

5101:3-51-05 **HOME choice ("Helping Ohioans Move, Expanding Choice") demonstration program: process for enrolling service providers.**

The requirements set forth in this rule begin on the effective date of this rule and remain in effect through the duration of the HOME choice demonstration program.

(A) All providers of HOME choice demonstration program services must meet the conditions of participation set forth in rule 5101:3-51-03 of the Administrative Code, as appropriate, and the provider requirements and specifications set forth in rule 5101:3-51-04 of the Administrative Code prior to furnishing services to a consumer.

(B) A prospective provider intending to furnish HOME choice demonstration program services to a consumer enrolled on a home and community-based services (HCBS) waiver administered by ODJFS must meet the requirements set forth in this paragraph. The provider must submit a signed statement affirming that the provider received and read all rules of the Administrative Code governing the HOME choice demonstration program and the ODJFS-administered waiver on which the consumer is enrolled.

(1) For qualified services, the provider shall:

(a) Be a provider as approved by ODJFS in accordance with rule 5101:3-12-28 of the Administrative Code, and the ODJFS-administered waiver service provider specifications set forth in rule 5101:3-46-04, 5101:3-47-04 or 5101:3-50-04 of the Administrative Code, as appropriate, for the specific waiver service to be furnished.

(b) Be a medicaid state plan service provider as approved by ODJFS in accordance with division 5101:3 of the Administrative Code, as appropriate for the specific medicaid state plan service to be furnished.

(2) For demonstration services, the provider shall:

(a) Be a medicaid provider of nutritional consultation services as certified by ODMR/DD in accordance with rule 5123:2-9-09 of the Administrative Code, or an ODA-certified long term care provider of nutritional consultation services in accordance with rule 173-39-02.10 of the Administrative Code, if the provider is furnishing nutritional consultation as that service is set forth in rule 5101:3-51-04 of the Administrative Code.

(b) Be a medicaid provider of social work counseling services as certified by ODMR/DD in accordance with rule 5123:2-9-09 of the Administrative Code, or as certified by ODMH in accordance with Chapters 5122-24 to 5122-29 of the Administrative Code, or be an ODA-certified long term care provider of social work counseling services in accordance with

rule 173-39-02.12 of the Administrative Code, if the provider is furnishing social work counseling as that service is set forth in rule 5101:3-51-04 of the Administrative Code.

(c) Be a provider of community support coaching as approved by ODJFS in accordance with rule 5101:3-12-28 of the Administrative Code, or a community mental health center certified by ODMH in accordance with Chapters 5122-24 to 5122-29 of the Administrative Code, if the provider is furnishing community support coaching as that service is set forth in rule 5101:3-51-04 of the Administrative Code.

(d) Be a provider of independent living skills training as approved by ODJFS in accordance with rule 5101:3-12-28 of the Administrative Code, or a community mental health center certified by ODMH in accordance with Chapters 5122-24 to 5122-29 of the Administrative Code, if the provider is furnishing independent living skills training as that service is set forth in rule 5101:3-51-04 of the Administrative Code.

(3) For supplemental services, the provider shall:

(a) Be a:

(i) Medicaid provider of supplementary adaptive and assistive device services as approved by ODJFS in accordance with rule 5101:3-12-28 of the Administrative Code, and rule 5101:3-46-04, 5101:3-47-04 or 5101:3-50-04 of the Administrative Code, as appropriate, if the provider is furnishing communication aid services as those services are set forth in rule 5101:3-51-04 of the Administrative Code; or

(ii) Provider of communication aid services as approved by ODJFS if the provider is furnishing communication aid services as those services are set forth in rule 5101:3-51-04 of the Administrative Code.

(b) Be a medicaid provider of adaptive and assistive equipment services as certified by ODMR/DD in accordance with rule 5123:2-9-09 of the Administrative Code, if the provider is furnishing service animal services as those services are set forth in rule 5101:3-51-04 of the Administrative Code.

(C) A prospective provider intending to furnish HOME choice demonstration program services to a consumer enrolled on an HCBS waiver administered by ODA must meet the requirements set forth in this paragraph.

(1) For qualified services, the provider shall:

- (a) Be an ODA-certified long term care provider in accordance with rule 173-39-02 of the Administrative Code.
 - (b) Be a medicaid state plan service provider as approved by ODJFS in accordance with division 5101:3 of the Administrative Code, as appropriate for the specific medicaid state plan service to be furnished.
- (2) For demonstration services, the provider shall:
 - (a) Be a provider of HOME choice nursing services as approved by ODJFS in accordance with rule 5101:3-51-04 of the Administrative Code, if the provider is furnishing HOME choice nursing services as that service is set forth in rule 5101:3-51-04 of the Administrative Code.
 - (b) Be a provider of community support coaching as approved by ODJFS, or a community mental health center certified by ODMH in accordance with Chapters 5122-24 to 5122-29 of the Administrative Code, if the provider is furnishing community support coaching as that service is set forth in rule 5101:3-51-04 of the Administrative Code.
 - (c) Be a provider of independent living skills training as approved by ODJFS, or a community mental health center certified by ODMH in accordance with Chapters 5122-24 to 5122-29 of the Administrative Code, if the provider is furnishing independent living skills training as that service is set forth in rule 5101:3-51-04 of the Administrative Code.
- (3) For supplemental services, the provider shall:
 - (a) Be:
 - (i) An ODA-certified long term care provider of specialized medical equipment and supplies in accordance with rule 173-39-02.7 of the Administrative Code, if the provider is furnishing communication aid services as those services are set forth in rule 5101:3-51-04 of the Administrative Code; or
 - (ii) A provider of communication aid services as approved by ODJFS if the provider is furnishing communication aid services as those services are set forth in rule 5101:3-51-04 of the Administrative Code.
 - (b) Be a medicaid provider of adaptive and assistive equipment services as certified by ODMR/DD in accordance with rule 5123:2-9-09 of the Administrative Code, if the provider is furnishing service animal services as those services are set forth in rule 5101:3-51-04 of the Administrative Code.

(D) A prospective provider intending to furnish HOME choice demonstration program services to a consumer enrolled on an HCBS waiver administered by ODMR/DD must meet the requirements set forth in this paragraph. The provider must submit a signed statement affirming that the provider received and read all rules of the Administrative Code governing the HOME choice demonstration program.

(1) For qualified services, the provider shall:

(a) Be a medicaid provider as certified by ODMR/DD in accordance with rule 5123:2-9-09 of the Administrative Code for the specific waiver service to be furnished.

(b) Be a medicaid state plan service provider as approved by ODJFS in accordance with division 5101:3 of the Administrative Code, as appropriate for the specific medicaid state plan service to be furnished.

(2) For demonstration services, the provider shall:

(a) Be a medicaid provider of nutritional consultation services as certified by ODMR/DD in accordance with rule 5123:2-9-09 of the Administrative Code, or an ODA-certified long term care provider of nutritional consultation services in accordance with rule 173-39-02.10 of the Administrative Code, if the provider is furnishing nutritional consultation as that service is set forth in rule 5101:3-51-04 of the Administrative Code.

(b) Be a medicaid provider of social work counseling services as certified by ODMR/DD in accordance with rule 5123:2-9-09 of the Administrative Code, or as certified by ODMH in accordance with Chapters 5122-24 to 5122-29 of the Administrative Code, or be an ODA-certified long term care provider of social work counseling services in accordance with rule 173-39-02.12 of the Administrative Code, if the provider is furnishing social work counseling as that service is set forth in rule 5101:3-51-04 of the Administrative Code.

(c) Be a provider of HOME choice nursing services as approved by ODJFS in accordance with rule 5101:3-51-04 of the Administrative Code, if the provider is furnishing HOME choice nursing services as that service is set forth in rule 5101:3-51-04 of the Administrative Code.

(d) Be a provider of community support coaching as approved by ODJFS, or a community mental health center certified by ODMH in accordance with Chapters 5122-24 to 5122-29 of the Administrative Code, if the provider is furnishing community support coaching as that service is set forth in rule 5101:3-51-04 of the Administrative Code.

(3) For supplemental services, the provider shall be:

(a) A medicaid provider of adaptive and assistive equipment or specialized medical equipment as certified by ODMR/DD in accordance with rule 5123:2-9-09 of the Administrative Code, if the provider is furnishing communication aid services as those services are set forth in rule 5101:3-51-04 of the Administrative Code; or

(b) A provider of communication aid services as approved by ODJFS if the provider is furnishing communication aid services as those services are set forth in rule 5101:3-51-04 of the Administrative Code; and

(c) Be a medicaid provider of adaptive and assistive equipment services as certified by ODMR/DD in accordance with rule 5123:2-9-09 of the Administrative Code, if the provider is furnishing service animal services as those services are set forth in rule 5101:3-51-04 of the Administrative Code.

(E) A prospective provider intending to furnish HOME choice demonstration program services to a consumer who is not enrolled on an HCBS waiver must meet the requirements set forth in this paragraph.

(1) For qualified medicaid state plan services, the provider shall be a medicaid state plan service provider as approved by ODJFS in accordance with division 5101:3 of the Administrative Code, as appropriate for the specific medicaid state plan service to be furnished.

(2) For demonstration services, the provider shall:

(a) Be a provider of HOME choice nursing services as approved by ODJFS in accordance with rule 5101:3-51-04 of the Administrative Code, if the provider is furnishing HOME choice nursing services as that service is set forth in rule 5101:3-51-04 of the Administrative Code.

