



Department of Medicaid

Mike DeWine, Governor
Jon Husted, Lt. Governor

Maureen M. Corcoran, Director

April 14, 2020

Ms. Jackie Glaze, Acting Director
Medicaid and CHIP Operations Group Center
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Attention: Fred Sebree, National Institutional Review Team Lead

Dear Ms. Glaze:

Please find enclosed the following submissions:

- Ohio Medicaid State Plan Amendment (SPA) Transmittal Number (TN) 20-012, "Section 1135 Emergency Response to COVID-19 Public Health Emergency";
- Ohio's Appendix K submission for the ICF-IID 1915(c) waiver delivery system (OH.0231.R05.01, OH.0380.R03.07, OH.0877.R01.07); and
- Ohio's Appendix K submission for the NF-LOC 1915(c) waiver delivery system (OH.0446., OH. 0337.R04.05, OH. 1035.R01.01, OH.0198.R06.02).

The Ohio Department of Medicaid is requesting approval from the Centers for Medicare and Medicaid Services (CMS) to waive numerous requirements in the Social Security Act regarding the State's Medicaid program, in accordance with Sections 1135 and 1915 of the Social Security Act. This will allow the State maximum flexibility in responding to the current public health emergency. The waiver request is in one single document. Please accept the Section 1135 document as both a waiver request and state plan request. Please advise if these need to be separated, or if other vehicles are needed to approve items in the request.

Please note that the State has located this SPA in section 7.5 of the state plan rather than section 7.4, because in Ohio's state plan, there was already a section 7.4 approved several years ago under a different subject. This SPA is effective March 1, 2020.

If you have any questions or require additional information, please contact Rebecca Jackson at (614) 752-4375 or rebecca.jackson@medicaid.ohio.gov; or Patrick Beatty at (614) 752-2600 or patrick.beatty@medicaid.ohio.gov.

Sincerely,

Maureen M. Corcoran, Director

50 W. Town Street, Suite 400
Columbus, Ohio 43215
medicaid.ohio.gov

Ruth Hughes

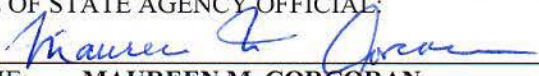
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TN 20-012 State Submission

Enclosures:

1. Ohio Medicaid SPA TN 12-012
2. Appendix K ICF-IID Delivery System
3. Appendix K NF-LOC Delivery System
4. Appendix K NF-LOC Delivery System: Section A: Ohio Home Care Waiver
5. Appendix K NF-LOC Delivery System: Section A: Assisted Living, My Care, PASSPORT

cc: Christine Davidson, CMS Ohio State Program Representative
Rebecca Jackson, Ohio Department of Medicaid
Patrick Beatty, Ohio Department of Medicaid
Fred Sebree, NIRT Lead

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 20-012	2. STATE OHIO
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE March 1, 2020	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):		
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)		
6. FEDERAL STATUTE/REGULATION CITATION: Section 1135 of the Act	7. FEDERAL BUDGET IMPACT: a. FFY 2020 \$ 64,750 thousands b. FFY 2021 \$ 64,750 thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 7.5, pages 1 through 13 (new)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>):	
10. SUBJECT OF AMENDMENT: Section 1135 Emergency Response to COVID-19 Public Health Emergency		
11. GOVERNOR'S REVIEW (<i>Check One</i>):		
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The State Medicaid Director is the Governor's designee
12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO:	
13. TYPED NAME: MAUREEN M. CORCORAN	Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
14. TITLE: STATE MEDICAID DIRECTOR		
15. DATE SUBMITTED: 4-14-20		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED:	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:	22. TITLE:	
23. REMARKS:		

Instructions on Back

Section 7 – General Provisions
7.5. Medicaid Disaster Relief for the COVID-19 National Emergency

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

Describe shorter period here.

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

Request for Waivers under Section 1135

The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

- a. SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.
- b. Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).

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Supersedes:

TN: New

Approval Date: _____

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State/Territory: Ohio

- c. _____ Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in [insert name of state] Medicaid state plan, as described below:

Please describe the modifications to the timeline.

Section A – Eligibility

1. _____ The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

Include name of the optional eligibility group and applicable income and resource standard.

2. _____ The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:

- a. _____ All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

Income standard: _____

-or-

- b. _____ Individuals described in the following categorical populations in section 1905(a) of the Act:

Income standard: _____

3. _____ The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

Less restrictive income methodologies:

State/Territory: Ohio

Less restrictive resource methodologies:

4. The agency considers individuals who are evacuated from the state, who leave the state for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the state due to the disaster or public health emergency and who intend to return to the state, to continue to be residents of the state under 42 CFR 435.403(j)(3).

5. The agency provides Medicaid coverage to the following individuals living in the state, who are non-residents:

6. The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

Section B – Enrollment

1. The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional state plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.

Ohio is temporarily extending PE to individuals in institutions who are eligible under a special income level, as described in 42 CFR 435.236. Ohio will request hospitals to make good faith effort to get completed applications submitted; however, given the time-limited status of this PE category, and the dedicated resources of hospitals to addressing the more immediate concern of treating COVID-19 patients, standards on this will be lower than normal.

2. The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

Ohio Department of Medicaid staff will make presumptive eligibility determinations for MAGI and non-MAGI categories of Medicaid.

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3. ____ The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

4. ____ The agency adopts a total of ____ months (not to exceed 12 months) continuous eligibility for children under age enter age ____ (not to exceed age 19) regardless of changes in circumstances in accordance with section 1902(e)(12) of the Act and 42 CFR 435.926.
5. ____ The agency conducts redeterminations of eligibility for individuals excepted from MAGI-based financial methodologies under 42 CFR 435.603(j) once every ____ months (not to exceed 12 months) in accordance with 42 CFR 435.916(b).
6. ____ The agency uses the following simplified application(s) to support enrollment in affected areas or for affected individuals (a copy of the simplified application(s) has been submitted to CMS).
- a. ____ The agency uses a simplified paper application.
 - b. ____ The agency uses a simplified online application.
 - c. ____ The simplified paper or online application is made available for use in call-centers or other telephone applications in affected areas.

Section C – Premiums and Cost Sharing

1. X The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

The state suspends all cost sharing.

2. ____ The agency suspends enrollment fees, premiums and similar charges for:
- a. ____ All beneficiaries
 - b. ____ The following eligibility groups or categorical populations:

Please list the applicable eligibility groups or populations.

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State/Territory: Ohio

3. ____ The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

Please specify the standard(s) and/or criteria that the state will use to determine undue hardship.

Section D – Benefits

Benefits:

1. ____ The agency adds the following optional benefits in its state plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):

2. ____ The agency makes the following adjustments to benefits currently covered in the state plan:

3. ____ The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewide requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).

4. ____ Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).

- a. ____ The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.
- b. ____ Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

Please describe.

State/Territory: Ohio

Telehealth:

5. X The agency utilizes telehealth in the following manner, which may be different than outlined in the state's approved state plan:

During this state of emergency, ODM has modified its telehealth policy to allow several flexibilities in delivering services such as: lifting restrictions on where patient and practitioner must be located; allow both new and established patients to receive services through telehealth; allow asynchronous communication through telephone, electronic mail and other means; expanding list of practitioners eligible to provide telehealth services; expanding the list of medical and behavioral health services that can be provided through telehealth to include physical therapy, occupational therapy, speech-language and audiology services, crisis intervention, peer recovery support, substance use disorder case management, and others; expanding the type of behavioral health services available through telehealth; adding new services such as e-visits and other procedure codes adopted by Medicare; allowing payment for originating site fee and evaluation and management service provided on same day; waiving the face-to-face requirement for FQHC/RHC services, adopting the Office of Civil Rights Notification of HIPAA enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency.

Allow home health nursing services to be provided with telehealth if clinically appropriate. In most cases the required telehealth equipment will not be available so this will be of limited usefulness, but it makes sense to offer it when it can be accommodated.

Allow any aide services that rely only on verbal cuing and direction to occur using telehealth (up to and including telephone).

Allow home health services (including supervision of home health aide) to happen through telehealth (including telephone).

Allow RN Assessment and Consultation to happen through telehealth.

Allow Hospice services to be provided with telehealth.

Allow certification and recertification of terminal illness assessments to be provided with telehealth.

Allow Medical social services – provided by a social worker—to be provided with telehealth.

Allow counseling services such as dietary counseling, bereavement counseling and spiritual counseling to be provided with telehealth.

Allow volunteers to provide volunteer services with telehealth.

Allow supervision of hospice staff to be provided with telehealth.

Allow in-person visits by an RN or licensed social worker within the last 7 days of life to be provided with telehealth.

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Drug Benefit:

6. The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current state plan pages have limits on the amount of medication dispensed.

7. Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.

8. The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

Please describe the manner in which professional dispensing fees are adjusted.

9. The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

Section E – Payments

Optional benefits described in Section D:

1. Newly added benefits described in Section D are paid using the following methodology:

- a. Published fee schedules –

Effective date (enter date of change): _____

Location (list published location): _____

- b. Other:

Describe methodology here.

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Increases to state plan payment methodologies:

2. ____ The agency increases payment rates for the following services:

a. ____ Payment increases are targeted based on the following criteria:

b. Payments are increased through:

i. ____ A supplemental payment or add-on within applicable upper payment limits:

ii. ____ An increase to rates as described below.

Rates are increased:

____ Uniformly by the following percentage: ____

____ Through a modification to published fee schedules –

Effective date (enter date of change): ____

Location (list published location): ____

____ Up to the Medicare payments for equivalent services.

____ By the following factors:

Payment for services delivered via telehealth:

3. ____ For the duration of the emergency, the state authorizes payments for telehealth services that:

- a. ____ Are not otherwise paid under the Medicaid state plan;
- b. ____ Differ from payments for the same services when provided face to face;
- c. ____ Differ from current state plan provisions governing reimbursement for telehealth;

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- d. Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:
- i. Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.
 - ii. Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the state when a Medicaid service is delivered.

Other:

4. Other payment changes:

The state will create and reimburse health care isolation centers (HCICs) to provide COVID-related care for individuals that cannot safely remain at home (including nursing facilities) and/or are discharged from hospitals. Level of care determinations and PASRR will be waived for admission to HCICs only. The HCICs will be either free-standing or wings of existing facilities (e.g, NFs). The state survey agency (the Ohio Department of Health) will approve HCICs and provide oversight. HCICs will be reimbursed using a tiered system aligning reimbursement with the relative care needs of the individuals receiving services. Rates will be calculated on a per diem basis.

Ohio requests authority to temporarily waive limits to the number of bed hold days nursing facility residents and individuals residing in intermediate care facilities for individuals with intellectual disabilities may receive, and to make temporary modifications to the methodology for payments made to the facilities for bed hold days.

Section F – Post-Eligibility Treatment of Income

1. The state elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:
 - a. The individual’s total income
 - b. 300 percent of the SSI federal benefit rate
 - c. Other reasonable amount: _____
2. The state elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a state electing the option described the option in F.1. above.)

The state protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information

1. **Waiver of Service Prior Authorization (PA) Requirements:** Ohio requests a blanket waiver be issued to waive all PA requirements in FFS and MCP, including but not limited to PA requirements and pre-certification for hospital services, durable medical equipment, home health services, pharmacy benefits, behavioral health, and in-home physician visits.
2. **Waiver of Pre-Admission Screening and Annual Resident Review (PASRR) in person Requirements:** Ohio requests to allow the conduct of the assessments by electronic or other means including desk reviews.
3. **Provider Enrollment:** We respectfully request a blanket waiver to allow Ohio to suspend the following screening requirements, so the State may provisionally, temporarily, enroll providers:
 - Payment of the application fee
 - Criminal background checks
 - Site visits
 - In-state/territory licensure requirements
 - Discretion to enroll practitioners that have a limited licensure (e.g. Doc with an SUD limitation).
 - Obtain NPI prior to rendering services (enumeration date issue)
4. **Alternative Settings:** Ohio requests a blanket waiver to allow facilities, hospitals, and individual practitioners to provide services in alternative settings, leased or loaned facilities, e.g., hotels, dormitories, or other large spaces, such as a temporary shelter when a provider’s facility is inaccessible or as additional capacity is needed. Alternative settings may include drive-through testing for COVID-19 anywhere in Ohio. Additionally, Ohio requests a blanket waiver to allow hospitals to include alternative settings as a provider-based facility.
5. **Provider Revalidation Efforts:** Ohio requests a blanket waiver be issued allowing the State to temporarily cease revalidation of providers.
6. **Renewals and terminations:** In a public health emergency, workforce shortages may impact the agency’s ability to process applications and renewals in accordance with federal timeliness standards and individuals may be unable to receive or respond to notices or provide information needed to complete the application or renewal process. In order to ensure that individuals in receipt of Medicaid retain coverage during the public health emergency, the Ohio Department of Medicaid (ODM) requests authority to suspend eligibility renewals, redeterminations, and the processing of certain changes in circumstances, including the processing of alerts, through the end of the month in which the public health emergency ends. 42 CFR §435.912(e)(2) provides an exception to timeliness standards for renewals, redeterminations, and acting on certain changes in circumstances when there is an administrative or other emergency beyond the agency’s control (i.e., a disaster or pandemic). Further, 42 CFR §435.930 requires that the state continue to furnish assistance to eligible beneficiaries until they are determined ineligible. Ohio

will continue to process positive changes such as the addition of newborns and other household members, decreases in income, etc., and will process negative changes for individuals who are deceased, are no longer residents of the state, or who voluntarily request termination of Medicaid. The COVID-19 pandemic has required counties to send caseworkers home. As the county workforce is depleted, the counties will not have the capacity to maintain work on renewals concurrently with enrollment of new cases. ODM intends to work with counties to focus remaining resources on enrolling individuals. We request that the deferral be staggered to avoid an accumulated large singular backlog. We request that the suspension be effective March 1, 2020 and run for six months.

