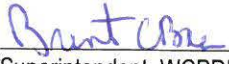


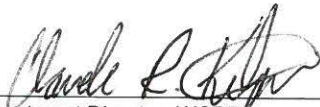
**Wood County Board of Developmental Disabilities
PROCEDURE**

Policy #: 02-ALL-ALL-0862 (SS)
Effective Date: 10-29-14
Person Responsible: Director of Service and Support Administration

Subject: HCBS Waivers – General Requirements
Last Revision: 12-19-17

Approvals/Date:

 12-22-17
Superintendent, WCBDD Date

 12/21/17
Department Director, WCBDD Date

The purpose of this rule is to establish general requirements governing provision of and payment for career planning, adult day support, non-medical transportation, individual employment support, group employment support, and vocational habilitation provided to individuals enrolled in home and community-based services waivers administered by the department.

The following definitions will apply:

Acuity Assessment Instrument - The standardized instrument utilized by the department to assess the relative non-residential services needs and circumstances of an adult individual compared to other adult individuals for purposes of receiving career planning, adult day support, individual employment support, group employment support, and vocational habilitation. Scores resulting from administration of the acuity assessment instrument have been grouped into four budget limitations.

Administrative Review - The processes internal to the department and subject to oversight by the Ohio Department of Job and Family Services available to individuals who believe that their acuity assessment instrument scores, their placement in budget limitation group A, A-1, or B, and the subsequent calculation of their budget limitation prohibit their access to or continuation in the career planning, adult day support, individual employment support, group employment support, and/or vocational habilitation services they have selected. This review is not applicable to individuals with placement in staff acuity group C or to non-medical transportation.

Adult Day Support - The provision of regularly scheduled activities in a non-residential setting. It shall be designed to foster the acquisition of skills, build community membership and independence, and expand personal choice.

Agency Provider - An entity that employs persons for the purpose of providing services for which the entity must be certified under rules adopted by the Ohio Department of DD.

Adult Day Services (ADS) - Non-residential services including career planning, adult day support, individual employment supports, group employment support, vocational habilitation, and non-medical transportation.

Board - The Wood County Board of Developmental Disabilities.

Budget Limitation - The funding amount available to enable an individual to receive career planning, adult day support, individual employment support, group employment support, and/or vocational habilitation within each waiver eligibility span. A separate budget limitation shall be established to enable an individual to receive non-medical transportation within each waiver eligibility span. The budget limitation applicable to career planning, adult day support, individual employment support, group employment support, and/or vocational habilitation and the budget limitation applicable to non-medical transportation are above and beyond the funding range to which an individual enrolled in the individual options waiver has been assigned. (OAC 5123:2-9-17).

Career Daily Billing Unit - A billing unit and corresponding rate that shall be used when between five and seven hours of adult day support, group employment supports.

Career Planning - Individualized, person-centered, comprehensive employment planning and support that provides assistance for individuals to achieve or advance in competitive integrated employment. Career planning is a focused and time-limited engagement of an individual in identification of a career direction and development of a plan for achieving competitive integrated employment and the supports needed to achieve that employment.

Department - The Ohio Department of Developmental Disabilities.

Emergency - An unanticipated and sudden absence of an individual's provider or natural supports due to illness, incapacity, or other cause.

Fifteen-Minute Billing Unit - A billing unit that is equivalent to fifteen minutes of actual service delivery time. Minutes of service provided to an eligible individual for Adult Day Waiver Supports may be accrued by one provider over one calendar day. The number of units is equivalent to the total number of minutes of each type of service, as distinguished by service codes, provided during the day to the individual, divided by fifteen minutes. One additional unit of service may be added to this quotient if the remainder equals eight or more minutes of service.

Funding Range - One of the dollar ranges contained in appendix A to rule 5123:2-9-06 of the Administrative Code to which individuals enrolled in the individual options waiver have been assigned for the purpose of funding services other than adult career planning, adult day support, individual employment supports, group employment support, vocational habilitation and non-medical transportation.

Group Employment Support - Group employment support is services and training activities provided in regular business, industry and community settings for groups of two or more workers with disabilities. The expected outcome of group employment support is paid employment and work experience leading to further career development and competitive integrated employment.

Independent Provider - A self-employed person who provides services for which he or she must be certified in accordance with rule 5123:2-2-01 of the Ohio Administrative Code and does not employ, either directly or through contract, anyone else to provide services.