(b) Be a medicaid provider of nutritional consultation services as certified by ODMR/DD in accordance with rule 5123:2-9-09 of the Administrative Code, or an ODA-certified long term care provider of nutritional consultation services in accordance with rule 173-39-02.10 of the Administrative Code, if the provider is furnishing nutritional consultation as that service is set forth in rule 5101:3-51-04 of the Administrative Code.

(c) Be a medicaid provider of social work counseling services as certified by ODMR/DD in accordance with rule 5123:2-9-09 of the Administrative Code, or as certified by ODMH in accordance with Chapters 5122-24 to 5122-29 of the Administrative Code, or be an ODA-certified long term

care provider of social work counseling services in accordance with rule 173-39-02.12 of the Administrative Code, if the provider is furnishing social work counseling as that service is set forth in rule 5101:3-51-04 of the Administrative Code.

(d) Be a provider of community support coaching as approved by ODJFS, or a community mental health center certified by ODMH in accordance with Chapters 5122-24 to 5122-29 of the Administrative Code, if the provider is furnishing community support coaching as that service is set forth in rule 5101:3-51-04 of the Administrative Code.

(e) Be a provider of independent living skills training as approved by ODJFS, or a community mental health center certified by ODMH in accordance with Chapters 5122-24 to 5122-29 of the Administrative Code, if the provider is furnishing independent living skills training as that service is set forth in rule 5101:3-51-04 of the Administrative Code.

(3) For supplemental services, the provider shall:

(a) Be:

(i) A medicaid provider of durable medical equipment as approved by ODJFS in accordance with rule 5101:3-10-01 of the Administrative Code, if the provider is furnishing communication aid services as those services are set forth in rule 5101:3-51-04 of the Administrative Code; or

(ii) A provider of communication aid services as approved by ODJFS if the provider is furnishing communication aid services as those services are set forth in rule 5101:3-51-04 of the Administrative Code.

(b) Be a medicaid provider of adaptive and assistive equipment services as certified by ODMR/DD in accordance with rule 5123:2-9-09 of the Administrative Code, if the provider is furnishing service animal services as those services are set forth in rule 5101:3-51-04 of the Administrative Code.

(F) ODJFS shall not process a service provider application packet for prospective providers of HOME choice nursing, community support coaching, independent living skills training, or communication aid services if the packet does not contain information necessary to complete the required verifications.

(I) ODJFS shall not process a service provider application packet for prospective providers of HOME choice nursing, community support coaching, independent living skills training or communication aid services if the provider does not submit the signed statement as required by paragraphs (B)

and (D) of this rule.

(2) ODJFS shall notify the service provider in writing of any missing information, and shall provide the applicant thirty calendar days to submit the required documentation. If the provider does not submit the required documentation within thirty calendar days, the service provider application process shall be terminated.

(3) ODJFS shall review all information and make a determination regarding the prospective service provider's eligibility for enrollment. If ODJFS determines the provider is ineligible for enrollment as a provider of HOME choice services, the provider is entitled to an administrative review by ODJFS.

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5101:3-51-06

HOME choice ("Helping Ohioans Move, Expanding Choice") demonstration program: reimbursement rates and billing procedures.

The requirements set forth in this rule begin on the effective date of this rule and remain in effect through the duration of the HOME choice demonstration program.

(A) Definitions of terms used for billing and calculating rates.

- (1) "Base rate," as used in table A, column 3 of paragraph (B) of this rule, means the amount paid for up to the first four units of service delivered.
- (2) "Billing unit," as used in table B, column 3 of paragraph (B) of this rule, means a single fixed item or amount of time.
- (3) "Classroom rate" is the amount that HOME choice independent living skills training service providers are reimbursed when the service is provided in a classroom setting. The rate is equivalent to fifty per cent of the reimbursement rate set forth in paragraph (B), table (B) of this rule that is paid to a provider for furnishing HOME choice independent living skills training services to a single individual.
- (4) "Classroom setting" is a situation in which a HOME choice independent living skills training service provider furnishes the same type of services to four or more individuals at the same address, during the same visit. The services provided in the classroom setting can be either the same type of HOME choice independent living skills training service, or a combination of HOME choice independent living skills training services and similar independent living skills training services.
- (5) "Group rate," as used in paragraph (E)(1) of this rule, is the amount that HOME choice nursing providers, or HOME choice independent living skills training services, as appropriate, are reimbursed when the service is provided in a group setting. The rate is equivalent to seventy-five per cent of the reimbursement rate set forth in paragraph (B), table (A) of this rule for HOME choice nursing services, and in paragraph (B), table (B) of this rule for HOME choice independent living skills training services that is paid to a provider for delivering the HOME choice nursing services or HOME choice independent living skills training services to a single individual.
- (6) "Group setting" is a situation in which a HOME choice nursing, service provider, or a HOME choice independent living skills training service provider, as appropriate, furnishes the same type of services to two or three individuals at the same address, during the same visit. The services provided in the group setting can be either the same type of HOME choice nursing service or HOME choice independent living skills training service, as appropriate, or a combination of HOME choice nursing services and similar

nursing services, or HOME choice independent living skills training services and similar independent living skills training services.

(7) "Maximum hours/days," as used in table B, column 6 of paragraph (B) of this rule, means the maximum number of hours or days that a HOME choice demonstration program service can be reimbursed either monthly or annually, and as set forth on the HOME choice demonstration program consumer's all services plan, service plan, ISP or non-waiver HOME choice demonstration program service plan, as appropriate.

(8) "Maximum hours per month," as used in table A, column 5 of paragraph (B) of this rule, means the maximum number of hours that a HOME choice demonstration program service can be reimbursed per month, and as set forth on the HOME choice consumer's all services plan, service plan, ISP or non-waiver HOME choice demonstration program service plan, as appropriate.

(9) "Maximum rate" means the maximum amount that will be paid for the HOME choice demonstration program service rendered.

(a) For the billing codes in table B of paragraph (B) of this rule, the HOME choice demonstration program maximum rate is set forth in column (4).

(b) For the billing codes in table A of paragraph (B) of this rule, the HOME choice demonstration program maximum rate is :

(i) The base rate as defined in paragraph (A) (1) of this rule, or

(ii) The base rate as defined in paragraph (A) (1) of this rule plus the unit rate as defined in (A) (9) of this rule for each additional unit of service delivered.

(10) "Unit rate," as used in table A, column 4 of paragraph (B) of this rule, and in table B, column 5 of paragraph (B) of this rule, means the amount paid for each fifteen minute unit following the base rate paid for the first four units of service provided.

(B) Billing code tables.

Table A

<u>Column 1</u>	<u>Column2</u>	<u>Column 3</u>	<u>Column 4</u>	<u>Column 5</u>
<u>Billing code</u>	<u>Service</u>	<u>Base rate</u>	<u>Unit rate</u>	<u>Maximum hours per month</u>
<u>HC001</u>	<u>HOME choice nursing provided</u>	<u>\$56.65</u>	<u>\$5.87</u>	<u>44 hours per month</u>

	<u>by an RN</u>			
<u>HC002</u>	<u>HOME choice nursing provided by an LPN</u>	<u>\$56.65</u>	<u>\$5.87</u>	<u>44 hours per month</u>

Table B

<u>Column 1</u>	<u>Column 2</u>	<u>Column 3</u>	<u>Column 4</u>	<u>Column 5</u>	<u>Column 6</u>
<u>Billing code</u>	<u>Service</u>	<u>Billing unit</u>	<u>Maximum rate</u>	<u>Unit rate</u>	<u>Maximum hours/days</u>
<u>HC003</u>	<u>Independent living skills training</u>	<u>15 minutes</u>	<u>\$30.00</u>	<u>\$7.50</u>	<u>12 hours per month</u>
<u>HC004</u>	<u>Community support coaching</u>	<u>15 minutes</u>	<u>\$25.00</u>	<u>\$6.25</u>	<u>6 hours per month</u>
<u>HC005</u>	<u>Social work/counseling services</u>	<u>15 minutes</u>	<u>\$64.12</u>	<u>\$16.03</u>	<u>3 hours per month</u>
<u>HC006</u>	<u>Nutritional consultation services</u>	<u>15 minutes</u>	<u>\$52.56</u>	<u>\$13.14</u>	<u>3 hours per month</u>
<u>HC007</u>	<u>Communication aids</u>	<u>Per item</u>	<u>A maximum of \$5,000.00 for all items</u>	<u>N/A</u>	<u>365-day demonstration period</u>
<u>HC008</u>	<u>Service animals</u>	<u>Per item</u>	<u>A maximum of \$8,000.00 for all items</u>	<u>N/A</u>	<u>365-day demonstration period</u>
<u>HC009</u>	<u>Community transition services</u>	<u>Per item</u>	<u>A maximum of \$2,000.00 for all items</u>	<u>N/A</u>	<u>Pre-transition and 365-day demonstration periods</u>

(C) In order for a provider to submit a claim for HOME choice demonstration program services, the services must be provided in accordance with Chapter 5101:3-51 of the Administrative Code.

(D) The amount of reimbursement for a service shall be the lesser of the provider's billed charge or the HOME choice demonstration program maximum rate.

(E) Required modifiers.