7. **Face to Face requirements for Home Health State Plan:** Under authority of section 1135(b)(5) of the Social Security Act Ohio requests authority to defer any state plan required face to face visits for the state plan Home Health benefits, including DME.
8. **EMTALA:** Under authority of section 1135(b)(3) of the Social Security Act Ohio requests authority to waive actions under section 1867 of the Social Security Act where transfers, direction, or relocation of individuals is necessitated by COVID-19 to avoid transmission of the disease, and to ensure appropriate screening and stabilization at a more clinically appropriate location. In addition to location, ODM would need confirmation that screening under EMTALA can include the use of tools commonly used for telehealth. If not, ODM requests that the waiver includes authority to conduct EMTALA related screenings with the aid of telehealth tools in instances of suspected COVID-19.
9. **TPL cost avoidance requirements:** Ohio requests a waiver of TPL cost avoidance procedures for providers utilizing the broader authorized telehealth services. Private and government payers will not likely cover telehealth as authorized during this emergency. Requiring providers to bill such third parties will likely result in no payments from the third party, and unnecessarily delay submission of claims to the state Medicaid agency or Medicaid managed care plans.
10. **Home Health and Private Duty Nursing (PDN):** Ohio requests authority to remove limits on PDN post hospital benefit (currently 56 hours per week and 60 days from date of discharge) and remove limits on home health services per day and week, in order to provide alternatives to institutional settings.
11. **Attestation of verbal authorization (signature substitute):** Ohio requests authority to allow written verification of verbal authorization to be substituted for applicant signatures on the application for benefits and the authorized representative designation form. Providers who assist individuals with completion of these Medicaid forms are unable to collect, store, or transmit audio signatures for these forms and many applicants do not have the ability to complete an application online. Providers may accept a verbal signature and document the date, time, and location of the verbal consent and the signature will be considered valid by the agency.

12. **Self-Attestation:** In order to expedite enrollment for new and pending applications, Ohio will accept income and resource verification by self-attestation. Ohio will apply this approach to both MAGI and non-MAGI populations, including individuals seeking coverage for long-term services and supports in or out of an institution. The COVID-19 pandemic will require expedited access to critical healthcare services. Verification by attestation will facilitate an expedited access to healthcare coverage.
13. **Benefit Flexibilities, including but not necessarily limited to:** Allow for federal financial participation for expenditures related to temporary housing for the homeless as a result of the emergency, including but not limited to, commandeered hotels, other places of temporary residence, and other facilities that are suitable for use as places of temporary residence or medical facilities as necessary for quarantining, isolating or treating individuals who test positive for COVID-19 or who have had a high-risk exposure and are thought to be in the incubation period.
14. **Durable Medical Equipment:** Where Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS) is lost, destroyed, irreparably damaged, or otherwise rendered unusable, contractors have the flexibility to waive replacements requirements such that the face-to-face requirement, a new physician's order, and new medical necessity documentation are not required. Suppliers must still include a narrative description on the claim explaining the reason why the equipment must be replaced and are reminded to maintain documentation indicating that the DMEPOS was lost, destroyed, irreparably damaged or otherwise rendered unusable or unavailable as a result of the emergency.
15. **Prescribing Durable Medical Equipment:** Allow licensed prescribers not currently enrolled in Ohio Medicaid to prescribe medically necessary DMEPOS services. Waive limitations on who can prescribe certain covered Medicaid benefits, such as: DME, medical supplies, enteral nutrition and home health agency services instead of only a physician, advanced nurse practitioner or physician assistant); physical, occupational and speech therapies to allow licensed practitioners to prescribe).
16. **Signature requirement for DME:** Waive signature requirements for proof of delivery on DME items; including allowance of text, email, photographic, or confirmed shipment receipt from third-party carrier evidence to validate proof of delivery during COVID-19 crisis.
17. **Signature requirement for Hospice:** Allow and accept verbal statements when a provider is unable to obtain written acknowledgements as required for hospice services.
18. **Wheelchairs and accessories:** Allow the use of remote technology and recorded media for clinicians and assistive technology professionals conducting assessments for the dispensing of complex rehabilitation wheelchairs and accessories.

State/Territory: Ohio

19. **Face to Face:** Waive in person or face to face requirements for any state plan service or assessment as necessary to prevent virus transmission. Authorize uses of telephonic or other substitute for in person or face to face requirements.
20. **Signature requirement for Home Health and Private Duty Nursing:** Waive signature requirements for proof of service delivery for home health and private duty nursing services.
21. **Nursing Facility Ventilator Weaning Staffing Requirements:** Ohio requests authority to remove the requirement for registered nurse coverage on-site 24 hours per day seven days per week while ventilator weaning services are provided if the nursing facility has a respiratory care professional or respiratory therapist available in the facility 24 hours per day seven days per week.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses are public and will be made available on the CMS web site. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Centers for Medicaid & CHIP Services at 410-786-3870.

TN: 20-012
Supersedes:
TN: New

Approval Date: _____
Effective Date: 03/01/2020

APPENDIX K: Emergency Preparedness and Response

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.ⁱ This appendix may be completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: OHIO

B. Waiver Title: Individual Options, Level One, and Self-Empowered Life Funding Waiver (SELF)

C. Control Number: OH.0231.R05.01, OH.0380.R03.07, OH.0877.R01.07

D. Type of Emergency (The state may check more than one box):

<input checked="" type="checkbox"/>	Pandemic or Epidemic
<input type="checkbox"/>	Natural Disaster
<input type="checkbox"/>	National Security Emergency
<input type="checkbox"/>	Environmental
<input type="checkbox"/>	Other (specify):

E. **Brief Description of Emergency.** *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state’s mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

On March 11, 2020, the World Health Organization declared the rapidly spreading coronavirus (COVID-19) outbreak will likely spread to all countries around the globe. Earlier, on March 9, 2020, Ohio Governor Mike DeWine declared a statewide state of emergency to protect the health, safety and well-being of Ohioans from the dangerous effects of COVID-19. All citizens have been urged to heed the advice of the Ohio Department of Health (ODH) and other emergency officials

regarding this public health emergency. State agencies, including those serving individuals through Ohio Medicaid, are authorized to coordinate the State response to COVID-19, and to develop and implement procedures, including suspending or adopting temporary rules within an agency's authority, consistent with recommendations from ODH designed to prevent or alleviate this public health threat. The Ohio Department of Medicaid (ODM) is submitting this Appendix K for the purpose of establishing processes aimed at reducing risks and ensuring access to home and community-based services (HCBS) to individuals through the Individual Options (IO), Level One, and Self-Empowered Life Funding (SELF) Waivers who are at greatest risk from COVID-19.

Current enrollment on each of the three waivers is as follows:

- IO: 24,282
- L1: 14,960
- SELF: 1,866

Slots for the respective waivers are as follows:

- IO: 26,100 during Waiver Year 1
- L1: 18,560 during Waiver Year 4
- SELF: 3,600 during Waiver Year 5

All three intermediate care facility for individuals with intellectual and developmental disabilities (ICF/IID) level of care waivers service individuals ages birth and older. The State is assuming all enrolled individuals on the IO, L1, and SELF programs are currently at risk of contracting the infection which causes COVID-19.

The single State Medicaid Agency (ODM) assures compliance with this waiver by: delegating specific responsibilities to the Operating Agency the Department of Developmental Disabilities (DODD) through an interagency agreement; managing Medicaid provider agreements; establishing general Medicaid rules; approving the Operating Agency's program-specific rules related to Medicaid requirements; processing claims for federal reimbursement, conducting audits; conducting post-payment review of Medicaid claims; monitoring the compliance and effectiveness of the Operating Agency's operations; leading the development of quality improvement plans; and facilitating interagency data-sharing and collaboration.

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

The state is seeking approval from CMS to make changes to the following areas under the Individual Options, Level One, and SELF waiver programs:

F. Proposed Effective Date: Start Date: January 27, 2020 Anticipated End Date: January 26, 2021

G. Description of Transition Plan.

All activities will take place in response to the impact of COVID-19 as efficiently and effectively as possible based upon the complexity of the change.

H. Geographic Areas Affected:

These actions will apply across the waiver to all individuals impacted by the COVID-19 virus

I. Description of State Disaster Plan (if available) *Reference to external documents is acceptable:*

Please see accompanying documentation for state disaster plan.

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state’s response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

a. ___ Access and Eligibility:

i. ___ Temporarily increase the cost limits for entry into the waiver.

[Provide explanation of changes and specify the temporary cost limit.]

ii. ___ Temporarily modify additional targeting criteria.

[Explanation of changes]

b. X Services

i. ___ Temporarily modify service scope or coverage.

[Complete Section A- Services to be Added/Modified During an Emergency.]

ii. X Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.

[Explanation of changes]

K-2-b-ii: The State will permit the following:
Individual Options Waiver

- Waiving the combined service limitation based on assessment for Homemaker Personal Care (HPC), Participant-Directed HPC (PD-HPC), Residential Respite, Community Respite to enable participants to receive all services required during this crisis period.
- Waiving of limitations within the individual services, such as, but not limited to, the 90-day maximum for Residential Respite.
- All prior authorizations exceeding the funding range determined by the Ohio Developmental Disabilities Profile (ODDP), as specified in C-4 in the waiver application, are waived.
- Allowing Shared Living services to be billed on the same day as HPC and/or PD-HPC, but not by the same direct support professional (DSP).

Level One Waiver

- Combining the current budget limitations for residential and non-residential services to allow individual access to more funds for their waiver service needs.
 - Individuals will have access to a total amount of \$58,232
 - Individuals will still have access to emergency funds which total \$8,520 within a three-year period
- Waiving of limitations within the individual services, such as, but not limited to, the 90-day maximum for Residential Respite.

SELF Waiver

- Waiving of limitations within the individual services for Community Respite and Residential Respite.

iii. ___ Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).

[Complete Section A-Services to be Added/Modified During an Emergency]

iv. X Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches) Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:

[Explanation of modification, and advisement if room and board is included in the respite rate]:

K-2-b-iv: The state will permit the following:

Individual Options, Level One, and SELF Waivers

- Expanding services setting to allow Day Habilitation (Adult Day Supports) and Vocational Habilitation to be delivered temporarily in an individual's residential setting, for the health and welfare of participants and workers. Residential setting is defined as:

- The participant’s home;
- A provider owned or controlled extended family home or congregate residential setting; or
- Other residential setting, such as a hotel or shelter.
- The State may allow Adult Day Supports and Vocational Habilitation services to extend to those times when the individual is not physically present while the provider is performing Adult Day Support or Vocational Habilitation activities on behalf of the individual (e.g., picking up needed food and or supplies during state of emergency). Services can occur either in-person or remotely via technology.
 - This service option shall only be utilized upon approval and authorization by the County Board of Developmental Disabilities Service and Support Administrator (SSA), by the individual’s ISP team, and when there is a documented need for such support.
 - The remote service delivery option for Adult Day and/or Vocational Habilitation is only available to individuals who are not in receipt of any other authorized residential support services during the daytime hours when the individual is typically at a non-residential service setting site.

v. ___ **Temporarily provide services in out of state settings (if not already permitted in the state’s approved waiver).** [Explanation of changes]

c. **X Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver.** Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

- K-2-g-i: The State will permit the following:
Individual Options, Level One, and SELF Waivers
- Permit payment for direct care services rendered, to minor children by family caregivers or legally responsible guardians, if not already permitted under the waiver
 - Family caregivers and legally responsible guardians must be employed by an agency in order to render services to minor children temporarily.

d. **X Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).**

i. **X Temporarily modify provider qualifications.**

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

- K-2-d-i: The State will permit the following:
Individual Options, Level One, and SELF Waivers
- Temporary modifications to provider training and onboarding requirements in order to allow agency providers to hire agency staff in an expedited fashion during the crisis.

- Allowing waiver providers with an active Medicaid provider agreement to furnish waiver services across delivery systems without being subject to additional provider standards and certification processes specific to the waiver programs.
- Waiving background checks for new providers.

ii. X Temporarily modify provider types.

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

K-2-d-ii: The State will permit the following:

Individual Options and Level One Waivers

- Adult Day Habilitation, Vocational Habilitation, and Non-Medical Transportation (NMT) providers may become certified to provide Homemaker/Personal Care (HPC) and/or Participant-Directed HPC services in the residential setting to individuals who are unable to attend a day program due to either their health or a mandatory closure of the program.
- Adult Day Habilitation and Vocational Habilitation providers may become quickly certified to provide all respite services to individuals in emergency need of this service.

SELF Waiver

- Adult Day Habilitation, Vocational Habilitation, and Non-Medical Transportation (NMT) providers may become certified to provide Participant-Directed HPC services in the residential setting to individuals who are unable to attend a day program due to either their health or a mandatory closure of the program.
- Adult Day Habilitation and Vocational Habilitation providers may become certified in an expedited process to provide all respite services to individuals in emergency need of this service.

iii. X Temporarily modify licensure or other requirements for settings where waiver services are furnished.

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

K-2-d-iii: The State will permit the following:

Individual, Level One, and SELF Waivers

- Temporarily waive the settings requirements when services are rendered in alternative settings
- Will permit flexibility with required timelines for completion of the assigned pre-certification visits. The On-site requirement may be replaced with a desk review of administrative requirements and completed through telephonic contact.
- Will permit structural compliance reviews to be completed through desk review in lieu of an on-site review. The State will permit flexibility with required timelines for submission of required corrective action plans, so long as all delays or extensions, and the rationale for the same, are supported by appropriate documentation in the provider file

e. X Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]

K-2-e: The State will permit the following:

Individual Options, Level One and SELF Waivers

- Initial and redetermination level of care assessments may be completed by the Service and Support Administrator temporarily using telephone or email to complete the required assessment.
 - No more than 120 days after the Appendix K expires, Service and Support Administrators will be asked to verify assessments conducted during the emergency period using a face-to-face method.

f. Temporarily increase payment rates

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider].

g. X Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

K-2-g: The State will permit the following:

Individual Options, Level One and SELF Waivers

- Services may be authorized by telephone or email prior to updating the person’s service plan. The Service and Support Administrator will update the plan within the next 120 days.
- The annual redetermination process may temporarily take place without a face to face meeting, but rather by telephone or other electronic means. The plan will be authorized with a verbal or email authorization by the individual or guardian. A focus on health and welfare will always be present and ensured.
 - No more than 120 days after the Appendix K expires, Service and Support Administrators will be asked to verify assessments conducted during the emergency period using a face-to-face method.
- Face to face monitoring as outlined in a person’s individualized service plan will temporarily be extended and will resume after at least 120 days. Health and welfare must be ensured during this time.

h. ___ Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]

i. Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

[Specify the services.]

j. Temporarily include retainer payments to address emergency related issues.

