

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Adult Day Service Total:						**10924355.20**
Adult Day Service	per day	2012	88.00	61.70	**10924355.20**	
Homemaker Total:						**4858392.00**
Homemaker	1/4 hour	2904	478.00	3.50	**4858392.00**	
Personal Care Total:						**207294808.50**
Personal Care	1/4 hour	25155	2113.00	3.90	**207294808.50**	
Alternative Meals Service Total:						**3660.00**
Alternative Meals Service	per meal	6	61.00	10.00	**3660.00**	
Choices - Home Care Attendant Service Total:						**11250675.00**
Choices - Home Care Attendant Service	1/4 hour	750	4839.00	3.10	**11250675.00**	
				GRAND TOTAL:		**315602941.16**
				Total Estimated Unduplicated Participants:		**28749**
				Factor D (Divide total by number of participants):		**10977.88**
				Average Length of Stay on the Waiver:		247

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Chore Total:						**737373.00**
Chore	per job	949	3.00	259.00	**737373.00**	
Community Transition Service Total:						**4913.40**
Community Transition Service	per item	6	1.00	818.90	**4913.40**	
Emergency Response System Total:						**4817736.00**
Emergency Response System	per month	19118	10.00	25.20	**4817736.00**	
Enhanced Community Living Service Total:						**19440.00**
Enhanced Community Living Service	1/4 hour	6	648.00	5.00	**19440.00**	
Home Care Attendant Total:						**109869.76**
Home Care Attendant	1/4 hour	14	1144.00	6.86	**109869.76**	
Home Delivered Meals Total:						**29142288.00**
Home Delivered Meals	per meal	17598	276.00	6.00	**29142288.00**	
Home Medical Equipment, Supplies, and Vehicle Modifications Total:						**5305124.40**
Home Medical Equipment, Supplies, and Vehicle Modifications	per item	13138	6.00	67.30	**5305124.40**	
Independent Living Assistance Total:						**77792.00**
Independent Living Assistance	1/4 hour	374	80.00	2.60	**77792.00**	
Minor Home Modification, Maintenance and Repair Total:						**3010056.00**
Minor Home Modification, Maintenance and Repair	per job	1610	2.00	934.80	**3010056.00**	
Non-Medical Transportation Total:						**613237.50**
Non-Medical Transportation	per trip	1725	5.00	71.10	**613237.50**	
Nutritional Consultation Total:						**15411.20**
Nutritional Consultation	1/4 hour	86	16.00	11.20	**15411.20**	
Out-of-Home Respite Total:						**286848.00**
Out-of-Home Respite	per day	144	10.00	199.20	**286848.00**	

GRAND TOTAL:	**315602941.16**
Total Estimated Unduplicated Participants:	**28749**
Factor D (Divide total by number of participants):	**10977.88**
Average Length of Stay on the Waiver:	247

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Pest Control Total:						**2250.00**
Pest Control	per job	6	5.00	75.00	**2250.00**	
Social Work Counseling Total:						**903761.60**
Social Work Counseling	1/4 hour	1064	62.00	13.70	**903761.60**	
Transportation Total:						**8822749.60**
Transportation	per trip	7388	14.00	85.30	**8822749.60**	
Waiver Nursing Service Total:						**27402200.00**
Waiver Nursing Service	1/4 hour	4255	700.00	9.20	**27402200.00**	
				GRAND TOTAL:		**315602941.16**
				Total Estimated Unduplicated Participants:		**28749**
				Factor D (Divide total by number of participants):		**10977.88**
				Average Length of Stay on the Waiver:		247

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (7 of 9)

d. Estimate of Factor D.

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

Waiver Year: Year 3

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Adult Day Service Total:						**11938086.20**
Adult Day Service	per day	2174	89.00	61.70	**11938086.20**	
Homemaker Total:						**5328456.00**
Homemaker	1/4 hour	3152	483.00	3.50	**5328456.00**	
Personal Care Total:						**226183300.20**
Personal Care	1/4 hour	27177	2134.00	3.90	**226183300.20**	
Alternative Meals Service Total:						**3720.00**
Alternative Meals Service	per meal	6	62.00	10.00	**3720.00**	
				GRAND TOTAL:		**350891013.98**
				Total Estimated Unduplicated Participants:		**31059**
				Factor D (Divide total by number of participants):		**11297.56**
				Average Length of Stay on the Waiver:		247

