

Service Delivery Documentation

DODD's Office of Compliance Provider Training
August 31, 2023

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Type your Questions in the Q&A



We will compile all questions and answers and send them to attendees within the next two weeks



Slides and Handouts will be sent out after the training

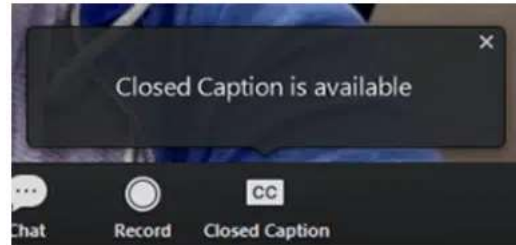
Questions?

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Accessibility on Zoom

To view captions in Zoom, click on the Captions icon. Alternatively, you may find a link in the chat to open captions in a separate window.

If an ASL interpreter is present, they will always be spotlighted and visible.



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Other Requirements

This training goes over the service delivery documentation requirements as of August 31, 2023

This is not an all-inclusive list of all types of documentation a provider is responsible for having/maintaining

Providers are responsible for knowing and being compliant with all applicable requirements and keeping up to date on changes in requirements

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What is Service Documentation?

- All records and information
 - On one or more documents, including documents that may be created or maintained in electronic software programs
 - Created and maintained contemporaneously with the delivery of services
 - And kept in a manner as to fully disclose the nature and extent of services delivered
 - That shall include items delineated in service-specific rules in Chapter 5123-9 of the Administrative Code to validate payment for Medicaid services

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Who must keep Service Documentation?

All Providers

- Shared Living
- NMT only
- HPC
- Adult Day Array providers
- Ancillary Service providers

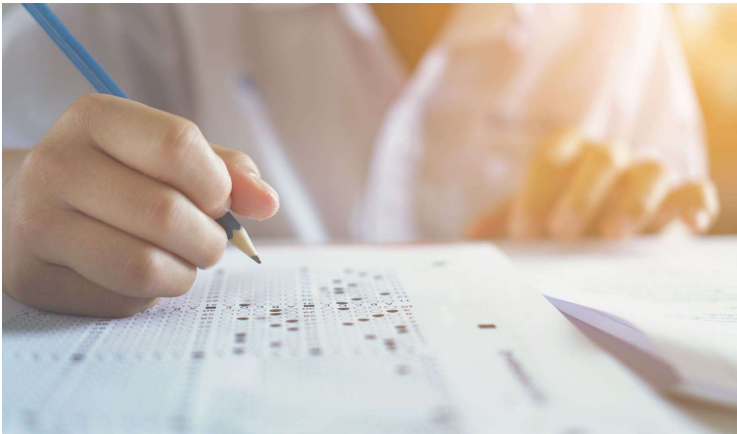
If you provided a waiver service, you must have service documentation for it

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Natural supports

- Shared living providers cannot also act as natural support for the people to whom they provide shared living services on any day they provide the shared living service.
- Persons providing other services should also not 'clock out' to provide necessary supports as a natural support and then 'clock back in.'
- Ohio Revised Code specifically allows family delegation and for some related providers to administer medications without certification. Because this is authorized by law, it is not considered a natural support and is provided as a paid support.
 - More information about these allowances can be found [here](#).
 - While a MAR may not be required in these circumstances, documentation is still required to evidence medication administration was provided

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- Validate Payment
- Provide evidence of what you did

Why keep documentation?

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How long do providers have to keep documentation?

- Records necessary to disclose fully the extent of the services provided must be kept for a period of six years from the date of receipt of payment or, if an audit has been initiated, until the audit is resolved, whichever is longer

Service Documentation vs Billing Documentation

- Claims for payment a provider submits to the department for services delivered shall not be considered service documentation
- Any information contained in the submitted claim for payment may not and shall not be substituted for any required service documentation that a provider is required to maintain to validate payment for Medicaid services

Confidentiality


- Agency providers must have a written policy and procedure addressing their management practices regarding confidentiality of individuals' records
- Service documentation is to be maintained in an accessible location
- Documentation shall be made available upon request for review by:
 - DODD
 - ODM
 - CMS
 - CB/COG that submits payment authorization for the service to the department
 - Those designated or assigned authority by the Department or ODM to review service documentation

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Electronic Documentation

- Electronic documentation systems/signatures should be secured in a manner that ensures no one else can 'sign' on behalf of another person
- Still needs to include all required elements

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Employment First documentation	Medication Administration documentation	
Personal funds	Coordination of medical care documentation	
UI/MUI	Outcome Documentation	
Behavior support	Lease/Residency Agreement	
Background Check & Training documentation	Vehicle Inspections	
Policies and Procedures		

Other Types of Required Documentation

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Discontinuation of Services

- **Written** notice to the individual and the individual’s SSA is required in the event the provider intends to cease providing services
 - Shall be provided **no less than thirty calendar days** prior to termination of services
- When a provider discontinues operations, the provider shall, within seven calendar days, notify the county boards for the counties in which individuals for whom the provider has provided services reside, of the location where the service documentation will be stored, and provide the county board with the name and telephone number of the person responsible for maintaining the service documentation

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How do I find my service specific documentation requirements?

