

Public Notice Summary

Background

An approved home and community-based (HCBS) waiver must be kept in synchronization with the state waiver policies, practices, procedures, and operations. Whenever there is a change that affects an element of an approved home and community-based waiver, the state must submit to the Centers for Medicare and Medicaid (CMS) an amendment to the waiver. Renewals of an approved waiver must be submitted every five years, and no less than 90 days before the waiver's expiration. CMS has 90 calendar days to approve or disapprove the requested action or formally request additional information from the state in order to make a decision.

Summary of the Proposed Renewal

A renewal of the Ohio Home Care Waiver is proposed with a requested effective date of July 1, 2021. The proposed actions adopt several policies consistent with the MyCare Ohio, PASSPORT, Assisted Living, Level One, Individual Options, and SELF waivers.

The proposed modifications include:

Appendix A – Waiver Administration and Operation

- Performance measures in Appendix A are being replaced.

Appendix B – Participant Access and Eligibility

- This appendix is modified to include eligible individuals who have a spouse/parent/legal guardian who is an active duty military service member and, at the time of the service member's transfer to Ohio, the individual was receiving similar HCBS in another state. This is the result of Am. Sub. H.B. 287 and is reflected in all seven waivers.
- Level of Care requirements are being updated to reflect current requirements and practice.

Appendix C – Participant Services

- All services reflect provider qualifications are verified at the time of initial provider enrollment and at five-year enrollment revalidation.
- Home care attendant, home delivered meal, personal emergency response, and supplemental adaptive/assistive device services are updated to conform with OAC rules and practice.
- Consistent with OAC rules, criminal background requirements are being updated to include RAPBACK, and new provider training requirements are being added to Open Enrollment of Providers.

Appendix D – Participant-Centered Planning and Service Delivery

- Service plan development and implementation requirements are updated to reflect current practice.

Appendix G – Participant Safeguards

- Incident reporting/review/response requirements are updated for consistency with OAC requirements, and State oversight responsibility for restraints, seclusion and restrictive interventions is being updated to reference ODM's new incident management system. Medication Management Oversight describes the Ohio Drug Utilization Review Program.
- Performance measures are being replaced with new measures that align across all seven of Ohio's HCBS waivers.

Appendix H – Quality Improvement Strategy

- The waiver's quality strategy includes new/modified descriptions of ODM's Quality Steering Committee, Health, Safety and Welfare Committee, handling of unmet needs, and case-specific resolution. This is added to all seven waivers. Methods for remediation and fixing problems are updated throughout the waiver.

Appendix I – Financial Accountability

- Financial integrity activities and billing validation practices have been modified to reflect current practice.
- Rate determination methods now include adult day health center and supplemental transportation services.

Appendix J – Cost Neutrality Demonstration

- Unduplicated enrollment slots and cost neutrality tables have been updated (slots are also in Appendix B).

The complete list of changes is found on Page 2 of the waiver renewal application.

Public Input

The State is posting the Ohio Home Care Waiver renewal application for the public's review and comment prior to submitting the proposed application to CMS for consideration.