Individual - A person with a developmental disability or for purposes of giving, refusing to give, or withdrawing consent for services, his or her guardian in accordance with section 5126.043 of the Revised Code or other person authorized to give consent.

Individual Employment Support – Individualized support for an individual to maintain competitive integrated employment. The expected outcome of individual employment support is competitive integrated employment in a job well-matched to the individual's interests, strengths, priorities, and abilities that meets the individual's personal and career goals.

Individual Service Plan - The written description of person center services, supports, and activities to be provided to an individual to sufficiently address health and safety and the advancement of outcomes identified by the individual.

Non-Medical Transportation - Transportation that is used by individuals enrolled in individual options, level one, and self-empowered life funding waivers to get to and/or from a place of employment or to access Adult Day Services. Whenever possible, family, neighbors, friends, or community agencies that provide transportation without charge shall be utilized.

Overtime – Hours worked in excess of forty in a work week.

Payment Standards – Payment for Home and Community Based services are considered payment in full and all providers shall make a reasonable effort to identify and bill any third-party health care coverage in accordance with 5160-1-089 of the Administrative Code.

Professional Staff - Includes licensed nurses, physical therapists, physical therapy assistants, occupational therapists, occupational therapy assistants, psychologists, speech therapists/audiologists, social workers, dietitians, and physicians.

Service and Support Administrator - A person, regardless of title, employed by or under contract with a county board to perform the functions of service and support administration and who holds the appropriate certification in accordance with rule 5123:2-5-02 of the Administrative Code.

Vocational Habilitation - Services that provide learning and work experience, including volunteer work, where the individual develops general skills that lead to competitive integrated employment. 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.

Waiver Eligibility Span - The twelve-month period following either an individual's initial enrollment date or a subsequent eligibility re-determination date.

Work Week – The seven consecutive days beginning on Sunday at 12:00 am and ending on Saturday at 11:59 pm of each week.

Acuity assessments, group assignments, and budget limitations:

- A. Service Coordinators shall review and approve information contained on the acuity assessment instrument for each individual enrolled in a waiver for whom career planning, adult day support, individual employment support, group employment support, and/or vocational habilitation have been authorized through the individual service plan development process.
- B. Information needed to complete the acuity assessment instrument shall be provided by informants who know the capabilities and needs of the individual outside of his or her residence, in the adult day service setting. Informants may include the individual, direct services providers, guardians, advocates, and family members. The Service Coordinator and/or a person designated by the Service Coordinator shall submit information in electronic format to the department. The information will be automatically scored.
- C. The score resulting from administration of the acuity assessment instrument will result in the assignment of the individual by the Service Coordinator to one of four budget limitations. These group assignments will be applied to determine the rates paid when individuals receive career planning, adult day support, individual employment support, group employment support, and/or vocational habilitation. The scores are contained in appendix A to this rule.
- D. The Service Coordinator shall determine the individual's budget limitation for career planning, adult day support, individual employment support, group employment support, and/or vocational habilitation. When the need for non-medical transportation has been identified through the individual service plan development process, the Service Coordinator shall also determine the individual's budget limitation for non-medical transportation. Budget limitations are calculated on a per-person basis for each waiver eligibility span and are adjusted based on the cost-of-doing-business category that applies to the county in which the individual receives the preponderance of services. The cost-of-doing-business category is calculated in the DoDD Cost Projection Tool (CPT). The budget limitations are contained in appendix A of this procedure. The budget limitation for non-medical transportation shall not be combined with the budget limitation for career planning, adult day support, individual employment support, group employment support, and/or vocational habilitation to enable an individual to increase the availability of one or more of these services or for any other purpose.
- E. The Service Coordinator shall inform each individual of the acuity assessment instrument score and budget limitations:
 1. At the time the acuity assessment instrument is initially administered;
 2. At any time the acuity assessment instrument is re-administered and results in a score that places an individual in a different budget limitation; and
 3. At any time the individual receives the preponderance of adult day services in a county with a different cost-of-doing-business category.
- F. A budget limitation established for an individual shall change only when changes in assessment variable scores on the acuity assessment instrument group have occurred and/or the individual receives the preponderance of adult day services in a county with a different cost-of-doing-business category. Responses to any or all acuity assessment instrument variables can be revised at any time at the request of the individual or at the discretion of the Service Coordinator, with the individual's knowledge.
- G. The department shall periodically re-examine the scoring of the acuity assessment instrument and the linkage of the scores to staff intensity groups.

