

Date: August 13, 2015

To: Certified Providers of Services

From: Kathryn Haller, Deputy Director, Division of Legal and Oversight
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Subject: Forthcoming Changes to Provider Certification

A new *Provider Certification* rule (5123:2-2-01, attached) is projected to go into effect October 1, 2015. The rule establishes procedures and standards for certification issued by the Ohio Department of Developmental Disabilities to providers of Supported Living services, including Home and Community-Based Services provided to individuals enrolled in Medicaid waivers administered by the Department. The new rule implements recommendations made by a panel convened to examine the health and safety system for individuals who receive services. **This memo highlights some of the most significant changes to the rule. Each provider is responsible for reading and understanding the entire rule.**

New Requirements - All Providers

- Providers must disclose in writing to the Department if they are a related party of a person or entity for which certification has been denied or revoked.
- Providers must maintain a current email address on file with the Department.
- Providers must participate as requested by the Department in service delivery system data collection initiatives.
- Topics of the initial eight-hour training for independent providers and direct services staff of agency providers have been adjusted as indicated:

Prior to October 1, 2015

Overview of serving individuals with developmental disabilities

Overview of basic principles and requirements of providing Home and Community-Based Services

The provisions governing rights of individuals set forth in sections 5123.62 to 5123.64 of the Revised Code

Beginning October 1, 2015

Overview of serving individuals with developmental disabilities including implementation of individual service plans

Role and responsibilities with regard to services including person-centered planning, community integration, self-determination, and self-advocacy

The rights of individuals set forth in section 5123.62 to 5123.64 of the Revised Code

Prior to October 1, 2015

Universal precautions for infection control, including hand washing and the disposal of bodily waste

The requirements of rule 5123:2-17-02 of the Administrative Code relating to incidents adversely affecting health and safety

Beginning October 1, 2015

Universal precautions for infection control, including hand washing and the disposal of bodily waste

The requirements of rule 5123:2-17-02 of the Administrative Code including a review of Health and Welfare Alerts issued by the Department

- In addition to annual training in rights of individuals and rule 5123:2-17-02, independent providers and direct services staff of agency providers must annually complete training in:
 - Role and responsibilities with regard to services including person-centered planning, community integration, self-determination, and self-advocacy.
- The term of initial certification changed from one year to three years. (Term of renewal certification remains unchanged at three years.)
- Providers are prohibited from using or being under the influence of alcohol or drugs while providing services.

New Requirements - Independent Providers

- New independent providers must complete Department-provided web-based Orientation (<http://dodd.ohio.gov/Providers/BecomeAProvider/Pages/Independent.aspx>) prior to submitting application.
- Within 60 days of first providing services, new independent providers must complete training in:
 - Service documentation, and
 - Billing for services.
- Independent providers must consent to be enrolled in Rapback.
- Application fee for three-year certification changed from \$100 to \$125.
- Application fee for adding a service during the term of existing certification changed from \$15 to \$25.
- Independent providers must meet with a representative of the county board of developmental disabilities after being selected by an individual to provide services and prior to providing services.

New Requirements - Agency Providers

- Agency providers must have:
 - Certificate from Secretary of State demonstrating status as a for-profit corporation, nonprofit corporation, limited liability company, or limited liability partnership,
 - Internal Revenue Service employer identification number, and
 - Bureau of Workers' Compensation employer identification number.
- Agency providers must be current in payment of payroll taxes, workers' compensation premiums, and unemployment compensation premiums.

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- Agency providers must have comprehensive general liability insurance in the amount of \$500,000.
- Agency providers must report in writing to the Department the name, country of birth, date of birth, and social security number for any person owning a financial interest of five percent or more in the agency provider.
- Agency providers must demonstrate an established internal system to ensure compliance with requirements for:
 - Provider certification,
 - Background investigations and appropriate actions in accordance with rule 5123:2-2-02, and
 - Service delivery, service documentation, and billing for services for specific Home and Community-Based Services provided.
- Chief Executive Officers must be at least 21 years age.
- New Chief Executive Officers must complete Department-provided web-based Orientation (<http://dodd.ohio.gov/Providers/BecomeAProvider/Pages/Agency.aspx>) within 30 days of initial certification or hire.
- Within 60 days of initial certification or hire, new Chief Executive Officers must complete training in:
 - Service documentation,
 - Billing for services,
 - Internal compliance programs,
 - Rights of individuals, and
 - Rule 5123:2-17-02.
- In addition to annual training in rights of individuals and rule 5123:2-17-02, Chief Executive Officers must annually complete training in:
 - Agency provider's role and responsibilities with regard to services including person-centered planning, community integration, self-determination, and self-advocacy.
- The Chief Executive Officer or a person designated by the Chief Executive Officer must be directly and actively involved in day-to-day operation of the agency provider and oversee provision of services.
- Agency providers must report in writing to the Department when the Chief Executive Officer designates another person to be responsible for administration of the agency.
- Agency providers must report in writing to the Department when the Chief Executive Officer or other person responsible for administration leaves the agency's employ.
- The Chief Executive Officer and person responsible for administration must consent to be enrolled in Rapback.
- By January 1, 2016, agency providers must begin enrolling newly hired direct services staff in Rapback. Agency providers may phase-in Rapback for existing direct services staff as staff are next subject to a criminal records check in accordance with rule 5123:2-2-02.
- Prior to providing direct services, staff of agency providers must complete training specific to each individual he or she will support that includes:
 - What is important to the individual and what is important for the individual, and
 - The individual's support needs including behavioral support strategy, management of the individual's funds, and medication administration/delegated nursing.

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- Supervisors of direct services staff must complete training, within 90 days of becoming a supervisor, in:
 - Service documentation,
 - Billing for services, and
 - Management of individuals' funds.
- Application fee for adding a service during the term of existing certification changed from \$50 to \$75 for small agency providers and from \$100 to \$150 for large agency providers.

New Requirements - County Boards of Developmental Disabilities

- A representative of the county board must meet with each independent provider after the independent provider is selected to provide services and before services are provided, to discuss the independent provider's responsibilities and requirements set forth in the individual service plan.

Timelines for Implementation of New Requirements

- A chart delineating the timelines for implementation of new requirements for persons or entities already holding valid certification on October 1, 2015 is attached.
- Persons or entities submitting an application to the Department for initial certification on or after October 1, 2015 will be required to meet all requirements set forth in the new rule at the time of application.

Questions

Please direct questions to the Department's Support Center at 1-800-617-6733.

Timelines for Implementation of New Requirements for Certified Providers Set Forth in Rule 5123:2-2-01

The following timelines have been established for implementation of new requirements for persons or entities holding valid independent provider certification or agency provider certification on October 1, 2015, the projected effective date for new rule 5123:2-2-01. Please note:

- Staff of the Department's Office of Provider Certification recognize and will afford consideration to agency providers scheduled to renew certification between October 1 and December 31, 2015 that may need to gather and submit additional documents to complete their application for renewal certification.
- Staff of the Department's Office of Provider Standards and Review will begin looking for evidence that providers are in compliance with the new requirements in accordance with the timelines set forth below.

Independent Providers:

New Requirement	Timeline
Ensure current email address is on file with Department	Beginning October 1, 2015
Provider prohibited from using or being under the influence of alcohol or drugs while providing services	Beginning October 1, 2015
Report in writing to Department within 14 days if provider is or becomes a related party of a person or entity for which certification has been denied or revoked	Beginning October 1, 2015
Complete all topics specified for annual training in paragraph (C)(4) of the rule	On or before October 31, 2016 and annually thereafter
Consent to be enrolled in Rapback	At point of next application to renew certification

Agency Providers:

New Requirement	Timeline
Ensure current email address is on file with Department	Beginning October 1, 2015
Ensure Chief Executive Officer or other person designated by Chief Executive Officer is directly and actively involved in day-to-day operation of the agency provider and oversees provision of services	Beginning October 1, 2015
Report in writing to Department within 14 days when Chief Executive Officer designates another person to be responsible for administration	Beginning October 1, 2015
Report in writing to Department within 14 days when Chief Executive Officer or other person responsible for administration leaves agency provider's employ	Beginning October 1, 2015