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

k. ___ Temporarily institute or expand opportunities for self-direction.

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards]

l. ___ Increase Factor C.

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

m. X Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]

K-2-m: The State will permit the following:

Individual Options, Level One, and SELF Waivers:

- On March 22, 2020, by order of the Director of the Ohio Department of Health, “all individuals currently living within the State of Ohio are ordered to stay at home or at their place of residence...” with exceptions specified in the order. For this reason, the State has checked the below box relative to non-compliance with HCBS regulations regarding visitation at the time of an individual’s choosing.

- During the period of emergency, the State is allowing flexibility with payment sequencing requirements to help ensure immediate health and safety needs. This includes, but is not limited to, waiver nursing and all equipment related services offered under the waiver programs.

Appendix K Addendum: COVID-19 Pandemic Response

1. HCBS Regulations

- a. Not comply with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic.

2. Services

- a. Add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting for:
- Case management
 - Personal care services that only require verbal cueing
 - In-home habilitation
 - Monthly monitoring (i.e., in order to meet the reasonable indication of need for services requirement in 1915(c) waivers).
 - Other *[Describe]*:

- b. Add home-delivered meals
- c. Add medical supplies, equipment and appliances (over and above that which is in the state plan)
- d. Add Assistive Technology

3. Conflict of Interest: The state is responding to the COVID-19 pandemic personnel crisis by authorizing case management entities to provide direct services. Therefore, the case management entity qualifies under 42 CFR 441.301(c)(1)(vi) as the only willing and qualified entity.

- a. Current safeguards authorized in the approved waiver will apply to these entities.
- b. Additional safeguards listed below will apply to these entities.


4. Provider Qualifications

- a. Allow spouses and parents of minor children to provide personal care services
- b. Allow a family member to be paid to render services to an individual.
- c. Allow other practitioners in lieu of approved providers within the waiver. *[Indicate the providers and their qualifications]*

- See K-2-d-ii for specifications

- d. Modify service providers for home-delivered meals to allow for additional providers, including non-traditional providers.

5. Processes

- a. Allow an extension for reassessments and reevaluations for up to one year past the due date.
 - b. Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings.
 - c. Adjust prior approval/authorization elements approved in waiver.
 - d. Adjust assessment requirements
 - e. Add an electronic method of signing off on required documents such as the person-centered service plan.
- 

Contact Person(s)

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

First Name: Icilda
Last Name: Dickerson
Title: Bureau Chief, Long-Term Services and Supports
Agency: Ohio Department of Medicaid
Address 1: 50 W. Town St., 5th Floor
Address 2: P.O. Box 182709
City: Columbus
State: OH
Zip Code: 43215
Telephone: 614-752-3578
E-mail: Icilda.dickerson@medicaid.ohio.gov
Fax Number: 614-644-6945

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

First Name: Deborah
Last Name: Hoffine
Title: Deputy Director, Medicaid Development and Administration
Agency: Ohio Department of Developmental Disabilities
Address 1: 30 E. Broad St., 13th Floor
Address 2: Click or tap here to enter text.
City: Columbus
State: OH
Zip Code: 43215
Telephone: 614-387-0375
E-mail: Deborah.hoffine@dodd.ohio.gov
Fax Number: 614-644-0501

8. Authorizing Signature

Signature:

Date:

State Medicaid Director or Designee

First Name: Maureen
Last Name: *Corcoran*

Title: Director of Medicaid
Agency: Ohio Department of Medicaid
Address 1: 50 W. Town St., Suite 400
Address 2: Click or tap here to enter text.
City Columbus
State OH
Zip Code 43215
Telephone: 614-466-4443
E-mail Maureen.Corcoran@medicaid.ohio.gov
Fax Number 614-752-3986

Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, enter the entire service definition and highlight the change. 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 Specification	
Service Title:	Homemaker/Personal Care (Approved in the Individual Options and Level One Waivers Only)
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>As currently approved in waiver: Homemaker/personal care (HPC) means the coordinated provision of a variety of services, supports and supervision necessary for the health and welfare of an individual which enables the individual to live in the community. These are tasks directed at increasing the independence of the individual within his/her home or community. This service will help the individual meet daily living needs, and without this service, alone or in combination with other waiver services, the individual would require institutionalization.</p> <p>Homemaking and personal tasks are combined into a single service titled homemaker/personal care because, in actual practice, a single person provides both services and does so as part of the natural flow of the day. For example, the provider may prepare a dish and place it in the oven to cook (homemaking), assist the individual in washing up before a meal and assist him/her to the table (personal care), put the prepared meal on the table (homemaking), and assist the individual in eating (personal care). Segregating these activities into discrete services is impractical.</p> <p>Services provided include the following:</p> <ol style="list-style-type: none"> 1. Self-advocacy training may include training to assist in the expression of personal preferences, self-representation, self-protection from and reporting of abuse, neglect and exploitation, individual rights and to make increasingly responsible choices. 2. Self-direction, including the identification of and response to dangerous or threatening situations, making decisions and choices affecting the individual’s life, and initiating changes in living arrangements of life activities. 3. Daily living skills including training in accomplishing routine household tasks, meal preparation, personal care, self-administration of medication, and other areas of daily living including proper use of adaptive and assistive devices, appliances, home safety, first aid and infant and childcare training for parents who have a developmental disability, and communication skills such as using the telephone. 4. Money management services may include training involving money management and personal finances, planning and decision making and may only be provided under HPC if provided in conjunction with other homemaker or personal care tasks. 5. Implementation of recommended follow-up counseling or other therapeutic interventions under the direction of a professional or extension of therapeutic services, which consist of reinforcing physical, occupational, speech and other therapeutic programs. Services are aimed at increasing the overall effective functioning of the individual. 	

6. Behavior support strategies includes training and assistance in appropriate expressions of emotions or desires, assertiveness, acquisition of socially appropriate behaviors; or extension of therapeutic services. Services are aimed at increasing the overall effective functioning of the individual.

7. Medical and health care services that are integral to meeting the daily needs of the individual (e.g. routine administration of medications or tending to the needs of individuals who are ill or require attention to their medical needs on an ongoing basis.

8. Emergency assistance training includes developing responses in case of emergencies, prevention planning, and training in the use of equipment or technologies used to access emergency response systems.

9. Community access services that explore community services available to all people, natural supports available to the individual, and develop methods to access additional services/supports/activities needed by the individual to be integrated in and have full access to the community.

10. Mobility including training or assistance aimed at enhancing movement within the individual's home, mastering the use of adaptive aids and equipment, accessing and using public transportation, independent travel, or other means of providing transportation.

The individual provider shall comply with the requirements of rule 5123:2-2-06 regarding behavior supports. If there is an individual behavior support strategy, the individual provider shall be trained in the components of the plan. The individual provider shall maintain documentation of such training in accordance with 5123-9-30 and present such documentation upon request by ODM, DODD, or the county board.

On Site/On Call is a subservice of Homemaker Personal Care. The on-site/on-call rate is paid when no need for supervision or supports is anticipated for a minimum continuous period of no less than five hours, and a provider must be on-site and available to provide homemaker/personal care if an unanticipated need arises but is not required to remain awake. This service must be documented in the Individual Service Plan.

No requested changes to service definition at this time.

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

As currently approved in the Individual Options Waiver: Due to the scope of services available, the Homemaker/Personal Care service may not be used at the same time as Career Planning, Vocational Habilitation, Individual Employment Support, Group Employment or Adult Day Support services. Homemaker/Personal Care services shall not be deemed to be services provided under Shared Living as defined in 5123:2-9-33. A person may receive shared Homemaker/Personal Care only on days when shared living is not provided. A provider of Homemaker/Personal Care cannot bill for both Homemaker/Personal Care and HPC - Daily Billing Unit on the same day.

Proposed Modifications to Approved Limits to the Individual Options Waiver:

Due to the impacts of COVID-19 on the developmental disabilities delivery system, the State requests that homemaker/personal care and Shared Living may be billed on the same day, but not by the same DSP.

Additionally, the State requests that the determined amount for an individual based on the Ohio Developmental Disability Profile (ODDP) may be exceeded during this emergency for the HPC service. The State requests that all prior authorizations to exceed funding limits as specified in C-4 are waived for the life of the Appendix K. Adult Day Service, Vocational Habilitation, and NMT providers may sub-contract with an existing HPC provider or may receive separate certification to provide HPC.

As currently approved in the Level One Waiver: Due to the scope of services available, the Homemaker/Personal Care service may not be used at the same time as Career Planning, Vocational Habilitation, Individual Employment Support, Group Employment or Adult Day Support services. Homemaker/Personal Care services shall not be deemed to be services provided under Shared Living as defined in 5123:2-9-33. A person may receive shared Homemaker/Personal Care only on days when shared living is not provided. A provider of Homemaker/Personal Care cannot bill for both Homemaker/Personal Care and HPC - Daily Billing Unit on the same day.

Proposed Modifications to Approved Limits to the Level One Waiver:

Due to the impacts of COVID-19 on the developmental disabilities delivery system, the State requests that current budget limitations are combined for residential and non-residential services to allow individual access to more funds for their waiver service needs.

Adult Day Service, Vocational Habilitation, and NMT providers may sub-contract with an existing HPC provider or may receive separate certification to provide HPC.

Provider Specifications

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Independent Homemaker/Personal Care Services		Agency Homemaker/Personal Care Services
				Certified Adult Day Support Agency Providers
				Certified Vocational Habilitation Agency Providers
				Certified Non-Medical Transportation Providers
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Independent Homemaker/Personal Care Services		Certification standards listed in rule 5123-9-30 of the Ohio Administrative Code.	
Agency Homemaker/Personal Care Services		Certification standards listed in rule 5123-9-30 of the Ohio Administrative Code	
Certified Adult Day Support Agency Providers		Certification standards are promulgated in Ohio	

		Administrative Code 5123:2-9-17	
Certified Vocational Habilitation Agency Providers		Certification standards are promulgated in Ohio Administrative Code 5123:2-9-14	
Certified NMT Providers		Certification standards are promulgated in Ohio Administrative Code 5123:2-9-18	

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Independent Homemaker/Personal Care Services	Ohio Department of Developmental Disabilities (DODD)	DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).
Agency Homemaker/Personal Care Services	Ohio Department of Developmental Disabilities (DODD)	DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).

Certified Adult Day Support Agency Providers	Ohio Department of Developmental Disabilities (DODD)	DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.		
Certified Vocational Habilitation Agency Providers	Ohio Department of Developmental Disabilities (DODD)	DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.		
Certified NMT Providers	Ohio Department of Developmental Disabilities (DODD)	DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.		
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	X	Provider managed



Service Specification

Service Title:

Participant-Directed Homemaker/Personal Care (**Approved in the Individual Options, Level One, and SELF Waivers**)

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

As currently approved in waiver:

Participant-directed Homemaker/personal care (PD-HPC) means the coordinated provision of a variety of services, supports and supervision necessary for the health and welfare of an individual which enables the individual to live in the community. These are tasks directed at increasing the independence of the individual within his/her home or community. This service can be furnished outside the home, as noted in service definition items 9 and 10.

This service will help the individual meet daily living needs, and without this service, alone or in combination with other waiver services, the individual would require institutionalization.

Homemaking and personal tasks are combined into a single service titled homemaker/personal care because, in actual practice, a single person provides both services and does so as part of the natural flow of the day. For example, the provider may prepare a dish and place it in the oven to cook (homemaking), assist the individual in washing up before a meal and assist him/her to the table (personal care), put the prepared meal on the table (homemaking), and assist the individual in eating (personal care). Segregating these activities into discrete services is impractical.

Services provided include the following:

1. Self-advocacy training may include training to assist in the expression of personal preferences, self-representation, self-protection from and reporting of abuse, neglect and exploitation, individual rights and to make increasingly responsible choices.
2. Self-direction, including the identification of and response to dangerous or threatening situations, making decisions and choices affecting the individual's life, and initiating changes in living arrangements of life activities.
3. Daily living skills including training in accomplishing routine household tasks, meal preparation, personal care, self-administration of medication, and other areas of daily living including proper use of adaptive and assistive devices, appliances, home safety, first aid and infant and childcare training for parents who have a developmental disability, and communication skills such as using the telephone.
4. Money management services may include training involving money management and personal finances, planning and decision making and may only be provided under HPC if provided in conjunction with other homemaker or personal care tasks.
5. Implementation of recommended follow-up counseling or other therapeutic interventions under the direction of a professional or extension of therapeutic services, which consist of reinforcing physical, occupational, speech and other therapeutic programs. Services are aimed at increasing the overall effective functioning of the individual.
6. Behavior support strategies includes training and assistance in appropriate expressions of emotions or desires, assertiveness, acquisition of socially appropriate behaviors; or extension of therapeutic services. Services are aimed at increasing the overall effective functioning of the individual.
7. Medical and health care services that are integral to meeting the daily needs of the individual (e.g. routine administration of medications or tending to the needs of individuals who are ill or require attention to their medical needs on an ongoing basis).
8. Emergency assistance training includes developing responses in case of emergencies, prevention planning, and training in the use of equipment or technologies used to access emergency response systems.
9. Community access services that explore community services available to all people, natural supports available to the individual, and develop methods to access additional services/supports/activities needed by the individual to be integrated in and have full access to the community.

10. Mobility including training or assistance aimed at enhancing movement within the individual's home, mastering the use of adaptive aids and equipment, accessing and using public transportation, independent travel, or other means of providing transportation.

The individual/designee responsibilities and authority to direct the delivery of homemaker/personal care are identified in Ohio Administrative Code (OAC) 5123-9-32.

Individuals or their representatives will direct/supervise individual providers of participant-directed homemaker/personal care. In addition to the day-to-day supervision by the individual/designee, Appendix D-1d identifies the continuous review process implemented by the service and support administrator in accordance with Ohio Administrative Code 5123:2-1-11.

The type and frequency of supervision and review are tailored to each person's unique needs and specified in the Individual Support Plan.

The individual provider shall comply with the requirements of rule 5123:2-2-06 regarding behavior supports. If there is an individual behavior support strategy, the individual provider shall be trained in the components of the plan. The individual provider shall maintain documentation of such training in accordance with 5123-9-32 and present such documentation upon request by the Ohio Department of Medicaid (ODM), the Department of Developmental Disabilities (DODD), or the county board of developmental disabilities (county board).