- All DODD rules can be found at <https://dodd.ohio.gov/forms-and-rules/rules-in-effect/administrative-rules-list>
 - Go to dodd.ohio.gov, click on Rules & Forms, then Rules in Effect to get to the same place
- Within each service specific rule, there is a section titled 'Documentation of Services' that outlines what needs to be included on the service delivery documentation for that service

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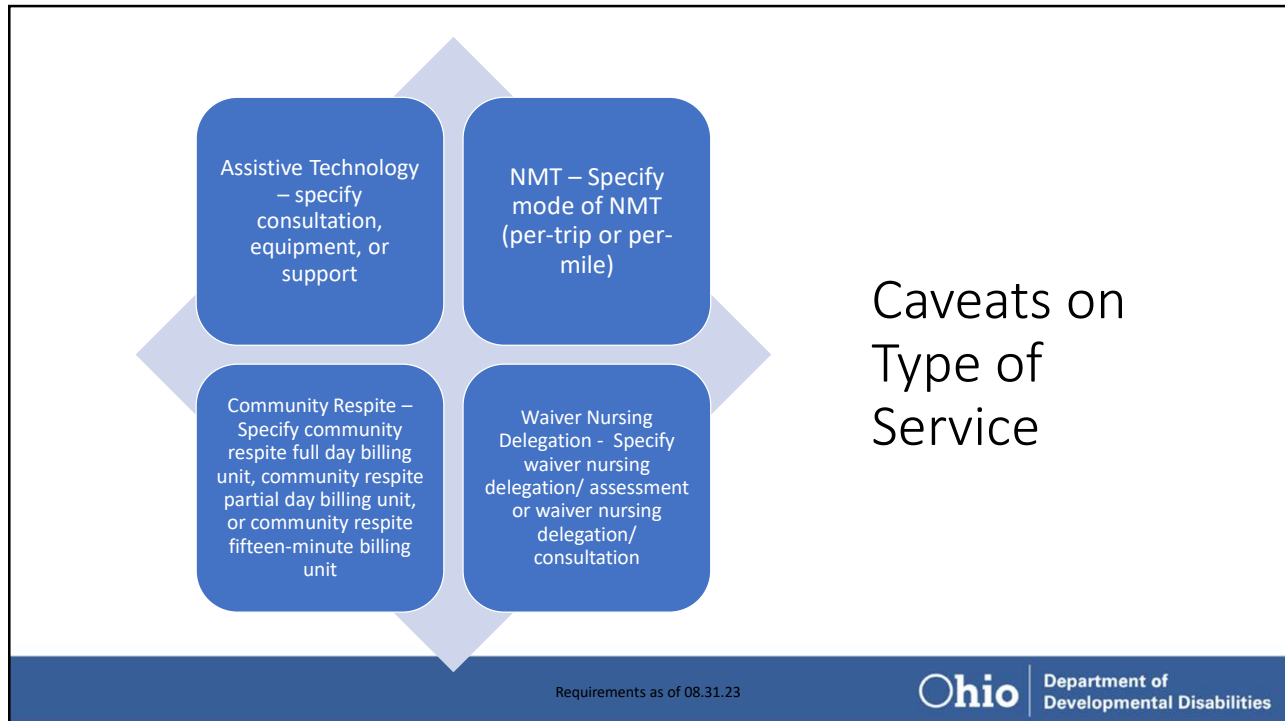
Service Documentation Requirements – All Services but Participant directed goods & services

- Name of individual receiving service
- Medicaid ID number of individual receiving the service
- Name of provider
- Provider identifier/contract number
- Type of Service***

*** - See next slide

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Type of Service for Self-Directed Transportation

- For Self-Directed Transportation provided by vendors of ground transportation available to the general public
 - Type of service is the Mode of self-directed transportation for which voucher, card, pass, or token may be used (e.g., bus, light rail transit, livery vehicle, or ride-hailing service) provided

For Self-Directed Transportation via per-mile or per-trip reimbursement made to a person who meets the provider qualifications in paragraph (C) of this rule and who has a written agreement for provision of self-directed transportation with the individual being transported:

- Type of service is the Type of motor vehicle used to provide self-directed transportation (i.e., modified vehicle or non-modified vehicle)

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All Services but Assistive Tech and Participant Directed Goods & Services

- Date of Service***
- Place of Service***
- Written or electronic signature of the person delivery the service, or initials of the person delivering the service if a signature and corresponding initials are on file with the provider ***
- Description and details of the services delivered that directly relate to the services specified in the approved ISP as the services to be provided

***see next slide

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Stipulations

NMT and HPC transportation: Place of service is the 'license plate number of the vehicle used to provide the service'

NMT - Signature specifically needs to come from the driver

Waiver Nursing - Description and details must also include the individual's response to each medication, treatment, or procedure performed in accordance with the physician's orders or plan of care

Community Respite - Date and time of the individual's arrival at and departure from the community respite service delivery location

Community Transition – location of services not required

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Stipulations continued

- For Self-Directed Transportation provided by vendors of ground transportation available to the general public:
 - Date of Service is the date of purchase of voucher, card, pass, or token
 - Written signature of the person delivering the service is not required for this type of Self-Directed Transportation

For all types of Self-Directed Transportation:

- Place of Service is not required
- Description and details of the services delivered that directly relate to the services specified in the approved ISP as the services to be provided is NOT required

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Group Size in Which the Service was Provided

- Nutrition Services
- HPC (if not billed at daily rate)
- Participant Directed HPC
- Shared Living
- Remote Support
- Interpreter Services
- Social Work
- Waiver Nursing
- Transportation***
- Non-Medical Transportation***
- Self-Directed Transportation ***

*** - See next slide

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Stipulations for Group Size Documentation

- Transportation**
 - Number of individuals being transported
- Non-Medical Transportation**
 - Names of all passengers, including paid staff and volunteers, who were in the vehicle during any portion of the trip and/or commute
- Self-Directed Transportation via per-mile or per trip reimbursement**
 - Number of individuals being transported

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Times the Delivered Service Started and Stopped

- Career Planning - career exploration, job development, self-employment launch, and worksite accessibility components
- Vocational Habilitation
- Individual Employment Support
- Group Employment Support
- Adult Day Support
- Non-Medical Transportation
- Money Management
- Informal Respite
- Community Respite***
- Nutrition Services
- Home-Delivered Meals
- HPC (if not billed at daily rate)
- Participant Directed HPC
- Remote Support***
- Interpreter Services
- Waiver Nursing Delegation
- Social Work
- Waiver Nursing
- Clinical/Therapeutic Intervention
- Participant/family stability assistance
- Support Brokerage

*** - See next slide

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Clarification on Start and Stop Times

- Community Respite - Date and time of the individual’s arrival at and departure from the community respite service delivery location
- Remote Support – begin and end time of the remote support service when the backup support person is needed on site

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Number of Units of the Delivered Service

These services specifically require the number of units. Other services allow for an alternative.






- Career Planning - career exploration, job development, self-employment launch, and worksite accessibility components
- Vocational Habilitation
- Individual Employment Support
- Group Employment Support
- Adult Day Support
- Non-Medical Transportation – Per Mile***
- Transportation***
- Nutrition Services
- Home-Delivered Meals***
- Remote Support***
- Interpreter Services
- Social Work

*** - See next slide

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Specifics Regarding Number of Units

-  Home-Delivered Meals – Number of meals delivered
-  Remote Support – number of units of the delivered service per calendar day
-  NMT – Per Mile - For per-mile rate, number of miles in each distinct commute, as indicated by recording beginning and ending odometer readings or via tracking or mapping by a GPS
-  Transportation - Total Number of miles of transportation provided
-  Self-Directed Transportation at per-trip or per-mile reimbursement – Total Number of miles of self-directed transportation provided

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Number of Units
OR
the Continuous
Amount of
Uninterrupted
Time During
Which the Service
was Provided

Money Management

HPC (if not billed at daily rate)

Participant Directed HPC

Waiver Nursing Delegation

Waiver Nursing

Clinical/Therapeutic Intervention

Participant/Family Stability Assistance

Support Brokerage

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Other Required Documentation Items

<p>HPC Transportation - Origination and destination points of transportation provided</p>	<p>Home-Delivered Meals – Name of person accepting delivery of meals, name of delivery driver who attested that delivery occurred, or the common carrier's tracking statement or returned postage-paid delivery invoice</p>	<p>Assistive Technology – additional requirements outlined in rule for each individual component of assistive tech (Consultation, Equipment, & Support)</p>	<p>Self-Directed Transportation at the per-trip or per-mile reimbursement – Origination and destination points of self-directed transportation provided</p>
<p>PDHPC - Common law employee shall prepare an accurate timesheet to be verified by the individual receiving PDHPC prior to submission to the financial management services entity</p>	<p>Home-Delivered Meals – Type of meals provided (i.e., kosher, therapeutic, or standard)</p>	<p>Self-Directed Transportation provided by vendors of ground transportation available to the general public – Receipt indicating amount paid</p>	