New Requirement	Timeline
Report in writing to Department within 14 days if Chief Executive Officer or other person responsible for administration is or becomes a related party of a person or entity for which certification has been denied or revoked	Beginning October 1, 2015
Be current in payment of payroll taxes, workers' compensation premiums, and unemployment compensation premiums	Beginning October 1, 2015
Ensure that direct services staff receive training specific to each individual he or she supports	Beginning October 1, 2015
Chief Executive Officer, other person responsible for administration, and employees, contractors, and employees of contractors prohibited from using or being under the influence of alcohol or drugs while providing services	Beginning October 1, 2015
Obtain comprehensive general liability insurance in at least \$500,000	January 1, 2016
Enroll existing direct services staff in Rapback	Beginning January 1, 2016 as existing staff are due for five-year background check in accordance with rule 5123:2-2-02 (<i>Background Investigations for Employment</i>)
Enroll newly hired direct services staff in Rapback	Beginning January 1, 2016 as new staff are hired
Demonstrate an established internal system to ensure compliance with requirements as specified in paragraph (D)(10) of the rule	April 1, 2016
Ensure Chief Executive Officer and other person responsible for administration have completed annual training specified in paragraph (D)(1)(i) of the rule	On or before October 31, 2016 and annually thereafter
Ensure supervisors of direct services staff have completed all topics specified in paragraph (D)(17)(i) of the rule	On or before October 31, 2016
Ensure direct services staff have completed all topics specified for annual training in paragraph (D)(17)(j) of the rule	On or before October 31, 2016 and annually thereafter
Provide to Department the name, country of birth, date of birth, and social security number for any person owning financial interest of 5% or more in agency provider	At point of next application to renew certification
Chief Executive Officer and other person responsible for administration consent to be enrolled in Rapback	At point of next application to renew certification

5123:2-2-01**Provider certification.****(A) Purpose**

This rule establishes procedures and standards for certification of providers of supported living services including home and community-based services provided in accordance with section 5123.045 of the Revised Code. This rule does not apply to a person or government entity licensed as a residential facility pursuant to section 5123.19 of the Revised Code.

(B) Definitions

- (1) "Agency provider" means an entity, including a county board, that directly employs at least one person in addition to the chief executive officer for the purpose of providing services for which the entity must be certified under this rule.
- (2) "Applicant" means a person, agency, or county board seeking to become a certified provider.
- (3) "County board" means a county board of developmental disabilities.
- (4) "Department" means the Ohio department of developmental disabilities.
- (5) "Direct services position" has the same meaning as in section 5123.081 of the Revised Code.
- (6) "Home and community-based services" has the same meaning as in section 5123.01 of the Revised Code.
- (7) "Independent provider" means a self-employed person who provides services for which he or she must be certified under this rule and does not employ, either directly or through contract, anyone else to provide the services.
- (8) "Individual" means a person with a developmental disability.
- (9) "Provider" means an agency provider or an independent provider.
- (10) "Related party" has the same meaning as in section 5123.16 of the Revised Code.

(C) Requirements for independent provider certification

- (1) An independent provider shall:
 - (a) Be at least eighteen years of age.
 - (b) Have a valid social security number and one of the following forms of

identification:

(i) State of Ohio identification;

(ii) Valid driver's license; or

(iii) Other government-issued photo identification.

(c) Hold a high school diploma or general education development certificate, except for:

(i) Persons who, on September 30, 2009, held independent provider certification issued by the department; and

(ii) Persons who, on September 30, 2009, were employed by or under contract with an agency provider certified by the department.

(d) Be able to read, write, and understand English at a level sufficient to comply with all requirements set forth in administrative rules governing the services provided.

(e) Hold valid "American Red Cross" or equivalent certification in first aid which includes an in-person skills assessment completed with an approved trainer, except for providers of services exempted in accordance with paragraph (E)(1) of this rule.

(f) Hold valid "American Red Cross" or equivalent certification in cardiopulmonary resuscitation which includes an in-person skills assessment completed with an approved trainer, except for providers of services exempted in accordance with paragraph (E)(1) of this rule.

(g) Disclose or report in writing to the department within fourteen days if he or she is or becomes a related party of a person or government entity for which the department refused to issue or renew or revoked a supported living certificate pursuant to section 5123.166 of the Revised Code.

(h) Disclose or report in writing to the department if he or she has been or is ever formally charged with, convicted of, or pleads guilty to any of the offenses listed or described in divisions (A)(3)(a) to (A)(3)(e) of section 109.572 of the Revised Code within fourteen days after the date of such charge, conviction, or guilty plea.

(i) Undergo a background investigation in accordance with rule 5123:2-2-02 of the Administrative Code and consent to be enrolled in the Ohio attorney general's retained applicant fingerprint database ("Rapback").

(j) Provide and maintain on file with the department, current United States

mail and electronic mail addresses.

- (k) Meet with a representative of the county board after being selected to provide services to an individual and prior to providing services, to discuss the independent provider's responsibilities and requirements set forth in the individual service plan.
 - (l) Participate as requested by the department in service delivery system data collection initiatives.
 - (m) Comply with the requirements of this rule and other standards and assurances established under Chapter 5123. of the Revised Code and rules in Chapter 5123:2-9 of the Administrative Code for the specific home and community-based services provided.
- (2) Prior to application for initial independent provider certification, an applicant shall have successfully completed:
- (a) Department-provided web-based orientation for independent providers.
 - (b) Eight hours of training in accordance with standards established by the department that addresses the following topics, except for providers of services exempted in accordance with paragraph (E)(1) of this rule:

 - (i) Overview of serving individuals with developmental disabilities including implementation of individual service plans;
 - (ii) An independent provider's role and responsibilities with regard to services including person-centered planning, community integration, self-determination, and self-advocacy;
 - (iii) Universal precautions for infection control including hand washing and the disposal of bodily waste;
 - (iv) The rights of individuals set forth in sections 5123.62 to 5123.64 of the Revised Code; and
 - (v) The requirements of rule 5123:2-17-02 of the Administrative Code including a review of health and welfare alerts issued by the department.
- (3) Within sixty days of first providing services, an independent provider shall successfully complete training in accordance with standards established by the department in:
- (a) Service documentation; and

(b) Billing for services.

(4) Commencing in the second year of certification, an independent provider shall successfully complete annual training in accordance with standards established by the department in:

(a) An independent provider's role and responsibilities with regard to services including person-centered planning, community integration, self-determination, and self-advocacy;

(b) The rights of individuals set forth in sections 5123.62 to 5123.64 of the Revised Code; and

(c) The requirements of rule 5123:2-17-02 of the Administrative Code including a review of health and welfare alerts issued by the department since the previous year's training.

(D) Requirements for agency provider certification

(1) An agency provider shall employ a chief executive officer who:

(a) Is at least twenty-one years of age.

(b) Has a valid social security number and one of the following forms of identification:

(i) State of Ohio identification;

(ii) Valid driver's license; or

(iii) Other government-issued photo identification.

(c) Holds a high school diploma or general education development certificate.

(d) Either:

(i) Holds a bachelor's degree from an accredited college or university;
or

(ii) Has at least four years of full-time (or equivalent part-time) paid work experience as a supervisor of programs or services for individuals with developmental disabilities.

(e) Is able to read, write, and understand English at a level sufficient to comply with all requirements set forth in administrative rules governing the services provided.

- (f) Has at least one year of full-time (or equivalent part-time) paid work experience in the provision of services for individuals with developmental disabilities which included responsibility for:

 - (i) Personnel matters;
 - (ii) Supervision of employees;
 - (iii) Program services; and
 - (iv) Financial management.
- (g) Except for a person who, on the day immediately prior to the effective date of this rule, was employed by or under contract with an agency provider as the chief executive officer, successfully completes, within thirty days of initial certification or within thirty days of hire as the chief executive officer, department-provided web-based orientation for chief executive officers of agency providers.
- (h) Except for a person who, on the day immediately prior to the effective date of this rule, was employed by or under contract with an agency provider as the chief executive officer, successfully completes, within sixty days of initial certification or within sixty days of hire as the chief executive officer, training in accordance with standards established by the department in:

 - (i) Service documentation;
 - (ii) Billing for services;
 - (iii) Internal compliance programs;
 - (iv) The rights of individuals set forth in sections 5123.62 to 5123.64 of the Revised Code; and
 - (v) The requirements of rule 5123:2-17-02 of the Administrative Code including a review of health and welfare alerts issued by the department.
- (i) Successfully completes, commencing in the second year of certification or employment as the chief executive officer, annual training in accordance with standards established by the department in:

 - (i) An agency provider's role and responsibilities with regard to services including person-centered planning, community integration, self-determination, and self-advocacy;