On Site/On Call is a subservice of Participant-Directed Homemaker Personal Care. The on-site/on-call rate is paid when no need for supervision or supports is anticipated for a minimum continuous period of no less than five hours, and a provider must be on-site and available to provide homemaker/personal care if an unanticipated need arises but is not required to remain awake. This service must be documented in the Individual Service Plan.

No requested changes to service definition at this time.

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

As currently approved in the Individual Options Waiver:

Due to the scope of services available, Participant-Directed Homemaker/Personal Care may not be provided at the same time the individual is receiving non-residential adult day support, group employment support, individual employment support, or vocational habilitation, non-medical transportation or residential respite. A provider of participant directed Homemaker/Personal Care cannot also provide money management or shared living to the same individual. Participant-directed Homemaker/Personal Care service may not be provided in schools, other educational settings, or in preschool.

Proposed Modifications to Approved Limits in the Individual Options Waiver:

The State requests that PD-HPC and Shared Living may be billed on the same day, but not by the same DSP.

Additionally, the State requests that the determined amount for an individual based on the Ohio Developmental Disability Profile (ODDP) may be exceeded during this emergency for the PD-HPC service. The State requests that all prior authorizations to exceed funding limits as specified in C-4 are waived for the life of the Appendix K.

Adult Day Service, Vocational Habilitation, and NMT providers may receive separate certification to provide Participant Directed Homemaker/Personal Care.

As currently approved in the Level One Waiver:

Due to the scope of services available, Participant Directed Homemaker/Personal Care may not be provided at the same time the individual is receiving non-residential adult day support, group employment support, individual employment support, or vocational habilitation, non-medical transportation or residential respite. A provider of participant directed Homemaker/Personal Care cannot also provide money management or shared living to the same individual. Participant-directed Homemaker/Personal Care service may not be provided in schools, other educational settings, or in preschool.

See cost limitations as defined in C-4.

Proposed Modifications to Approved Limits in the Level One Waiver:

Due to the impacts of COVID-19 on the developmental disabilities delivery system, the State requests that current budget limitations are combined for residential and non-residential services to allow individual access to more funds for their waiver service needs.

Adult Day Service, Vocational Habilitation, and NMT providers may receive separate certification to provide PD-HPC.

As currently approved in the SELF Waiver:

Due to the scope of services available, Participant Directed Homemaker/Personal Care may not be provided at the same time the individual is receiving non-residential adult day support, group employment support, individual employment support, or vocational habilitation, non-medical transportation or residential respite. A provider of participant directed Homemaker/Personal Care cannot also provide money management or shared living to the same individual. Participant-directed Homemaker/Personal Care service may not be provided in schools, other educational settings, or in preschool.

See cost limitations as defined in C-4.

Proposed Modifications to Approved Limits in the SELF Waiver:

Adult Day Service, Vocational Habilitation, and NMT providers may receive separate certification to provide PD-HPC.

Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
		Independent Provider of Participant-Directed Homemaker/Personal Care	Certified Adult Day Support Agency Providers
			Certified Vocational Habilitation Agency Providers
			Certified Non-Medical Transportation Providers
Specify whether the service may be provided by <i>(check each that applies):</i>		<input type="checkbox"/> Legally Responsible Person	<input checked="" type="checkbox"/> Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Independent Provider of Participant-		Certification standards listed in	

Directed Homemaker/Personal Care Services		rule 5123-9-32 of the Ohio Administrative Code.	
Certified Adult Day Support Agency Providers		Certification standards are promulgated in Ohio Administrative Code 5123:2-9-17	
Certified Vocational Habilitation Agency Providers		Certification standards are promulgated in Ohio Administrative Code 5123:2-9-14	
Certified NMT Providers		Certification standards are promulgated in Ohio Administrative Code 5123:2-9-18	

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Independent Provider of Participant-Directed Homemaker/Personal Care Services	Ohio Department of Developmental Disabilities (DODD)	DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. The term of certification is 3 years, as specified in OAC 5123: 2-2-01. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.
Certified Adult Day Support Agency Providers	Ohio Department of Developmental Disabilities (DODD)	DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each

		certified provider is reviewed once during the term of their certification.		
Certified Vocational Habilitation Agency Providers	Ohio Department of Developmental Disabilities (DODD)	DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.		
Certified NMT Providers	Ohio Department of Developmental Disabilities (DODD)	DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.		
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	X	Participant-directed as specified in Appendix E	X	Provider managed

Service Specification

Service Title: Shared Living (**Approved in the Individual Options Waiver only**)

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

As currently approved in waiver:
 Shared living means personal care and support services provided to an adult by a caregiver who lives with the individual receiving the services. Shared living is provided in conjunction with residing in the home and is part of the rhythm of life that naturally occurs when people live together in the same home. Due to the environment provided by living together in the same home, segregating these activities into discrete services is impractical. Examples of supports that may be provided as a component of shared living include: basic personal care and grooming, performing household activities including laundry and shopping, assistance with bladder and/or bowel requirements, assistance with medication and support in leading full community lives.

No requested changes to service definition at this time.

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

As currently approved in waiver: Legal guardians of individuals over the age of 18 are only permitted to be providers when they are related to the individual.

Shared living shall not be billed on the same day as homemaker/personal care, residential respite, or community respite.

Only one daily unit of shared living may be provided each calendar day.

Proposed Modifications to Approved Limits:

Due to the impacts of COVID-19 on the developmental disabilities delivery system, requests that homemaker/personal care, participant-directed homemaker/personal care and Shared Living may be billed on the same day, but not by the same DSP.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	X	Individual. List types:	X	Agency. List the types of agencies:
		Independent Providers of Shared Living		Agency Providers of Shared Living

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	X	Relative/Legal Guardian
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Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Agency Providers of Shared Living		Certified under standards listed in rule 5123:2-9-9	

Independent Providers of Shared Living		Certified under standards listed in rule 5123:2-9-9	
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Agency Providers of Shared Living	Ohio Department of Developmental Disabilities		DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. The term of certification is 3 years, as specified in OAC 5123:2-2-01. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.
Independent Providers of Shared Living	Ohio Department of Developmental Disabilities		DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. The term of certification is 3 years, as specified in OAC 5123:2-2-01. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.
Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

Service Specification

Service Title: **Informal Respite (Approved in the Level One Waiver only)**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

As currently approved in waiver:

Informal respite means services provided by a provider to individuals unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Informal respite may be provided in the individual's home or place of residence, home of a friend or family member, or sites of community activities.

No requested changes to service definition at this time.

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

As currently approved in waiver:

See cost limitations as defined in Appendix C-4.

Proposed Modifications to Approved Limits:

Ohio requests that providers of Adult Day or Vocational Habilitation may become certified to provide informal respite during the life of the Appendix K.

Additionally, the State requests that current budget limitations are combined for residential and non-residential services to allow individual access to more funds for their waiver service needs.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Independent Provider of Informal Respite		Agency Providers of Adult Day, Vocational Habilitation

Specify whether the service may be provided by *(check each that applies)*:
 Legally Responsible Person Relative/Legal Guardian

Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Independent Provider of Informal Respite		Certified under standards listed in rule 5123-9-21 of the Administrative Code.	
Agency Providers of Adult Day, Vocational Habilitation		Certification standards are promulgated in	

		OAC 5123:9-17 and 5123:9-14	
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Independent Provider of Informal Respite	Ohio Department of Developmental Disabilities		DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123: 2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD shall ensure that compliance reviews of certified providers are conducted so that each certified provider is reviewed within one year of initial billing for provision of services, and thereafter once during the term of their certification (3 years).
Agency Providers of Adult Day, Vocational Habilitation	Ohio Department of Developmental Disabilities (DODD)		DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.
Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

Service Specification

Service Title:	Residential Respite (Approved in the Individual Options, Level One, and SELF Waivers)
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Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

As currently approved in waiver:

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

- (a) An intermediate care facility for individuals with intellectual disabilities (ICF/IID); or
- (b) A residential facility, other than an ICF/IID, licensed by the department under section 5123.19 of the Revised Code; or
- (c) A residence, other than an ICF/IID, or a facility licensed by the department under section 5123.19 of the Revised Code, where Residential Respite is provided by an agency provider.

No requested changes to service definition at this time.

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

As currently approved in the Individual Options Waiver:

Payment for Residential Respite services does not include room and board.

Only one provider of residential respite or community respite shall use a daily billing unit on any given day.

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

Residential Respite shall not be provided to an individual at the same time by the same provider as Shared Living

Proposed Modifications to Approved Limits in the Individual Options Waiver:

Due to the impacts of COVID-19 on the developmental disabilities delivery system, Ohio requests that the limit of 90 calendar days of service per waiver eligibility span for residential respite is lifted.

Ohio requests that providers of Adult Day or Vocational Habilitation may become certified to provide residential respite during the life of the Appendix K.

Additionally, the State requests that the determined amount for an individual based on the Ohio Developmental Disability Profile (ODDP) may be exceeded during this emergency for the residential respite service. The State requests that all prior authorizations to exceed funding limits as specified in C-4 are waived for the life of the Appendix K.

As currently approved in the Level One Waiver:

See cost limitations as defined in C-4.

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

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

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

Proposed Modifications to Approved Limits in the Level One Waiver:

Due to the impacts of COVID-19 on the developmental disabilities delivery system, Ohio requests that the limit of 90 calendar days of service per waiver eligibility span for residential respite is lifted.

Ohio requests that providers of Adult Day or Vocational Habilitation may become certified to provide residential respite during the life of the Appendix K.

Additionally, the State requests that current budget limitations are combined for residential and non-residential services to allow individual access to more funds for their waiver service needs.

As currently approved in the SELF Waiver:

See cost limitations as defined in C-4.

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

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

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

Proposed Modifications to Approved Limits in the SELF Waiver:

Due to the impacts of COVID-19 on the developmental disabilities delivery system, Ohio requests that the limit of 90 calendar days of service per waiver eligibility span for residential respite is lifted.

Ohio requests that providers of Adult Day or Vocational Habilitation may become certified to provide residential respite during the life of the Appendix K.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
			DODD Licensed Facilities	
			Facilities certified as ICFs/IID	
			Agency Providers of Residential Respite	
			Agency Providers of Adult Day, Vocational Habilitation	
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
DODD Licensed Facilities	Licensed by the Ohio Department of Developmental Disabilities under 5123.19 of the Revised Code	Certified under standards listed in rule 5123-9-34	

Facilities certified as ICFs/IID	Licensed by the Ohio Department of Health as an ICF/IID under Chapter 3721 of the Revised Code	Certified under standards listed in rule 5123-9-34	
Agency Providers of Residential Respite		Certified under standards listed in rule 5123-9-34	
Agency Providers of Adult Day, Vocational Habilitation		Certification standards are promulgated in OAC 5123:9-17 and 5123:9-14	

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
DODD Licensed Facilities	Ohio Department of Developmental Disabilities	All licensed facilities are awarded term license of one to three years based upon the results of a licensure survey. The reviews measure compliance with provider standards, including the physical environment, quality of services and areas that ensure the individual's health and welfare. At the end of each term, a review is conducted and a new term is issued (OAC 5123:2-3-02, 5123:2-3-03).
Facilities certified as ICFs/IID	Ohio Department of Developmental Disabilities	All licensed facilities are awarded term license of one to three years based upon the results of a licensure survey. The reviews measure compliance with provider standards, including the physical environment, quality of services and areas that ensure the individual's health and welfare. At the end of each term, a review is conducted and a new term is issued (OAC 5123:2-3-02, 5123:2-3-03).
Agency Providers of Residential Respite	Ohio Department of Developmental Disabilities	DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD

		compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.
Agency Providers of Adult Day, Vocational Habilitation	Ohio Department of Developmental Disabilities (DODD)	DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.
Service Delivery Method <i>(check each that applies):</i>		
<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>
		Provider managed

Service Specification

Service Title:	Community Respite (Approved in the Individual Options, Level One, and SELF Waivers)
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Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

As currently approved in waiver:

Community Respite means services provided to individuals unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the individuals. Community Respite shall only be provided outside of an individual's home in a camp, recreation center, or other place where an organized community program or activity occurs.

No requested changes to service definition at this time.

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

As currently approved in the Individual Options Waiver:

Community Respite shall not be provided in any residence and shall not be simultaneously provided at the same location where Adult Day Support or Vocational Habilitation is provided.

Payment for Community Respite does not include room and board.

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

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

Proposed Modifications to Approved Limits in the Individual Options Waiver:

Due to the impacts of COVID-19 on the developmental disabilities delivery system, Ohio requests that the limit of 60 calendar days of service per waiver eligibility span for community respite is lifted.

Ohio requests that providers of Adult Day or Vocational Habilitation may become certified to provide community respite during the life of the Appendix K.

Additionally, the State requests that the determined amount for an individual based on the Ohio Developmental Disability Profile (ODDP) may be exceeded during this emergency for the community respite service. The State requests that all prior authorizations to exceed funding limits as specified in C-4 are waived for the life of the Appendix K.

As currently approved in the Level One Waiver:

See cost limitations as defined in C-4.

Payment for Community Respite does not include room and board.

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

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

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

Proposed Modifications to Approved Limits in the Level One Waiver:

Due to the impacts of COVID-19 on the developmental disabilities delivery system, Ohio requests that the limit of 60 calendar days of service per waiver eligibility span for community respite is lifted.

Ohio requests that providers of Adult Day or Vocational Habilitation may become certified to provide community respite during the life of the Appendix K.

Additionally, the State requests that current budget limitations are combined for residential and non-residential services to allow individual access to more funds for their waiver service needs.

As currently approved in the SELF Waiver:

See cost limitations as defined in C-4.

Payment for Community Respite does not include room and board.

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

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

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

Proposed Modifications to Approved Limits in the SELF Waiver:

Due to the impacts of COVID-19 on the developmental disabilities delivery system, Ohio requests that the limit of 60 calendar days of service per waiver eligibility span for community respite is lifted.

Ohio requests that providers of Adult Day or Vocational Habilitation may become certified to provide community respite during the life of the Appendix K.