- (1) The "GS" modifier must be used when a provider submits a claim for HOME choice nursing services, or HOME choice independent living skills training services, if the service was delivered in a group setting. Reimbursement as a group rate shall be the lesser of the provider's billed charge or seventy-five per cent of the HOME choice demonstration program maximum for the specific service.
- (2) The "CS" modifier must be used when a provider submits a claim for HOME choice independent living skills training services if the service was delivered in a classroom setting. Reimbursement as a classroom rate shall be the lesser of the provider's billed charge or fifty per cent of the HOME choice demonstration program maximum.
- (3) The "N2" modifier must be used when the same provider submits a claim for HOME choice nursing services for a second visit to a consumer for the same date of service.
- (4) The "N3" modifier must be used when the same provider submits a claim for HOME choice nursing services for three or more visits to a consumer for the same date of service.
- (5) The "N4" modifier must be used when a provider submits a claim for HOME choice nursing services for a single visit that was more than twelve hours in length but did not exceed sixteen hours.

(F) Reimbursement will be provided in accordance with paragraphs (A) to (D) of rule 5101:3-1-60 of the Administrative Code.

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5101:3-47-02.1 **Transitions MR/DD waiver: eligibility criteria for time-limited enrollment of HOME choice ("Helping Ohioans Move, Expanding Choice") demonstration program consumers.**

The requirements set forth in this rule begin on the effective date of this rule and remain in effect through the duration of the HOME choice demonstration program.

- (A) Notwithstanding paragraph (A) of rule 5101:3-47-02 of the Administrative Code, consumers who are determined by the Ohio department of job and family services (ODJFS) to meet the eligibility criteria set forth in paragraph (B) of this rule during the time-limited open enrollment period that begins on the effective date of this rule and ends on September 30, 2011, may choose to be enrolled on the transitions MR/DD waiver. Time-limited open enrollment is limited to the number of transitions MR/DD waiver slots ODJFS has approved by the centers for medicare and medicaid services (CMS).
- (B) To be eligible for enrollment in the transitions MR/DD waiver pursuant to this rule, a consumer must meet all of the following criteria:
- (1) Be determined by ODJFS to be eligible for the HOME choice demonstration program;
 - (2) Be determined by the Ohio department of mental retardation and developmental disabilities (ODMR/DD) to be eligible for an ODMR/DD-administered home and community-based services waiver; and
 - (3) Meet the eligibility criteria set forth in paragraph (B) of rule 5101:3-47-02 of the Administrative Code.
- (C) HOME choice demonstration program consumers with needs for nursing services shall be given priority for accessing transitions MR/DD waiver slots.
- (D) Consumers who apply for and are determined to be ineligible for the transitions MR/DD waiver as a result of the process set forth in this rule will be given notice and hearing rights in accordance with division 5101:6 of the Administrative Code.
- (E) Consumers enrolled on the transitions MR/DD waiver pursuant to this rule shall be reassessed at least annually, and more frequently if there is a significant change in the consumer's situation that may impact the consumer's health and welfare. If the annual reassessment determines that the consumer no longer meets the eligibility criteria set forth in this rule, and paragraph (B) of rule 5101:3-47-02 of the Administrative Code, then the consumer shall be disenrolled from the transitions MR/DD waiver. In such instances, the consumer shall be afforded notice and hearing rights in accordance with division 5101:6 of the Administrative Code.
- (F) If a transitions MR/DD waiver consumer eligible pursuant to this rule does not receive services for ninety consecutive days, ODJFS shall, within ten days of the ninetieth day, reassess the consumer's need for waiver services. If it is determined

that waiver services are no longer needed, the consumer shall be disenrolled from the transitions MR/DD waiver. The consumer shall be afforded notice and hearing rights in accordance with division 5101:6 of the Administrative Code.

(G) If, at any time, a consumer ceases to meet the eligibility criteria set forth in this rule, and paragraph (B) of rule 5101:3-47-02 of the Administrative Code, the consumer shall be disenrolled from the transitions MR/DD waiver. In such instances, the consumer shall be afforded notice and hearing rights in accordance with division 5101:6 of the Administrative Code.

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5101:3-50-02.1 Transitions carve-out waiver: eligibility criteria for time-limited enrollment of HOME choice ("Helping Ohioans Move, Expanding Choice") demonstration program consumers.

The requirements set forth in this rule begin on the effective date of this rule and remain in effect through the duration of the HOME choice demonstration program.

- (A) Notwithstanding paragraph (A) of rule 5101:3-50-02 of the Administrative Code, consumers who are determined by the Ohio department of job and family services (ODJFS) to meet the eligibility criteria set forth in paragraph (B) of this rule during the time-limited open enrollment period that begins on the effective date of this rule and ends on September 30, 2011, may choose to be enrolled on the transitions carve-out waiver. Time-limited open enrollment is limited to the number of transitions carve-out waiver slots ODJFS has approved by the centers for medicare and medicaid services (CMS)
- (B) To be eligible for enrollment in the transitions carve-out waiver pursuant to this rule, a consumer must meet all of the following criteria:
- (1) Be determined by ODJFS to be eligible for the HOME choice demonstration program;
 - (2) Be determined by the Ohio department of aging (ODA) to be eligible for an ODA-administered home and community-based services waiver; and
 - (3) Meet the eligibility criteria set forth in paragraph (B) of rule 5101:3-50-02 of the Administrative Code.
- (C) HOME choice demonstration program consumers with needs for nursing services shall be given priority for accessing transitions carve-out waiver slots.
- (D) Consumers who apply for and are determined to be ineligible for the transitions carve-out waiver as a result of the process set forth in this rule will be given notice and hearing rights in accordance with division 5101:6 of the Administrative Code.
- (E) Consumers enrolled on the transitions carve-out waiver pursuant to this rule shall be reassessed at least annually, and more frequently if there is a significant change in the consumer's situation that may impact the consumer's health and welfare. If the annual reassessment determines that the consumer no longer meets the eligibility criteria set forth in this rule, and paragraph (B) of rule 5101:3-50-02 of the Administrative Code, then the consumer shall be disenrolled from the transitions carve-out waiver. In such instances, the consumer shall be afforded notice and hearing rights in accordance with division 5101:6 of the Administrative Code.
- (F) If a transitions carve-out waiver consumer eligible pursuant to this rule does not receive services for ninety consecutive days, ODJFS shall, within ten days of the ninetieth day, reassess the consumer's need for waiver services. If it is determined

that waiver services are no longer needed, the consumer shall be disenrolled from the transitions carve-out waiver. The consumer shall be afforded notice and hearing rights in accordance with division 5101:6 of the Administrative Code.

(G) If, at any time, a consumer ceases to meet the eligibility criteria set forth in this rule, and paragraph (B) of rule 5101:3-50-02 of the Administrative Code, the consumer shall be disenrolled from the transitions carve-out waiver. In such instances, the consumer shall be afforded notice and hearing rights in accordance with division 5101:6 of the Administrative Code.

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5101:3-51-01 **HOME choice ("Helping Ohioans Move, Expanding Choice") demonstration program: definitions.**

The requirements set forth in this rule begin on the effective date of this rule and remain in effect through the duration of the HOME choice demonstration program.

The following definitions are applicable to Chapter 5101:3-51 of the Administrative Code:

(A) "Activities of daily living" are personal or self-care skills performed on a regular basis, with or without the use of adaptive and assistive devices that enable a consumer to meet basic life needs for food, hygiene and appearance as defined in rule 5101:3-3-06 of the Administrative Code.

(B) "Agency provider" is an agency that is eligible to participate in the HOME choice demonstration program.

(C) "All service plan" is the ODJFS-administered waiver service coordination and payment authorization document that identifies specific goals, objectives and measurable outcomes for consumer health and functioning expected as a result of services provided by both formal and informal caregivers, and that addresses the physical and medical conditions of the consumer.

(1) At a minimum, the all service plan shall include:

(a) Essential information needed to provide care to the consumer that assures the consumer's health and welfare;

(b) Billing authorization; and

(c) Signatures indicating the consumer's acceptance or rejection of the all services plan.

(2) The all service plan is not the same as the physician's plan of care.

(D) "Authorized representative"

(1) For a HOME choice demonstration program consumer enrolled on an ODJFS-administered waiver, authorized representative has the same meaning as set forth in rule 5101:3-45-01 of the Administrative Code;

(2) For a HOME choice demonstration program consumer enrolled on the ODA-administered choices waiver, authorized representative has the same meaning as set forth in rule 173-37-01 of the Administrative Code;

(3) For a HOME choice demonstration program consumer enrolled on the ODA-administered PASSPORT waiver, authorized representative has the same meaning as set forth in rule 173-42-01 of the Administrative Code;

- (4) For a HOME choice demonstration program consumer enrolled on an ODMR/DD-administered waiver, authorized representative has the same meaning as set forth in rule 5101:1-2-01 of the Administrative Code; and
- (5) For a HOME choice demonstration program consumer who is not enrolled on an HCBS waiver, authorized representative has the same meaning as set forth in rule 5101:3-45-01 of the Administrative Code.
- (E) "Case management agency" or "CMA" is the entity under contract with ODJFS that provides case management services to consumers enrolled on an ODJFS-administered waiver.
- (F) "Case manager" or "CM" is the CMA or PAA employee who provides a variety of case management services and care coordination activities for individuals enrolled on an ODJFS- or ODA-administered waiver.
- (G) "CDJFS" is a county department of job and family services.
- (H) "Choices waiver program" or "choices" is the CMS-approved HCBS waiver program administered by ODA in accordance with Chapters 5101:3-31 and 173-37 of the Administrative Code.
- (I) "Classroom rate" is the amount that HOME choice independent living skills training service providers are reimbursed when the service is provided in a classroom setting. The rate is equivalent to fifty per cent of the reimbursement rate set forth in rule 5101:3-51-06 of the Administrative Code that is paid to a provider for furnishing HOME choice independent living skills training services to a single individual.
- (J) "Classroom setting" is a situation in which a HOME choice independent living skills training service provider furnishes the same type of services to four or more individuals at the same address, during the same visit. The services provided in the classroom setting can be either the same type of HOME choice independent living skills training service, or a combination of HOME choice independent living skills training services and similar independent living skills training services.
- (K) "CMS" is the federal centers for medicare and medicaid services.
- (L) "County board" means a county board of mental retardation and developmental disabilities established under Chapter 5126. of the Revised Code, or a person or government entity, including a council of governments, with which a county board has contracted for assistance with its medicaid local administrative authority pursuant to division (E) of section 5126.055 of the Revised Code. The county board provides case management services to consumers enrolled on an ODMR/DD-administered waiver.