- (ii) The rights of individuals set forth in sections 5123.62 to 5123.64 of the Revised Code; and
 - (iii) The requirements of rule 5123:2-17-02 of the Administrative Code including a review of health and welfare alerts issued by the department since the previous year's training.
 - (j) Undergoes a background investigation in accordance with rule 5123:2-2-02 of the Administrative Code and consents to be enrolled in the Ohio attorney general's retained applicant fingerprint database ("Rapback").
- (2) The chief executive officer or another person designated in writing by the chief executive officer to be responsible for administration of the agency provider shall be directly and actively involved in day-to-day operation of the agency provider and oversee provision of services by the agency provider. When the chief executive officer designates another person to be responsible for administration of the agency provider in accordance with this paragraph, both the chief executive officer and the designated person shall meet the requirements set forth in paragraph (D)(1) of this rule. The agency provider shall report in writing to the department within fourteen days when the chief executive officer designates another person to be responsible for administration of the agency provider.
- (3) An agency provider shall disclose or report in writing to the department if the chief executive officer or other person responsible for administration of the agency provider has been or is ever formally charged with, convicted of, or pleads guilty to any of the offenses listed or described in divisions (A)(3)(a) to (A)(3)(e) of section 109.572 of the Revised Code within fourteen days after the date of such charge, conviction, or guilty plea.
- (4) An agency provider shall disclose or report in writing to the department within fourteen days if the chief executive officer or other person responsible for administration of the agency provider is or becomes a related party of a person or government entity for which the department refused to issue or renew or revoked a supported living certificate pursuant to section 5123.166 of the Revised Code.
- (5) An agency provider shall report in writing to the department within fourteen days when the chief executive officer or other person responsible for administration of the agency provider leaves the agency provider's employ. The notification shall indicate when the agency provider anticipates filling the position and to whom executive authority has been delegated in the interim.
- (6) An agency provider shall provide to the department the name, country of birth, date of birth, and social security number for any person owning a financial

interest of five per cent or more in the agency provider (including a direct, indirect, security, or mortgage financial interest).

(7) An agency provider shall comply with the requirements of this rule and other standards and assurances established under Chapter 5123. of the Revised Code and rules in Chapter 5123:2-9 of the Administrative Code for the specific home and community-based services provided.

(8) An applicant for initial agency provider certification shall submit to the department:

(a) Written policies and procedures that address the agency provider's management practices in the following areas:

(i) Person-centered planning and self-determination;

(ii) Confidentiality of individuals' records;

(iii) Management of individuals' funds;

(iv) Incident reporting and investigation;

(v) Individuals' satisfaction with services delivered;

(vi) Internal monitoring and evaluation procedures to improve services delivered;

(vii) Supervision of staff;

(viii) Staff training plan; and

(ix) Annual written notice to each of its employees and contractors explaining the conduct for which the employee or contractor or the contractor's employees may be placed on the abuser registry and setting forth the requirement for each employee, contractor, and employee of a contractor who is engaged in a direct services position to report in writing to the agency provider, if he or she is ever formally charged with, convicted of, or pleads guilty to any of the offenses listed or described in divisions (A)(3)(a) to (A)(3)(e) of section 109.572 of the Revised Code within fourteen days after the date of such charge, conviction, or guilty plea.

(b) A certificate of good standing from the Ohio secretary of state demonstrating the agency provider's status as a for-profit corporation, nonprofit corporation, limited liability company, or limited liability partnership.

- (c) An employer identification number from the internal revenue service.
 - (d) An employer identification number from the bureau of workers' compensation.
 - (e) A certificate of comprehensive general liability insurance in the amount of at least five hundred thousand dollars.
 - (9) An agency provider shall provide and maintain on file with the department, current United States mail and electronic mail addresses.
 - (10) An agency provider shall demonstrate that it has an established internal system to ensure compliance with requirements for:
 - (a) Provider certification in accordance with this rule;
 - (b) Background investigations and appropriate actions in accordance with rule 5123:2-2-02 of the Administrative Code for its chief executive officer, other person responsible for administration of the agency provider (if applicable), and each employee, contractor, and employee of a contractor who is engaged in a direct services position; and
 - (c) Service delivery, service documentation, and billing for services in accordance with rules in Chapter 5123:2-9 of the Administrative Code for the specific home and community-based services provided.
 - (11) An agency provider shall maintain comprehensive general liability insurance in the amount of at least five hundred thousand dollars.
 - (12) An agency provider shall comply with all applicable federal, state, and local regulations, statutes, rules, codes, and ordinances pertaining to employment of staff including, but not limited to, wage and hour, workers' compensation, unemployment compensation, and withholding taxes.
 - (13) An agency provider shall be current in payment of payroll taxes, workers' compensation premiums, and unemployment compensation premiums.
 - (14) An agency provider shall conduct background investigations and take appropriate actions in accordance with rule 5123:2-2-02 of the Administrative Code for its chief executive officer, other person responsible for administration of the agency provider (if applicable), and each employee, contractor, and employee of a contractor who is engaged in a direct services position.
 - (15) An agency provider shall enroll each employee, contractor, and employee of a contractor who is engaged in a direct services position in the Ohio attorney

general's retained applicant fingerprint database ("Rapback").

(a) An employee, contractor, and employee of a contractor who is engaged in a direct services position employed by or under contract with the agency provider on the day immediately prior to the effective date of this rule shall be enrolled in "Rapback" at the point he or she is next subject to a criminal records check by the bureau of criminal identification and investigation in accordance with rule 5123:2-2-02 of the Administrative Code.

(b) An employee, contractor, and employee of a contractor who is engaged in a direct services position hired or engaged by the agency provider on or after the effective date of this rule shall be enrolled in "Rapback" at the point of his or her initial criminal records check by the bureau of criminal identification and investigation in accordance with rule 5123:2-2-02 of the Administrative Code.

(16) An agency provider shall participate as requested by the department in service delivery system data collection initiatives such as the national core indicators staff stability survey.

(17) An agency provider shall ensure that each employee, contractor, and employee of a contractor engaged in a direct services position:

(a) Is at least eighteen years of age.

(b) Has a valid social security number and one of the following forms of identification:

(i) State of Ohio identification;

(ii) Valid driver's license; or

(iii) Other government-issued photo identification.

(c) Holds a high school diploma or general education development certificate, except for:

(i) Persons who, on September 30, 2009, held independent provider certification issued by the department; and

(ii) Persons who, on September 30, 2009, were employed by or under contract with an agency provider certified by the department.

(d) Is able to read, write, and understand English at a level sufficient to comply with all requirements set forth in administrative rules governing the services provided.

- (e) Holds valid "American Red Cross" or equivalent certification in first aid which includes an in-person skills assessment completed with an approved trainer, except for employees, contractors, and employees of contractors engaged in provision of services exempted in accordance with paragraph (E)(1) or (E)(2) of this rule.
- (f) Holds valid "American Red Cross" or equivalent certification in cardiopulmonary resuscitation which includes an in-person skills assessment completed with an approved trainer, except for employees, contractors, and employees of contractors engaged in provision of services exempted in accordance with paragraph (E)(1) or (E)(2) of this rule.
- (g) Successfully completes, prior to providing direct services, eight hours of training in accordance with standards established by the department that addresses the following topics, except for employees, contractors, and employees of contractors engaged in provision of services exempted in accordance with paragraph (E)(1) of this rule:

 - (i) Overview of serving individuals with developmental disabilities including implementation of individual service plans;
 - (ii) The role and responsibilities of direct services staff with regard to services including person-centered planning, community integration, self-determination, and self-advocacy;
 - (iii) Universal precautions for infection control including hand washing and the disposal of bodily waste;
 - (iv) The rights of individuals set forth in sections 5123.62 to 5123.64 of the Revised Code; and
 - (v) The requirements of rule 5123:2-17-02 of the Administrative Code including a review of health and welfare alerts issued by the department.
- (h) Successfully completes, prior to providing direct services, training specific to each individual he or she will support that includes:

 - (i) What is important to the individual and what is important for the individual; and
 - (ii) The individual's support needs including, as applicable, behavioral support strategy, management of the individual's funds, and medication administration/delegated nursing.

(i) If he or she supervises staff in direct services positions, successfully completes within ninety days of becoming a supervisor, training in accordance with the agency provider's policies and procedures regarding:

(i) Service documentation;

(ii) Billing for services; and

(iii) Management of individuals' funds.

(j) Successfully completes, commencing in the second year of employment or contract, annual training in accordance with standards established by the department in:

(i) The role and responsibilities of direct services staff with regard to services including person-centered planning, community integration, self-determination, and self-advocacy;

(ii) The rights of individuals set forth in sections 5123.62 to 5123.64 of the Revised Code; and

(iii) The requirements of rule 5123:2-17-02 of the Administrative Code including a review of health and welfare alerts issued by the department since the previous year's training.