The Individual service plan development process:

- A. An eligible individual may elect to receive one, some, or all of the career planning, adult day support, individual employment support group employment support, and/or vocational habilitation plus non-medical transportation to access one or more of these services. The services shall be provided pursuant to a person centered individual service plan that conforms to the requirements of rule 5123:2-2-05 of the Administrative Code, as applicable, and developed through the process set forth in rule 5123:2-1-11 of the Administrative Code.
- B. Individual service plans shall indicate the acuity group assignment for provision of adult day support, group employment support, and vocational habilitation in accordance with appendix A to this procedure. When an individual enrolled in a waiver receives one or more of these services in a group setting with one or more individuals who are not enrolled in a waiver, the group assignment for the individuals who are not enrolled in a waiver shall be identified through the applicable individual service plan development process. Providers are not required to use, but may use, the acuity assessment instrument to determine the ratios of group assignment for individuals who are not enrolled in a waiver.
- C. The Board shall determine whether the annual cost for career planning, adult day support, individual employment support, group employment support, and/or vocational habilitation can be met by or exceeds the assigned budget limitation for the individual. The Board also shall determine whether the annual cost for non-medical transportation can be met by or exceeds the assigned budget limitation for the individual. The Service Coordinator shall inform the individual of these determinations in accordance with procedures developed by the department.
- D. If an individual requests a change in the frequency and/or duration of career planning, adult day support, individual employment support, group employment support, vocational habilitation and/or non-medical transportation, the request may result in an increase or decrease in the annual cost for these services, based on the outcome of the individual service plan development process. The Board has the authority and responsibility to make changes which result from the individual service plan development process when the services are within the budget limitations determined in accordance with paragraph (C) of OAC 5123:2-9-19.
- E. Prior state level review shall not be required for the initiation and/or changes in services that can occur within the budget limitation resulting from a revision to the individual service plan that has been agreed to by an individual through the individual service plan development process.
- F. Changes in budget limitations made by county boards are subject to review by the department and approval by the Ohio Department of Medicaid.
- G. Neither the department nor the Board shall approve a change in a budget limitation or assign a new budget limitation after notification that the individual has requested a hearing pursuant to section 5160.31 of the Revised Code concerning the approval, denial, reduction, or termination of services in an individual service plan that has been developed within the funding parameters of this rule.

Group Assignments, billing units, documentation, and payment conditions:

- A. Billing for adult day support, group employment support and vocational habilitation shall correspond to the payment rates assigned for the group assignment of the individual.
- B. Changes in group assignments, other than changes between groups A and A-1, may be made only as the result of a change in the acuity assessment instrument score of an individual, an administrative review decision made by the department, or receipt of a formal due process appeal decision rendered by the Ohio Department of Medicaid.
- C. Provider qualifications, requirements for service delivery and documentation of services and payment standards for career planning, adult day support, individual employment support, group employment support, vocational habilitation and non-medical transportation are set forth in the applicable rule for the specific service provided.
- D. Career planning and individual employment support shall be provided at a ratio of one staff to one individual.
- E. Agency providers shall ensure and document that sufficient numbers of staff are assigned to provide adult day support, group employment support, and vocational habilitation to ensure health and safety and achievement of the outcomes identified in the individual service plan of individual being served. Submission of a claim for payment constitutes an attestation by the agency provider that sufficient staff were present to ensure health and safety and achievement of the outcomes identified in the individual service plans of individual being served. No more than sixteen individuals may receive services in one group, irrespective of the funding source for the services being provided to the individual participants.

Overtime Limitations for Independent Providers:

- A. An independent provider shall inform an individual's service and support administrator (SSA) of the number of persons for whom the individual provider provides any Medicaid-funded services as an independent provider anywhere in Ohio and the number of hours of services for each person for the work week when:
 - 1. Chosen by the individual;
 - 2. An emergency exists causing overtime;
 - 3. Upon request of the SSA.
- B. Beginning 02/01/2018, after an independent provider has worked 60 hours per week of any Medicaid-funded service, they may provide additional units of services under a HCBS Medicaid component administered by DODD as an independent provider in that work week only.
 - 1. When authorized by the individual's SSA; or
 - 2. Due to an emergency.

