

CSI - Ohio

The Common Sense Initiative

Business Impact Analysis

Agency Name: OHIO DEPARTMENT OF AGING

Package Title: ODA PROVIDER CERTIFICATION: INDEPENDENT LIVING ASSISTANCE

Rule Number: 173-39-02.15

Date: April 3, 2017, Revised April 20, 2017.

Rule Types:

- ☒ 5-Year Review
- ☐ Rescinded
- ☐ New
- ☒ Amended
- ☐ No change

The Common Sense Initiative was established by Executive Order 2011-01K and placed within the Office of the Lieutenant Governor. Under the CSI Initiative, agencies should balance the critical objectives of all regulations with the costs of compliance by the regulated parties. Agencies should promote transparency, consistency, predictability, and flexibility in regulatory activities. Agencies should prioritize compliance over punishment, and to that end, should utilize plain language in the development of regulations.

Regulatory Intent

1. Please briefly describe the regulations in plain language.

Please include the key provisions of the regulation as well as any proposed amendments.

OVERVIEW

OAC173-39-02.15 regulates providers when they provide independent living assistance (ILA) to individuals enrolled in the PASSPORT Program. ILA consists of a variety of telephone-support activities, in-person support activities, and travel-attendant activities outlined by paragraph (A).

ODA has conducted a 5-year review of the rule. ODA's proposed amendments would add clarity to the rule and update its terminology, but not add any requirements for ODA-certified ILA providers.

SPECIFIC AMENDMENTS

ODA proposes to delete a part of the definition of *ILA* in (A) stating *ILA consists of activities* because it unnecessarily duplicates another sentence in the rule explaining there are three types of ILA, all of which are *activities*.

ODA proposes to delete part of the definition of *ILA* in (A) stating the purpose of ILA is to *avoid institutionalization due to the loss of shelter or other essential environmental services*. That is a purpose for the PASSPORT Program and applies to every good or service provided to individuals enrolled in the program. Avoiding institutionalization does not need to be part of this definition or any definition of a good or service.

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Business Impact Analysis

ODA proposes to delete a part of the definition of ILA in (A) allowing an aide to act as an individual's authorized representative. OAC173-39-02 prohibits this for any ODA-certified provider of any good or service. Likewise, ODA also proposes to delete language allowing in-person support activities to include *applying* for programs (i.e., on the individual's behalf) to *assisting the individual with applications* for programs. ODA also proposes inserting *or other public programs* to the list of programs.

The definition of ILA includes a list of in-person support activities. In (A)(2) of the list, ODA proposes to say these activities are done for individuals, then remove specific references to individuals (or, *consumers*) in the sub-paragraphs. ODA proposes to combine all the in-person support activities on banking into 1 example of in-person support activities. ODA proposes deleting *stock of* as it appeared before *needed groceries*. ODA also proposes allowing assistance with personal correspondence via email to qualify as an example of in-person support activity.

ODA proposes to insert a paragraph that would function like a sub-heading to indicate where in the rule requirements for the provider begin. This merely adds clarity to the rule. All paragraphs occurring after this sub-heading would be indented underneath.

In (B) [now (C)(1)], ODA proposes to say a unit of service is 15 minutes of telephone-support activities, in-person support activities, or travel-attendant activities, not 15 minutes of *direct consumer service or completed phone call*. To align this rule with the standard format for other rules regulating services in OAC Chapter 173-39, the language now appears at the end of the rule with 2 informational paragraph on where to find rates and rate-setting methodologies. Without the informational paragraphs, readers may not know that the rates and rate-setting methodology for ILA is determined by 2 different ODM rules.

ODA proposes to insert a general requirement to comply with the requirements for every ODA-certified provider in OAC173-39-02. Without this amendment, ODA-certified providers would still be required to comply, but may not be aware of the need to do so.

ODA proposes to delete requirements that duplicate requirements for all ODA-certified providers in OAC173-39-02.