(E) Exemptions from some requirements for providers of some home and community-based services

(1) Independent providers and the employees, contractors, and employees of contractors of agency providers of the following home and community-based services are exempt from the requirements to hold first aid certification set forth, as applicable, in paragraph (C)(1)(e) or (D)(17)(e) of this rule; to hold cardiopulmonary resuscitation certification set forth, as applicable, in paragraph (C)(1)(f) or (D)(17)(f) of this rule; and to complete eight hours of training set forth, as applicable, in paragraph (C)(2)(b) or (D)(17)(g) of this rule except that each independent provider and each employee, contractor, and employee of a contractor who is engaged in a direct services position shall complete training in the requirements of rule 5123:2-17-02 of the Administrative Code:

(a) Clinical/therapeutic intervention in accordance with rule 5123:2-9-41 of the Administrative Code;

(b) Community inclusion-transportation provided by operators of commercial vehicles in accordance with rule 5123:2-9-42 of the Administrative

Code, except when the operators of commercial vehicles are under contract with a county board to provide community inclusion-transportation, in which case the operators of commercial vehicles shall not be exempt;

- (c) Environmental accessibility adaptations in accordance with rule 5123:2-9-23 of the Administrative Code;
- (d) Functional behavioral assessment in accordance with rule 5123:2-9-43 of the Administrative Code;
- (e) Home-delivered meals in accordance with rule 5123:2-9-29 of the Administrative Code;
- (f) Informal respite only when the provider provides informal respite solely to his or her own family member in accordance with rule 5123:2-9-21 of the Administrative Code;
- (g) Integrated employment only when provided by an independent provider who is the individual's coworker or otherwise employed at the work site in accordance with rule 5123:2-9-44 of the Administrative Code;
- (h) Interpreter services in accordance with rule 5123:2-9-36 of the Administrative Code;
- (i) Non-medical transportation provided by operators of commercial vehicles in accordance with rule 5123:2-9-18 of the Administrative Code, except when the operators of commercial vehicles are under contract with a county board to provide non-medical transportation, in which case the operators of commercial vehicles shall not be exempt;
- (j) Nutrition services in accordance with rule 5123:2-9-28 of the Administrative Code;
- (k) Participant/family stability assistance in accordance with rule 5123:2-9-46 of the Administrative Code;
- (l) Personal emergency response systems in accordance with rule 5123:2-9-26 of the Administrative Code;
- (m) Remote monitoring equipment in accordance with rule 5123:2-9-35 of the Administrative Code;
- (n) Social work in accordance with rule 5123:2-9-38 of the Administrative Code;
- (o) Specialized medical equipment and supplies in accordance with rule

5123:2-9-25 of the Administrative Code;

- (p) Support brokerage in accordance with rule 5123:2-9-47 of the Administrative Code; and
 - (q) Transportation provided by operators of commercial vehicles in accordance with rule 5123:2-9-24 of the Administrative Code, except when the operators of commercial vehicles are under contract with a county board to provide transportation, in which case the operators of commercial vehicles shall not be exempt.
- (2) Employees, contractors, and employees of contractors of agency providers of remote monitoring in accordance with rule 5123:2-9-35 of the Administrative Code are exempt from the requirements to hold first aid certification set forth in paragraph (D)(17)(e) of this rule and to hold cardiopulmonary resuscitation certification set forth in paragraph (D)(17)(f) of this rule.

(F) Standards of service provision

- (1) An independent provider and the chief executive officer, person responsible for administration, employees, contractors, and employees of contractors of an agency provider shall:
- (a) Provide services only to individuals whose needs he or she can meet.
 - (b) Provide services in a person-centered manner.
 - (c) Be able to effectively communicate with each individual receiving services.
 - (d) Be knowledgeable in the individual service plan for each individual served prior to providing services to the individual.
 - (e) Implement services in accordance with the individual service plan.
 - (f) Take all reasonable steps necessary to prevent the occurrence or recurrence of incidents adversely affecting health and safety of individuals served.
 - (g) Comply with the requirements of rule 5123:2-2-06 of the Administrative Code.
 - (h) Arrange for substitute coverage, if necessary, only from a provider certified or approved by the department and as identified in the individual service plan; notify the individual or legally responsible persons in the event that substitute coverage is necessary; and notify the person identified in the individual service plan when substitute

coverage is not available to allow such person to make other arrangements.

(i) Notify, in writing, the individual or the individual's guardian and the individual's service and support administrator in the event that the provider intends to cease providing services to the individual no less than thirty days prior to termination of services. If, however, an independent provider intends to cease providing services to an individual because the health or safety of the independent provider is at serious and immediate risk, the provider shall immediately notify the county board by calling the county board's twenty-four hour emergency telephone number; once the board has been notified, the independent provider may cease providing services.

(2) An independent provider and the chief executive officer, person responsible for administration, employees, contractors, and employees of contractors of an agency provider shall not:

(a) Provide services to his or her minor (under age eighteen) child or his or her spouse;

(b) Engage in sexual conduct or have sexual contact with an individual for whom he or she is providing care;

(c) Administer any medication to or perform health care tasks for individuals who receive services unless he or she meets the applicable requirements of Chapters 4723., 5123., and 5126. of the Revised Code and rules adopted under those chapters; or

(d) Use or be under the influence of the following while providing services:

(i) Alcohol;

(ii) Illegal drugs;

(iii) Illegal chemical substances; or

(iv) Controlled substances that may adversely affect his or her ability to furnish services.

(G) Procedure for obtaining initial certification

(1) The applicant shall submit an application to the department, via the department's website (<http://dodd.ohio.gov/providers/certificationlicensure/pages/default.aspx>), for supported living services and the home and community-based services the applicant seeks to deliver in accordance with procedures prescribed by the department.

- (2) The applicant shall submit supporting documentation as evidence that standards are met as required by this rule and service-specific standards established under Chapter 5123. of the Revised Code and Chapter 5123:2-9 of the Administrative Code.
- (3) An application is considered complete when the department has received from the applicant all completed components of the application, including applicable signatures and supporting documentation that demonstrates compliance with the certification standards for the services the applicant is seeking to deliver, and the application fee specified in paragraph (L) of this rule.
- (4) When the application is complete, the department shall review the application and notify the applicant by electronic mail of its decision to approve or deny certification within thirty days of receipt of the complete application. The notification shall specify the effective date and expiration date of the certification and the specific services for which the applicant is approved. When the department approves certification for an applicant seeking to deliver home and community-based services, the department shall initiate the process for the applicant to obtain a medicaid provider number from the Ohio department of medicaid; the department shall notify the certified provider by electronic mail within ten days of receipt of the medicaid provider number.
- (5) When the application is incomplete, the department shall, within thirty days of receipt of the application, notify the applicant by electronic mail that the application is deficient and advise that the applicant has thirty days to submit components needed to complete the application.

 - (a) When components are received by the department within the specified thirty days that result in a complete application, the department shall review the application and notify the applicant by electronic mail of its decision to approve or deny the certification within thirty days of receipt of the complete application. The notification shall specify the effective date and expiration date of the certification and the specific services for which the applicant is approved. When the department approves certification for an applicant seeking to deliver home and community-based services, the department shall initiate the process for the applicant to obtain a medicaid provider number from the Ohio department of medicaid; the department shall notify the certified provider by electronic mail within ten days of receipt of the medicaid provider number.
 - (b) If after thirty days, the applicant fails to submit components that result in a complete application, the department shall take no further action with respect to the application.

(H) Procedure for obtaining certification to provide additional home and community-based services during the term of existing department-issued certification

- (1) A department-certified provider seeking to deliver additional home and community-based services shall submit an application to the department via the department's website (<http://dodd.ohio.gov/providers/certification/licensure/pages/default.aspx>).
- (2) The applicant shall submit supporting documentation as evidence that standards are met as required by this rule and service-specific standards established under Chapter 5123. of the Revised Code and Chapter 5123:2-9 of the Administrative Code.
- (3) An application is considered complete when the department has received from the applicant all completed components of the application, including applicable signatures and supporting documentation that demonstrates compliance with the certification standards for the services the applicant is seeking to deliver, and the application fee specified in paragraph (L) of this rule.
- (4) When the application is complete, the department shall review the application and notify the applicant by electronic mail of its decision to approve or deny certification within thirty days of receipt of the complete application. The notification shall specify the effective date and expiration date of the certification and the specific services for which the applicant is approved.
- (5) When the application is incomplete, the department shall, within thirty days of receipt of the application, notify the applicant by electronic mail that the application is deficient and advise that the applicant has thirty days to submit components needed to complete the application.
 - (a) When components are received by the department within the specified thirty days that result in a complete application, the department shall review the application and notify the applicant by electronic mail of its decision to approve or deny the additional certification within thirty days of receipt of the complete application. The notification shall specify the effective date and expiration date of the certification and the specific services for which the applicant is approved.
 - (b) If after thirty days, the applicant fails to submit components that result in a complete application, the department shall take no further action with respect to the application.

