

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.R05.03, OH.0380.R03.09, OH.0877.R01.08

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.
 - Residential Respite may be authorized for an additional 90 days for a total of 180 days during an individual's twelve-month waiver span;
 - Community Respite may be authorized for an additional 60 days for a total of 120 days during an individual's twelve-month waiver span.
 - The increased limitation will not exceed what has been approved in the Appendix K document (i.e. no more than 180 days for Residential Respite or 120 days for Community Respite) and the increased limitation will not cross a new twelve-month waiver span (i.e. unused Respite limits will not carry over into a new waiver span).
 - Residential and Community Respite will remain short term and temporary in length.
 - On an individual specific basis, and when identified by the individual's care team, DODD may prior authorize additional time needed for residential or community respite.
 - This prior authorization will only occur if a health and welfare risk is identified by the care team, and the team supports the continued stay of an individual in a facility within the guidelines prescribed by the Ohio Department of Health.
- 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).
 - In this instance, billing will not be permitted at the same time for Shared Living and HPC and/or PD-HPC.

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.

- Residential Respite may be authorized for an additional 90 days for a total of 180 days during an individual's twelve-month waiver span;
- Community Respite may be authorized for an additional 60 days for a total of 120 days during an individual's twelve-month waiver span.
 - The increased limitation will not exceed what has been approved in the Appendix K document (i.e. no more than 180 days for Residential Respite or 120 days for Community Respite) and the increased limitation will not cross a new twelve-month waiver span (i.e. unused Respite limits will not carry over into a new waiver span).
- Residential and Community Respite will remain short term and temporary in length.
- On an individual specific basis, and when identified by the individual's care team, DODD may prior authorize additional time needed for residential or community respite.
 - This prior authorization will only occur if a health and welfare risk is identified by the care team, and the team supports the continued stay of an individual in a facility within the guidelines prescribed by the Ohio Department of Health.

SELF Waiver

- Waiving of limitations within the individual services for Community Respite and Residential Respite.
 - Residential Respite may be authorized for an additional 90 days for a total of 180 days during an individual's twelve-month waiver span;
 - Community Respite may be authorized for an additional 60 days for a total of 120 days during an individual's twelve-month waiver span.
 - The increased limitation will not exceed what has been approved in the Appendix K document (i.e. no more than 180 days for Residential Respite or 120 days for Community Respite) and the increased limitation will not cross a new twelve-month waiver span (i.e. unused Respite limits will not carry over into a new waiver span).
 - Residential and Community Respite will remain short term and temporary in length.
 - On an individual specific basis, and when identified by the individual's care team, DODD may prior authorize additional time needed for residential or community respite.
 - This prior authorization will only occur if a health and welfare risk is identified by the care team, and the team supports the continued stay of an individual in a facility within the guidelines prescribed by the Ohio Department of Health.

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 Individual Service Plan (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-c-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. Temporary modifications include the following:
 - Agency providers hiring currently certified independent providers for direct services may forgo obtaining a Bureau of Criminal Investigation (BCI) check if the independent provider is currently certified by DODD; and
 - Agencies can assume initial training requirements have been met as part of the independent provider certification process but must provide the independent provider with major unusual incidents (MUIs) and unusual incidents (UI) training specific to the agency; and
 - Agencies must provide person-specific training and emergency response training for the locations in which the independent provider will be working. The condensed training referenced in the [Resources for Onboarding DSPs guidance](#) is acceptable; and
 - Online Cardiopulmonary Resuscitation (CPR)/First Aid classes will be accepted.
- 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.
 - DODD certified waiver providers meet the minimum standards to furnish same or similar waiver services in Ohio Department of Aging (ODA)-operated waivers and the ODM- operated waivers.
 - ODA certified waiver providers meet the minimum standards to furnish same or similar waiver services in the DODD-operated waivers and ODM-operated waivers.
 - ODM approved waiver providers meet the minimum standards to furnish the same or similar services in the DODD-operated waivers and the ODA-operated waivers.
 - All provider types which furnish the same or similar services between delivery systems are affected by these modifications.