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	<input type="checkbox"/>		<input type="checkbox"/>	Agency Community Respite Providers
	<input type="checkbox"/>		<input type="checkbox"/>	Agency Providers of Adult Day, Vocational Habilitation
	<input type="checkbox"/>		<input type="checkbox"/>	
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	

Agency Community Respite Providers		Certification standards listed in rule 5123-9-22 of the Ohio Administrative Code	
Agency Providers of Adult Day, Vocational Habilitation		Certification standards are promulgated in OAC 5123:9-17 and 5123:9-14	

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
DODD Licensed Facilities	Ohio Department of Developmental Disabilities	DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.
Agency Providers of Adult Day, Vocational Habilitation	Ohio Department of Developmental Disabilities (DODD)	DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Service Specification

Service Title: **Habilitation-Adult Day Supports (Approved in the Individual Options, Level One, and SELF waivers)**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

As currently approved in waiver:

Adult day support (ADS) means the provision of regularly scheduled activities in a non-residential setting, such as assistance with acquisition, retention, or improvement of self-help, socialization, and adaptive skills that enhance the individual's social development and performance of daily community living skills. ADS activities and environments shall be designed to foster the acquisition of skills, build community membership and independence, and expand personal choice. ADS enables the individual to attain and maintain his or her maximum potential. Activities that constitute ADS include, but are not limited to:

- (a) Supports to participate in community activities and build community membership consistent with the individual's interests, preferences, goals, and outcomes.
- (b) Supports to develop and maintain a meaningful social life, including social skill development which offers opportunities for personal growth, independence, and natural supports through community involvement, participation, and relationships.
- (c) Supports and opportunities that increase problem-solving skills to maximize an individual's ability to participate in integrated community activities independently or with natural supports.
- (d) Personal care including supports and supervision in the areas of personal hygiene, eating, communication, mobility, toileting, and dressing to ensure an individual's ability to experience and participate in community living.
- (e) Skill reinforcement including the implementation of behavioral support strategies, assistance in the use of communication and mobility devices, and other activities that reinforce skills learned by the individual that are necessary to ensure his or her initial and continued participation in community life.
- (f) Training in self-determination which includes assisting the individual to develop self-advocacy skills; to exercise his or her civil rights; to exercise control and responsibility over the services he or she receives; and to acquire skills that enable him or her to become more independent, productive, and integrated within the community.
- (g) Recreation and leisure including supports identified in the person-centered individual service plan as being therapeutic in nature, rather than merely providing a diversion, and/or as being necessary to assist the individual to develop and/or maintain social relationships and family contacts.
- (h) Assisting the individual with self-medication or provision of medication administration for prescribed medication and assisting the individual with or performing health-related activities in accordance with Chapter 5123:2-6 of the Administrative Code.

Requirements for service delivery:

- (1) The expected outcome of ADS is building on the individual's strengths and fostering the development of skills that lead to greater independence, community membership, relationship-building, self-direction, and self-advocacy.

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

(3) ADS shall be provided pursuant to a person-centered individual service plan that conforms to the requirements of rule 5123:2-1-11 of the Administrative Code and shall be coordinated with other services and supports set forth in the individual service plan.

(4) ADS may be provided in a variety of settings in the community, but shall not be furnished in the individual's residence or other residential living arrangement.

(5) A provider of ADS shall comply with applicable laws, rules, and regulations of the federal, state, and local governments pertaining to the physical environment (building and grounds) where adult day support is provided. A provider of adult day support shall be informed of and comply with standards (e.g., Americans with Disabilities Act of 1990) applicable to the service setting.

(6) ADS includes both individual activities and group activities. The nature of group activities and the number of staff providing adult day support to a group of individuals shall be appropriate to meet the needs and achieve the outcomes identified in each group member's person-centered individual service plan.

(7) When meals are provided as part of adult day support, they shall not constitute a full nutritional regimen (i.e., three meals per day).

(8) A provider of ADS shall recognize changes in the individual's condition and behavior as well as safety and sanitation hazards, report to the service and support administrator, and record the changes in the individual's written record.

Requested changes to service definition in the Individual Options, Level One, and SELF waivers:

Ohio requests to lift the restriction on ADS being furnished in the individual's residence or other residential living arrangement as a result of impacts COVID-19 in the State.

Additionally, the State requests to allow Adult Day Supports and Vocational Habilitation services to extend to those times when the individual is not physically present while the provider is performing Adult Day Support or Vocational Habilitation activities on behalf of the individual (e.g., picking up needed food and or supplies during state of emergency). Services can occur either in-person or remotely via technology. The State intends to only allow for this service option upon approval and authorization by the County Board of Developmental Disabilities Service and Support Administrator (SSA), by the individual's ISP team, and when there is a documented need for such support. The remote service delivery option for Adult Day and/or Vocational Habilitation is only available to individuals who are not in receipt of any other authorized residential support services during the daytime hours when the individual is typically at a non-residential service setting site.

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

As currently approved in waiver:

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

Payment for ADS, career planning, group employment support, individual employment support, and vocational habilitation alone or in combination, shall not exceed the budget limitations contained in appendix C to rule 5123:2-9-19 of the Administrative Code. As outlined in Appendix D-1-b Service Planning Safeguards: County boards providing targeted case management (TCM) will not be eligible to provide any adult day services, unless no other qualified provider is available in the geographic area. It is anticipated that all individuals will be safely

transitioned from their existing adult day services, many of which are operated by county boards, to the newly designed services according to Ohio's Transition Plan. County Boards are prohibited from providing direct services to new individuals, unless no other qualified and willing provider is available.

No Modifications to Approved Limits are requested at this time for the Individual Options, and SELF waivers.

Proposed Modifications to Approved Limits in the Level One Waiver Only:

Ohio requests combining the current budget limitations for residential and non-residential services to allow individual access to more funds for their waiver service needs. Individuals will have access to a total amount of \$ 58,232. Additionally, individuals will still have access to emergency funds which total \$8,520 within a three-year period.

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				For profit and not-for-profit private providers of Adult Day Support
				County Board providers of Adult Day Support

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
For profit and not-for-profit private providers of Adult Day Support		Certification standards are promulgated in Ohio Administrative Code 5123:2-9-17	
County Board providers of Adult Day Support		Certification standards are promulgated in Ohio Administrative Code 5123:2-9-17	

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
For profit and not-for-profit private providers of Adult Day Support	Ohio Department of Developmental Disabilities	DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule

		5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.
County Board providers of Adult Day Support	Ohio Department of Developmental Disabilities (DODD)	DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.
Service Delivery Method <i>(check each that applies):</i>		
<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

Service Specification

Service Title: Habilitation-Vocational Habilitation

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

As currently approved in waiver:

Vocational habilitation means services that provide learning and work experiences, including volunteer work, where the individual develops general skills that lead to competitive integrated employment such as ability to communicate effectively with supervisors, coworkers, and customers; generally-accepted community workplace conduct and dress; ability to follow directions; ability to attend to tasks; workplace problem-solving skills and strategies; and workplace safety and mobility training. Services are expected to occur over a defined period of time with specific outcomes to be achieved determined by the individual and his or her team.

Activities that constitute vocational habilitation include, but are not limited to:

- (a) Ongoing support which includes direct supervision, telephone and/or in-person monitoring and/or counseling, and the provision of some or all of the following supports to promote the development of general work skills.
- (i) Developing a systematic plan of instruction and support, including task analyses to prepare the individual for competitive integrated employment.
- (ii) Assisting the individual to perform activities that result in increasing his or her social integration with other individuals and persons employed at the worksite.
- (iii) Supporting and training the individual in the use of individualized or community-based transportation services.
- (iv) Providing services and training that assist the individual with problem-solving and meeting job-related expectations.
- (v) Assisting the individual to use natural supports and community resources.
- (vi) Providing training to the individual to maintain current skills, enhance personal hygiene, learn new work skills, attain self-determination goals, and improve social skills.
- (vii) Developing and implementing a plan to assist the individual to transition from his or her vocational habilitation setting to competitive integrated employment emphasizing the use of natural supports.
- (viii) Assisting the individual with self-medication or provision of medication administration for prescribed medication and assisting the individual with or performing health-related activities in accordance with Chapter 5123:2-6 of the Administrative Code.
- (b) Provision of information about or referral to career planning services, disability benefits services, or other appropriate consultative services.

Requirements for service delivery:

- (1) The expected outcome of vocational habilitation is the advancement of an individual on his or her path to community employment and the individual's achievement of competitive integrated employment in a job well-matched to the individual's interests, strengths, priorities, and abilities.

(2) Vocational habilitation is available to individuals who are no longer eligible for educational services based on their graduation and/or receipt of a diploma or equivalency certificate and/or their permanent discontinuation of educational services within parameters established by the Ohio department of education.

(3) Vocational habilitation shall be provided pursuant to a person-centered individual service plan (ISP) that conforms to the requirements of rules 5123:2-1-11 and 5123:2-2-05 of the Administrative Code and shall be coordinated with other services and supports set forth in the individual service plan. Individuals receiving vocational habilitation shall have community employment outcomes in their ISP; vocational habilitation activities shall be designed to support the individual's community employment outcomes.

(4) Vocational habilitation may be provided in a variety of settings in the community but shall not be furnished in the individual's residence or other residential living arrangement.

(5) A provider of vocational habilitation shall, in accordance with paragraph (F)(1) of rule 5123:2-2-05 of the Administrative Code, submit to each individual's team at least once every twelve months, or more frequently as decided upon by the individual's team, a written progress report. The written progress report shall outline the anticipated time-frame for each desired outcome of vocational habilitation. If no progress is reported, the individual service plan shall be amended to identify the barriers toward achieving desired outcomes and the action steps to overcome the identified barriers.

(6) The service and support administrator shall ensure that documentation is maintained to demonstrate that the service provided as vocational habilitation to an individual enrolled in a waiver is not otherwise available as vocational rehabilitation services funded under section 110 of the Rehabilitation Act of 1973, 29 U.S.C. 730, as in effect on the effective date of this rule.

(7) Individuals receiving vocational habilitation shall be compensated in accordance with applicable federal laws and state laws and regulations. A determination that an individual receiving vocational habilitation is eligible to be paid at special minimum wage rates in accordance with 29 C.F.R. Part 525, "Employment of Workers with Disabilities Under Special Certificates," shall be based on documented evaluations and assessments.

(8) A provider of vocational habilitation shall ensure that appropriate staff are knowledgeable in the Workforce Innovation and Opportunity Act, wage and hour laws, benefits, work incentives, and employer tax credits for individuals with developmental disabilities and ensure that individuals served receive this information.

(9) A provider of vocational habilitation shall comply with applicable laws, rules, and regulations of the federal, state, and local governments pertaining to the physical environment (building and grounds) where vocational habilitation is provided. A provider of vocational habilitation shall be informed of and comply with standards (e.g., Americans with Disabilities Act of 1990) applicable to the service setting.

(10) A provider of vocational habilitation shall recognize changes in the individual's condition and behavior as well as safety and sanitation hazards, report to the service and support administrator, and record the changes in the individual's written record.

Requested changes to service definition in the Individual Options, Level One, and SELF waivers:

Ohio requests to lift the restriction on Vocational Habilitation being furnished in the individual's residence or other residential living arrangement as a result of impacts COVID-19 in the State.

Additionally, the State requests to allow Adult Day Supports and Vocational Habilitation services to extend to those times when the individual is not physically present while the provider is performing Adult Day Support or

Vocational Habilitation activities on behalf of the individual (e.g., picking up needed food and or supplies during state of emergency). Services can occur either in-person or remotely via technology. The State intends to only allow for this service option upon approval and authorization by the County Board of Developmental Disabilities Service and Support Administrator (SSA), by the individual's ISP team, and when there is a documented need for such support. The remote service delivery option for Adult Day and/or Vocational Habilitation is only available to individuals who are not in receipt of any other authorized residential support services during the daytime hours when the individual is typically at a non-residential service setting site.

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

As currently approved in the Individual Options, Level One, and SELF waiver:

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

Payment for adult day support, career planning, group employment support, individual employment support, and vocational habilitation alone or in combination, shall not exceed the budget limitations contained in appendix C to rule 5123:2-9-19 of the Administrative Code.

As outlined in Appendix D-1-b Service Planning Safeguards: County boards of developmental disabilities (county boards) providing targeted case management (TCM) will not be eligible to provide any of the new adult day services, unless no other qualified provider is available in the geographic area. It is anticipated that all individuals will be safely transitioned from their existing adult day services, many of which are operated by county boards, to the newly designed services according to Ohio's Transition Plan. County boards are prohibited from providing direct services to new individuals, unless no other qualified and willing provider is available.

No Modifications to Approved Limits are requested at this time for the Individual Options, and SELF waivers.

Proposed Modifications to Approved Limits in the Level One Waiver Only:

Ohio requests combining the current budget limitations for residential and non-residential services to allow individual access to more funds for their waiver service needs. Individuals will have access to a total amount of \$58,232. Additionally, individuals will still have access to emergency funds which total \$8,520 within a three-year period.

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	X	Agency. List the types of agencies:
	<input type="checkbox"/>			For profit and not-for-profit private providers of Vocational Habilitation
	<input type="checkbox"/>			County Board providers of Vocational Habilitation
	<input type="checkbox"/>			

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (<i>specify</i>)	Certificate (<i>specify</i>)	Other Standard (<i>specify</i>)
For profit and not-for-profit private providers of Vocational Habilitation		Certification standards are promulgated in Ohio Administrative Code 5123:2-9-14	
County Board providers of Vocational Habilitation		Certification standards are promulgated in Ohio Administrative Code 5123:2-9-14	

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
For profit and not-for-profit private providers of Vocational Habilitation	Ohio Department of Developmental Disabilities	DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.
County Board providers of Vocational Habilitation	Ohio Department of Developmental Disabilities (DODD)	DODD has the statutory authority in section 5123.16 of the Revised Code to establish a period of recertification. Pursuant to rule 5123:2-2-04 HCBS Waivers: Compliance Reviews of HCBS Waiver Providers, DODD compliance reviews of certified providers shall be conducted so that each certified provider is reviewed once during the term of their certification.

Service Delivery Method (<i>check each that applies</i>):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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ⁱ Numerous changes that the state may want to make necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.