Other Required Documentation Items Cont'd

- Waiver Nursing Delegation - Additional requirements outlined in rule for waiver nursing delegation/assessment (5123-2-9-37 (E)(2) and waiver nursing delegation/consultation 5123-2-9-37 (E)(3)
- Waiver Nursing – Additional documentation requirements outlined in rule regarding clinical record 5123-9-39 (F)(2)
- Participant Directed Goods & Services - Written invoice that contains the individual's name and Medicaid identification number, a description of the item or service provided, the provider's name, the date the item or service was provided, and the provider's charge for the item or services
- Community Transition - Detailed description of each expense AND a receipt for each expense with the individual's signature, mark, stamp or other method identified in the ISP to verify his or her receipt of the purchased item or service

Evidence of ISP Implementation

- ISPs are based on the assessed needs of the individual and are driven by the individual and the team. They should not be adjusted based on provider convenience
- Documentation must include description and details of the services delivered that directly relate to the services specified in the approved ISP as the services to be provided
 - Documentation needs to support the billing
- If the plan identifies you as a responsible provider for a support and/or an outcome, you need to provide this support/action step/experience AND it needs included on your service delivery documentation
 - If you notice a support that lists you as a provider, but you are not providing that support, contact the SSA immediately and vice versa if you are providing a support that a person needs but is not identified in the ISP

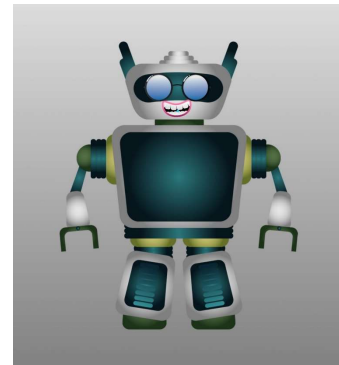
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Assistive Technology 5123-9-12

- Type of service – (i.e., assistive technology consultation, assistive technology equipment, or assistive technology support)
- Name of Individual
- Medicaid Number
- Name of Provider
- Provider Identifier/contract number
- Additional requirements for each individual component of assistive technology***



*** see next slide

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Additional Requirements – Assistive Tech

- Assistive technology consultation shall also include:
 - A description of the functional evaluation process and technologies considered to address the individual's needs and support desired outcomes
 - A written recommendation that identifies the specific items and estimated cost of assistive technology equipment necessary to advance achievement of outcomes defined in the individual service plan
 - The date the written recommendation was completed and submitted to the individual's service and support administrator
- Assistive technology equipment shall also include:
 - The address where assistive technology equipment is installed
 - A list of installed assistive technology equipment including the date each item of assistive technology equipment is installed, modified, repaired, or removed and the reasons therefore, and associated adjustments in cost
- Assistive Technology Support shall also include:
 - The date, time, duration, location, and description of education and training provided and the names of persons receiving the education and training
 - The date, time, duration, location, and description of activities necessary to coordinate assistive technology with complementary therapies or interventions

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Career Planning – 5123-9-13
 Career exploration, job development, self-employment launch, and worksite accessibility components of career planning

- Type of service
- Date of service
- Place of service
- Name of individual receiving service
- Medicaid identification number of individual receiving service
- Name of provider
- Provider identifier/contract number
- Written or electronic signature of the person delivering the service, or initials of the person delivering the service if a signature and corresponding initials are on file with the provider
- Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided
- Times the delivered service started and stopped
- Number of units of the delivered service

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Career Planning – 5123-9-13

benefits education and analysis, career discovery, employment/self-employment plan, and situational observation and assessment components of career planning

- Type of service
- Date of service
- Place of service
- Name of individual receiving service
- Medicaid identification number of individual receiving service
- Name of provider
- Provider identifier/contract number
- Written or electronic signature of the person delivering the service, or initials of the person delivering the service if a signature and corresponding initials are on file with the provider
- Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided. The description and details of the services delivered shall be sufficient to demonstrate achievement of the desired outcomes in order to serve as the report required for payment for delivery of the services

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Vocational Habilitation – 5123-9-14

- Type of service.
- Date of service
- Place of service
- Name of individual receiving service
- Medicaid identification number of individual receiving service
- Name of provider
- Provider identifier/contract number
- Written or electronic signature of the person delivering the service, or initials of the person delivering the service if a signature and corresponding initials are on file with the provider
- Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided
- Times the delivered service started and stopped
- Number of units of the delivered service.