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Choices - Home Care Attendant Service Total:						**12498502.50**
Choices - Home Care Attendant Service	1/4 hour	825	4887.00	3.10	**12498502.50**	
Chore Total:						**796425.00**
Chore	per job	1025	3.00	259.00	**796425.00**	
Community Transition Service Total:						**4913.40**
Community Transition Service	per item	6	1.00	818.90	**4913.40**	
Emergency Response System Total:						**5204808.00**
Emergency Response System	per month	20654	10.00	25.20	**5204808.00**	
Enhanced Community Living Service Total:						**19650.00**
Enhanced Community Living Service	1/4 hour	6	655.00	5.00	**19650.00**	
Home Care Attendant Total:						**106905.60**
Home Care Attendant	1/4 hour	16	1152.00	5.80	**106905.60**	
Home Delivered Meals Total:						**31819392.00**
Home Delivered Meals	per meal	19008	279.00	6.00	**31819392.00**	
Home Medical Equipment, Supplies, and Vehicle Modifications Total:						**10610638.08**
Home Medical Equipment, Supplies, and Vehicle Modifications	per item	16772	6.00	105.44	**10610638.08**	
Independent Living Assistance Total:						**85082.40**
Independent Living Assistance	1/4 hour	404	81.00	2.60	**85082.40**	
Minor Home Modification, Maintenance and Repair Total:						**3251234.40**
Minor Home Modification, Maintenance and Repair	per job	1739	2.00	934.80	**3251234.40**	
Non-Medical Transportation Total:						**662652.00**
Non-Medical Transportation	per trip	1864	5.00	71.10	**662652.00**	
Nutritional Consultation Total:						**16665.60**
Nutritional Consultation	1/4 hour	93	16.00	11.20	**16665.60**	

GRAND TOTAL:	**350891013.98**
Total Estimated Unduplicated Participants:	**31059**
Factor D (Divide total by number of participants):	**11297.56**
Average Length of Stay on the Waiver:	247

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Out-of-Home Respite Total:						**308760.00**
Out-of-Home Respite	per day	155	10.00	199.20	**308760.00**	
Pest Control Total:						**2250.00**
Pest Control	per job	6	5.00	75.00	**2250.00**	
Social Work Counseling Total:						**991701.90**
Social Work Counseling	1/4 hour	1149	63.00	13.70	**991701.90**	
Transportation Total:						**9532104.40**
Transportation	per trip	7982	14.00	85.30	**9532104.40**	
Waiver Nursing Service Total:						**31525766.30**
Waiver Nursing Service	1/4 hour	4597	707.00	9.70	**31525766.30**	
				GRAND TOTAL:		**350891013.98**
				Total Estimated Unduplicated Participants:		**31059**
				Factor D (Divide total by number of participants):		**11297.56**
				Average Length of Stay on the Waiver:		247

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (8 of 9)

d. Estimate of Factor D.

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

Waiver Year: Year 4

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Adult Day Service Total:						**13121739.00**
Adult Day Service	per day	2363	90.00	61.70	**13121739.00**	
Homemaker Total:						**5851608.00**
Homemaker	1/4 hour	3426	488.00	3.50	**5851608.00**	
Personal Care Total:						**248218503.00**
Personal Care	1/4 hour	29534	2155.00	3.90	**248218503.00**	
				GRAND TOTAL:		**385821979.40**
				Total Estimated Unduplicated Participants:		**33753**
				Factor D (Divide total by number of participants):		**11430.75**
				Average Length of Stay on the Waiver:		253

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Alternative Meals Service Total:						**4340.00**
Alternative Meals Service	per meal	7	62.00	10.00	**4340.00**	
Choices - Home Care Attendant Service Total:						**13771440.00**
Choices - Home Care Attendant Service	1/4 hour	900	4936.00	3.10	**13771440.00**	
Chore Total:						**865578.00**
Chore	per job	1114	3.00	259.00	**865578.00**	
Community Transition Service Total:						**818.90**
Community Transition Service	per item	1	1.00	818.90	**818.90**	
Emergency Response System Total:						**5656392.00**
Emergency Response System	per month	22446	10.00	25.20	**5656392.00**	
Enhanced Community Living Service Total:						**23135.00**
Enhanced Community Living Service	1/4 hour	7	661.00	5.00	**23135.00**	
Home Care Attendant Total:						**114770.40**
Home Care Attendant	1/4 hour	17	1164.00	5.80	**114770.40**	
Home Delivered Meals Total:						**34951644.00**
Home Delivered Meals	per meal	20657	282.00	6.00	**34951644.00**	
Home Medical Equipment, Supplies, and Vehicle Modifications Total:						**12505544.70**
Home Medical Equipment, Supplies, and Vehicle Modifications	per item	18227	6.00	114.35	**12505544.70**	
Independent Living Assistance Total:						**93594.80**
Independent Living Assistance	1/4 hour	439	82.00	2.60	**93594.80**	
Minor Home Modification, Maintenance and Repair Total:						**3533544.00**
Minor Home Modification, Maintenance and Repair	per job	1890	2.00	934.80	**3533544.00**	
Non-Medical Transportation Total:						**719887.50**
Non-Medical Transportation	per trip	2025	5.00	71.10	**719887.50**	