(I) Procedure for obtaining renewal certification

- (1) The department shall notify providers by electronic mail to the address on file of required certification renewal no later than ninety days prior to the date the provider's certification expires. The notification shall include the procedures for submitting the certification renewal application and application fee in accordance with this rule.
- (2) The provider shall submit, via the department's website (<http://dodd.ohio.gov/providers/certificationlicensure/pages/default.aspx>), the certification renewal application with supporting documentation as evidence that standards are met as required by this rule and service-specific standards established under Chapter 5123. of the Revised Code and Chapter 5123:2-9 of the Administrative Code.
- (3) An application is considered complete when the department has received from the applicant all completed components of the application, including applicable signatures and supporting documentation that demonstrates compliance with the certification standards for the services the applicant is seeking to deliver, and the application fee specified in paragraph (L) of this rule.
- (4) When the application is complete, the department shall review the application and notify the applicant by electronic mail of its decision to approve or deny certification within thirty days of receipt of the complete application. The notification shall specify the effective date and expiration date of the certification and the specific services for which the applicant is approved.
- (5) When the application is incomplete, the department shall, within thirty days of receipt of the application, notify the applicant by electronic mail that the application is deficient and advise that the applicant has thirty days to submit components needed to complete the application.

 - (a) When components are received by the department within the specified thirty days that result in a complete application, the department shall review the application and notify the applicant by electronic mail of its decision to approve or deny the renewal certification within thirty days of receipt of the complete application. The notification shall specify the effective date and expiration date of the certification and the specific services for which the applicant is approved.
 - (b) If after thirty days, the applicant fails to submit components that result in a complete application, the department shall take no further action with respect to the application.
- (6) A provider's failure to submit a complete certification renewal application at least thirty days in advance of certification expiration may result in a lapse of certification during which the provider shall not provide nor be reimbursed

for provision of services.

(7) A provider's failure to submit a complete certification renewal application prior to certification expiration shall result in a lapse of certification from the date of certification expiration to the date a complete certification renewal application is received by the department during which the provider shall not provide nor be reimbursed for provision of services.

(8) A provider shall not provide services nor submit claims for reimbursement for services delivered subsequent to expiration of the provider's certification.

(J) Application for certification subsequent to expiration

(1) An applicant whose certification has been expired for less than one year shall be required to apply for and meet the requirements for renewal certification.

(2) An applicant whose certification has been expired for one year or more shall be required to apply for and meet the requirements for initial certification.

(K) Certification terms

(1) Initial certification shall be issued for a term of three years.

(2) Renewal certification shall be issued for a term of three years.

(3) Certification to provide additional home and community-based services shall be issued for the remainder of the term of the applicant's existing initial certification or renewal certification.

(L) Application fees

(1) Applicants seeking certification to provide the following home and community-based services shall not be subject to an application fee:

(a) Clinical/therapeutic intervention in accordance with rule 5123:2-9-41 of the Administrative Code;

(b) Community inclusion-transportation provided by operators of commercial vehicles in accordance with rule 5123:2-9-42 of the Administrative Code;

(c) Environmental accessibility adaptations in accordance with rule 5123:2-9-23 of the Administrative Code;

(d) Functional behavioral assessment in accordance with rule 5123:2-9-43 of the Administrative Code;

- (e) Home-delivered meals in accordance with rule 5123:2-9-29 of the Administrative Code;
 - (f) Informal respite only when the provider provides informal respite solely to his or her own family member in accordance with rule 5123:2-9-21 of the Administrative Code;
 - (g) Integrated employment only when provided by an independent provider who is the individual's coworker or otherwise employed at the work site in accordance with rule 5123:2-9-44 of the Administrative Code;
 - (h) Interpreter services in accordance with rule 5123:2-9-36 of the Administrative Code;
 - (i) Non-medical transportation provided by operators of commercial vehicles in accordance with rule 5123:2-9-18 of the Administrative Code;
 - (j) Nutrition services in accordance with rule 5123:2-9-28 of the Administrative Code;
 - (k) Participant/family stability assistance in accordance with rule 5123:2-9-46 of the Administrative Code;
 - (l) Personal emergency response systems in accordance with rule 5123:2-9-26 of the Administrative Code;
 - (m) Remote monitoring equipment in accordance with rule 5123:2-9-35 of the Administrative Code;
 - (n) Social work in accordance with rule 5123:2-9-38 of the Administrative Code;
 - (o) Specialized medical equipment and supplies in accordance with rule 5123:2-9-25 of the Administrative Code;
 - (p) Support brokerage in accordance with rule 5123:2-9-47 of the Administrative Code; and
 - (q) Transportation provided by operators of commercial vehicles in accordance with rule 5123:2-9-24 of the Administrative Code.
- (2) Applicants seeking certification to provide services other than those specified in paragraph (L)(1) of this rule shall submit an application fee at the time of application for initial certification, application for certification to provide additional home and community-based services during the term of existing department-issued certification, and application to renew certification.

(a) Application fees for initial certification and renewal certification

- (i) The application fee for an independent provider seeking initial certification or renewal certification shall be one hundred twenty-five dollars.
- (ii) The application fee for a small agency provider (i.e., one that serves or plans to serve fifty or fewer individuals) seeking initial certification or renewal certification shall be eight hundred dollars.
- (iii) The application fee for a large agency provider (i.e., one that serves or plans to serve fifty-one or more individuals) seeking initial certification or renewal certification shall be one thousand six hundred dollars.

(b) Application fees for certification to provide additional home and community-based services during the term of existing certification

- (i) The application fee for an independent provider seeking certification to provide additional home and community-based services shall be twenty-five dollars.
- (ii) The application fee for a small agency provider (i.e., one that serves or plans to serve fifty or fewer individuals) seeking certification to provide additional home and community-based services shall be seventy-five dollars.
- (iii) The application fee for a large agency provider (i.e., one that serves or plans to serve fifty-one or more individuals) seeking certification to provide additional home and community-based services shall be one hundred fifty dollars.

(3) Applicants shall pay application fees by electronic funds transfer via the department's website (<http://dodd.ohio.gov/providers/certificationlicensure/pages/default.aspx>).

(4) Application fees are non-refundable.

(M) Denial, suspension, or revocation of certification

- (1) The department may deny an application for certification based on the applicant's failure to comply with the requirements of this rule or other standards and assurances established under Chapter 5123. of the Revised Code and Chapter 5123:2-9 of the Administrative Code for the specific home and community-based services the applicant is seeking to deliver.

- (2) Certified providers shall comply with the continuing certification standards set forth in this rule. Certified providers shall be subject to monitoring and compliance reviews as set forth in rules promulgated by the department. Failure to comply with the requirements set forth in this rule or other standards and assurances established under Chapter 5123. of the Revised Code and Chapter 5123:2-9 of the Administrative Code for the specific home and community-based services provided may result in corrective action by the department, up to and including suspension, denial of renewal, or revocation of certification.
- (3) The department may deny, suspend, or revoke a provider's certification for good cause, including the following:
- (a) Misfeasance;
 - (b) Malfeasance;
 - (c) Nonfeasance;
 - (d) Substantiated abuse or neglect;
 - (e) Financial irresponsibility;
 - (f) Failure to meet the requirements of this rule;
 - (g) Other conduct the department determines is injurious to individuals being served;
 - (h) Failure to comply with other applicable rules;
 - (i) Failure to submit claims for reimbursement for twelve consecutive months; or
 - (j) The conviction or guilty plea of the independent provider or the chief executive officer or other person responsible for administration of the agency provider to any of the offenses listed or described in divisions (A)(3)(a) to (A)(3)(e) of section 109.572 of the Revised Code.
- (4) When denying, suspending, or revoking certification under this rule, the department shall comply with the notice and hearing requirements of Chapter 119. of the Revised Code and section 5123.166 of the Revised Code.
- (5) When the department denies a renewal of certification, the provider shall comply with the department's adjudication order within thirty days of the date of the mailing of the order.

(N) Department's authority to waive provisions of this rule

- (1) When requested in writing with sufficient justification that demonstrates that the health and safety of individuals will not be adversely affected, the department may grant written, time-limited permission to applicants and certified providers to waive specific provisions of this rule.
- (2) The department's decision regarding the request to have a provision of this rule waived shall not be subject to appeal.

(O) Home and community-based services

Home and community-based services shall not be subject to sections 5126.40 to 5126.47 of the Revised Code.

Replaces: 5123:2-2-01
Effective: 10/01/2015
Five Year Review (FYR) Dates: 10/01/2020

CERTIFIED ELECTRONICALLY

Certification

08/31/2015

Date

Promulgated Under: 119.03
Statutory Authority: 5123.04, 5123.1610
Rule Amplifies: 5123.04, 5123.045, 5123.16, 5123.161, 5123.162,
5123.163, 5123.164, 5123.165, 5123.166, 5123.168,
5123.169, 5123.1610, 5166.21
Prior Effective Dates: 07/03/1989 (Emer.), 09/29/1989, 04/30/1990,
07/01/1991, 07/24/1995, 04/28/2003, 07/01/2005,
10/01/2009



How to become a certified Agency Waiver Provider

An agency provider is an entity that employs other people for the purpose of providing services to individuals with developmental disabilities.