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Individual Employment Support – 5123-9-15

- Type of service
 - Date of service
 - Place of service
 - Name of individual receiving service
 - Medicaid identification number of individual receiving service
 - Name of provider
 - Provider identifier/contract number
 - Written or electronic signature of the person delivering the service,
- or initials of the person delivering the service if a signature and corresponding initials are on file with the provider
- Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided
 - Times the delivered service started and stopped
 - Number of units of the delivered service

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Group Employment Support – 5123-9-16

- Type of service
 - Date of service
 - Place of service
 - Name of individual receiving service.
 - Medicaid identification number of individual receiving service
 - Name of provider
 - Provider identifier/contract number
 - Written or electronic signature of the person delivering the service,
- or initials of the person delivering the service if a signature and corresponding initials are on file with the provider
- Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided
 - Times the delivered service started and stopped
 - Number of units of the delivered service

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Adult Day Support – 5123-9-17

- Type of service
- Date of service
- Place of service
- Name of individual receiving service
- Medicaid identification number of individual receiving service
- Name of provider
- Provider identifier/contract number
- Written or electronic signature of the person delivering the service,
- or initials of the person delivering the service if a signature and corresponding initials are on file with the provider
- Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided
- Times the delivered service started and stopped
- Number of units of the delivered service

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Non-Medical Transportation – 5123-9-18

- Mode of non-medical transportation service (i.e., per-trip or per-mile) provided
- Date of service
- License plate number of vehicle used to provide service
- Name of individual receiving service
- Medicaid identification number of individual receiving service
- Name of provider
- Provider identifier/contract number
- Signature of driver of the vehicle or initials of driver of the vehicle if the signature and corresponding initials are on file with the provider
- Names of all passengers, including paid staff and volunteers, who were in the vehicle during any portion of the trip and/or commute
- Times the trip or commute started and stopped
- Service documentation for non-medical transportation at the per-mile rate also must include:
 - The number of miles in each distinct commute, as indicated by recording beginning and ending odometer readings or via tracking or mapping by a global positioning system



Requirements as of 08.31.23

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Money Management – 5123-9-20

- Type of service
- Date of service
- Place of service
- Name of individual receiving service
- Medicaid identification number of individual receiving service
- Name of provider
- Provider identifier/contract number
- Written or electronic signature of the person delivering the service or initials of the person delivering the service if a signature and corresponding initials are on file with the provider
- Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided
- Number of units of the delivered service or continuous amount of uninterrupted time during which the service was provided
- Times the delivered service started and stopped

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Informal Respite – 5123-9-21

- Type of service
- Date of service
- Place of service
- Name of individual receiving service
- Medicaid identification number of individual receiving service
- Name of provider
- Provider identifier/contract number
- Times the delivered service started and stopped
- Written or electronic signature of the person delivering the service
- Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided

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Community Respite – 5123-9-22

- Type of service (i.e., community respite full day billing unit, community respite partial day billing unit, or community respite fifteen-minute billing unit)
- Date of service
- Place of service
- Name of individual receiving service
- Medicaid identification number of individual receiving service
- Name of provider
- Provider identifier/contract number
- Date and time of the individual's arrival at and departure from the community respite service delivery location
- Written or electronic signature of the person delivering the service, or initials of the person delivering the service if a signature and corresponding initials are on file with the provider
- Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided

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Environmental Accessibility Adaptations – 5123-9-23

- Type of service
- Date of service
- Place of service
- Name of individual receiving service
- Medicaid identification number of individual receiving service
- Name of provider
- Provider identifier/contract number
- Written or electronic signature of the person delivering the service, or initials of the person delivering the service if a signature and corresponding initials are on file with the provider
- Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided

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Transportation – 5123-9-24

- Type of service
- Date of service
- License plate number of vehicle used to provide service
- Name of individual receiving service
- Medicaid identification number of individual receiving service
- Name of provider
- Provider identifier/contract number
- Origination and destination points of transportation provided
- Total number of miles of transportation provided
- Number of individuals being transported
- Written or electronic signature of the person delivering the service, or initials of the person delivering the service if a signature and corresponding initials are on file with the provider
- Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided



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Specialized Medical Equipment & Supplies 5123-9-25

- Type of service
- Date of service
- Place of service
- Name of individual receiving service
- Medicaid identification number of individual receiving service
- Name of provider
- Provider identifier/contract number
- Written or electronic signature of the person delivering the service, or initials of the person delivering the service if a signature and corresponding initials are on file with the provider
- Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided

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Self-Directed Transportation 5123-9-26

by vendors of ground transportation available to the general public

- Mode of self-directed transportation for which voucher, card, pass, or token may be used (e.g., bus, light rail transit, livery vehicle, or ride-hailing service) provided
- Date of purchase of voucher, card, pass, or token
- Name of individual receiving service
- Medicaid identification number of individual receiving service
- Name of provider
- Provider identifier number or provider contract number
- Receipt indicating the amount paid

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Self-Directed Transportation 5123-9-26

for self-directed transportation via per-mile or per-trip reimbursement made to a person who meets the provider qualifications in paragraph (C) of this rule and who has a written agreement for provision of self-directed transportation with the individual being transported

- | | |
|---|--|
| <ul style="list-style-type: none"> ▪ Type of motor vehicle used to provide self-directed transportation (i.e., modified vehicle or non-modified vehicle) ▪ Date of service ▪ Name of individual receiving service ▪ Medicaid identification number of individual receiving service ▪ Name of provider ▪ Provider identifier number or provider contract number ▪ Origination and destination points of | <ul style="list-style-type: none"> self-directed transportation provided ▪ Total number of miles of self-directed transportation provided ▪ Number of individuals being transported ▪ Written or electronic signature of the person delivering the service, or initials of the person delivering the service if a signature and corresponding initials are on file with the financial management services entity |
|---|--|

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Nutrition Services – 5123-9-28

- Type of service
- Date of service
- Place of service
- Name of individual receiving service
- Medicaid identification number of individual receiving service
- Name of provider
- Provider identifier/contract number
- Written or electronic signature of the person delivering the service, or initials of the person delivering the service if a signature and corresponding initials are on file with the provider
- Group size in which the service was provided
- Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided
- Number of units of the delivered service
- Times the delivered service started and stopped

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Home-Delivered Meals – 5123-9-29

- Type of service
- Type of meals provided (i.e., kosher, therapeutic, or standard)
- Date of service
- Place of service
- Name of individual receiving service
- Medicaid identification number of individual receiving service
- Name of provider
- Provider identifier/contract number
- Written or electronic signature of the person delivering the service, or initials of the person delivering the service if a signature and corresponding initials are on file with the provider
- When a provider uses a common carrier for meal delivery, the provider will verify the success of the delivery by retaining the common carrier's tracking statement or returned postage-paid delivery invoice. A provider may use an electronic system to verify delivery.
- Number of meals delivered
- Time that meals were delivered
- Name of person accepting delivery of meals, name of delivery driver who attested that delivery occurred, or the common carrier's tracking statement or returned postage-paid delivery invoice



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Homemaker/Personal Care 5123-9-30

- Type of service
- Date of service
- Place of service
- Name of individual receiving service
- Medicaid identification number of individual receiving service
- Name of provider
- Provider identifier/contract number
- Written or electronic signature of the person delivering the service or initials of the person delivering the service if a signature and corresponding initials are on file
- with the provider
- Group size in which the service was provided
- Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided
- Number of units of the delivered service or continuous amount of uninterrupted time during which the service was provided
- Times the delivered service started and stopped

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HPC daily billing unit for sites where individuals enrolled in the i/O waiver share services 5123-9-31

- Type of service
- Date of service
- Place of service
- Names of individuals
- Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided
- Medicaid identification number of the individuals receiving services
- Name of provider
- Provider identifier/contract number
- Written or electronic signature of the person delivering the service or initials of the person delivering the service if a signature and corresponding initials are on file with the provider

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Participant directed HPC – 5123-9-32

- Type of service
- Date of service
- Place of service
- Name of individual receiving service
- Medicaid identification number of individual receiving service
- Name of provider
- Provider identifier/contract number
- Written or electronic signature of the person delivering the service
- Group size in which the service was provided
- Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided
- Number of units of the delivered service or continuous amount of uninterrupted time during which the service was provided
- Times the delivered service started and stopped.
- A common law employee shall prepare an accurate timesheet to be verified by the individual receiving participant-directed homemaker/personal care prior to submission to the financial management services entity

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Documentation for Independent providers providing Participant directed HPC

- Documentation is submitted to GT Independence, who is the financial management service provider (FMS)
- GT Independence requires these providers use a specific documentation sheet
 - This is not considered 'billing documentation' and is acceptable to use as part of your service delivery documentation
- To ensure compliance, you will need to ensure your documentation includes all the required elements