APPENDIX K: Emergency Preparedness and Response

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.ⁱ This appendix may be completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: Ohio

B. Waiver Title: Assisted Living, Ohio Home Care Waiver, My Care Ohio, PASSPORT

C. Control Number: OH.0446., OH.0337.R04.05, OH.1035.R01.01, OH.0198.R06.02

D. Type of Emergency (The state may check more than one box):

<input checked="" type="checkbox"/>	Pandemic or Epidemic
<input type="checkbox"/>	Natural Disaster
<input type="checkbox"/>	National Security Emergency
<input type="checkbox"/>	Environmental
<input type="checkbox"/>	Other (specify):

E. **Brief Description of Emergency.** *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state’s mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

On March 11, 2020, the World Health Organization declared the rapidly spreading coronavirus (COVID-19) outbreak will likely spread to all countries around the globe. Earlier, on March 9, 2020, Ohio Governor Mike DeWine declared a statewide state of emergency to protect the health, safety and well-being of Ohioans from the dangerous effects of COVID-19. All citizens have been urged to heed the advice of the Ohio Department of Health (ODH) and other emergency officials regarding this public health emergency. State agencies, including those serving individuals through Ohio Medicaid, are

authorized to coordinate the State response to COVID-19, and to develop and implement procedures, including suspending or adopting temporary rules within an agency's authority, consistent with recommendations from ODH designed to prevent or alleviate this public health threat. The Ohio Department of Medicaid (ODM) is submitting this Appendix K for the purpose of establishing processes aimed at reducing risks and ensuring access to home and community-based services (HCBS) to individuals through the Assisted Living, Ohio Home Care, MyCare Ohio, and PASSPORT waiver programs who are at greatest risk from COVID-19.

Current enrollment on each of the three waivers is as follows:

- Assisted Living: 3,552
- Ohio Home Care: 6,800
- MyCare Ohio: 29,451
- PASSPORT: 20,602

Slots for the respective waivers are as follows:

- Assisted Living: 5,199 in waiver year 1
- Ohio Home Care: 9,200 in waiver year 4
- MyCare Ohio: 33,409 in waiver year 2
- PASSPORT: 33,975 in waiver year 2

The Ohio Home Care serves individuals birth through age 59, and the MyCare Ohio waiver programs serve individuals ages 18 and older. The Assisted Living program serves individuals age 21 and older and the PASSPORT program serves individuals aged 60 and older. All these waivers require a skilled or intermediate level of care (considered by the State to meet nursing facility (NF) level of care) for enrollment. The State is assuming all enrolled individuals on the Assisted Living, Ohio Home Care, MyCare Ohio, and PASSPORT programs are currently at risk of contracting the infection which causes COVID-19.

The Ohio Department of Medicaid (ODM), the State Medicaid agency, is responsible for administration and oversight of the Ohio Home Care Waiver and MyCare Ohio Waiver programs. ODM contracts with multiple case management agencies (CMA) to provide assessment and case management services. The CMAs operate regionally around the state and are responsible for interfacing with individuals at the local level to assure access to services. CMA staff perform level of care assessments, as well annual and event-based reassessments, work with each waiver individual to develop/update person-centered service plans tailored to meet their specific needs, monitor health and welfare, and provide ongoing case management and support. ODM also contracts with a single entity to perform provider management and oversight functions and to conduct provider oversight and incident investigations.

The Ohio Department of Medicaid (ODM) maintains oversight of operational and policy development at Ohio Department of Aging (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 Assisted Living and 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 State is seeking approval from CMS to make changes to the following:

F. **Proposed Effective Date: Start Date: 1/27/2020 Anticipated End Date: 1/26/2021**

G. **Description of Transition Plan.**

All activities will take place in response to the impact of COVID-19 as efficiently and effectively as possible based upon the complexity of the change

H. **Geographic Areas Affected:**

These actions will apply across the waiver to all individuals impacted by the COVID-19 virus

I. **Description of State Disaster Plan (if available) *Reference to external documents is acceptable:***

Please see accompanying documentation for State Disaster Plan.

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

a. **Access and Eligibility:**

i. **Temporarily increase the cost limits for entry into the waiver.**

[Provide explanation of changes and specify the temporary cost limit.]

ii. **Temporarily modify additional targeting criteria.**

[Explanation of changes]

The State will permit individuals enrolled on the Ohio home care waiver program who reach their sixtieth birthday to remain enrolled on the waiver for the duration of the emergency. Individuals are to be disenrolled from the Ohio home care waiver at their next face-to-face assessment following the expiration of the emergency.

b. X Services

i.

 Temporarily modify service scope or coverage.

ii. Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.

[Explanation of changes]

iii. Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).

iv. X Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches) Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:

[Explanation of modification, and advisement if room and board is included in the respite rate]:

K-2-b-iv: The State will permit the following:

- The State will allow expanding settings where services, including but not limited to: personal care, adult day, and out of home respite, can be furnished.
- The State will allow the use of unapproved living units in ODA-certified assisted living facilities during within the timeframe identified in the approved Appendix K.

v. Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]

c. X Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver. Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

K-2-c: The State will permit the following:

- Permit payments for direct care services rendered by family caregivers and legally responsible individuals when not already permitted in the waiver.

d. X Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).

i. X Temporarily modify provider qualifications.

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

K-2-d-i: The State will permit the following:

- Allow waiver providers with an active Medicaid provider agreement to furnish waiver services across the delivery systems without being subject to additional provider standards and certification processes specific to the waiver programs.
- Waive background checks for new providers.

ii. X Temporarily modify provider types.

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

K-2-d-ii The State will permit non-agency providers to furnish the personal care service, where it is not already permitted.

iii. X Temporarily modify licensure or other requirements for settings where waiver services are furnished.

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

K-2-d-iii: The State will permit the following:

- The State will temporarily waive the settings requirements when services are rendered in alternative settings.
- The State will permit flexibility with required timelines for completion of the assigned pre-certification visits. The on-site requirement may be replaced with a desk review of administrative requirements and completed through telephonic contact.
- The State will permit structural compliance reviews to be completed through desk review in lieu of an on-site review. The State will permit flexibility with required timelines for submission of required corrective action plans, so long as all delays or extensions, and the rationale for the same, are supported by appropriate documentation in the provider file.

- The State may suspend structural compliance reviews.

e. X Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]

K-2-e: The State will permit the following:

- Flexibility with required timelines. A list of “late” assessments must be provided monthly during the established timeframe in which flexibility has been granted by the State.
- The State will allow the face-to-face assessment requirement to be replaced with telephonic contact and desk reviews.
- The assessment must be validated at the next face-to-face visit.

f. Temporarily increase payment rates

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider].

g. X Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

K-2-g: The State will permit the following:

- Flexibility with required timelines.
- Allowing face-to-face assessment requirements to be replaced with telephonic contact.
- Service authorizations and adjustments may be made based on telephonic assessment of need.
- All services may be authorized telephonically except for the following: home maintenance and chore services, home modification services.
- Authorizing home delivered meals to exceed the current limitations in the approved waiver.
- Suspend new or existing service authorizations, based on the priority level of the individual.
- All service plans will be authorized for up to 90 days or until the next face-to-face contact.

- Existing service authorizations may be extended via telephonic contacts.
- Verbal consent, or other electronic to the service plan, including documenting the date, time and location will be accepted.
- Signature will be obtained at the next face to face visit.

h. __ Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances.

i. __ Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

[Specify the services.]

j. Temporarily include retainer payments to address emergency related issues.

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

k. Temporarily institute or expand opportunities for self-direction.

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards]

l. __ Increase Factor C.

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

m. X Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program].]

K-2-m: The State will permit the following:

- Contact Schedules – face-to-face requirements may be replaced with telephonic contact. The CMA must prioritize individuals at the highest risk levels for face-to-face visits.
- Contracted Entities: The use of contracted entities including but not limited to provider recruitment, emergency provider enrollment activities, provider payments and other support activities.
- Service Verification: Verbal verification of service delivery, including documenting the date and time will be accepted.
- Payer Sequencing: Flexibility with the payor sequencing requirements based on the need to meet individual’s immediate health and safety needs.

Appendix K Addendum: COVID-19 Pandemic Response

1. HCBS Regulations

- a. Not comply with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic.

2. Services

- a. Add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting for:
 - i. Case management
 - ii. Personal care services that only require verbal cueing
 - iii. In-home habilitation
 - iv. Monthly monitoring (i.e., in order to meet the reasonable indication of need for services requirement in 1915(c) waivers).
 - v. Other *[Describe]*:

- b. Add home-delivered meals
- c. Add medical supplies, equipment and appliances (over and above that which is in the state plan)
- d. Add Assistive Technology

3. Conflict of Interest: The state is responding to the COVID-19 pandemic personnel crisis by authorizing case management entities to provide direct services. Therefore, the case management entity qualifies under 42 CFR 441.301(c)(1)(vi) as the only willing and qualified entity.


- a. Current safeguards authorized in the approved waiver will apply to these entities.
- b. Additional safeguards listed below will apply to these entities.

4. Provider Qualifications

- a. Allow spouses and parents of minor children to provide personal care services
- b. Allow a family member to be paid to render services to an individual.
- c. Allow other practitioners in lieu of approved providers within the waiver. *[Indicate the providers and their qualifications]*

- d. Modify service providers for home-delivered meals to allow for additional providers, including non-traditional providers.

5. Processes

- a. Allow an extension for reassessments and reevaluations for up to one year past the due date.
 - b. Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings.
 - c. Adjust prior approval/authorization elements approved in waiver.
 - d. Adjust assessment requirements
 - e. Add an electronic method of signing off on required documents such as the person-centered service plan.
- 

Contact Person(s)

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

First Name: Icilda
Last Name: Dickerson
Title: Chief
Agency: Bureau of Long-Term Services and Supports
Address 1: Ohio Department of Medicaid
Address 2: 50 West Town Street, Fifth Floor, P.O. Box 182709
City: Columbus
State: Ohio
Zip Code: 43215
Telephone: (614) 752-3578
E-mail: Icilda.Dickerson@medicaid.ohio.gov
Fax Number: (466) 466-6945

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

First Name: Click or tap here to enter text.
Last Name: Click or tap here to enter text.
Title: Click or tap here to enter text.
Agency: Click or tap here to enter text.
Address 1: Click or tap here to enter text.
Address 2: Click or tap here to enter text.
City: Click or tap here to enter text.
State: Click or tap here to enter text.
Zip Code: Click or tap here to enter text.
Telephone: Click or tap here to enter text.
E-mail: Click or tap here to enter text.
Fax Number: Click or tap here to enter text.

8. Authorizing Signature

Signature:

Date:

State Medicaid Director or Designee

First Name: Maureen M.
Last Name: Corcoran

Title: Director
Agency: Ohio Department of Medicaid
Address 1: 50 West Town Street, Fifth Floor
Address 2: P.O. Bo 182709
City Columbus
State Ohio
Zip Code 43215
Telephone: (614) 752-5024
E-mail Maureen.Corcoran@medicaid.ohio.gov
Fax Number (614) 644-4368

Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, enter the entire service definition and highlight the change. 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).

See separate documentation for all Section A Changes.

ⁱ Numerous changes that the state may want to make necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.

Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, enter the entire service definition and highlight the change. 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 Specification			
Service Title:	Adult Day Health Center Services		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			
Adult Day Health Center Services (ADHCS) are regularly scheduled services delivered telephonically or in the home or at an adult day health center to individuals age eighteen or older. A qualifying adult day health center must be a freestanding building or a space within another building that is not be used for other purposes during the provision of ADHCS. The services that the adult day health center may provide include, as appropriate to staffing qualifications: waiver nursing or personal care aide services, recreational and educational activities, and when provided in the home, at least one meal, but no more than two meals, per day that meet the individual's dietary requirements. The services the adult day health center may also make available, as appropriate to staffing qualifications, are skilled therapy services, and transportation of the individual to and from ADHCS.			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
*ADHCS are reimbursable at a full-day rate when five or more hours are provided to an individual in a day. *ADHCS are reimbursable at a half-day rate when less than five hours are provided to an individual in a day. *None of the services provided by the adult day health center are reimbursable separately. *ADHCS and the provider of such services must be identified on the person-centered service plan. *ADHCS do not include services performed in excess of what is approved pursuant to the person-centered service plan. *ADHCS do not duplicate coverage provided under the State plan and EPSDT services are not duplicated.			
Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
			Medicare-certified HHA; ACHC-, CHAP- or Joint Commission-accredited agency; adult day health centers;
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>
			Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>

Agency			Compliance with OAC Chapters 5160-44, 5160-45 and 5160-46
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
	ODM/Provider Oversight Contractor		Verification is conducted pursuant to the schedule set forth in OAC Rule 5160-45-06 (Structural Reviews of Providers and Investigation of Provider Occurrences)
Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

Service Specification

Service Title: Personal Care Aide Services

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Personal Care Aide Services are services provided to an individual pursuant to his or her person-centered service plan that assist the individual with activities of daily living (ADL) and instrumental activities of daily living (IADL) needs. Personal Care Aide Services consist of the following:

*Bathing, dressing, grooming, nail care, hair care, oral hygiene, shaving, deodorant application, skin care, foot care, feeding, toileting, assisting with ambulation, positioning in bed, transferring, range of motion exercises, and monitoring intake and output;

*General homemaking activities including, but not limited to: meal preparation and cleanup, laundry, bed-making, dusting, vacuuming, washing floors and waste disposal;

*Paying bills and assisting with personal correspondence as directed by the individual; and

*Accompanying or transporting the individual to Ohio Home Care Waiver services, medical appointments, other community services, or running errands on behalf of the individual.

Personal Care Aide Services provide needed personal care aide services up to the individual's approved individual budget that are not otherwise available. It is different than state plan home health because its provider pool is not limited to Medicare-certified home health agencies and the scope of tasks that can be provided is much broader.

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

~~Personal Care Aide Services are intended to complement, not replace, similar services available under the Medicaid State Plan. They do not duplicate coverage provided under the State plan, including EPSDT services. They 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 to receive that benefit as defined in Rule 5160-12-01 of the Administrative Code.~~

They **Personal Care Aide** services do not include tasks performed, or services provided as part of home maintenance and chore services included in this waiver.

~~Personal Care Aide Services shall not be authorized as an alternative when the individual refuses to utilize Medicaid home health benefits they have been determined eligible to receive. In these instances, the CMA is responsible for assisting the individual in assessing the risks associated with their decisions and exploring options for meeting the individual's identified needs.~~

Personal Care Aide Services and the provider of such services must be identified on the person-centered service plan. Personal Care Aide Services do not include services performed in excess of the number of hours approved pursuant to the person-centered service plan.