Having the following documents accessible will be helpful to agency providers preparing to apply for initial certification:

Verification of age: All provider applicants must be at least 21 years of age and submit a copy of birth certificate.

High School Diploma/GED

Either a bachelor's degree from accredited university or college
or 4 years of full-time paid work experience as a supervisor of programs or services for individuals with DD.

At least one year of paid work experience in services to individuals with DD with responsibility for personnel matters, supervision of employees, program services and financial management.

State Identification: Valid driver's license or other government-issued photo identification. If your current address does not match the driver's license, you must also submit proof of residency, preferably in the form of a utility bill.

Social Security Card: a copy is required to be submitted with your application.

Current report from the Bureau of Criminal Identification and Investigation (BCII)
Organizations that offer web check for civilian and FBI checks can also be found on-line at [Webcheck Locations](#)

Certificate from the Secretary of State verifying your agency status.

IRS Employer Identification Number

Bureau of Worker's Compensation employer identification number.

Must be current with payroll taxes, workers' compensation premiums and unemployment compensation premiums.

Evidence of comprehensive general liability insurance of \$500,000.

Disclose name, country of birth, date of birth and social security number of any person owning a 5% or more interest in the agency.

Submit written policies and procedures that address the agency provider's management practices in: Person-center planning and self-determination; Confidentiality of individual's records; Management of individual's funds; Incident reporting and investigation; Individual's satisfaction with services delivered; Internal monitoring and evaluation procedures to improve services delivered; Supervision of staff; Staff training plan; Annual written notice to each employee explaining the conduct for which the employee may be placed on the abuser registry and Requirement for employee to notify agency provider if formally charged with, convicted of, or plead guilty to any offenses within 14 days.

Application for certification is available online at the Ohio Department of Developmental Disabilities website, on the Provider Certification Wizard.

This is the Provider Certification rule,

Chapter 5123:2-2

Provider Standards

[5123:2-2-01](#)

Provider certification

- Agency providers must have:
 - Certificate from Secretary of State demonstrating status as a for-profit corporation, nonprofit corporation, limited liability company, or limited liability partnership,
 - Internal Revenue Service employer identification number, and
 - Bureau of Workers' Compensation employer identification number.
- ☐ Agency providers must be current in payment of payroll taxes, workers' compensation premiums, and unemployment compensation premiums.
- Agency providers must have comprehensive general liability insurance in the amount of \$500,000.
- ☐ Agency providers must report in writing to the Department the name, country of birth, date of birth, and social security number for any person owning a financial interest of five percent or more in the agency provider.
- ☐ Agency providers must demonstrate an established internal system to ensure compliance with requirements for:
 - Provider certification,
 - Background investigations and appropriate actions in accordance with rule 5123:2-2-02, and
 - Service delivery, service documentation, and billing for services for specific Home and Community-Based Services provided.
- ☐ Chief Executive Officers must be at least 21 years age.
- ☐ The Chief Executive Officer or a person designated by the Chief Executive Officer must be directly and actively involved in day-to-day operation of the agency provider and oversee provision of services.
- ☐ Agency providers must report in writing to the Department when the Chief Executive Officer designates another person to be responsible for administration of the agency.
- ☐ Agency providers must report in writing to the Department when the Chief Executive Officer or other person responsible for administration leaves the agency's employ.
- ☐ The Chief Executive Officer and person responsible for administration must consent to be enrolled in Rapback.
- ☐ By January 1, 2016, agency providers must begin enrolling newly hired direct services staff in Rapback. Agency providers may phase-in Rapback for existing direct services staff as staff are next subject to a criminal records check in accordance with rule 5123:2-2-02.
- ☐ Prior to providing direct services, staff of agency providers must complete training specific to each individual he or she will support that includes:
 - What is important to the individual and what is important for the individual, and the individual's support needs including behavioral support strategy, management of the individual's funds, and medication administration/delegated nursing.

1. TRAINING

A. New Provider Agency CEO Orientation

New Provider Agency CEO Orientation is a required training that offers information to support new agency CEOs. It is required prior to application for certification. It takes about 20 minutes to complete. Users with Internet Explorer 9 can have difficulty loading modules. If you are experiencing technical difficulty, consider updating your browser or your Flash Player.

B. Within 30 days of initial certification or hire as CEO, successfully completes web-based orientation for CEO of agency providers.

<http://dodd.ohio.gov/Providers/BecomeAProvider/Pages/Agency.aspx>

C. Within 60 days of initial certification or hire as the CEO, must have training related to service documentation, billing for services, internal compliance programs, rights of individuals, requirements of rule 5123:2-17-02 – Addressing Major Unusual Incidents and Unusual Incidents to ensure health, welfare and continuous quality improvement.

2. BCII BACKGROUND CHECK

All applicants must complete a **BCII criminal background check**. An FBI Background check is also required if you have lived outside of Ohio in the last 5 years.

[Webcheck Locations](#) link to the Attorney General's website to find webcheck locations near you: Please check with them for their fees.

Results must be sent directly to:

The Ohio Dept of DD, Provider Certification Unit

30 E. Broad Street, 13th Floor, Columbus, Ohio 43215-3434

GCBDD is also available, **BY APPOINTMENT ONLY**, to complete criminal background checks. \$22.00 for BCII, \$46.00 for BCII and FBI. Payment is by check or money order. Appointment hours: Mon – Thurs between 10 am and 2 pm at the GCBDD Metzenbaum, 8200 Cedar Rd., Chesterland 44026

Please call the GCBDD Provider Support Line at 440-729-9406 for an appointment.

3. CREATE AN ACCOUNT

Request a new provider account with DODD by entering your contact information. Click this link:

<http://dodd.ohio.gov/Providers/Pages/Create-a-Provider-User-Account.aspx>

(disregard windows security, click OK, then X to close. You will be routed to the account page). You will receive 3 emails and must complete 3 steps to create your account.

4. COMPLETE THE APPLICATION ON THE OH DEPT OF DD WEBSITE

Certification Application forms must be completed on line and the application fee must be paid online. Assistance with the application is available call the Provider Line at 440-729-9406 to schedule an appointment at the GCBDD-Metzenbaum-8200 Cedar Rd., Chesterland, 44026

Once you have your username and password, Click LOG IN to the right of the Search button on the main page. Click Providers on the lower left side of the page and select Provider Certification Wizard to begin the application.

4. SUBMITTING REQUIRED DOCUMENTS

It is Best to scan and upload the required documents in the online DODD application.

5. APPLICATION FEE

The application fee must be paid on the DODD website, it is part of the application process. It can be paid with credit card or electronic check. NO CASH.

	Initial Certification (3 years)	Renewal Certification (3 years)	Add Service(s) During Term of Certification
Small Agency Provider (Serves 50 or fewer individuals)	\$ 800	\$ 800	\$ 75
Large Agency Provider (Serves 51 or more individuals)	\$1,600.00	\$1,600.00	\$150.00

6. When you receive your certification letter:

Providers certified to deliver Medicaid Services are assigned a Medicaid number necessary to obtain federal reimbursement. Once certified, providers are responsible for contacting local County Boards to notify them that they are eligible to provide services under the Level One (L1) and/or Individual Options (IO) Waivers.

Please forward your certification email to providersupport@geaugadd.org or call 440-729-9406.

Once GCBDD is notified of your certification, we will add you our local Provider List.

7. More information is available on the DODD website:

<http://dodd.ohio.gov> or call Provider Certification Line at 1-800-617-6733, press 3 for certification questions

PROVIDER CERTIFICATION AND TRAINING REQUIREMENTS

INDEPENDENT PROVIDERS

Certification Requirements

ALL independent providers, chief executive officers of agency providers, and direct services employees of agency providers are required to:

- Be at least 18 years of age and submit a copy of the birth certificate
- Submit a copy of high school diploma, from an accredited high school, or GED. (Note: Independent providers who were certified prior to October 1, 2012 and currently engaged direct services employees of certified agency providers are exempted from this requirement.)
- Submit a copy of Social Security card
- Submit a copy of valid identification or Driver's license. If your current address does not match the driver's license, you must also submit proof of residency, preferably in the form of a utility bill.
- Bureau of Criminal Identification and Investigation (BCII) report – results must be send DIRECTLY to Oh Department of DD (DODD)
- Must have and maintain with DODD a correct personal email and mailing address
- Not be on the Abuser Registry
- Not be on the Nurse Aide Registry indicating the Ohio Department of Health has made a determination of abuse, neglect, or misappropriation of property of a resident of a long-term care facility or residential care facility
- Be able to read, write, and understand English at a level sufficient to comply with rules governing the services provided
- Be able to effectively communicate with the individual served
- Copy of Automobile insurance and Driver's abstract from Oh Bureau of Motor Vehicles website (for Transportation Services only)
- **Complete DODD provided web-based Orientation prior to submitting application.** Applicants can take this training on line and print out certificate by clicking this link: [Independent Provider Orientation DODD](#).
- **Hold valid First Aid certification**
- **Hold valid CPR certification**
- **Have completed eight hours of training in: Serving individuals with developmental disabilities, Individual rights, Providing HCBS waiver services, Requirements of rule 5123:2-17-02 (*Incidents adversely affecting health and safety*), Review of health and welfare alerts Universal precautions for infection control, Role & responsibility in regard to person-centered planning, community integration, self-determination and self-advocacy.**

Other documents may be required depending on the services the applicant is applying to provide.