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Shared Living – 5123-9-33

- Type of service
 - Date of service
 - Place of service
 - Name of individual receiving service
 - Medicaid identification number of individual receiving service
 - Name of provider
 - Provider identifier/contract number
 - Written or electronic signature of
- the person delivering the service, or initials of the person delivering the service if a signature and corresponding initials are on file with the provider
- Group size in which the service was provided
 - Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided

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Residential Respite – 5123-9-34

- Type of service
- Date of service
- Place of service
- Name of individual receiving service
- Medicaid identification number of individual receiving service
- Name of provider
- Provider identifier/contract number
- Written or electronic signature of the person delivering the service, or initials of the person delivering the service if a signature and corresponding initials are on file with the provider
- Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided

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Remote Support – 5123-9-35

- Type of service
 - Date of service
 - Place of service
 - Name of individual receiving service
 - Medicaid identification number of individual receiving service
 - Name of provider
 - Provider identifier/contract number.
 - Begin and end time of the remote support service when the backup support person is needed on site
 - Written or electronic signature of the person delivering the service,
- or initials of the person delivering the service if a signature and corresponding initials are on file with the provider
- Number of units of the delivered service per calendar day
 - Group size in which the service was provided
 - Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided



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Interpreter Services – 5123-9-36

- Type of service
 - Date of service
 - Place of service
 - Name of individual receiving service
 - Medicaid identification number of individual receiving service
 - Name of provider
 - Provider identifier/contract number
 - Written or electronic signature of the person delivering the service, or initials of the person delivering the service if a signature and
- corresponding initials are on file with the provider
- Group size in which the service was provided
 - Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided
 - Number of units of the delivered service
 - Times the delivered service started and stopped

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Waiver Nursing Delegation – 5123-9-37

- Type of service (i.e., waiver nursing delegation/assessment or waiver nursing delegation/consultation)
- Date of service
- Place of service
- Name of individual receiving service
- Medicaid identification number of individual receiving service
- Name of provider
- Provider identifier/contract number
- Written or electronic signature of the person delivering the service or initials of the person delivering the service if a signature and corresponding initials are on file with the provider
- Description and details of the service delivered that directly relate to the services specified in the approved individual service plan as the services to be provided, including the name of the unlicensed person for whom a supervisory visit was performed
- Number of units of the delivered service or continuous amount of uninterrupted time during which the service was provided
- Beginning and ending times of the delivered service

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Additional Requirements – Waiver Nursing Delegation

- In addition to service documentation specified in paragraph (E)(1) of this rule, service documentation for waiver nursing delegation/assessment shall include
 - the precipitating factor indicating why an assessment was needed, that is
 - The individual was discharged from hospital
 - The individual has experienced a significant change
 - Initiation of waiver nursing delegation for an individual who has not previously received waiver nursing delegation
- In addition to service documentation specified in paragraph (E)(1) of this rule, service documentation for waiver nursing delegation/consultation shall include a description and details of the consultation purpose and outcomes, including the name of the person with whom the delegating nurse was consulting

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Social Work – 5123-9-38

- Type of service
- Date of service
- Place of service
- Name of individual receiving service
- Medicaid identification number of individual receiving service
- Name of provider
- Provider identifier/contract number
- Written or electronic signature of the person delivering the service or initials of the person delivering the service if a signature and corresponding initials are on file
- with the provider
- Group size in which the service was provided
- Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided
- Number of units of the delivered service
- Times the delivered service started and stopped

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Waiver Nursing – 5123-9-39

- Type of service
- Date of service
- Place of service
- Name of individual receiving service
- Medicaid identification number of individual receiving service
- Name of provider
- Provider identifier/contract number
- Written or electronic signature of the person delivering the service or initials of the person delivering the service if a signature and corresponding initials are on file with the provider
- Group size in which the service was provided
- provided
- Description and details of the service delivered that directly relate to the services specified in the approved individual service plan as the services to be provided, including the individual's response to each medication, treatment, or procedure performed in accordance with the physician's orders or plan of care
- Begin and end times of the delivered service
- Number of units of the delivered service or continuous amount of uninterrupted time during which the service was provided

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Additional Requirements – Waiver Nursing

Providers of waiver nursing services shall also maintain a clinical record for each individual which includes:

- Individual's medical history
- Name and national provider identifier number of individual's treating physician
- A copy of all individual service plans in effect when the provider provides services
- A copy of the initial and all subsequent plans of care, specifying the type, frequency, scope, and duration of the waiver nursing services being performed.
 - When waiver nursing services are performed by a licensed practical nurse working at the direction of a registered nurse, the record shall include documentation that the registered nurse has reviewed the plan of care with the licensed practical nurse.
 - The plan of care shall be certified by the treating physician initially and recertified at least annually thereafter, or more frequently if there is a significant change in the individual's condition
- Documentation of verbal orders from the treating physician in accordance with paragraph (E)(6) (E)(8) of this rule
- The clinical notes of an independent provider who is a licensed practical nurse working at the direction of a registered nurse in accordance with paragraph (E)(7) (E)(9) of this rule
- A copy of any advance directives including but not limited to, a "do not resuscitate" order or medical power of attorney, if they exist
- Documentation of drug and food interactions, allergies, and dietary restrictions
- Clinical notes signed and dated by the registered nurse or licensed practical nurse working at the direction of a registered nurse, documenting all communications with the treating physician and other members of the multidisciplinary team

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Waiver Nursing

- Providers of waiver nursing services shall maintain, in a confidential manner for at least thirty days at the individual's residence, medication and/or treatment records which indicate the person who prescribed the medication and/or treatment and the date, time, and person who administered the medication and/ or treatment

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Clinical Therapeutic Intervention – 5123-9-41

- Type of service
- Date of service
- Place of service
- Name of individual receiving service
- Medicaid identification number of individual receiving service
- Name of provider
- Provider identifier/contract number
- Written or electronic signature of the person delivering the service, or initials of the person delivering the service if a signature and corresponding initials are on file with the provider
- Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided and details of the individual's response to the services, including progress toward achieving outcomes specified in the individual service plan
- Number of units of the delivered service or continuous amount of uninterrupted time during which the service was provided
- Times the delivered service started and stopped

Requirements as of 08.31.23

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Functional Behavioral Assessment – 5123-9-43

- Type of service
- Date of service
- Place of service
- Name of individual receiving service
- Medicaid identification number of individual receiving service
- Name of provider
- Provider identifier/contract number
- Written or electronic signature of the person delivering the service, or initials of the person delivering the service if a signature and corresponding initials are on file with the provider
- Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided

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Participant Directed Goods & Services 5123-9-45

- Paragraph (J) of rule 5123-9-40 of the Administrative Code does not apply to participant-directed goods and services
- Service documentation for participant-directed goods and services shall consist of a written invoice that contains the individual's name and medicaid identification number, a description of the item or service provided, the provider's name, the date the item or service was provided, and the provider's charge for the item or service
- The financial management services entity shall maintain all service documentation for a period of six years from the date of receipt of payment for the service or until an initiated audit is resolved, whichever is longer

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Participant/Family Stability Assistance 5123-9-46

- | | |
|--|--|
| <ul style="list-style-type: none"> ▪ Type of service ▪ Date of service ▪ Place of service ▪ Name of individual receiving service ▪ Medicaid identification number of individual receiving service ▪ Name of provider ▪ Provider identifier/contract number ▪ Written or electronic signature of the person delivering the service, or initials of the person delivering the service if a signature and | <ul style="list-style-type: none"> corresponding initials are on file with the provider ▪ Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided ▪ Number of units of the delivered service or continuous amount of uninterrupted time during which the service was provided ▪ Times the delivered service started and stopped. |
|--|--|

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Support Brokerage – 5123-9-47

- Type of service
- Date of service
- Place of service
- Name of individual receiving service
- Medicaid identification number of individual receiving service
- Name of provider
- Provider identifier/contract number
- Written or electronic signature of the person delivering the service, or initials of the person delivering the service if a signature and corresponding initials are on file with the provider
- Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided
- Number of units of the delivered service or continuous amount of uninterrupted time during which the service was provided
- Times the delivered service started and stopped.

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Community Transition – 5123-9-48

- Type of service
- Date of service
- Name of individual receiving service
- Medicaid identification number of individual receiving service
- Name of provider
- Provider identifier/contract number
- Written or electronic signature of the person delivering the service, or initials of the person delivering the service if a signature and corresponding initials are on file with the provider
- A detailed description of each expense
- A receipt for each expense with the individual's signature, mark, stamp, or other method identified in the individual service plan to verify his or her receipt of the purchased item or service.

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Documentation templates

- DODD is finalizing DODD-approved standardized documentation templates that will be made available for provider use
- Providers will not be required to use these templates, but they will include all required elements

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Stay Up to Date as Requirements Change



- **Subscribe to DODD Communications**
New rule notifications
Memo Mondays
Important information
OhioISP Updates
- <https://dodd.ohio.gov/your-family/all-family-resources/Subscribe>

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- September 28 – canceled
- October 26, 2023
 - Shared Living Requirements
- January 25, 2024
 - Provider Compliance Rule, Specials, Abbreviated Reviews

Upcoming Provider Training

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COMPLIANCE@DODD.OHIO.GOV



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Compliance Questions?

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