If the provider cannot perform IADLs, the provider must notify ODM or the CMA in writing of the service limitations before inclusion on the individual's person-centered service plan.

~~*Personal Care Aide Services do not duplicate coverage provided under the State plan and EPSDT services are not duplicated.~~

Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
		Non-agency employed personal care aide; or an ODA- or DODD-certified provider of the same or similar service	Medicare-certified home health agency; ACHC-, CHAP- or Joint Commission-accredited agency, or an ODA- or DODD-certified provider of the same or similar service
Specify whether the service may be provided by <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/> Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Non-agency provider		Certificate of completion within the last 24 months for either a competency evaluation program, or training and competency evaluation program approved or conducted by the Ohio Department of Health in accordance with section 3721.31 of the Revised Code; or the Medicare competency evaluation program for HHAs as specified in 42 CFR 484.36; or another equivalent training program that includes training in the following areas: *Personal Care Aide Services;	Compliance with OAC Chapters 5160-44, 5160-45 and 5160-46

		<p>*Basic home safety; and</p> <p>*Universal precautions for the prevention of disease transmission, including hand-washing and proper disposal of bodily waste and medical instruments that are sharp or may produce sharp pieces if broken.</p> <p>First aid certification.</p> <p>ODA or DODD provider certification</p>	
Agency Provider		<p>Medicare-certified HHA; ACHC-, CHAP- or Joint Commission-accreditation</p> <p>ODM-approved adult day health center, or ODA or DODD provider certification</p>	Compliance with OAC Chapters 5160-44, 5160-45 and 5160-46

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Non-agency Provider	ODM/Provider Oversight Contractor	Verification is conducted pursuant to the schedule set forth in OAC Rule 5160-45-06 (Structural Reviews of Providers and Investigation of Provider Occurrences)
Agency Provider	ODM/Provider Oversight Contractor	Verification is conducted pursuant to the schedule set forth in OAC Rule 5160-45-06 (Structural Reviews of Providers

		and Investigation of Provider Occurrences)		
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Service Specification

Service Title: Home Care Attendant Services

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

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 a registered nurse (RN) (hereafter referred to as the authorizing health care professional):

- * Assistance with the self-administration of medications in accordance with OAC rule 5160-44-27;
- * The performance of certain nursing tasks in accordance with OAC rule 5160-44-27; and
- * Personal care aide tasks as set forth in OAC rule 5160-46-04.

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 5166.30-5166.3010, 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 (i.e., independent contractors) who bill ODM directly for reimbursement for services provided. The service doesn't require a financial management service (FMS) provider, and ODM issues the 1099 directly to the home care attendant. 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 medications; 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 schedule 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.

In accordance with OAC rule 5160-45-03, all ODM-administered waiver individuals and their authorized representatives are empowered to have choice and control over the arrangement and provision of the services they receive, and free choice of provider. For the purposes of the Ohio Home Care Waiver, such services include home care attendant services. The individual must be determined through the assessment and service planning processes to have nursing needs that can be safely met through home care attendant services. Adult individuals may designate an authorized representative to act on their behalf. Individuals who are minors must

have an authorized representative. The authorized representative must be present and awake during the provision of home care attendant services.

Home care attendant services must be authorized by an authorizing health care professional. ODM must receive an ODM 2389 "Home Care Attendant Medication Authorization Form" and/or an ODM 2390 "Home Care Attendant Skilled Task Authorization Form" that bear the signatures of the individual or authorized representative, home care attendant and the authorizing health care professional. These forms identify the following:

- * The individual's choice of home care attendant and written **or electronic** 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 **or electronic** 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 (over skilled nursing services);
- + Actively choose their home care attendant; and
- + Participate in the implementation of the service itself.

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

- * 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.

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 **or electronic** 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 visit shall occur upon the initiation of home care attendant services and the case manager must be present at that time. During the 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 visit with the case manager and the individual and/or authorized representative. The individual or authorized representative may contact the authorizing health care professional at any time. 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 must be maintained in its original container and the attached label must match the dosage and means of administration set forth on the ODM 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.

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

* 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.

* 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 5166.30-5166.3010 of the Revised Code, and Rule 5160-44-27 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 do not duplicate coverage provided under the State plan and EPSDT services are not duplicated.~~

Provider Specifications

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
		Non-agency Home Care Attendant; or an ODA- or DODD-certified provider for same or similar service		

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Individual		ODA or DODD provider certification for same or similar service	ORC Sections 5166.30-5166.3010 and OAC Rule 5160-44-27. Specifically, the provider must supply ODM with evidence to its satisfaction of all of the following 1)The home care attendant either meets the personnel qualifications specified in 42 CFR 484.4 for home health aides, or has successfully completed at least one of the following: * A competency evaluation program, or training and competency evaluation program

			<p>approved or conducted by the Ohio Department of Health under section 3721.31 of the Revised Code;</p> <p>* A training program approved by ODM that includes training in at least all of the following and provides training equivalent to that approved or conducted by the Ohio Department of Health under section 3721.31 of the Revised Code or that meets the requirements of 42 CFR 484.36(a), basic home safety, universal precautions for the prevention of disease transmission, individual-specific personal care aide services and the labeling, counting and storage requirements for schedule medications;</p> <p>2)Prior to beginning home care attendant services, the home care attendant must have received training and instruction about how to deliver the specific home care attendant services authorized by the individual's authorizing health care professional, and/or the individual or the authorized representative in cooperation with the individual's licensed health care professional.</p> <p>3)Upon request of the individual, individual's authorized representative, or the individual's authorizing health care professional, the home care attendant has performed a successful return demonstration of the home care attendant service to be provided.</p> <p>4)The home care attendant has obtained a certificate of completion of a course in first aid that is not provided solely through the Internet, includes hands-on training by a certified first aid instructor, and requires the home care attendant to perform a successful return demonstration of what was learned in the course.</p> <p>5)The home care attendant must secure the services of an RN, in agreement with the individual or authorized representative, and</p>
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			<p>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. 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 issues. The home care attendant and the RN shall document the activities of the visit in the individual's clinical record. The home care attendant shall also discuss the results of the face-to-face visit with the case manager, and the individual or authorized representative.</p> <p>6)The home care attendant shall complete at least twelve hours of in-service continuing education regarding home care attendant services annually. Continuing education topics include, but are not limited to, individual health and welfare, CPR, patient rights, emergency preparedness, communication skills, aging sensitivity, developmental stages, nutrition, transfer techniques, disease-specific trainings and mental health issues.</p> <p>7)The home care attendant shall not provide home care attendant services until the department receives an ODM-approved home care attendant service plan authorization form that contains all of the following:</p> <ul style="list-style-type: none"> * Written consent from the individual or the authorized representative allowing the home care attendant to provide home care attendant services; * Written consent from the individual's authorizing health care professional indicating that the home care attendant has demonstrated the ability to furnish the individual-specific home care attendant service to the individual. The consent must include the individual's name and address; a description of the specific nursing task or
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			<p>self-administration of medication that the attendant will assist with (including name, dosage and route of administration of any medications); the times/intervals when the attendant is to assist the individual; the dates on which the attendant is to begin and cease providing assistance; a list of severe adverse reactions that the attendant must report to the individual's health care professional; at least one telephone number at which the attendant can reach the individual's health care professional in an emergency for consultation after contacting emergency personnel; at least one fax number at which the attendant can reach the individual's authorizing health care professional when the schedule drugs are missing or cannot be reconciled; and instructions the attendant must follow when assisting the individual (including instructions for maintaining sterile conditions and for the storage of task-related equipment and supplies).</p> <p>Compliance with OAC Chapters 5160-44, 5160-45 and 5160-46</p>

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
	ODM/Provider Oversight Contractor	Verification is conducted pursuant to the schedule set forth in OAC Rule 5160-45-06 (Structural Reviews of Providers and Investigation of Provider Occurrences)

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Service Specification

Service Title:		Out-of-Home Respite Services	
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			
Out-of-Home Respite Services are services delivered to consumers 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:			
*Waiver nursing			
*Personal care aide services			
*Three meals per day that meet the individual'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 do not duplicate coverage provided under the State plan and EPSDT services are not duplicated.			
Provider Specifications			
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
			ICF-IID , NF, or another licensed -setting approved by ODM or certified by the Ohio Department of Aging or the Ohio Department of Developmental Disabilities;
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/> Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):			
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Agency	ICF-IID that has an active Medicaid provider agreement in accordance with Sections 5124.06 and 5124.07 of the Revised Code, or NF per OAC rules 5160-3-02 and 5160-3-02.3		Compliance with OAC Chapters 5160-44, 5160-45 and 5160-46

Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	
Agency	ODM/Provider Oversight Contractor	Verification is conducted pursuant to the schedule set forth in OAC Rule 5160-45-06 (Structural Reviews of Providers and Investigations of Provider Occurrences).	
Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

Service Specification					
Service Title:		Waiver Nursing			
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>					
Service Definition (Scope):					
Waiver nursing are part-time, intermittent and/or continuous nursing services provided to individuals who require the skills of a registered nurse (RN) or licensed practical nurse (LPN) at the direction of an RN. Waiver nursing services are furnished 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 thereunder.					
Specify applicable (if any) limits on the amount, frequency, or duration of this service:					
The service is intended to complement, not replace, similar services available under the Medicaid state plan and EPSDT services.					
Provider Specifications					
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:		<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Non-agency employed RN; non-agency employed LPN; or an ODA- or DODD-certified provider of same or similar service			Medicare-certified HHA, ACHC-, CHAP-accredited agency, and Joint Commission-accredited agency; or an ODA- or DODD-certified provider of same or similar service
Specify whether the service may be provided by (check each that applies):		<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):					
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)		
Individual		ODA or DODD provider certification for same or similar service	Compliance with OAC Chapters 5160-44, 5160-45 and 5160-46		
Agency		ODA or DODD provider certification for same or similar service	Compliance with OAC Chapters 5160-44, 5160-45 and 5160-46		
Verification of Provider Qualifications					
Provider Type:	Entity Responsible for Verification:		Frequency of Verification		
Individual	ODM/Provider Oversight Contractor		Verification is conducted pursuant to the schedule set forth		

		in OAC Rule 5160-45-06 (Structural Reviews of Providers and Investigations of Provider Occurrences).
Agency	ODM/Provider Oversight Contractor	Verification is conducted pursuant to the schedule set forth in OAC Rule 5160-45-06 (Structural Reviews of Providers and Investigations of Provider Occurrences).

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, **enter the entire service definition and highlight the change**. 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 Title:	Adult Day Health Service (PASSPORT and MyCare)			
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>				
Service Definition (Scope):				
<p>Adult Day Health Services (ADHS) - ADHS are regularly scheduled services delivered at an ADHS center which is a non-institutional, community-based setting, electronically, or in the individual's home. The ADHS service includes recreational and educational programming to support the individual health and independence goals and health status monitoring. When the service is delivered in the community-based setting or the individual's home, the provider must furnish at least one meal, but no more than two meals per day that meet the individual's dietary requirements. When the service is delivered in a community-based setting, the ADHS center may also make available health status monitoring, skilled therapy services, and transportation to and from the ADHS center.</p>				
Specify applicable (if any) limits on the amount, frequency, or duration of this service:				
Provider Specifications				
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
			Adult Day Center, Social Service Agency, Nursing Facilities, Community Action Agency, Churches (PASSPORT)	
			Adult Day Center, Social Service Agency, Nursing facilities, Community Action Agency, Churches Medicare-certified HHA; ACHC-, CHAP- or Joint Commission-accredited agency. (MyCare)	
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	
Agency (PASSPORT)		ODA certification as a LTC agency provider: OAC 173-39-03 - This rule describes	Compliance with HCBS settings characteristics (OAC 5160-44-01) Medicaid provider agreement with ODM (OAC 5160-1-17.2)	

		<p>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.</p> <p>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.</p> <p>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.</p>	
<p>Adult Day Center, Social Service Agency, Nursing facilities, Community Action Agency, Churches Medicare-certified HHA; ACHC-, CHAP- or Joint Commission-accredited agency. (MyCare)</p>			<p>Providers furnishing services in the ICDS waiver will be required to adhere to the following requirements as outlined in the Ohio Administrative Code:</p> <p>ODA certified provider: Compliance with OAC chapters 5160-44, 173-39, including 173-02</p> <p>ODM approved provider: Compliance with OAC Chapters 5160-44, 5160-45, and 5160-46</p>

Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Agency (PASSPORT)	Ohio Department of Aging (ODA) ODA's designee		In accordance with OAC 173-39-04	
Adult Day Center, Social Service Agency, Nursing facilities, Community Action Agency, Churches Medicare-certified HHA; ACHC-, CHAP- or Joint Commission- accredited agency. (MyCare)	ODA or its designee for ODA-certified providers. ODM or its designee for ODM-approved providers. The ICDS plan as part of its credentialing and recertification processes will verify that the provider has an active Medicaid provider agreement to furnish waiver services.		ODM: Verification of provider qualifications is conducted in accordance with OAC 5160-45-06. ODA: Verification of provider qualifications is conducted in accordance with OAC 173-39-04	
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Service Specification

Service Title: Out of Home Respite (PASSPORT and MyCare)

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

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 individual'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 do not duplicate coverage provided under the State plan and EPSDT services are not duplicated.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				ICF-IID, NF, or another licensed setting approved by Ohio Department of Medicaid or certified by ODA (PASSPORT)
				NF and other institutional providers (e.g., hospitals, etc.) (MyCare)

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Agency (PASSPORT)	NF per OAC rule 5160-3-02 ICF-IID that has an active Medicaid provider agreement in accordance with Sections 5124.06 and 5124.07 of the Revised Code.	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	

		<p>how ODA issues the certification.</p> <p>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.</p> <p>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.</p>	
NF and other institutional providers (e.g., hospitals, etc.) (MyCare)	NF per OAC rule 5160-3-02		<p>Providers furnishing services in the ICDS waiver will be required to adhere to the following requirements as outlined in the Ohio Administrative Code.</p> <p>ODA certified providers: Compliance with OAC Chapter 5160-44, 173-39, including 173-39-02.23</p> <p>ODM approved providers: Compliance with OAC Chapters 5160-44, 5160-45, and 5160-46</p>