1. REQUIRED TRAINING

A. Eight hours of training is required before applying for certification. Training is available at Geauga County Board of DD. It is free of charge.

The 8 hour precertification training can also be obtained for a fee on-line at:

[OACB Training Center](#) OR [Train To Excel](#) OR [CEU Certificates](#) OR [West Central Ohio Network COG](#)

When taking on line training, make sure it includes all of the required topics: Serving individuals with developmental disabilities, Individual rights, Providing HCBS waiver services, Requirements of rule 5123:2-17-02 (*Incidents adversely affecting health and safety*, Review of health and welfare alerts Universal precautions for infection control, Role & responsibility in regard to person-centered planning, community integration, self-determination and self-advocacy.

B. Valid CPR/First Aid must be maintained and can be obtained for a fee from various entities throughout Geauga and Cuyahoga Counties including:

Shull Medical Educators: John Shull, cell phone 330-730-1056

ASHI (American Health & Safety), CPR (Adult, child and infant) & Basic First Aid Classes. Classes held approximately every two months at:

Garfield Heights Fire Dept., 5115 Turney Rd., Garfield Hts., OH Phone: (330) 730-1056

* Must call to pre-register to attend next class - \$50 payable at registration

American Red Cross: www.redcross-cleveland.org

American Heart Association: www.americanheart.org

CPR Ohio: www.cprohio.com
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The Geauga County Board of Developmental Disabilities does offer CPR and First Aid. Please call Provider Support at (440) 729-9406 for schedule and registration.

*****On line First Aid and CPR **DOES NOT MEET THE REQUIREMENTS FOR CERTIFICATION**. In order to be acceptable, the applicant must make arrangements to demonstrate CPR and 1st Aid skills to a certified instructor

2. BCII BACKGROUND CHECK

All applicants must complete a **BCII criminal background check**. FBI Background check is required if you have lived outside of Ohio in the last 5 years.

[Webcheck Locations](#) link to the Attorney General's website to find webcheck locations near you: Please check with them for their fees.

Results must be sent directly to:

The Ohio Dept of DD, Provider Certification Unit

30 E. Broad Street, 13th Floor, Columbus, Ohio 43215-3434

GCBDD is also available, **BY APPOINTMENT ONLY**, to complete criminal background checks. \$22.00 for BCII, \$46.00 for BCII and FBI. Payment is by check only.

Appointment hours: Mon – Thurs between 10 am and 2 pm at the GCBDD Metzenbaum Center, 8200 Cedar Rd., Chesterland 44026

Please call the GCBDD Provider Support Line at 440-729-9406 for an appointment.

3. CREATE AN ACCOUNT

Click on this link to request [a new provider account](#) with DODD and enter your contact information. You will receive 3 emails and must complete 3 steps to create your account.

4. COMPLETE THE APPLICATION ON THE OHIO DEPT OF DD WEBSITE

Assistance with the application is available at Geauga County Board of DD call the Provider Line at 440-729-9406 to schedule an appointment at the GCBDD/Metzenbaum in Chesterland.

OHIO DEPT OF DD website: <http://dodd.ohio.gov>

Enter through the DODD website. If you do not have a username and password, click on the Provider Tab. Click CREATE A USER ACCOUNT under Certification and Licensure. There are 3 steps to set your password and to obtain your username, which will be sent to you by email.

Once you have your username and password, Click LOG IN to the right of the Search button on the main page and go to Provider tab and click on Certification. Select Provider Certification Wizard to begin the application.

5. REQUIRED DOCUMENTS

It is best to scan and upload the required documents in the online DODD application:

Assistance with the application, scanning and uploading documents and forms are available at the at the Geauga County Board DD/Metzenbaum. Please call (440)729-9406. Information will also be available on our website at www.geaugadd.org.

6. APPLICATION FEE

The application fee must be paid on the Ohio Dept of DD website, it is part of the application process. It can be paid with credit card or electronic check. NO CASH.

	Initial Certification (3 years)	Renewal Certification (3 years)	Add Service(s) During Term of Certification
Independent Provider	\$ 125	\$ 125	\$ 25

7. WHEN YOU RECEIVED YOUR NOTIFICATION LETTER:

Please forward the certification email to providersupport@geaugad.org or call 440-729-9406.

Once GCBDD is notified of your certification, we will add you to our Local Provider List.

8. PROVIDER ORIENTATION:

Within 60 days of first providing services, an independent provider must attend documentation and billing class to learn about the individual service plan, required service documentation, how to bill for services, how to market yourself to individuals who need a provider and how to access referrals of individuals who are seeking a provider.

Questions, please call the GCBDD Provider Line at 440-729-9406 or send an email to providersupport@geaugadd.org

You can also find information on the GCBDD website [Geauga County Board of DD](#)
Go to -Provider Resources and Certification, Trainings and Meetings
Or Frequently Asked Questions.

5123:2-2-07**Personal funds of the individual.****(A) Purpose**

This rule establishes standards of accountability for a provider when the individual plan or individual service plan indicates the provider will be responsible for managing the individual's personal funds.

(B) Scope

This rule applies to persons and entities that provide specialized services regardless of source of payment, including but not limited to:

- (1) County boards and entities under contract with county boards;
- (2) Residential facilities licensed pursuant to section 5123.19 of the Revised Code, including intermediate care facilities for individuals with intellectual disabilities;
- (3) Providers of supported living certified pursuant to section 5123.161 of the Revised Code; and
- (4) Providers of services funded by medicaid home and community-based services waivers administered by the department.

(C) Definitions

- (1) "County board" means a county board of developmental disabilities.
- (2) "Department" means the Ohio department of developmental disabilities.
- (3) "Earned income" has the same meaning as in rule 5160:1-2-01.9 of the Administrative Code. Rule 5160:1-3-03.3 of the Administrative Code shall be followed to determine whether sheltered workshop earnings are earned income or unearned income.
- (4) "Immediate family member" means a spouse, parent or stepparent, child or stepchild, sibling or stepsibling, grandparent, or grandchild.
- (5) "Individual" means a person with a developmental disability.
- (6) "Individual plan" or "individual service plan" means the written description of services, supports, and activities to be provided to an individual.
- (7) "Intermediate care facility for individuals with intellectual disabilities" has the same meaning as in section 5124.01 of the Revised Code.
- (8) "Major unusual incident" has the same meaning as in rule 5123:2-17-02 of the

Administrative Code.

- (9) "Patient liability" means the individual's financial obligation toward the medicaid cost of care.
 - (10) "Person responsible for the estate of the individual" means the executor, administrator, commissioner, or person who filed pursuant to section 2113.03 of the Revised Code for release from administration of an estate.
 - (11) "Personal funds" means earned income and unearned income retained by an individual after satisfying his or her obligations which may include but are not limited to, rent, individual-specific expenses, or services; satisfying state requirements, including patient liability and/or monthly premiums for services funded by a home and community-based services waiver or the intermediate care facility for individuals with intellectual disabilities program; and satisfying federal requirements, including adherence to income restrictions necessary to maintain medicaid eligibility.
 - (12) "Provider" means an agency provider or an independent provider that is certified by the department or a residential facility that is licensed by the department.
 - (13) "Specialized services" means any program or service designed and operated to serve primarily individuals with developmental disabilities, including a program or service provided by an entity licensed or certified by the department. If there is a question as to whether a provider or entity under contract with a provider is providing specialized services, the provider or contract entity may request that the director of the department make a determination. The director's determination is final.
 - (14) "Team," as applicable, has the same meaning as in rule 5123:2-1-11 of the Administrative Code or means an interdisciplinary team as that term is used in 42 C.F.R. 483.440 as in effect on the effective date of this rule.
 - (15) "Unearned income" means all income that is not earned income including, but not limited to, social security disability income, supplemental security income, and other public benefits an individual receives.
- (D) Each individual shall be afforded the opportunity to manage, to be taught to manage, to receive assistance in managing, and to access all records regarding his or her personal funds and, except when in conflict with a guardianship order or payee agreement, to manage his or her personal funds.
- (E) An individual's ability to manage his or her personal funds shall be addressed through the use of formal and/or informal assessments and consideration of what is important to the individual and what is important for the individual.