- (M) "Demonstration services" are services available to the HOME choice demonstration program consumer for up to three hundred sixty-five days beginning on the day a consumer moves from an institutional setting into the community. Demonstration services include independent living skills training, community support coaching, social work/counseling, nutritional consultation services and HOME choice nursing services. Ohio is entitled to enhanced federal financial participation (FFP) from CMS for demonstration services.
- (N) "Financial management services" or "FMS" are mandatory and optional financial transactions that an ODJFS-designated governmental entity and/or another ODJFS-designated third-party entity perform on behalf of the HOME choice demonstration program consumer.
- (O) "Group rate" is the amount that HOME choice demonstration program nursing service providers, or HOME choice independent living skills training service providers, as appropriate, are reimbursed when the service is provided in a group setting. The rate is equivalent to seventy-five per cent of the reimbursement rate set forth in rule 5101:3-51-06 of the Administrative Code that is paid to a provider for delivering the HOME choice nursing services or HOME choice independent living skills training services to a single individual.
- (P) "Group setting" is a situation in which a HOME choice demonstration nursing service provider, or the HOME choice independent living skills training service provider, as appropriate, furnishes the same type of services to two or three individuals at the same address, during the same visit. The services provided in the group setting can be either the same type of HOME choice nursing service or HOME choice independent living skills training service, as appropriate, or a combination of HOME choice nursing services and similar nursing services, or HOME choice independent living skills training services and similar independent living skills training services.
- (Q) "Home and community-based services" or "HCBS" means medicaid-funded home and community-based services as set forth in Chapter 5111. of the Revised Code.
- (R) "HOME choice demonstration program" means "Helping Ohioans Move, Expanding Choice."
- (S) "HOME choice demonstration program application" is a formal request for a determination of HOME choice demonstration program eligibility that is made by an individual who is relocating from an institutional setting into the community. The ODJFS-approved application must be signed by the individual or the individual's authorized representative.
- (T) "HOME choice demonstration program care coordinator" is a person employed by ODJFS for the purpose of providing case management and care coordination services to HOME choice demonstration program consumers who are not enrolled

on an HCBS waiver.

- (U) "HOME choice demonstration program consumer" is a consumer receiving HOME choice demonstration program services who may or may not be enrolled on a CMS-approved HCBS waiver.
- (V) "HOME choice demonstration program period" is the three hundred sixty-five day period that begins the day an individual moves from an institutional setting into the community, and during which the HOME choice demonstration program consumer is eligible for HOME choice demonstration program services.
- (W) "HOME choice demonstration program services" are pre-transition, demonstration, qualified, and supplemental services available through the HOME choice demonstration program.
- (X) "ICF-MR" is an intermediate care facility for persons with mental retardation.
- (Y) "ICF-MR level of care" is the institutional level of care set forth in rule 5101:3-3-07 of the Administrative Code.
- (Z) "Individual options waiver" or "IO waiver" is a CMS-approved HCBS waiver administered by the Ohio department of mental retardation and developmental disabilities (ODMR/DD) in accordance with Chapters 5101:3-40, 5123:2-9 and 5123:2-13 of the Administrative Code.
- (AA) "Individual service plan" or "ISP" is a written description of the services, supports and activities to be provided to a consumer enrolled on an ODMR/DD-administered waiver. The ISP is not the same as the physician's plan of care.
- (BB) "Institutional level of care" is any of the levels of care set forth in rules 5101:3-3-05, 5101:3-3-06 and 5101:3-3-07 of the Administrative Code.
- (CC) "Institutional setting" is any hospital, nursing facility (NF) or intermediate care facility for persons with mental retardation (ICF-MR). Hospitals include institutions for mental diseases (IMD) only to the extent that medical assistance is available under the medicaid state plan for services provided by such institutions.
- (DD) "Instrumental activity of daily living" is a community living skill performed on a regular basis, with or without the use of adaptive and assistive devices, that enables a consumer to independently manage his or her living arrangement as defined in rule 5101:3-3-08 of the Administrative Code.
- (EE) "Intermediate level of care" or "ILOC" is the institutional level of care set forth in rule 5101:3-3-06 of the Administrative Code.
- (FF) "Level one waiver" is a CMS-approved HCBS waiver administered by ODMR/DD in accordance with Chapters 5101:3-42, 5123:2-8 and 5123:2-9 of the

Administrative Code.

- (GG) "Medical necessity" and "medically necessary" have the same meaning as set forth in rule 5101:3-1-01 of the Administrative Code.
- (HH) "Non-agency provider" is an independent provider who is not employed by an agency, and who is eligible to participate in the HOME choice demonstration program.
- (II) "Non-waiver HOME choice demonstration program service plan" is the service coordination and payment authorization document that identifies the services, supports and activities to be provided to a HOME choice demonstration program consumer who is not enrolled on an HCBS waiver. The non-waiver HOME choice demonstration program service plan is not the same as the physician's plan of care.
- (JJ) "ODA" is the Ohio department of aging.
- (KK) "ODA-administered waiver" is a CMS-approved HCBS waiver administered by the Ohio department of aging in accordance with Chapters 5101:3-31, 5101:3-32, 173-37 and 173-42 of the Administrative Code.
- (LL) "ODJFS" is the Ohio department of job and family services.
- (MM) "ODJFS-administered waiver program" is the Ohio home care program benefit package that consists of CMS-approved HCBS waivers administered by ODJFS in accordance with rules 5101:3-12-28 to 5101:3-12-30 of the Administrative Code and Chapters 5101:3-45, 5101:3-46, 5101:3-47 and 5101:3-50 of the Administrative Code.
- (NN) "ODJFS HOME choice demonstration program care coordinator" is the ODJFS employee who provides a variety of case management services and coordination activities to HOME choice demonstration program consumers who are not enrolled on an HCBS waiver.
- (OO) "ODMR/DD" is the Ohio department of mental retardation and developmental disabilities.
- (PP) "ODMR/DD-administered waiver" is a CMS-approved HCBS waiver administered by ODMR/DD in accordance with section 5111.871 of the Revised Code and Chapters 5101:3-40, 5101:3-42, 5123:2-8, 5123:2-9 and 5123:2-13 of the Administrative Code.
- (QQ) "Ohio home care waiver" is a CMS-approved HCBS waiver administered by ODJFS that serves consumers in accordance with rules 5101:3-12-28 to 5101:3-12-30 of the Administrative Code, and Chapters 5101:3-45 and 5101:3-46 of the Administrative Code.

(RR) "PAA" means the local PASSPORT administrative agency that provides case management services to consumers enrolled on an ODA-administered waiver.

(SS) "PASSPORT waiver program" means the CMS-approved PASSPORT HCBS waiver program administered by ODA in accordance with Chapters 5101:31 and 173-42 of the Administrative Code.

(TT) "Plan of care" is the medical treatment plan that is established, approved and signed by the treating physician. The plan of care must be signed by the treating physician prior to when a provider requests reimbursement for a service. The plan of care is not the same as the all services plan, service plan or ISP, if the consumer is enrolled on an ODJFS-, ODA- or ODMR/DD-administered waiver, respectively, or the non-waiver HOME choice demonstration program service plan if the HOME choice demonstration program consumer is not enrolled on an HCBS waiver.

(UU) "Pre-transition services" are administrative activities and supplemental services that can be provided to a HOME choice demonstration program consumer up to one hundred eighty days before the consumer moves from a NF, ICF-MR or hospital into the community. Pre-transitional services and activities include transition coordination services and community transitions services.

(VV) "Qualified residence" is:

(1) A home owned or leased by the HOME choice demonstration program consumer or the HOME choice demonstration program consumer's family member;

(2) An apartment with an individual lease, that has lockable access and egress, and which includes living, sleeping, bathing and cooking areas over which the HOME choice demonstration program consumer or the HOME choice demonstration program consumer's family has domain and control. An apartment includes only the following:

(a) A private apartment,

(b) A public housing unit, or

(c) Certain residential care facility units designated for assisted living; or

(3) A residence in a community-based residential setting in which no more than four unrelated individuals reside. A community-based residential setting only includes the following:

(a) Adult foster homes,

(b) Adult family homes,

- (c) HCBS adult foster care certified by ODMR/DD.
- (d) Supported living arrangements for individuals with MR/DD who receive services through an ODMR/DD-administered waiver.
- (e) Non-ICF-MR residential facilities licensed by ODMR/DD.
- (f) Type 1 residential facilities licensed by the Ohio department of mental health (ODMH).
- (g) Type 2 residential facilities licensed by ODMH.
- (h) Foster homes for children that are certified by ODJFS.
- (i) Medically fragile foster homes for children that are certified by ODJFS, or
- (j) Group homes for children that are licensed or certified by ODJFS.