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 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 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

- Will suspend the DODD Office of System Support and Standards (OSSAS) regularly scheduled compliance reviews and regulatory work (including Plans of Correction and Plans of Correction-Verification).
 - Reviews are temporarily postponed until at least May 31st, or until the direction of the Director of DODD.
 - OSSAS will continue to conduct special compliance reviews if necessary and will issue citations regarding health and safety or infection control, which will require provider to immediately correct issues.

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, in accordance with Health Insurance Portability and Accountability Act (HIPAA).
 - 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, in accordance with HIPAA, prior to updating the person’s service plan. The Service and Support Administrator will update the plan within the next 60 days.
- The annual redetermination process may temporarily take place without a face to face meeting, but rather by telephone or other electronic means, in accordance with HIPAA. A focus on health and welfare will always be present and ensured.
 - The plan will be authorized through the following methods:
 - A verbal authorization, with a subsequent confirmation in writing by the individual or an authorized representative through utilizing the U.S. Postal Service to provide signatures to the Service and Support Administrator prior to the next face-to-face visit; or
 - An email authorization by the individual or guardian on the date of the meeting.
 - Meeting dates and signatures dated on the date of the meeting must be reflected in documentation sent to the Service and Support Administrator.
 - No more than 60 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 60 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.
 - Where an extended state plan service is available through the waiver, the individual may access the service via the state plan or the waiver based on where there is a provider available. In addition, the individual will not exceed any limits imposed in the state plan and waiver in their totality.

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.
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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: 5/4/2020

_____/S/_____
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)
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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: 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.

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 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 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.

Changes to Approved Limits to the Individual Options Waiver:

Due to the impacts of COVID-19 on the developmental disabilities delivery system, the State may allow for homemaker/personal care and Shared Living to be billed on the same day, but not by the same DSP. In this instance, billing will not be permitted at the same time for Shared Living and HPC and/or PD-HPC.

Additionally, the State has determined that the amount for an individual based on the Ohio Developmental Disability Profile (ODDP) may be exceeded during this emergency for the HPC service. The State is waiving all prior authorizations that exceed funding limits as specified in C-4 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.

Changes to Approved Limits to the Level One Waiver:

Due to the impacts of COVID-19 on the developmental disabilities delivery system, the State is combining the current budget limitations 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) <i>(check one or both):</i>	<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 <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>)
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

<p>Independent Homemaker/Personal Care Services</p>	<p>Ohio Department of Developmental Disabilities (DODD)</p>	<p>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).</p>
<p>Agency Homemaker/Personal Care Services</p>	<p>Ohio Department of Developmental Disabilities (DODD)</p>	<p>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).</p>
<p>Certified Adult Day Support Agency Providers</p>	<p>Ohio Department of Developmental Disabilities (DODD)</p>	<p>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.</p>

<p>Certified Vocational Habilitation Agency Providers</p>	<p>Ohio Department of Developmental Disabilities (DODD)</p>	<p>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.</p>
<p>Certified NMT Providers</p>	<p>Ohio Department of Developmental Disabilities (DODD)</p>	<p>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.</p>

<p style="text-align: center;">Service Delivery Method</p>				
<p>Service Delivery Method <i>(check each that applies):</i></p>	<input type="checkbox"/>	<p>Participant-directed as specified in Appendix E</p>	<p>X</p>	<p>Provider managed</p>



Service Specification

Service Title:	Participant-Directed Homemaker/Personal Care (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:

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 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.

Changes to Approved Limits in the Individual Options Waiver:

The State may allow for PD-HPC and Shared Living to be billed on the same day, but not by the same DSP. In this instance, billing will not be permitted at the same time for Shared Living and HPC and/or PD-HPC.

Additionally, the State has determined that the 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 waives all prior authorizations that exceed funding limits as specified in C-4 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.

Changes to Approved Limits in the Level One Waiver:

Due to the impacts of COVID-19 on the developmental disabilities delivery system, the State is combining current budget limitations 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.