- (1) When an individual has been assessed to need assistance managing his or her personal funds, the parameters and areas of focus for support shall be identified in the individual plan or individual service plan and address:

 - (a) The name of the person or entity responsible for assisting the individual with managing personal funds;
 - (b) The dollar amount anticipated to be available to the individual upon request for personal spending; and
 - (c) The specific type of supports to be provided (e.g., bill-paying, shopping, budgeting, or increasing the individual's independence in managing his or her personal funds).
- (2) When an individual has been assessed to need assistance managing his or her personal funds, the individual plan or individual service plan shall, when applicable, address:

 - (a) The maximum dollar amount that the individual may independently manage at any one time;
 - (b) The maximum dollar amount that the provider may spend on behalf of the individual for any one expenditure without guardian, payee, and/or team approval; and
 - (c) The name of the person or entity responsible for providing payee services.
- (3) When an individual has been assessed to need assistance managing his or her personal funds, the service and support administrator shall maintain the following information in the individual plan or individual service plan, as applicable, or in the individual's official record:

 - (a) The name of the person responsible for the estate of the individual in the event of the individual's death; and
 - (b) When applicable, the name of the person or entity assigned as guardian of the estate.
- (F) Each individual, other than an individual who has been assessed to need assistance managing his or her personal funds, shall have access to his or her personal funds to use as he or she chooses to purchase items, goods, and services of his or her preference.
- (G) In no circumstance shall an individual be required to use personal funds to purchase or pay for items or services that are reimbursed by medicaid or any other funding source of the provider.

(H) Providers, immediate family members of providers, employees of providers, and immediate family members of employees of providers shall not ask for, otherwise try to secure, or accept loans in any amount from an individual the provider or employee serves.

(I) Providers, immediate family members of providers, employees of providers, and immediate family members of employees of providers shall not sell items to an individual the provider or employee serves unless the transaction is authorized in writing in advance by the team.

(J) Providers, immediate family members of providers, employees of providers, and immediate family members of employees of providers shall not buy items from an individual the provider or employee serves unless the transaction is authorized in writing in advance by the team.

(K) Each provider responsible for managing an individual's personal funds shall:

(1) Develop and implement a written policy regarding management of individuals' funds that:

(a) Includes a system of accounting principles by which the provider retains, safeguards, and accounts for the individual's personal funds;

(b) Requires the provider to deposit an individual's personal funds in the individual's account within five calendar days of receipt;

(c) Prohibits an individual's funds to be co-mingled with the provider's funds;

(d) Prohibits use of an individual's funds to supplement or replace the personal funds of another individual or the provider on a temporary or permanent basis except in situations where a practical arrangement (e.g., individuals take turns purchasing household supplies) is agreed upon and documented in writing;

(e) Requires a summary of financial transactions be made available to the individual, the individual's guardian, team, or the department upon request;

(f) Describes how the provider will ensure that the individual has access to his or her personal funds upon request, but no later than three calendar days from the date of request; and

(g) Outlines the system for monitoring and reporting alleged acts of misappropriation and exploitation in accordance with rule 5123:2-17-02 of the Administrative Code.

(2) Ensure that each person responsible for managing an individual's personal funds is trained in the requirements of this rule and the provider's written policy regarding management of individuals' funds.

(3) Ensure that the team is notified when:

(a) An individual's funds exceed the maximum amount allowed for the individual to maintain eligibility for medicaid, supplemental security income, or social security disability insurance; or

(b) An individual receives a lump sum payment (e.g., benefits back payment) or inheritance.

(L) Accounts established for individuals' personal funds

(1) When the provider has possession of an individual's personal funds, the provider may establish a banking account on behalf of the individual or the individual may establish his or her own account. When the provider establishes a banking account on behalf of an individual:

(a) The provider may establish a separate banking account for each individual's personal funds, combine multiple individuals' personal funds in one banking account, or a combination of both. When multiple individuals' personal funds are combined in one banking account, the provider shall separately account for each individual's funds and allocate interest, if earned, to each individual proportional to the amount of funds each individual maintains in the account.

(b) The individual's personal funds may be maintained in a checking account or a savings account or a combination of both.

(c) The provider shall, to the extent possible, do so in a manner that minimizes banking fees paid by the individual.

(2) A cash account may be maintained by the provider as identified in the individual plan or individual service plan.

(3) For each type of account established for the individual, the provider shall maintain a written or electronic system of accounting which shall contain:

(a) The individual's name;

(b) The source, amount, and date of all funds received;

(c) The signature of the person depositing funds to the account, unless electronically deposited;

- (d) The purpose, amount, recipient, and date of all funds withdrawn;
 - (e) The signature of the person withdrawing funds from the account, unless electronically withdrawn;
 - (f) For checking accounts and savings accounts, a current account balance reconciled to the most recent bank statement which is signed and dated by the person conducting the reconciliation; and
 - (g) For any cash accounts maintained by the provider, including gift cards or gift certificates belonging to an individual, a verification of the reconciliation of the documented balance to the actual funds available no less than once every thirty calendar days which is signed and dated by the person conducting the reconciliation.
- (4) A person other than the one who provides direct assistance to the individual with managing personal funds or the one who maintains the written or electronic system of accounting for the provider shall conduct the reconciliations required by paragraphs (L)(3)(f) and (L)(3)(g) of this rule.
- (M) All personal funds expended by the provider on behalf of an individual shall be accompanied by a receipt for the expenditure unless the individual plan or individual service plan indicates otherwise. The receipt shall identify the item procured, the date, and the amount of the expenditure. When required to maintain receipts, the provider shall obtain other documentation or written explanation if a receipt is unavailable.
- (N) When, based on the parameters identified in the individual plan or individual service plan, the provider gives funds from an individual's personal funds account to the individual or the individual's guardian to expend on the individual's behalf, a receipt is required for a single expenditure of fifty dollars or more unless otherwise specified in the individual plan or individual service plan. When a receipt is unavailable, the provider shall obtain other proof of purchase which includes written verification for the amount of funds given to the individual and what was purchased with the funds.
- (O) A provider shall restore funds to the individual when:
 - (1) The provider's failure to implement the individual plan or individual service plan as written results in the loss of the individual's funds; or
 - (2) The provider's failure to follow its written policy regarding management of individuals' funds results in the loss of an individual's funds; or
 - (3) The provider or an employee of the provider is the subject of a substantiated misappropriation major unusual incident which results in the loss of the

individual's funds and the individual's major unusual incident prevention plan requires the provider to restore the funds.

(P) When the provider has been appointed to act as the payee for the individual's benefits, the provider shall follow all requirements set forth by the governing authority (e.g., social security administration or veterans' administration).

(Q) When the provider has been appointed to act as the payee for the individual's benefits and is paid by the individual or from another funding source for acting as payee, the provider shall not request or accept reimbursement through the individual's home and community-based services waiver for providing payee services.

(R) When the provider has possession of an individual's personal funds, the provider shall release any balance of cash to the individual or the individual's guardian, as applicable, after deducting for actual or estimated expenditures owed by the individual, within five calendar days of the time the individual is no longer served by the provider. Within fourteen calendar days of termination of service, the provider shall prepare a final itemized statement of the individual's personal funds accounts and shall release any remaining personal funds to the individual or the individual's guardian, as applicable, with the itemized statement.

(S) In the event of an individual's death and when the provider has possession of an individual's personal funds, the provider shall dispose of the individual's personal funds in accordance with the following:

(1) A provider other than a state-operated developmental center

(a) The provider shall release the personal funds to the person responsible for the estate of the individual when the provider receives a request for the personal funds in writing from that person within ninety calendar days of the individual's death.

(b) When the provider does not receive a request for the personal funds in writing from the person responsible for the estate of the individual within ninety calendar days of the individual's death and if the individual was a recipient of medicaid benefits, the provider shall mail the funds along with a completed Ohio department of medicaid form 09405, "Personal Needs Allowance Account Remittance Notice" (revised July 2014), to the address indicated on the form.

(c) When the provider does not receive a request for the personal funds in writing from the person responsible for the estate of the individual within ninety calendar days of the individual's death and if the individual was not a recipient of medicaid benefits:

(i) If the provider is a government entity, the provider shall dispose of the funds in accordance with section 9.39 of the Revised Code.

(ii) If the provider is not a government entity, the funds shall be considered unclaimed funds within the meaning of division (P) of section 169.02 of the Revised Code and the provider shall dispose of the funds in accordance with Chapter 169. of the Revised Code.

(2) A state-operated developmental center shall dispose of the personal funds in accordance with section 5123.28 of the Revised Code.

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