(WW) "Qualified home and community-based program" or "qualified HCB program" is the medicaid service package that shall be made available to a HOME choice demonstration program consumer when the consumer moves from an institutional setting into the community, and which will remain in effect at the conclusion of the HOME choice demonstration program. Qualified HCB programs include: HCBS waivers and the medicaid state plan.

(XX) "Qualified services" are existing waiver services, as well as the medicaid state plan services that have been determined by ODJFS to be non-acute, long term support services. They do not include demonstration and supplemental services.

(YY) "Service and support administrator" or "SSA" is a county board of MR/DD employee who provides a variety of coordination activities for individuals enrolled on an ODMR/DD-administered waiver in accordance with section 5126.15 of the Revised Code.

(ZZ) "Service plan" is the written outline of an ODA-administered waiver consumer's services, including certified long term care services and all other services regardless of funding source. The service plan is not the same as the physician's plan of care.

(AAA) "Skilled level of care" or "SLOC" is the institutional level of care set forth in rule 5101:3-3-05 of the Administrative Code.

(BBB) "Supplemental services" are HOME choice demonstration program services that are available to the HOME choice demonstration program consumer during the three hundred sixty-five day demonstration period after a consumer moves from an institution to the community that are not entitled to enhanced FFP. Supplemental services include:

(1) Communication aid services as set forth in paragraph (F) of rule 5101:3-51-04 of the Administrative Code; and

(2) Service animal services as set forth in paragraph (G) of rule 5101:3-51-04 of the Administrative Code.

(CCC) "Transition coordination services" are services available to HOME choice demonstration program consumers during the pre-transition period to help the HOME choice demonstration program consumer plan and arrange for services they will need while moving out of an institution and into the community.

(DDD) "Transitions Carve-Out Waiver" is a CMS-approved HCBS waiver administered by ODJFS that serves consumers in accordance with rules 5101:3-12-28 to 5101:3-12-30 of the Administrative Code, and Chapters 5101:3-45 and 5101:3-50 of the Administrative Code.

(EEE) "Transitions MR/DD Waiver" is a CMS-approved HCBS waiver administered by ODJFS that serves consumers in accordance with rules 5101:3-12-28 to 5101:3-12-30 of the Administrative Code, and Chapters 5101:3-45 and 5101:3-47 of the Administrative Code.

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5101:3-51-02**HOME choice ("Helping Ohioans Move, Expanding Choice") demonstration program: individual eligibility for services and consumer hearing rights.**

The requirements set forth in this rule begin on the effective date of this rule and remain in effect through the duration of the HOME choice demonstration program.

The HOME choice demonstration program is a multi-system demonstration funded through a centers for medicare and medicaid services (CMS) money follows the person (MFP) demonstration grant. The HOME choice demonstration program transitions qualifying individuals currently residing in nursing facilities, ICFs-MR and hospitals to a community setting. The HOME choice demonstration program provides additional services to enhance existing medicaid state plan and home and community-based services (HCBS) that will enable qualified consumers to safely and successfully integrate into community life. The HOME choice demonstration program shall commence on the effective date of this rule and end on September 30, 2011. Any consumer who qualifies prior to September 30, 2011 shall be entitled to receive HOME choice demonstration program services for three hundred sixty-five days beginning on the day a consumer moves from an institutional setting into the community.

(A) To be eligible for the HOME choice demonstration program, an individual:

- (1) Must continuously reside in a NF, ICF-MR and/or hospital for a period of at least six months. If the hospital is an institution for mental diseases, the individual must be under age twenty-one or over age sixty-five.
- (2) Must be receiving medicaid benefits for inpatient services furnished by the institutional setting for at least thirty days prior to discharge from the NF, ICF-MR or hospital.
- (3) Must have an institutional level of care.
- (4) Must be determined eligible for Ohio medicaid in accordance with rule 5101:1-38-01.6 of the Administrative Code.
- (5) May be enrolled on an ODJFS-, ODA- or ODMR/DD-administered HCBS waiver.
- (6) Must have available housing in a qualified residence in the community prior to leaving the institutional setting.
- (7) Must agree to participate in the HOME choice demonstration program by signing an ODJFS-approved HOME choice demonstration program agreement.
- (8) Must participate in the development of an all service plan, service plan or individual service plan (ISP) if the individual is enrolled on an ODJFS- ODA- or ODMR/DD-administered HCBS waiver, respectively, or a non-waiver

HOME choice service plan if the individual is not enrolled on an HCBS waiver.

- (9) Must accept the all service plan, service plan, ISP or non-waiver HOME choice service plan, as appropriate, by signing and dating the plan.
- (10) Must agree to participate in quality management and evaluation activities during the individual's tenure in the HOME choice demonstration program, and for up to one year after completion of the HOME choice demonstration period.
- (B) If an individual fails to meet any of the required eligibility criteria set forth in paragraph (A) of this rule, the individual shall be denied enrollment on the HOME choice demonstration program. In such instances, the consumer shall be afforded notice and hearing rights in accordance with division 5101:6 of the Administrative Code.
- (C) Except for pre-transition services, an individual enrolled on the HOME choice demonstration program shall be eligible for qualified, demonstration and supplemental HOME choice demonstration program services for three hundred sixty-five days beginning on the day the individual moves from the institutional setting into the community.
- (D) If, at any time, an individual enrolled on the HOME choice demonstration program ceases to meet any of the required eligibility criteria set forth in paragraph (A) of this rule, the individual shall be disenrolled from the HOME choice demonstration program. In such instances, the applicant or consumer shall be afforded notice and hearing rights in accordance with division 5101:6 of the Administrative Code.
- (E) If, at any time, an individual enrolled on the HOME choice demonstration program fails to meet the criteria for any HOME choice demonstration program service(s) established on his or her all services plan, service plan, ISP or non-waiver HOME choice demonstration program service plan, as appropriate, and as those services are defined in rule 5101:3-51-04 of the Administrative Code, the individual shall be afforded notice and hearing rights in accordance with division 5101:6 of the Administrative Code.
- (F) If the individual is enrolled on an HCBS waiver and fails to meet the criteria for HCBS waiver services and/or medicaid state plan services as established on his or her all services plan, service plan, ISP or non-waiver HOME choice demonstration program service plan, as appropriate, the individual shall be afforded notice and hearing rights in accordance with the procedures set forth by the state agency administering the specific HCBS waiver.

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- (e) Upon request and within the timeframe prescribed in the request, provide all information to the state agency administering the HCBS waiver on which the HOME choice demonstration program consumer is enrolled, or ODJFS if the HOME choice demonstration program consumer is not enrolled on an HCBS waiver, and to the centers for medicare and medicaid services (CMS) and the entity under contract with ODJFS to provide HOME choice financial management services (FMS).
- (f) Comply with all federal and state privacy laws, including the health insurance portability and accountability act (HIPAA) regulations set forth in 45 C.F.R. parts 160, 162 and 164 (as in effect on the effective date of this rule), and the medicaid confidentiality regulations as set forth in 42 C.F.R. 421.300 to 306 (as in effect on the effective date of this rule), and sections 5101.26 to 5101.28 of the Revised Code.
- (g) Maintain and retain all required documentation. For each unit of service furnished, the provider shall clearly document what service was provided and obtain the signature of the consumer on the dated document.
- (h) Retain all records of service delivery and billing for a period of six years after the date of receipt of the payment based upon those records or until any initiated audit is completed, whichever is longer.
- (i) Cooperate with ODJFS and the FMS provider under contract with ODJFS during any quality assurance activities to monitor the provider's performance, including providing space for and being able to answer questions for onsite reviews and making all requested information available promptly.
- (j) Notify the case manager (CM), the service and support administrator (SSA) or ODJFS HOME choice demonstration program care coordinator, as appropriate, within twenty-four hours and provide written documentation within five calendar days when the provider is aware of significant changes that may affect the service needs of the consumer. Significant changes that may affect the service needs of the consumer include, but are not limited to:
 - (i) The consumer consistently declines services.
 - (ii) The consumer moves to another residential setting.
 - (iii) There are documented changes in the physical, mental and/or emotional status of the consumer, documented changes in environmental conditions, and/or other health and welfare issues.