Changes 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-Directed Homemaker/Personal Care Services			Certification standards listed in 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	

<p>Independent Provider of Participant-Directed Homemaker/Personal Care Services</p>	<p>Ohio Department of Developmental Disabilities (DODD)</p>	<p>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.</p>
<p>Certified Adult Day Support Agency Providers</p>	<p>Ohio Department of Developmental Disabilities (DODD)</p>	<p>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.</p>
<p>Certified Vocational Habilitation Agency Providers</p>	<p>Ohio Department of Developmental Disabilities (DODD)</p>	<p>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.</p>

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.
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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 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.

Changes to Approved Limits:
 Due to the impacts of COVID-19 on the developmental disabilities delivery system, the State may allow homemaker/personal care, participant-directed homemaker/personal care and Shared Living to be billed on the same day, but not by the same DSP. In this instance, billing will not be permitted at the same time for Shared Living and HPC and/or PD-HPC.

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 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.

Changes to Approved Limits:

Ohio is allowing for providers of Adult Day or Vocational Habilitation to become certified to provide informal respite during the life of the Appendix K.

Additionally, the State is combining current budget limitations 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 <i>(check each that applies):</i>	<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 <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 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

Changes to Approved Limits in the Individual Options Waiver:

Due to the impacts of COVID-19 on the developmental disabilities delivery system, Ohio is lifting the limit of 90 calendar days of service per waiver eligibility span for Residential Respite. Residential Respite may be authorized for an additional 90 days for a total of 180 days during an individual's twelve-month waiver span. The increased limitation will not exceed what has been approved in the Appendix K document (i.e. no more than 180 days for Residential Respite) and the increased limitation will not cross a new twelve-month waiver span (i.e. unused Respite limits will not carry over into a new twelve-month waiver span). Residential Respite will remain short term and temporary in length.

On an individual-specific basis, and when identified by the individual's care team, DODD may prior authorize additional time needed for Residential Respite.

Ohio is allowing for providers of Adult Day or Vocational Habilitation to become certified to provide residential respite during the life of the Appendix K.

Additionally, the State has determined that the 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 is waiving all prior authorizations that exceed funding limits as specified in C-4 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.

Changes to Approved Limits in the Level One Waiver:

Due to the impacts of COVID-19 on the developmental disabilities delivery system, Ohio is lifting the limit of 90 calendar days of service per waiver eligibility span for Residential Respite. Residential Respite may be authorized for an additional 90 days for a total of 180 days during an individual's twelve-month waiver span. The increased limitation will not exceed what has been approved in the Appendix K document (i.e. no more than 180 days for Residential Respite) and the increased limitation will not cross a new twelve-month waiver span (i.e. unused Respite limits will not carry over into a new twelve-month waiver span). Residential Respite will remain short-term and temporary in length.

On an individual-specific basis, and when identified by the individual's care team, DODD may prior authorize additional time needed for Residential Respite.

Ohio is allowing for providers of Adult Day or Vocational Habilitation to become certified to provide residential respite during the life of the Appendix K.

Additionally, the State is combining current budget limitations 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.

Changes to Approved Limits in the SELF Waiver:

Due to the impacts of COVID-19 on the developmental disabilities delivery system, Ohio is lifting the limit of 90 calendar days of service per waiver eligibility span for Residential Respite. Residential Respite may be authorized for an additional 90 days for a total of 180 days during an individual’s twelve-month waiver span. The increased limitation will not exceed what has been approved in the Appendix K document (i.e. no more than 180 days for Residential Respite) and the increased limitation will not cross a new twelve-month waiver span (i.e. unused Respite limits will not carry over into a new twelve-month waiver span). Residential Respite will remain short-term and temporary in length.

On an individual-specific basis, and when identified by the individual’s care team, DODD may prior authorize additional time needed for Residential Respite.

Ohio is allowing for providers of Adult Day or Vocational Habilitation to become certified to provide residential respite during the life of the Appendix K.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	Individual. List types:	X	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	X 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).

