

5101:3-32-02

Definitions for the choices HCBS home and community-based services (HCBS) waiver program.

Definitions as used in this chapter:

- (A) "ADL" means activities of daily living including bathing; grooming; toileting; dressing; eating; and mobility that refers to bed mobility, transfer, and locomotion as these are defined in ~~Chapter 5101:3-3~~ rules 5101:3-3-06 and 5101:3-3-08 of the Administrative Code.
- (B) "Agency Provider" means an established business who employs staff to provide choices program services, has a signed medicaid provider agreement with the Ohio department of job and family services (ODJFS) to provide choices program services, and meets the choices conditions of participation set forth in rule 5101:3-32-04 of the Administrative Code.
- (C) ~~"Assessment" means a face to face evaluation and interview that is conducted to collect in-depth information about an individual's current situation and ability to function. It is comprehensive and identifies the individual's strengths, problems, and care needs in the major functional areas: physical health, medical care utilization, activities of daily living, instrumental activities of daily living, mental and social functioning, financial resources, physical environment, and utilization of services and support~~ means a face-to-face evaluation used to obtain information about an individual including his or her condition, personal goals and preferences, functional limitations, health status and other factors that are relevant to the authorization and provision of services. Assessment information supports the determination that an individual requires waiver services as well as the development of a service plan.
- (D) "Authorized representative" means a person, eighteen years of age or older, acting on behalf of an individual who is applying for or receiving medical assistance. An authorized representative may be a family member, attorney, hospital social worker, or any other person ~~chosen~~ the individual chooses to act on ~~the individual's~~ his or her behalf. In accordance with rule 5101:1-38-01.2 of the Administrative Code, the individual applying for or receiving medical assistance must provide a written statement naming the authorized representative and the duties that the named authorized representative may perform on the individual's behalf.
- (E) "C.F.R." means the code of federal regulations.
- ~~(E)~~(F) "Caregivers" mean relatives, friends, and/or significant others who voluntarily provide assistance to the consumer and are responsible for the consumer's care on a continuing basis.
- ~~(F)~~(G) "Case management" is a consumer-centered activity provided by the PASSPORT

~~administrative agency (PAA)~~ means a set of person centered activities provided by the PASSPORT administrative agency that are undertaken to ensure that the waiver consumer receives appropriate and necessary services. Under a HCBS waiver, these activities may include, but are not necessarily limited to, assessment, service plan development, service plan implementation and service monitoring as well as assistance in accessing waiver, state plan, and other non-medicaid services and resources.

~~(G)~~(H) "CDJFS" means a county department of job and family services.

~~(H)~~(I) "Choices" or "choices home and community based services (HCBS) waiver program" means ~~the Ohio~~ an HCBS waiver program which provides home and community-based services including and the opportunity to self-direct certain waiver services direct their own care to individuals age sixty and over; who have the level of care required for placement in a nursing facility if the waiver program were not available; and meet the choices program eligibility and enrollment criteria as described in Chapter 5101:3-32 of the Administrative Code.

~~(J)~~(J) "CMS" means the centers for medicare and medicaid services, a federal agency that is part of the United States department of health and human services, and which administers the medicaid program and approves home and community-based services (HCBS) waivers.

~~(J)~~(K) "Consumer" means the choices HCBS waiver program participant, and the representative that Consumer includes the individual's legal representative and/or authorized representative, as applicable, who assists in directing the consumer's care.

~~(K)~~ "Consumers who are at high-risk" means ~~consumers who live alone, or who are alone for significant parts of the day, and have no regular caregiver for extended periods of time.~~

~~(M)~~(L) "Direct service worker" means the paid agency provider staff or individual provider who has in-person contact with the choices consumer while providing choices services.

(M) "FMS" or "financial management service" is a support provided to waiver participants who direct some or all of their waiver services. In the choices waiver, this support is provided as an administrative activity. When used in conjunction with the self-direction authority available to consumer in choices, this support includes operating a payroll service for participant-employed workers and making required payroll withholdings.

~~(M)~~(N) "IADL" means instrumental activities of daily living including shopping; meal preparation; laundry; community access activities that include telephoning, transportation, legal or financial; and environmental maintenance activities that are house cleaning, heavy chores, and yard work or maintenance, as these are defined in rule 5101:3-3-08 of the Administrative Code.

~~(N)~~(O) "Individual provider" means a person with a signed medicaid provider agreement with ODJFS to provide choices services, and who meets the choices HCBS waiver program conditions of participation set forth in rule 5101:3-32-04 of the Administrative Code and who is not the spouse, parent, stepparent, and/or legal guardian of the consumer.

~~(O)~~(P) "ODA" means the Ohio department of aging.

~~(P)~~(Q) "ODJFS" means the Ohio department of job and family services.

~~(Q)~~ "Plan of care" means the written outline of the consumer's HCBS waiver services, other medicaid services and any other services necessary to prevent institutionalization as developed by the choices consumer and case manager according to the provisions of rule 5101:3-32-03 of the Administrative Code.

(R) "PAA" means ~~the local~~ PASSPORT administrative agency.

(S) "PASSPORT" means the preadmission screening system providing options and resources today HCBS waiver program authorized in Section 173.40 of the Revised Code.

~~(T)~~ "Payroll agent" means the entity operating under contract with the PAA to facilitate payment of individual providers on behalf of the consumer for the provision of choices services. The payroll agent shall withhold from claims payment, all required federal, state, and local payroll taxes, including workers' compensation, and shall forward payments to relevant entities in compliance with applicable federal, state and local laws and regulations. The payroll agent shall collect all necessary paperwork related to paying the individual provider, and shall provide billing information to the PAA.

(T) "Service Plan" means a written plan between the consumer, the consumer's case manager at the PAA and, as applicable, the consumer's caregiver(s). The service plan specifies the services that are provided to the consumer, regardless of funding source, to address the consumer's individual care needs as identified in the consumer's assessment.

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