- (iv) Abuse or neglect of the consumer is suspected.
- (k) Submit written notification to the consumer and the FMS provider under contract with ODJFS, and the CM, SSA or ODJFS HOME choice demonstration program care coordinator, as appropriate, at least fourteen calendar days prior to the anticipated last date of the service if the provider is terminating the provision of HOME choice demonstration program services to the consumer. Exceptions to this requirement include:

 - (i) Fourteen-day advanced notification is not required when the consumer has been hospitalized, placed in a long term care facility, or has expired.
 - (ii) The fourteen-day advanced notification may be waived for the provider by the CM, SSA or ODJFS HOME choice demonstration program care coordinator, as appropriate, on a case-by-case basis.
 - (iii) Advanced notification of service termination is not required if the consumer is terminating the services of the provider.
- (2) For HOME choice demonstration program consumers enrolled on an ODA-administered waiver, providers shall comply with the consumer incident reporting requirements set forth in rule 173-39-02 of the Administrative Code.
- (3) For HOME choice demonstration program consumers enrolled on an ODMR/DD-administered waiver, providers shall comply with the major unusual incident requirements set forth in rule 5123:2-17-02 of the Administrative Code.
- (4) For HOME choice demonstration program consumers enrolled on an ODJFS-administered waiver, providers shall comply with the consumer incident reporting requirements set forth in rule 5101:3-12-29 of the Administrative Code.
- (5) For HOME choice demonstration program consumers who are not enrolled on an HCBS waiver, providers shall comply with the consumer incident reporting requirements set forth in rule 5101:3-12-29 of the Administrative Code.
- (6) Agency providers shall pay applicable federal, state and local income and employment taxes in compliance with federal, state and local requirements.
- (7) Non-agency providers shall pay applicable federal, state and local income and

employment taxes in compliance with federal, state and local requirements. On an annual basis, non-agency providers must also submit the ODJFS-approved affidavit stating that they paid the applicable federal, state and local income and employment taxes.

- (8) All providers shall deliver services professionally, respectfully, and legally, and during the provision of authorized services, shall not engage in unprofessional, disrespectful or illegal behavior that includes, but is not limited to, the following:
- (a) Consuming the consumer's food and/or drink, or using the consumer's personal property without the consumer's offer and consent.
 - (b) Bringing children, pets, friends, relatives or anyone else to the consumer's place of residence.
 - (c) Taking the consumer to the provider's place of residence.
 - (d) Consuming alcohol, medicine, drugs or other chemical substances not in accordance with the legal, valid, prescribed use and/or in any way that impairs the provider in the delivery of services to the consumer.
 - (e) Discussing religion or politics with the consumer and others present in the care setting.
 - (f) Discussing providers' personal issues with the consumer and others in the care setting.
 - (g) Accepting, obtaining or attempting to obtain money or anything of value, including gifts or tips from the consumer, household members and family members of the consumer.
 - (h) Engaging with the consumer in sexual conduct, or in conduct that may reasonably be interpreted as sexual in nature, regardless of whether or not the contact is consensual.
 - (i) Leaving the home for a purpose not related to the provision of services without notifying the agency supervisor, the consumer's emergency contact person, identified caregiver and/or CM, SSA or ODJFS HOME choice demonstration program care coordinator, as appropriate.
 - (j) Using the consumer's motor vehicle, unless used solely for the benefit of the consumer.
 - (k) Engaging in activities that may distract from service delivery including, but not limited to:

- (i) Watching television or playing computer or video games.
- (ii) Making or receiving personal calls.
- (iii) Engaging in non-care-related socialization with individuals other than the consumer.
- (iv) Providing care to individuals other than the consumer.
- (v) Smoking without the consent of the consumer.
- (vi) Sleeping.

(9) HOME choice demonstration program providers shall not:

- (a) Engage in behavior that causes or may cause physical, verbal, mental or emotional distress or abuse to the consumer.
- (b) Engage in behavior that may reasonably be interpreted as inappropriate involvement in the consumer's personal relationships.
- (c) Be designated to serve or make decisions for the consumer in any capacity involving a declaration for mental health treatment, durable power of attorney, financial power of attorney, or guardianship pursuant to court order.
- (d) Sell to or purchase from the consumer products or personal items. The only exception to this would be family members when not delivering services.
- (e) Engage in behavior that constitutes a conflict of interest or takes advantage of or manipulates the HOME choice demonstration program rules set forth in Chapter 5101:3-51 of the Administrative Code, resulting in an unintended advantage for personal gain; or that has detrimental results for the consumer, the family, caregiver and/or another provider.

(B) Qualified services.

- (1) Providers furnishing qualified services to HOME choice demonstration program consumers enrolled on an HCBS waiver administered by ODMR/DD shall meet the assurances set forth in rules 5123:2-9-08 and 5123:2-9-09 of the Administrative Code.
- (2) Providers furnishing qualified services to HOME choice demonstration program consumers enrolled on an HCBS waiver administered by ODA shall meet the

conditions of participation established for ODA-administered waivers set forth in rule 173-39-02 of the Administrative Code.

(3) Providers furnishing qualified services to HOME choice demonstration program consumers enrolled on an HCBS waiver administered by ODJFS shall meet the conditions of participation established for ODJFS-administered waivers as set forth in rule 5101:3-45-10 of the Administrative Code.

(4) Providers furnishing qualified services to HOME choice demonstration program consumers who are not enrolled on an HCBS waiver shall meet the same conditions of participation set forth for ODJFS-administered waiver service providers as described in rule 5101:3-45-10 of the Administrative Code.

(C) Failure to meet the requirements set forth in this rule may result in termination of the HOME choice demonstration program provider's provider agreement in accordance with rule 5101:3-1-17.6 of the Administrative Code.

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5101:3-51-04

HOME choice ("Helping Ohioans Move, Expanding Choice") demonstration program: definitions of the covered services and program service limitations, provider qualifications and specifications.

The requirements set forth in this rule begin on the effective date of this rule and remain in effect through the duration of the HOME choice demonstration program.

This rule sets forth the definitions of the covered services and some program service limitations available to a HOME choice demonstration program consumer. This rule also sets forth the provider requirements and specifications for the delivery of HOME choice demonstration program services. The HOME choice demonstration program consumer shall have choice and control over the selection of his or her provider of services, and the direction over the provision of the services. HOME choice demonstration program services are reimbursed in accordance with rule 5101:3-51-06 of the Administrative Code.

(A) "Independent living skills training" is information and educational supports and resources provided to a HOME choice demonstration program consumer or group of HOME choice demonstration program consumers for the purpose of developing or increasing skills, knowledge or abilities needed to live more independently. Independent living skills training services can be furnished individually, or in a group setting or classroom setting as those terms are defined in rule 5101:3-51-01 of the Administrative Code.

(1) Training focuses on:

(a) Financial management skills including, but not limited to:

- (i) Finding a bank and establishing an account.
- (ii) How to pay bills and taxes.
- (iii) Personal budgeting.
- (iv) How to manage entitlements and insurance.
- (v) How to use a bank machine.
- (vi) Understanding credit, and
- (vii) Understanding contracts;

(b) Social skills development including, but not limited to:

- (i) Communication skill building.
- (ii) How to be a good neighbor/roommate.

(iii) How to work with providers, and

(iv) How to know when and how to ask for help;

(c) Health management skills including, but not limited to:

(i) How to efficiently manage nutrition and diet,

(ii) How to talk to the doctor,

(iii) Training service providers,

(iv) Managing and accessing medical supplies,

(v) Crisis care/recovery services,

(vi) Linking to medical/dental services,

(vii) Assessing the need for, and accessing, adaptive and assistive devices,

(viii) Continuing therapies,

(ix) Emergency preparedness, and

(x) Medication management;

(d) Home management skills including, but not limited to:

(i) Personal shopping,

(ii) Housekeeping and laundry,

(iii) Grocery shopping, cooking and meal planning,

(iv) How to request and/or complete simple repairs,

(v) Safety skills at home, and

(vi) Operating simple technology;

(e) Personal skills including, but not limited to:

(i) Daily functions such as hygiene, dressing and undressing,

(ii) Scheduling, and

(a) May have either:

(i) A disability and lived in an institution and successfully transitioned to the community, and/or

(ii) Experience transitioning individuals from an institution to the community, and

(b) Must have knowledge and experience about:

(i) Local community resources,

(ii) Applicable disability laws and regulations, and

(c) Are age eighteen or older; and

(ii) Whose staff that provide transportation:

(a) Possess a valid Ohio driver's license, and

(b) Possess valid automobile liability insurance;

(b) Must meet the conditions of participation set forth in rule 5101:3-51-03 of the Administrative Code;

(c) Must meet the provider enrollment criteria set forth in paragraph (B), (C) or (E) of rule 5101:3-51-05 of the Administrative Code, as applicable;

(d) Must be identified as the provider, and have specified on the consumer's all service plan, service plan or non-waiver HOME choice demonstration program service plan, as appropriate, the number of hours for which the provider is authorized to furnish independent living skills training services to the consumer; and

(e) Must be providing the service for one individual, or for two or three individuals in a group setting, or four or more individuals in a classroom setting, during the same face-to-face visit.

(B) "Community support coaching" is a service provided for the purpose of guiding, educating and empowering the HOME choice demonstration program consumer, authorized representative and family members during the HOME choice demonstration program consumer's transition from an institution into the community.