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Agency	Ohio Department of Aging ODA's designee	In accordance with OAC 173-39-04
NF and other institutional providers (e.g., hospitals, etc.) (MyCare)	ODM or its designee for ODM-approved providers ODA or its designee for ODA certified providers	ODM-approved providers - Verification of provider qualifications is conducted in

	The ICDS plan as part of its credentialing and recredentialing processes will verify that the provider has an active Medicaid provider agreement to furnish waiver services.	accordance with OAC 5160-45-06 ODA certified providers: Verification if provider qualification is conducted in accordance with OAC 173-39-04
Service Delivery Method		
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E
		<input checked="" type="checkbox"/> Provider managed

Service Specification	
Service Title:	Personal Care (PASSPORT)
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>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.</p> <p>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.</p> <p>The service does not include tasks performed by a licensed health professional, including skilled or nursing care.</p> <p>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.</p> <p>When the service is delivered by an individual provider type, the participant-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.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
Provider Specifications	
	<input checked="" type="checkbox"/> Individual. List types:
	<input checked="" type="checkbox"/> Agency. List the types of agencies:

Provider Category(s) <i>(check one or both):</i>	Qualified consumer-directed provider	Home Health Agency, Social Service Agency, Hospitals,		
	Non-agency provider			
Specify whether the service may be provided by <i>(check each that applies)</i> :	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	
Agency		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	Compliance with HCBS settings characteristics (OAC 5160-44-01). Medicaid Provider agreement with ODM (OAC 5160-1-17.2)	

		<p>parameters for the type of tasks and describes the timelines and documentation requirements for this service.</p> <p>OR</p> <p>An ODM approved provider for the same or similar service</p> <p>OR</p> <p>A DODD certified provider for the same or similar service</p>	
<p>Individual</p>		<p>ODA certification as a long term care consumer directed individual provider:</p> <p>OAC 173-39-02 Conditions of Participation for PASSPORT Services. This rule establishes the requirements and scope of responsibility for agency and individual providers</p> <p>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</p>	<p>Consumer-directed provider agreement Compliance with HCBS settings characteristics (OAC 5160-44-01). Medicaid Provider agreement with ODM(OAC 5160-1-17.2)</p>

		<p>final description of how ODA issues the certification.</p> <p>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.</p> <p>OR</p> <p>An ODM approved provider for the same or similar service</p> <p>OR</p> <p>A DODD certified provider for the same or similar service</p>	
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Agency	Ohio Department of Aging (ODA) ODA's designee	In accordance with OAC 173-39-04.
Individual	Ohio Department of Aging (ODA) ODA's designee	In accordance with OAC 173-39-04

Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	X	Participant-directed as specified in Appendix E	X	Provider managed

Service Specification

Service Title:	Waiver Nursing (PASSPORT and MyCare)		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):	Waiver nursing are part-time, intermittent and/or continuous nursing services provided to individuals who require the skills of a registered nurse (RN) or licensed practical nurse (LPN) at the direction of an RN. Waiver nursing services are furnished 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 thereunder.		
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	The service is intended to complement, not replace, similar services available under the Medicaid state plan and EPSDT services.		
Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
		Non-agency employed RN; non-agency employed LPN	Medicare-certified HHA, ACHC-CHAP-accredited agency, and Joint Commission-accredited agency
Specify whether the service may be provided by <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/> Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Individual		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	Compliance with HCBS settings characteristics (OAC 5160-44-01). Valid Medicaid provider agreement (OAC 5160-1-17.2).

		<p>PASSPORT Services. This rule establishes the requirements and scope of responsibility related to service delivery and documentation.</p> <p>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.</p> <p>OR</p> <p>ODM-approved as a provider for the same or similar service;</p> <p>OR</p> <p>DODD-certified provider for the same or similar service.</p>	
<p>Agency</p>		<p>ODA certification as a LTC agency provider.</p> <p>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</p>	<p>Compliance with HCBS settings characteristics (OAC 5160-44-01).</p> <p>Valid Medicaid provider agreement (OAC 5160-1-17.2).</p>

		<p>how ODA issues the certification.</p> <p>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.</p> <p>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.</p> <p>OR</p> <p>ODM-approved as a provider for the same or similar service;</p> <p>OR</p> <p>DODD-certified provider for the same or similar service.</p>	

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Individual	Ohio Department of Aging (ODA)	In accordance with OAC 173-39-04
Agency	ODA's designee	In accordance with OAC 173-39-04

Service Specification			
Service Title:	Homemaker (PASSPORT and MyCare)		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			
<p>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.</p> <p>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</p>			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
			Home Health Agency, Social Service Agency, Hospitals (Both PASSPORT and MyCare)
Specify whether the service may be provided by <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/> Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Agency		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	Compliance with HCBS settings characteristics (OAC 5160-44-01). Valid Medicaid provider agreement (OAC 5160-1-17.2).

		<p>how ODA issues the certification.</p> <p>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.</p> <p>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.</p> <p>OR</p> <p>ODM-approved as a provider for the same or similar service;</p> <p>OR</p> <p>DODD-certified provider for the same or similar service</p>	

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Agency	Ohio Department of Aging (ODA) ODA's designee The ICDS plan as part of its credentialing and recredentialing processes will verify that the provider has an active Medicaid provider agreement to furnish waiver services.	In accordance with OAC 173-39-04
Service Delivery Method		
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/> Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

Service Specification	
Service Title:	Home Care Attendant (PASSPORT and MyCare)
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>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):</p> <ul style="list-style-type: none"> *Assistance with the self-administration of medications in accordance with OAC rule 5160-44-27. *The performance of certain nursing tasks in accordance with OAC rule 5160-44-27 and *Personal care aid tasks as set forth in rule 5160-46-04 or rule 173-39-02.11 of the Administrative Code. <p>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.</p> <p>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.</p> <p>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.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	

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.

- 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 5166.30-5166.3010 of the Revised Code, and Rule 5160-44-27 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 do not duplicate coverage provided under the State plan and EPSDT services are not duplicated.**

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
	Non-agency home care attendant			

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Individual		<p>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</p>	

		<p>responsibility related to service delivery and documentation.</p> <p>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.</p> <p>OR</p> <p>ODM-approved as a provider for the same or similar service;</p> <p>OR</p> <p>DODD-certified provider for the same or similar service</p>	
<p>Non-agency home care attendant (MyCare)</p>		<p>See other standard.</p> <p>OR</p> <p>ODM-approved as a provider for the same service;</p> <p>OR</p> <p>DODD-certified provider for the same service</p>	<p>ORC Sections 5111.88 to 5111.8811 and OAC Rule 5160-44. Specifically, the provider must supply ODM with evidence to its satisfaction of all of the following:</p> <p>1)The home care attendant either meets the personnel qualifications specified in 42 CFR 484.4 for home health aides, or has successfully completed at least one of the following:</p> <p>* A competency evaluation program, or training and competency evaluation program approved or conducted by the Ohio</p>

			<p>Department of Health under section 3721.31 of the Revised Code;</p> <p>* A training program approved by ODM that includes training in at least all of the following and provides training equivalent to that approved or conducted by the Ohio Department of Health under section 3721.31 of the Revised Code or that meets the requirements of 42 CFR 484.36(a), basic home safety, universal precautions for the prevention of disease transmission, consumer-specific personal care aide services and the labeling, counting and storage requirements for schedule medications;</p> <p>2)Prior to beginning home care attendant services, the home care attendant must have received training and instruction about how to deliver the specific home care attendant services authorized by the individual's authorizing health care professional, and/or the individual or the authorized representative in cooperation with the individual's licensed health care professional.</p> <p>3)Upon request of the individual, individual's authorized representative, or the individual's authorizing health care professional, the home care attendant has performed a successful return demonstration of the home care attendant service to be provided.</p> <p>4)The home care attendant has obtained a certificate of completion of a course in first aid that is not provided solely through the Internet, includes hands-on training by a certified first aid instructor, and requires the home care attendant to perform a successful return demonstration of what was learned in the course.</p> <p>5)The home care attendant must secure the services of an RN, in agreement with the individual or authorized representative, and participate in a face-to-face visit every</p>
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			<p>ninety days with the individual, authorized representative, and the RN for the purpose of monitoring the individual's health and welfare. 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 issues. The home care attendant and the RN shall document the activities of the visit in the individual's clinical record. The home care attendant shall also discuss the results of the face-to-face visit with the case manager, and the individual or authorized representative.</p> <p>6)The home care attendant shall complete at least twelve hours of in-service continuing education regarding home care attendant services annually. Continuing education topics include, but are not limited to, individual health and welfare, CPR, patient rights, emergency preparedness, communication skills, aging sensitivity, developmental stages, nutrition, transfer techniques, disease-specific trainings and mental health issues.</p> <p>7)The home care attendant shall not provide home care attendant services until the department receives an ODM-approved home care attendant service plan authorization form that contains all of the following:</p> <ul style="list-style-type: none">* Written consent from the individual or the authorized representative allowing the home care attendant to provide home care attendant services;* Written consent from the individual's authorizing health care professional indicating that the home care attendant has demonstrated the ability to furnish the individual's specific home care attendant service to the individual. The consent must include the individual's name and address; a description of the specific nursing task or self-administration of medication that the
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			<p>attendant will assist with (including name, dosage and route of administration of any medications); the times/intervals when the attendant is to assist the individual; the dates on which the attendant is to begin and cease providing assistance; a list of severe adverse reactions that the attendant must report to the individual's health care professional; at least one telephone number at which the attendant can reach the individual's health care professional in an emergency for consultation after contacting emergency personnel; at least one fax number at which the attendant can reach the individual's authorizing health care professional when the schedule drugs are missing or cannot be reconciled; and instructions the attendant must follow when assisting the individual (including instructions for maintaining sterile conditions and for the storage of task-related equipment and supplies). ODM will communicate to the waiver service coordinator that the home care attendant has been authorized by the authorizing health care professional to provide home care attendant services to the individual.</p> <p>ODM Providers: Compliance with OAC Chapters 5160-44, 5160-45, and 5160-46 ODA Providers: Compliance with OAC Chapters 5160-44, 173-39, including 173-39-02.24</p>

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Individual	Ohio Department of Aging (ODA) ODA's designee	In accordance with OAC 173-39-04.
Non-agency home care attendant (MyCare)	<p>ODM or its designee for ODM-approved providers</p> <p>The ICDS plan as part of its credentialing and recredentialing processes will verify that the provider has an active Medicaid provider agreement to furnish waiver services. The home care attendant is not enrolled as an approved provider until the information on the ODM-approved home care attendant service plan</p>	<p>ODM - Verification of Provider qualifications occurs in accordance with OAC 5160-45-06</p> <p>ODA - Verification of Provider qualifications occurs in accordance with OAC 173-39-04</p>

	authorization form has been verified by OMA. A copy of the form is then attached to the provider master file that is accessible to the ICDS plan.	
Service Delivery Method		
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E
		<input checked="" type="checkbox"/> Provider managed

Service Specification	
Service Title:	Assisted Living (Assisted Living and My Care)
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>Waiver participants reside in single occupancy living units with full bathrooms in a setting that provides supervision and staffing to meet planned and unscheduled needs.</p> <p>The scope of the service includes personal care, supportive services (homemaker and chore), 24 hour on site response capability, social and recreational programming, nonmedical transportation and the coordination of the provision of three meals a day and snacks.</p> <p>Nursing and skilled therapy services are incidental, rather than integral, to the provision of the assisted living service. Required nursing services include health assessment and monitoring, medication management including medication administration, and the delivery of part-time intermittent nursing and skilled nursing up to the maximum allowed in Ohio Administrative Code (OAC) Rule 3701-16-09.1 and when not available through a third party.</p> <p>The scope of the service does not include 24 hour skilled care, one on one supervision, or the provision of items of comfort or convenience, disposable medical supplies, durable medical equipment, prescription medications or over the counter medications.</p> <p>Double occupancy of a living unit is only permitted under these circumstances: Waiver participant requests the double occupancy at the time of the assessment AND there is an existing relationship between the waiver participant and the individual.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
As Currently Approved in the MyCare Waiver: The service is limited to one unit per calendar day.	
Provider Specifications	
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/> Individual. List types: <input checked="" type="checkbox"/> Agency. List the types of agencies:
	Residential Care Facilities (Both PASSPORT and MyCare)

Specify whether the service may be provided by (<i>check each that applies</i>):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications (*provide the following information for each type of provider*):

Provider Type:	License (<i>specify</i>)	Certificate (<i>specify</i>)	Other Standard (<i>specify</i>)
Residential Care Facilities (PASSPORT)	Ohio Department of Health Residential Care Facility (RCF) License Ohio Administrative Code 3701-16-01 through 3701-16-18.	Ohio Department of Aging (ODA) Ohio Administrative Code 173-39-03 ODA Long Term Care Provider Certification This rule describes the certification process for community-based long-term care service providers beginning with the request for the application by the licensed RCF and concluding with the final description of how ODA issues the certification OAC 173-39-02 Conditions of Participation This rule establishes the requirements and scope of responsibility of licensed residential care facility certified to provide the waiver service. OAC 173-39-02.16 Assisted Living	Ohio Department of Medicaid (ODM) Active Medicaid Provider Agreement (OAC 5160-1-17.2)

		<p>Service Specification</p> <p>This rule establishes the guidelines for the living unit requirements to ensure a homelike, non-institutional setting, service scope, and staff orientation, training and supervision.</p>	
Residential Care Facilities (MyCare)	Ohio Department of Health Residential Care Facility (RCF) License per Ohio Administrative Code rules 3701-16-01 through 3701-16-18.		<p>Providers furnishing services in the ICDS waiver will be required to adhere to the following requirements as outlined in the Ohio Administrative Code.</p> <p>ODA certified provider: Compliance with OAC chapters 5160-44 and 173-39, including 173-39-02.16.</p>

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Agency (PASSPORT)	Ohio Department of Aging (ODA) ODA's designee	In accordance with OAC 173-39-04.
Residential Care Facilities (MyCare)	<p>ODA or its designee for ODA-certified providers</p> <p>The ICDS plan as part of its credentialing and recredentialing processes will verify that the provider has an active Medicaid provider agreement to furnish waiver services.</p>	ODA - Verification of provider qualifications is conducted in accordance with OAC 173-39-04

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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