GRAND TOTAL:	**385821979.40**
Total Estimated Unduplicated Participants:	**33753**
Factor D (Divide total by number of participants):	**11430.75**
Average Length of Stay on the Waiver:	253

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Nutritional Consultation Total:						**18099.20**
Nutritional Consultation	1/4 hour	101	16.00	11.20	**18099.20**	
Out-of-Home Respite Total:						**336648.00**
Out-of-Home Respite	per day	169	10.00	199.20	**336648.00**	
Pest Control Total:						**2625.00**
Pest Control	per job	7	5.00	75.00	**2625.00**	
Social Work Counseling Total:						**1078011.90**
Social Work Counseling	1/4 hour	1249	63.00	13.70	**1078011.90**	
Transportation Total:						**10359685.00**
Transportation	per trip	8675	14.00	85.30	**10359685.00**	
Waiver Nursing Service Total:						**34594371.00**
Waiver Nursing Service	1/4 hour	4995	714.00	9.70	**34594371.00**	
				GRAND TOTAL:		**385821979.40**
				Total Estimated Unduplicated Participants:		**33753**
				Factor D (Divide total by number of participants):		**11430.75**
				Average Length of Stay on the Waiver:		253

Appendix J: Cost Neutrality Demonstration

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

d. Estimate of Factor D.

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

Waiver Year: Year 5

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Adult Day Service Total:						**13969373.60**
Adult Day Service	per day	2488	91.00	61.70	**13969373.60**	
Homemaker Total:						**6225604.00**
Homemaker	1/4 hour	3608	493.00	3.50	**6225604.00**	
				GRAND TOTAL:		**410520511.10**
				Total Estimated Unduplicated Participants:		**35546**
				Factor D (Divide total by number of participants):		**11548.99**
				Average Length of Stay on the Waiver:		255

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Personal Care Total:						**264073800.90**
Personal Care	1/4 hour	31103	2177.00	3.90	**264073800.90**	
Alternative Meals Service Total:						**4410.00**
Alternative Meals Service	per meal	7	63.00	10.00	**4410.00**	
Choices - Home Care Attendant Service Total:						**15070185.00**
Choices - Home Care Attendant Service	1/4 hour	975	4986.00	3.10	**15070185.00**	
Chore Total:						**911421.00**
Chore	per job	1173	3.00	259.00	**911421.00**	
Community Transition Service Total:						**5732.30**
Community Transition Service	per item	7	1.00	818.90	**5732.30**	
Emergency Response System Total:						**5956776.00**
Emergency Response System	per month	23638	10.00	25.20	**5956776.00**	
Enhanced Community Living Service Total:						**23380.00**
Enhanced Community Living Service	1/4 hour	7	668.00	5.00	**23380.00**	
Home Care Attendant Total:						**122774.40**
Home Care Attendant	1/4 hour	18	1176.00	5.80	**122774.40**	
Home Delivered Meals Total:						**37068816.00**
Home Delivered Meals	per meal	21754	284.00	6.00	**37068816.00**	
Home Medical Equipment, Supplies, and Vehicle Modifications Total:						**13275645.90**
Home Medical Equipment, Supplies, and Vehicle Modifications	per item	19195	6.00	115.27	**13275645.90**	
Independent Living Assistance Total:						**98498.40**
Independent Living Assistance	1/4 hour	462	82.00	2.60	**98498.40**	
Minor Home Modification, Maintenance and Repair Total:						**3722373.60**
Minor Home Modification, Maintenance and Repair	per job	1991	2.00	934.80	**3722373.60**	

GRAND TOTAL:	**410520511.10**
Total Estimated Unduplicated Participants:	**35546**
Factor D (Divide total by number of participants):	**11548.99**
Average Length of Stay on the Waiver:	255

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Non-Medical Transportation Total:						**758281.50**
Non-Medical Transportation	per trip	2133	5.00	71.10	**758281.50**	
Nutritional Consultation Total:						**20372.80**
Nutritional Consultation	1/4 hour	107	17.00	11.20	**20372.80**	
Out-of-Home Respite Total:						**354576.00**
Out-of-Home Respite	per day	178	10.00	199.20	**354576.00**	
Pest Control Total:						**2625.00**
Pest Control	per job	7	5.00	75.00	**2625.00**	
Social Work Counseling Total:						**1152992.00**
Social Work Counseling	1/4 hour	1315	64.00	13.70	**1152992.00**	
Transportation Total:						**10909017.00**
Transportation	per trip	9135	14.00	85.30	**10909017.00**	
Waiver Nursing Service Total:						**36793855.70**
Waiver Nursing Service	1/4 hour	5261	721.00	9.70	**36793855.70**	

GRAND TOTAL:	**410520511.10**
Total Estimated Unduplicated Participants:	**35546**
Factor D (Divide total by number of participants):	**11548.99**
Average Length of Stay on the Waiver:	255