(1) The community support coach shall:

- (a) Communicate with and educate the HOME choice demonstration program consumer in vital aspects of the transition process;
 - (b) Assist the HOME choice demonstration program consumer in:
 - (i) Making informed and independent choices.
 - (ii) Setting and achieving short and long-term goals.
 - (iii) Managing multiple tasks, and
 - (iv) Identifying options and problem solving;
 - (c) Provide one-on-one coaching;
 - (d) Provide follow-up coaching during and after the transition;
 - (e) Inform and advise the HOME choice demonstration program consumer in such a manner that empowers, but protects, the consumer from being taken advantage of in the community;
 - (f) Assist with the identification of community resources and linkages to be used by the HOME choice demonstration program consumer; and
 - (g) Provide the entity responsible for assisting the HOME choice demonstration program consumer with the development of his or her all service plan, service plan, ISP or non-waiver HOME choice demonstration program service plan, as appropriate, with written status reports throughout the HOME choice demonstration program consumer's transition, as prescribed by the all service plan, service plan, ISP or non-waiver HOME choice demonstration program service plan.
- (2) Community support coaching shall include assistance after normal business hours when the HOME choice demonstration program consumer is not enrolled on an HCBS waiver and is only receiving medicaid state plan services.
- (3) Community support coaching shall not duplicate transition coordination services or independent living skills training available through the HOME choice demonstration program. In addition, community support coaching shall not duplicate similar waiver or administrative services available on an HCBS waiver on which the HOME choice demonstration program consumer is enrolled.
- (4) In order to submit a claim for reimbursement of community support coaching, the community support coach provider delivering the service:

(a) Must be:

(i) A non-agency provider who:

(a) May have either:

(i) A disability and lived in an institution and successfully transitioned to the community, and/or

(ii) Experience transitioning individuals from an institution to the community; and

(b) Is age eighteen or older, and

(c) Possesses a valid Ohio driver's license, and

(d) Possesses valid automobile liability insurance, and

(e) Is not the consumer's legally responsible family member as that term is defined in rule 5101:3-51-01 of the Administrative Code, and

(f) Is not the consumer's case manager (CM), service and support administrator (SSA), or HOME choice demonstration program care coordinator, as those terms are defined in rule 5101:3-51-01 of the Administrative Code; or

(ii) Either a non-profit agency provider, or a community mental health center certified by ODMH in accordance with Chapters 5122-24 to 5122-29 of the Administrative Code.;

(a) Whose staff with direct consumer contact:

(i) May have either:

(A) A disability and lived in an institution and successfully transitioned to the community; and/or

(B) Experience transitioning individuals from an institution to the community; and

(ii) Are age eighteen or older, and

(b) Whose staff that provide transportation:

- (a) Must be employed by a medicare-certified, or otherwise-accredited home health agency, or be a non-agency home care nurse provider;
- (b) Must not be the consumer's legally responsible family member as that term is defined in rule 5101:3-51-01 of the Administrative Code, unless the legally responsible family member is employed by a medicare-certified, or otherwise-accredited home health agency;
- (c) Must not be the foster caregiver of the HOME choice demonstration program consumer;
- (d) Must meet the conditions of participation set forth in rule 5101:3-51-03 of the Administrative Code;
- (e) Must meet the provider enrollment criteria set forth in paragraph (C), (D) or (E) of rule 5101:3-51-05 of the Administrative Code, as applicable;
- (f) Must be identified as the provider, and have specified on, the consumer's service plan, ISP or non-waiver HOME choice demonstration program service plan, as appropriate, the number of hours for which the provider is authorized to furnish HOME choice nursing services to the consumer;
- (g) Must be performing HOME choice nursing services pursuant to signed and dated written orders from the treating physician; and
- (h) Must be providing the service for one individual during a face-to-face visit, or for two or three individuals in a group setting during the same face-to-face visit.

(4) Non-agency LPNs, at the direction of an RN, must:

- (a) Conduct a face-to-face visit with the directing RN at least every sixty days after the initial visit to evaluate the provision of HOME choice nursing services and LPN performance, and to assure that HOME choice nursing services are being provided in accordance with the approved plan of care; and
- (b) Conduct a face-to-face visit with the consumer and the directing RN no less than once every one hundred twenty days for the purpose of evaluating the provision of HOME choice nursing services, the consumer's satisfaction with care delivery, and LPN performance, and to assure that HOME choice nursing services are being provided in accordance with the approved plan of care.

(5) All HOME choice nursing service providers must maintain a clinical record for

each consumer served in a manner that protects the confidentiality of these records. Medicare-certified, or otherwise-accredited home health agencies, must maintain the clinical records at their place of business. Non-agency HOME choice nursing service providers must maintain the clinical records at their place of business, and maintain a copy in the consumer's residence. For the purposes of this rule, the place of business must be a location other than the consumer's residence. The clinical record must contain the information listed in paragraphs (C)(5)(a) to (C)(5)(k) of this rule.

- (a) Consumer identifying information, including but not limited to: name, address, age, date of birth, sex, race, marital status, significant phone numbers, and health insurance identification numbers.
- (b) Consumer medical history.
- (c) Name of consumer's treating physician.
- (d) A copy of the initial and all subsequent service plans, ISPs or non-waiver HOME choice demonstration program service plans, as appropriate.
- (e) A copy of the initial and all subsequent plans of care, specifying the type, frequency, scope and duration of the HOME choice nursing services being performed. When services are performed by an LPN at the direction of an RN, the clinical record shall include documentation that the RN has reviewed the plan of care with the LPN. The plan of care must be recertified by the treating physician every sixty days, or more frequently if there is a significant change in the consumer's condition.
- (f) In all instances when the treating physician gives verbal orders to the nurse, the nurse must document, in writing, the physician's orders, the date and time the orders were given, and sign the entry in the clinical record. The nurse must subsequently secure documentation of the verbal orders, signed and dated by the treating physician.
- (g) In all instances when a non-agency LPN is providing HOME choice nursing services, the LPN must provide clinical notes, signed and dated by the LPN, documenting face-to-face visits between the LPN and the directing RN, and documenting the face-to-face visits between the LPN, the consumer and the directing RN. Nothing shall prohibit the use of technology-based systems in collecting and maintaining the documentation required by this paragraph.
- (h) Documentation of drug allergies and interactions, and dietary restrictions.
- (i) A copy of any advanced directives including, but not limited to, "do not resuscitate order" or medical power of attorney, if they exist.

(j) Clinical notes, signed and dated by the nurse, documenting the services performed during, and outcomes resulting from, each nursing visit. Nothing shall prohibit the use of technology-based systems in collecting and maintaining the documentation required by this paragraph.

(k) Clinical notes, signed and dated by the nurse, documenting all communications between the treating physician and other members of the multidisciplinary team.

(l) A discharge summary, signed and dated by the departing nurse, at the point the nurse is no longer going to provide services to the consumer, or when the consumer no longer needs HOME choice nursing services.

(D) "Social work/counseling services" are transitional services provided to the HOME choice demonstration program consumer, authorized representative, caregiver and/or family member on a short-term basis to promote the consumer's physical, social and emotional well-being. Social work/counseling services promote the development and maintenance of a stable and supportive environment for the HOME choice demonstration program consumer.

(1) Social work/counseling services can include crisis interventions, grief counseling and/or other social service interventions that support the HOME choice demonstration program consumer's health and welfare.

(2) Social work/counseling services shall not:

(a) Take the place of case management services, nor do they include social services provided to the HOME choice demonstration program consumer's authorized representative, caregiver and/or family member that are unrelated to the HOME choice demonstration program consumer;

(b) Duplicate similar services available on an HCBS waiver on which the HOME choice demonstration program consumer is enrolled; or

(c) Include services provided in excess of what is approved on the consumer's all service plan, ISP or non-waiver HOME choice demonstration program service plan, as appropriate.

(3) In order to submit a claim for reimbursement of social work/counseling services, the social work/counseling service provider delivering the service:

(a) Must be either:

(i) A non-agency provider who shall:

the Administrative Code; and

(g) Must meet the provider enrollment criteria set forth in paragraph (B), (D) or (E) of rule 5101:3-51-05 of the Administrative Code, as applicable; and

(h) Must be identified as the provider, and have specified on the consumer's all service plan, ISP or non-waiver HOME choice demonstration program service plan, as appropriate, the number of hours for which the provider is authorized to furnish social work/counseling services to the consumer.

(4) Providers of social work/counseling services must maintain a clinical record for each consumer served. The clinical record must contain the information listed in paragraphs (D)(4)(a) to (D)(4)(j) of this rule.

(a) Consumer identifying information, including but not limited to name, address, age, date of birth, sex, race, marital status, significant phone numbers and health insurance identification information.

(b) Consumer medical history.

(c) Name of consumer's treating physician.

(d) A copy of the initial and all subsequent all service plans, ISPs or non-waiver HOME choice demonstration program service plans, as appropriate.

(e) A copy of the initial and all subsequent individual assessments.

(f) A copy of the initial and all revised treatment plans.

(g) A copy of any advanced directives including, but not limited to, "do not resuscitate order" or medical power of attorney, if they exist.

(h) Documentation of drug allergies and interactions, and dietary restrictions.

(i) Documentation that clearly shows the date of social work/counseling service delivery. Nothing shall prohibit the use of technology-based systems in collecting and maintaining the documentation required by this paragraph.

(j) A discharge summary, signed and dated by the departing social work/counseling service provider, at the point the service provider is no longer going to provide social work/counseling services to the consumer, or when the consumer no longer needs social work/counseling services. The summary should include documentation

regarding progress made toward goal achievement and indicate any recommended follow-ups and/or referrals.

(E) "Nutritional consultation services" are services providing guidance to a HOME choice demonstration program consumer with special dietary needs, taking into consideration the consumer's cultural and ethnic background and dietary preferences and/or restrictions.

(1) Nutritional consultation services shall not:

- (a) Duplicate similar services available on an HCBS waiver on which the HOME choice demonstration program consumer is enrolled; or
- (b) Include services provided in excess of what is approved on the consumer's all service plan, ISP or non-waiver HOME choice demonstration program service plan, as appropriate.

