

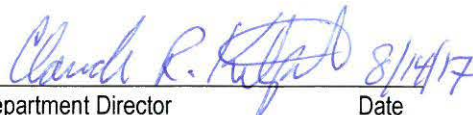
Wood County Board of Developmental Disabilities

PROCEDURE

Procedure #: 02-ALL-ALL-0683 (SS) **Subject:** Free Choice of Provider – HCBS Waivers
Effective Date: 01-01-2006 **Last Revision:** 08-07-17
Person Responsible: Director of Service and Support Administration

Approvals/Date:

 8/21/17
Superintendent, WCBDD Date

 8/14/17
Department Director Date

The following definitions shall apply:

Home and Community-Based Services – Medicaid funded home and community-based services provided under a Medicaid component administered by the Ohio Department of DD (DODD)

ISP – Individual Service Plan, a written description of the services, supports, and activities to be provided to an individual

DODD – Ohio Department of Developmental Disabilities

ODM – Ohio Department of Medicaid

Person – For purposes of this procedure, "person" means person eligible for and being served in a home and community-based service capacity, or a person chosen by them. For people with a guardian, "person" refers to the guardian.

Qualified Provider – an agency or individual certified by DODD to provide home and community-based services and who has a Medicaid agreement with ODM that covers the services"

Willing Provider – Qualified provider who agrees to provide home and community-based services. Providers may not discriminate on the basis of race, color, religion, sex, age, handicap, national origin or ancestry.

SSA – Service and Support Administrators who are certified in accordance with DODD 's OAC 5123:2-5-02, who provide the functions of Service and Support Administration, also called Service Coordinators.

1. Every person served has a right and responsibility to fully participate in the decision-making process regarding their services, including service funded by Medicaid through a home and community-based services waiver. As such, they shall have free choice of the providers of those services. Adults who have legal guardians shall also be afforded the opportunity to participate in decisions regarding the free choice of providers.
2. Every person served will receive notice at the time of enrollment in a home and community-based services waiver and at least annually thereafter of their right to choose any qualified and willing provider of home and community-based services, including:
 - A. The person may choose agency providers, independent providers, or a combination of agency and independent providers;
 - B. The person may choose providers from all qualified and willing providers available statewide and is not limited to those currently providing services in Wood County;
 - C. The person may choose to receive services from a different provider at any time;
 - D. The person choosing to receive homemaker/personal care in a licensed residential facility is choosing both the place of residence and the homemaker/personal care provider, but maintains free choice of providers for all other home and community-based services and the right to move to another setting at any time if a new homemaker/personal care provider is desired; and,
 - E. The Service Coordinator will assist the person with the provider selection process if the individual requests assistance.
3. Upon documented request by the person for assistance in the free choice of provider process, the Service Coordinator may assist the person limited to one or more of the following ways:
 - A. Accessing the Ohio Department of Developmental Disabilities (DODD) website to conduct a search for qualified and willing providers;
 - B. Providing the DODD guide to interviewing prospective providers;
 - C. Sharing objective information with the person about providers, including reports of provider compliance reviews conducted in accordance with section 5123.162 or 5123.19 of the Revised Code, approved plans of correction submitted by providers in response to compliance reviews, number of individuals currently served, and any information about services offered by the provider to meet the unique needs of a specific group of individuals such as aging adults, children with autism, or individuals with intense medical or behavioral needs;
 - D. Utilizing the statewide format to create a profile of the type of services and supports that the person requires, hours of services and supports required the individual's essential service preferences, the funding source of services, and any other information the person chooses to share with prospective providers;
 - E. Making available to all qualified providers that have expressed an interest in serving additional individuals the person-specific profile created to identify willing providers of the services;
 - F. Contacting providers on the person's behalf;
 - G. Developing provider interview questions that reflect the characteristics of the person's preferred provider; and,
 - H. Scheduling and participating as needed and requested in interviews of prospective providers. If the person chooses to interview the Wood County Board of Developmental Disabilities as a prospective provider, the Service Coordinator shall inform the person that the Service Coordinator is employed by the same agency. Upon request of the person, the Service Coordinator may participate in this

interview. The Wood County Board of Developmental Disabilities is a provider of last resort for home and community-based services when no other qualified providers are available.
4. The Service Coordinator will document all home and community-based service settings that were considered by the person and will ensure that the individual service plan reflects the setting options chosen by the person.
5. The Service Coordinator will document that the person has been offered free choice among all qualified and willing providers of home and community-based services. The Wood County Board of Developmental Disabilities is not a qualified provider of home and community-based services when other qualified and willing providers exist.
6. In the event that a complaint from a person receiving home and community-based services is received by the Wood County Board of Developmental Disabilities, the Board will respond within 30 days. The Board will provide the DODD with a copy of the individual's complaint and the Board's response. The DODD will review the complaint and the Board's response and take actions it determines necessary to ensure that each individual has been afforded free choice among all qualified and willing providers of home and community-based services.
7. The Service Coordinator will monitor the service commencement process to ensure that home and community-based services begin in accordance with the date established in the individual service plan. Any delay in service implementation will be immediately addressed with the person and provider selected to determine the cause of the delay and to implement corrective measures.
8. Every person served will receive notice at the time of enrollment in a home and community-based services waiver and at least annually thereafter of their due process and appeal rights utilizing the process set forth in section 5101.35 of the Revised Code, in accordance with division 5101:6 of the Administrative Code, for any purpose authorized, including being denied the choice of provider who is qualified and willing to provide home and community-based services. This process is available only to applicants, recipients, and their lawfully authorized representatives and may not be utilized by, appealed or legally challenged by a provider of home and community-based services.
9. The Service Coordinator will inform the person, in writing and in a manner likely to be understood, of their right to request a hearing in accordance with division 5101:6 of the Administrative Code.
10. The Wood County Board of Developmental Disabilities will immediately implement any final state hearing decision or administrative appeal decision relative to free choice of providers for home and community-based services issue by the Ohio Department of Medicaid unless a court of competent jurisdiction modifies such a decision as a result of an appeal by the Medicaid applicant or recipient.

References: OAC 5123:2-9-11

Forms: 03-ALL-ALL-0535

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