

5101:3-41-15      **Home and community based waiver services-reimbursement for adult day services as administered by the department of developmental disabilities.**

(A) Individuals receiving an adult day service through a medicaid waiver program administered by the Ohio department of developmental disabilities (DODD) in accordance with sections 5111.85 and 5111.873 of the Revised Code shall be subject to payment standards set forth in this rule and in the following rules of the Administrative Code as specified:

(1) Vocational habilitation shall be in accordance with rules 5123:2-9-14 and 5123:2-9-19 of the Administrative Code.

(2) Supported employment- community shall be in accordance with rules 5123:2-9-15 and 5123:2-9-19 of the Administrative Code.

(3) Supported employment- enclave shall be in accordance with rules 5123:2-9-16 and 5123:2-9-19 of the Administrative Code.

(4) Adult day support shall be in accordance with rules 5123:2-9-17 and 5123:2-9-19 of the Administrative Code.

(5) Non medical transportation shall be in accordance with rules 5123:2-9-18 and 5123:2-9-19 of the Administrative Code.

(B) County boards of developmental disabilities shall submit cost reports to the DODD for the purpose of allocating adult day services costs. The format of the cost report shall be designed by DODD and accepted by ODJFS.

(C) Due process.

(1) Applicants for waiver enrollment or individuals enrolled on a waiver administered by DODD shall be afforded due process in accordance with section 5101.35 of the Revised Code through the state fair hearing process and as specified in Chapters 5101:6-1 to 5101:6-9 of the Administrative Code.

(2) If an applicant or enrollee requests a hearing, as specified in Chapters 5101:6-1 to 5101:6-9 of the Administrative Code, the participation of DODD and/or the county board of developmental disabilities is required during the hearing proceedings to justify the decision under appeal in accordance with section 5126.055 of the Revised Code.

(D) Monitoring.

ODJFS shall monitor reimbursement made under authority of this rule as necessary to ensure that the funding applicable to home and community-based services (HCBS) is used for authorized purposes in compliance with laws, regulations and

provisions governing the medicaid program.

Replaces: 5101:3-41-15

Effective:

R.C. 119.032 review dates:

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Certification

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Date

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Rule Amplifies: 5111.873, 5111.85  
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