- C. Individuals, their independent provider, and their SSA shall take necessary measures to keep the number of hours below 60 by 02/01/18.
- D. The individual and his or her team shall identify known or anticipated events or circumstances that will necessitate the individual provider to exceed 60 hours of Medicaid services in a work week.
 - 1. When known or anticipated circumstances exist that cause the individual provider to exceed 60 hours, these circumstances shall be addressed in the ISP. Examples include:
 - a) Scheduled travel or surgery for individual or individual's family or the individual's provider;
 - b) Holidays or scheduled breaks from school;
 - c) Compromised immune system of the individual **may put them at risk by having** more providers;
 - d) Independent provider is the only provider that has been trained on delegated nursing tasks or unique behavioral support strategies;
 - e) Shortage of other available providers.
- E. Should an individual request that an individual provider routinely exceed 60 hours due to a shortage of providers, the individual and the SSA shall collaborate to identify additional providers. If **repeatedly** unsuccessful, the SSA may authorize the individual provider to exceed 60 hours **for the remainder of the waiver span**.
- F. Should there be only one (1) trained provider or a shortage of providers, the individual and SSA must work together to implement a plan to eliminate the circumstances.
- G. When an emergency necessitates an individual provider to exceed of the 60-hour limit, the independent provider must notify the SSA within 72 hours of the events or circumstances causing the emergency and report **the** number of hours worked that exceed 60.
- H. If the County Board of DD receives a complaint from an individual regarding implementation of this rule, the County Board shall respond to the individual within 30 calendar days of the complaint or within the time dictated by the CBDD's Grievance/Due Process (Complaint Resolution) procedure 02-ALL-ALL-0206 (CR), whichever is shorter, and provide the department with a copy of the complaint and the CBDD's response.
- I. Initiation of a complaint by an individual does not limit an individual's ability to exercise due process rights as set forth in Section 5160.31 of the Ohio Revised code. This process is available only to applicants, recipients, and their lawfully appointed representatives. Providers have no standing in an appeal.
- J. Applicants or recipients of HCBS waivers may use the appeal process set forth in ORC 5160.31 for any challenge related to type, amount, level, scope, or duration service included or excluded in an ISP. The WCBDD's denial of authorization for an independent provider to exceed 60 hours in a work week does not necessarily result in a change to the level of services received by the individual.

Payment authorization and administrative review:

- A. The Board shall complete a payment authorization and the Service Coordinator shall ensure waiver services are initiated for an individual whose annual cost for career planning, adult day support, individual employment support, group employment support, and/or vocational habilitation and whose annual cost for non-medical transportation are within or below the budget limitations determined in accordance with this rule. The Service Coordinator shall inform the individual in writing, and in a form and manner the individual can understand, of his or her due process rights and responsibilities as set forth in section 5160.31 of the Revised Code.
- B. When the annual cost for career planning, adult day support, individual employment support, group employment support, and/or vocational habilitation exceeds the assigned budget limitation, the Service Coordinator shall inform the individual of his or her right to request an administrative review to obtain career planning, adult day support, individual employment support, group employment support and/or vocational habilitation services that result in a new group assignment and budget limitation that exceeds the budget limitation calculated initially by the Board in accordance with paragraph (C) of OAC 5123:2-9-19.
- C. Applicants for and recipients of waiver services who demonstrate that situational demands associated with the career planning, adult day support, individual employment support, group employment support, and/or vocational habilitation services in which they desire to participate require a group assignment and resulting budget limitation that is greater than the group assignment resulting from administration of the acuity assessment instrument may submit a request for administrative review. Administrative review requests shall not be accepted for individuals having a group C assignment.
- D. The department considers the budget limitations contained in appendix A of this procedure sufficient to meet the service requirements of any adult participating in out-of-facility day services. Therefore, in no instance will the group assignment and resulting total budget limitation approved through the administrative review process exceed the published amount for group C in the cost-of-doing-business category in which the individual receives the preponderance of the services addressed in OAC 5123:2-9-19.
- E. An individual or the Board, with the concurrence of the individual, may submit a request for administrative review to the department. The Board shall assist an individual to request an administrative review when asked to do so by the individual.
- F. The individual or the Board requesting administrative review shall submit the information requested by the department, including, but not limited to:
 - 1. The proposed group assignment for each waiver service;
 - 2. The duration of the proposed group assignment for each waiver service; and
 - 3. A statement justifying the proposed group assignment with supporting documentation.