(2) In order to submit a claim for reimbursement of nutritional consultation services, the nutritional consultation service provider delivering the service:

- (a) Must be a dietitian registered by the commission on dietetic registration and licensed by the Ohio board of dietetics;
- (b) Must be providing services pursuant to a plan of care for nutritional consultation services that is signed and dated by the treating physician. The plan of care must be recertified by the treating physician every sixty days, or more frequently if there is a significant change in the consumer's condition;
- (c) Must meet the conditions of participation set forth in rule 5101:3-51-03 of the Administrative Code;
- (d) Must meet the provider enrollment criteria set forth in paragraph (B), (D) or (E) of rule 5101:3-51-05 of the Administrative Code, as applicable; and
- (e) Must be identified as the provider, and have specified on the consumer's all service plan, ISP or non-waiver HOME choice demonstration program service plan, the number of hours for which the provider is authorized to furnish nutritional consultation services to the consumer.

(3) All providers of nutritional consultation services must:

- (a) Conduct an initial individual assessment of the consumer's nutritional needs, and subsequent assessments when necessary, using a tool that identifies whether the consumer is at nutritional risk. The tool must include the following:

- (e) A copy of the initial and all subsequent all service plans, ISPs or non-waiver HOME choice demonstration program service plans, as appropriate.
 - (f) A copy of the initial and all subsequent individual assessments of the consumer's nutritional needs.
 - (g) A copy of the initial and all subsequent plans of care specifying the type, frequency, scope and duration of the nutritional consultation services being performed.
 - (h) Documentation of drug and food interactions and allergies, and dietary restrictions.
 - (i) Documentation that clearly shows the date of nutritional consultation service delivery, including copies of all nutritional assessments conducted and all nutrition intervention plans developed and implemented. Nothing shall prohibit the use of technology-based systems in collecting and maintaining the documentation required by this paragraph.
 - (j) A discharge summary, signed and dated by the departing dietitian providing nutritional consultation services, at the point the dietitian is no longer going to provide services to the consumer, or when the consumer no longer needs nutritional consultation services.
- (F) "Communication aids" are devices, systems or services necessary to assist the HOME choice demonstration program consumer with hearing, speech or vision impairments to effectively communicate with service providers, family, friends and the general public.
- (1) Communication aids include, but are not limited to:
- (a) Augmentative communication devices or systems that transmit or produce a message or symbols in a manner that compensates for the HOME choice demonstration program consumer's communication impairment;
 - (b) Computers and computer equipment;
 - (c) Other mechanical and electronic devices;
 - (d) Cable and internet access; and
 - (e) The cost of installation, repair, maintenance and support of any covered communication aid.

(2) Communication aids may also include:

(a) Interpreter services that support the HOME choice demonstration program consumer's integration into the community. Interpreter services refer to the process by which the interpreter conveys one person's message to another by incorporating both the message and the attitude of the communicator.

(b) New technologies and any other devices so long as the technologies and devices achieve the objective of the service.

(3) Reimbursement for communication aids shall not exceed a total of five thousand dollars within the three hundred sixty-five day HOME choice demonstration program eligibility period per consumer. The CM, SSA or ODJFS HOME choice demonstration program care coordinator, as appropriate, shall not approve the same type of communication aid equipment for the same HOME choice demonstration program consumer more than once unless there is a documented need for ongoing communication aid services or a change in the HOME choice demonstration program consumer's medical and/or physical condition requiring the replacement.

(4) If the HOME choice demonstration program consumer is enrolled on an HCBS waiver, then the consumer must exhaust similar waiver services that are available to the consumer before utilizing communication aid services.

(5) In order to submit a claim for reimbursement of communication aid services, the communication aid service provider delivering the service:

(a) Must be an agency provider;

(b) Must meet the conditions of participation set forth in rule 5101:3-51-03 of the Administrative Code;

(c) Must meet the provider enrollment criteria set forth in paragraph (B), (C), (D) or (E) of rule 5101:3-51-05 of the Administrative Code, as applicable; and

(d) Must be identified as the provider, and have specified on the consumer's all service plan, service plan, ISP or non-waiver HOME choice demonstration program service plan, as appropriate, the number of hours for which the provider is authorized to furnish communication aid services to the consumer.

(G) "Service animals" are animals that are individually trained to perform tasks for HOME choice demonstration program consumers that HOME choice demonstration program consumers are unable to perform for themselves. They also

assist people with disabilities in their day-to-day activities.

(1) Tasks performed by service animals include, but are not limited to:

- (a) Guiding people who are blind;
- (b) Alerting people who are deaf;
- (c) Pulling wheelchairs;
- (d) Alerting and protecting consumers who are having a seizure;
- (e) Carrying and picking up things for consumers with mobility impairments;
and
- (f) Assisting consumers with mobility impairments with balance.

(2) Service animals may include, but are not limited to:

- (a) Seeing eye dogs;
- (b) Hearing dogs; and
- (c) Service monkeys.

(3) Activities related to the use of service animals include, but are not limited to:

- (a) First-year costs associated with the raising of the animal;
- (b) Housing, feeding, upkeep and medical care of the animal during training;
- (c) Actual training of the animal, student training and related transportation, room/board and administrative activities;
- (d) Equipment and supplies;
- (e) Home care, including cooking/food, housekeeping, laundry for students in training;
- (f) Animal health insurance; and
- (g) Transportation to the veterinarian.

(4) Reimbursement for service animals shall not exceed a total of eight thousand dollars within the three hundred sixty-five day HOME choice demonstration program eligibility period per consumer. The CM, SSA or ODJFS HOME choice demonstration program care coordinator, as appropriate, shall not approve the same type of service animal services for the same HOME choice

demonstration program consumer more than once unless there is a documented need for ongoing service animal services or a change in the HOME choice demonstration program consumer's medical and/or physical condition requiring the replacement.

(5) If the HOME choice demonstration program consumer is enrolled on an ODMR/DD-administered waiver, then the consumer must exhaust similar waiver services that are available to the consumer before utilizing the service animal service.

(6) In order to submit a claim for reimbursement of service animal services, the service animal service provider delivering the service:

(a) Must be an agency provider;

(b) Must meet the conditions of participation set forth in rule 5101:3-51-03 of the Administrative Code;

(c) Must meet the provider enrollment criteria set forth in paragraph (B), (C), (D) or (E) of rule 5101:3-51-05 of the Administrative Code, as applicable; and

(d) Must be identified as the provider, and have specified on, the consumer's all service plan, service plan, ISP or non-waiver HOME choice demonstration program service plan, as appropriate, the number of hours for which the provider is authorized to furnish service animal services to the consumer.

(H) "Community transition services" are services providing goods, services and support for the purpose of addressing an identified need in the HOME choice demonstration program consumer's all service plan, service plan, ISP or non-waiver HOME choice demonstration program service plan, as appropriate, including improving and maintaining the HOME choice demonstration program consumer's opportunities for membership in the community.

(1) Community transition services are intended to meet the following criteria:

(a) The goods and services will decrease the need for formal support services and other medicaid services;

(b) The goods and services shall take into consideration the appropriateness and availability of a lower cost alternative for comparable services that meet the HOME choice demonstration program consumer's needs;

(c) The goods and services will promote community inclusion and family involvement;

- (d) The goods and services will increase the HOME choice demonstration program consumer's health and welfare in the home and/or community;
 - (e) The HOME choice demonstration program consumer does not have the funds to purchase the goods and services, or the goods and services are not available through another source;
 - (f) The goods and services will assist the HOME choice demonstration program consumer in developing and maintaining personal, social, physical or work-related skills; and
 - (g) The goods and services will assist the HOME choice demonstration program consumer in living independently in the home and community.
- (2) Community transition services do not include:
- (a) Experimental or prohibited treatments;
 - (b) The cost of room and board;
 - (c) Uniforms and memberships;
 - (d) Electronics used for entertainment purposes; and
 - (e) Cable/internet access.
- (3) Reimbursement for community transition services shall not exceed a cumulative maximum of two thousand dollars for the items purchased or deposits made during the consumer's period of eligibility for the HOME choice demonstration program. The CM, SSA or ODJFS HOME choice demonstration program care coordinator, as appropriate, shall not approve the same type of community transition services for the same HOME choice demonstration program consumer unless there is a documented need for ongoing community transition services or a change in the HOME choice demonstration program consumer's medical and/or physical condition requiring the replacement.
- (4) Community transition services shall not duplicate independent living skills training or community support coaching services available on the HOME choice demonstration program, and similar waiver or administrative services available on an HCBS waiver on which the HOME choice demonstration program consumer is enrolled.
- (5) In order for a provider to submit a claim for reimbursement of community transition services,

- (a) The specific goods and services to be purchased shall be:
- (i) Determined by the HOME choice demonstration program consumer in conjunction with his or her CM, SSA or ODJFS HOME choice demonstration program care coordinator, as appropriate,
 - (ii) Based upon the HOME choice demonstration program consumer's established need, and
 - (iii) Specified on the consumer's all service plan, service plan, ISP or non-waiver HOME choice demonstration program service plan, as appropriate, and
- (b) The purchase of community transition services shall be coordinated by the ODJFS-designated HOME choice financial management service (FMS) provider and reimbursed in accordance with rule 5101:3-51-06 of the Administrative Code, and the requirements set forth in the FMS contract.

Effective:

R.C. 119.032 review dates:

Certification

Date

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