Nursing facility-based level of care home and community-based services programs: community integration services.

- (A) Community integration services are independent living assistance and community support coaching activities that are necessary to enable an individual to live independently and have access to, choice of, and an opportunity to participate in, a full range of community activities.
- (B) Independent living assistance helps individuals to manage their households and personal affairs, self-administer medications, and retain their community living arrangements. Independent living assistance can be furnished through telephone support, in-person support or travel attendant activities, as applicable to the tasks performed. Tasks may include:
 - (1) Reminding an individual to take their medications;
 - (2) Contacting individuals at times no other in-home services are being provided to confirm the individual is functioning safely in their home;
 - (3) Assisting with banking;
 - (4) Organizing and coordinating health records;
 - (5) Assisting with applications for public programs including homestead exemption, the home energy assistance program, and subsidized housing;
 - (6) Monitoring and replenishing needed groceries (does not include cost of groceries);
 - (7) Assisting with business and personal correspondence;
 - (8) Accompanying an individual to their medical and other appointments; and
 - (9) Accompanying an individual on their errands and to other activities in the community.
- (C) Community support coaching includes providing information and training to an individual so the individual can achieve the community integration goals identified in his or her person-centered services plan. Skills training topics include:
 - (1) How to manage finances;
 - (2) How to manage an individual's own health and wellness;
 - (3) How to identify and access community and legal resources, and leisure, educational, and recreational activities;

- (4) How to find a job;
- (5) How to manage an individual's own home;
- (6) How to navigate community-based transportation systems; and
- (7) How to build interpersonal, social, and communication skills.
- (D) Community integration service provider requirements.
 - (1) Community integration services shall be furnished by Ohio department of medicaid (ODM) -approved agencies or Ohio department of aging (ODA) certified agencies.
 - (2) The provider shall comply with the requirements set forth in rule 5160-44-31 of the Administrative Code for an ODM-administered waiver program, or Chapter 173-39 of the Administrative Code for the pre-admission screening system providing options and resources today (PASSPORT) waiver program.
 - (3) The provider shall develop, implement, and maintain evidence of a training plan that includes initial orientation and annual continuing education.
 - (a) The provider shall ensure anyone who furnishes community integration services receives orientation on topics relevant to the person's job duties before they perform those duties.
 - (b) The provider shall ensure anyone who furnishes community integration services completes a minimum of twelve hours of continuing education annually on topics relevant to the person's job duties.
 - (4) Community integration service staff shall have:
 - (a) A high school diploma, general education diploma (GED), or a minimum of one year of relevant, supervised work experience with a public health, human services, or other community service agency.
 - (b) The ability to understand written activity plans (description of interventions and the dates/times the provider shall provide the interventions), execute instructions, document activities provided, and the ability to perform basic mathematical operations.
 - (c) Experience advocating on behalf of individuals with chronic illnesses, behavioral health conditions, physical disabilities, or developmental disabilities.

(5) Supervisors of community integration service staff shall possess at least one of the following:

- (a) A current and valid license to practice in the state of Ohio as a registered nurse (RN), licensed practical nurse (LPN), licensed social worker (LSW), or licensed independent social worker (LISW);
- (b) A bachelor's degree or an associate's degree in human ecology, dietetics, counseling, gerontology, social work, nursing, public health, health education, or another related field; or
- (c) At least three years of employment experience providing community-based social services or job coaching.
- (6) Supervisory responsibilities include:
 - (a) Collaborating with the individual to identify, develop and document a specific activities plan, including the type of intervention(s) provided, prior to initiation of services that is consistent with the individual's approved person-centered services plan.
 - (b) Conducting evaluations of community integration service staff every ninety days to ensure staff compliance with the activities plan, and the individual's satisfaction.
- (E) All providers shall maintain a record at their place of business for each individual served in accordance with the requirements set forth in rule 5160-44-31 of the Administrative Code for an ODM-administered waiver program, or with the requirements set forth in Chapter 173-39 of the Administrative Code for the PASSPORT program. The record shall include:
 - (1) The individual's name;
 - (2) A copy of the individual's initial, and all subsequent person-centered services plans;
 - (3) A copy of the individual's approved activity plan;
 - (4) Date(s) of service;
 - (5) A detailed description of each task or activity performed and the staff person who performed it; and
 - (6) The individual's signature to verify receipt of the service.

(F) ODM and ODA are authorized to deem any provider approved by ODM or certified by ODA or the Ohio department of developmental disabilities (DODD) to provide waiver services as having satisfied the requirements for approval by ODM or certification by ODA for the same or similar services.

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Certification

11/30/2020

Date

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