- G. The department shall make a determination within thirty calendar days following receipt of all information above and shall notify the individual and the Board in writing of the determination.
- H. The administrative review approval shall apply to the individual's current waiver eligibility span. The department may extend the approval to one or more months in the consecutive waiver eligibility span. Requests for administrative review may be submitted on an as-needed basis and will be considered for approval if the individual continues to meet the criteria established by the department.
- I. Following completion of the administrative review process, the department shall inform the individual in writing, and in a form and manner the individual can understand, of his or her due process rights and responsibilities as set forth in section 5160.31 of the Revised Code.
- J. If, through the administrative review process, the department approves the request for an increased budget limitation, the Board shall ensure a payment authorization is completed within fifteen calendar days following the determination by the department and shall ensure that waiver services are initiated.
- K. If, through the administrative review process, the department denies the request for an increased budget limitation or if the service is not subject to an administrative review, the Service Coordinator shall initiate the individual service plan development process to determine if an individual service plan can be developed that is acceptable to the individual and is within the assigned budget limitation.
 - 1. If an individual service plan that meets these conditions is developed, the Board shall ensure a payment authorization is completed and shall ensure waiver services are initiated.
 - 2. If an individual service plan that meets these conditions cannot be developed, the Board shall propose to deny the initial or continuing provision of career planning, adult day support, individual employment supports, group employment support, and/or vocational habilitation and inform the individual of his or her due process rights and responsibilities as set forth in section 5160.31 of the Revised Code.
- L. The Board shall use the twelve-month period following either an individual's initial enrollment date or the date the individual transitions to one or more of the services addressed in this procedure to verify that cumulative payments made for waiver services remain within the approved budget limitations specified in this procedure.
- M. The Ohio Department of Medicaid retains the final authority, based on the recommendation of the department, to review, revise, and approve any element of the decision process resulting in a determination made under this rule.

Due Process Rights and Responsibilities:

Applicants for and recipients of waiver services administered by the department shall use the process set forth in section 5160.31 of the Revised Code for any challenge related to the administration and/or scoring of the acuity assessment instrument or to the type, amount/level, scope, or duration of services included or excluded from an individual service plan. A change in staff to waiver recipient service ratios does not result in a change in the level of services received by an individual.

Providers of home and community-based services waiver services shall maintain the records necessary and in such form to disclose fully the extent of home and community-based services waiver services provided, for a period of six years from the date of receipt of payment or until an initiated audit is resolved, whichever is longer. The records shall be made available upon request to the department, the Ohio Department of Medicaid, the centers for Medicare and Medicaid services, County Board and/or the auditor of state. Providers who fail to produce the records requested within thirty days following the request shall be subject to decertification and/or loss of their Medicaid provider agreement.

References: OAC 5123:2-1-11; OAC 5123:2-5-02; OAC 5123L2-9-03; OAC 5123:2-9-06; OAC 5123:2-9-13; OAC 5123:2-9-14; OAC 5123:2-9-15; OAC 5123:2-9-16; OAC 5123:2-9-17; OAC 5123:2-9-18; OAC 5123:2-9-19; OAC 5123:2-9-40; ORC 5160.31

Policy: 01-ALL-ALL-0209

Attachments: Appendix A – Acuity Assessment

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ACUITY ASSESSMENT

The acuity assessment instrument score determines the budget limitation for each individual when receiving adult day support, acuity assessment, and/or vocational habilitation. The budget limitations apply to adult day support, acuity assessment, and vocational habilitation when these services are provided alone or in combination.

Acuity	Acuity Assessment Instrument Score	Budget Limitations for adult day support, acuity assessment, and vocational habilitation**	Budget Limitations for non-medical transportation**
A	8 to 22 *	\$10,465	\$10,041.20
A-1	8 to 22 *	\$7,922.20	\$10,041.20
B	23 to 34	\$19,045	\$10,041.20
C	35 to 55	\$31,720	\$10,041.20

* Because acuity assessment instrument scores related to assignment of an individual to the A or A-1 acuity are identical, assignment of the individual to one of these two acuities will be based upon the staffing needs of the individual as identified in the individual service plan development process and reflected in the individual service plan.

Note: Individuals may be served in program groups that include individuals enrolled in home and community-based services waivers and individuals who are not enrolled in home and community-based services waivers, as well as individuals with differing acuities (A, A-1, B, or C) as long as sufficient numbers of direct services staff are providing services to all individuals in the group. The required number of direct services staff, individual employment supports, group employment supports, career planning must be sufficient to address health and safety and advance outcomes as identified in the ISP irrespective of funding source. In no instance shall a program group include more than sixteen individuals when the provider bills for adult day support, acuity assessment, and/or vocational habilitation for one or more of the participants in the program group.

** Budget limitations are adjusted based on the cost-of-doing business for Wood County. (Wood County CODB=4)