<p>Agency Providers of Residential Respite</p>	<p>Ohio Department of Developmental Disabilities</p>	<p>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.</p>		
<p>Agency Providers of Adult Day, Vocational Habilitation</p>	<p>Ohio Department of Developmental Disabilities (DODD)</p>	<p>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.</p>		
<p>Service Delivery Method <i>(check each that applies):</i></p>	<input type="checkbox"/>	<p>Participant-directed as specified in Appendix E</p>	<input checked="" type="checkbox"/>	<p>Provider managed</p>

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 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.

Changes to Approved Limits in the Individual Options Waiver:

Due to the impacts of COVID-19 on the developmental disabilities delivery system, Ohio is lifting the limit of 60 calendar days of service per waiver eligibility span for Community Respite. Community Respite may be authorized for an additional 60 days for a total of 120 days during an individual's twelve-month waiver span. The increased limitation will not exceed what has been approved in the Appendix K document (i.e. no more than 120 days for Community Respite) and the increased limitation will not cross a new twelve-month waiver span (i.e. unused Respite limits will not carry over into a new twelve-month waiver span). Community Respite will remain short-term and temporary in length.

On an individual-specific basis, and when identified by the individual's care team, DODD may prior authorize additional time needed for Community Respite.

Ohio is allowing for providers of Adult Day or Vocational Habilitation to become certified to provide community respite during the life of the Appendix K.

Additionally, the State has determined that the 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 is waiving all prior authorizations that exceed funding limits as specified in C-4 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.

Changes to Approved Limits in the Level One Waiver:

Due to the impacts of COVID-19 on the developmental disabilities delivery system, Ohio is lifting the limit of 60 calendar days of service per waiver eligibility span for Community Respite. Community Respite may be authorized for an additional 60 days for a total of 120 days during an individual's twelve-month waiver span. The increased limitation will not exceed what has been approved in the Appendix K document (i.e. no more than 120 days for Community Respite) and the increased limitation will not cross a new twelve-month waiver span (i.e. unused Respite limits will not carry over into a new twelve-month waiver span). Community Respite will remain short-term and temporary in length.

On an individual-specific basis, and when identified by the individual’s care team, DODD may prior authorize additional time needed for Community Respite.

Ohio is allowing for providers of Adult Day or Vocational Habilitation to become certified to provide community respite during the life of the Appendix K.

Additionally, the State is combining budget limitations 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.

Changes to Approved Limits in the SELF Waiver:

Due to the impacts of COVID-19 on the developmental disabilities delivery system, Ohio is lifting the limit of 60 calendar days of service per waiver eligibility span for Community Respite. Community Respite may be authorized for an additional 60 days for a total of 120 days during an individual’s twelve-month waiver span. The increased limitation will not exceed what has been approved in the Appendix K document (i.e. no more than 120 days for Community Respite) and the increased limitation will not cross a new twelve-month waiver span (i.e. unused Respite limits will not carry over into a new twelve-month waiver span). Community Respite will remain short-term and temporary in length.

On an individual-specific basis, and when identified by the individual’s care team, DODD may prior authorize additional time needed for Community Respite.

Ohio is allowing for providers of Adult Day or Vocational Habilitation to become certified to provide community respite during the life of the Appendix K.

Provider Specifications

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

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

Ohio is lifting 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 is allowing for 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 at this time for the Individual Options, and SELF waivers.

Changes to Approved Limits in the Level One Waiver Only:

Ohio is 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) <i>(check one or both):</i>	Individual. List types:	X	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 <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>
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.

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

Ohio is lifting 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 is allowing 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 at this time for the Individual Options, and SELF waivers.

Changes to Approved Limits in the Level One Waiver Only:

Ohio is 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) <i>(check one or both):</i>	Individual. List types:	X	Agency. List the types of agencies:
			For profit and not-for-profit private providers of Vocational Habilitation
			County Board providers of Vocational Habilitation

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.