For (C)(4) [now (B)(4)], ODA proposes to replace 1 paragraph functioning like a sub-heading, but without giving the topic of the paragraphs below, with a single-word subheading. In doing so, ODA does not create any new requirements. Instead, it should help providers by allowing them to thumb through the rule to find topics of concern (e.g., availability). The table below illustrates:

Current Rule	After Proposed Amendments
<p>Certified ILA providers must be able to document that they:</p> <p>Have the capacity to delivery services five days per week....</p> <p>Have a service back-up plan to ensure services are delivered during staff absence....</p>	<p>Availability: The provider shall maintain adequate staffing levels to provide ILA five days per week and a back-up plan for providing ILA when the provider has no aide available.</p>

In (C)(5)(a)(v) [now (B)(5)(a)(v)], ODA proposes to replace a requirement to have the ability to *access transportation services required as appropriate*, which is confusing, to a requirement to have the ability to *provide travel-attendant activities*, which name of the activity defined in (A).

ODA proposes to update the language for the topics taught in orientation to indicate the provider must teach its expectations, ethical standards, personnel policies. For these topics, providers have flexibility to develop their own policies. ODA proposes to replace *employee code of conduct* with *ethical standards* to match language in OAC173-39-02. ODA also proposes to list *incident reporting* just before *emergency procedures*.

ODA proposes to move the requirement for continuing education from a location after personnel qualifications to a location after orientation.

ODA proposes to add subheadings to many paragraphs to enable providers to find topics more easily. Examples are *Personnel requirements*, *Supervision*, *Orientation*, and *Continuing education*.

ODA also proposes basic terminology amendments, including the following:

- Adding *ODA provider certification* to the beginning of the rule's title.
- Replacing uses of *consumers* with *individuals*.
- Consistently referring to *individuals* in the plural throughout the definition of ILA and its activities.
- Consistently using *activities*, not *services*, to refer to ILA activities, because ILA is a service comprised of different activities.
- Removing the unnecessary occurrences of *and* in paragraph (A).
- Removing unnecessary occurrences of *that*.
- Inserting *their* before *business and personal correspondence*, *medical and other appointments*, *errands and other activities*, and *homes* to clarify that ILA staff help individuals, not others, in these matters.
- Replacing the run-on-sentence-format in paragraph (A) with a bullet-point-like-format (i.e., *one or more of the following*, replacing semicolons with periods in lists.)
- Replacing uses of *must* with *shall*.
- Replacing *capacity* with *availability*.
- Replacing uses of *deliver* with *provide*.
- Replacing *prior to* with *before*.
- Replacing *(heap)* with *(HEAP)*.
- Replacing *long-term care agency providers* with *ODA-certified agency providers*.
- Replacing *Consumer record contents* with *Records*.
- Replacing *economics/nutrition or dietetics,... with economics, nutrition/dietetics,....*
- Replacing *experience in the provision of social services* with *providing social services*.

2. Please list the Ohio statute authorizing the Agency to adopt these regulations.

ORC §§ [173.01](#), [173.02](#), [173.391](#), [173.52](#), and [173.522](#).

3. Does the regulation implement a federal requirement? Is the proposed regulation being adopted or amended to enable the state to obtain or maintain approval to administer and enforce a federal law or to participate in a federal program?

If yes, please briefly explain the source and substance of the federal requirement.

In Ohio's application to the Centers for Medicare and Medicaid Services (CMS) for a waiver to authorize the Medicaid-funded component of the PASSPORT Program, Ohio indicated it adopted a rule on ILA and cited OAC173-39-02.15. Because CMS authorized a waiver that included ILA, as regulated by OAC173-39-02.15, the state is responsible for maintaining OAC173-39-02.15.

4. If the regulation includes provisions not specifically required by the federal government, please explain the rationale for exceeding the federal requirement.

ODA is not exceeding any federal requirements.

5. What is the public purpose for this regulation (i.e., why does the Agency feel that there needs to be any regulation in this area at all)?

The rule exists to comply with the state laws ODA listed in its response to BIA question #2, especially ORC§173.391 and to ensure continued implementation of the PASSPORT Program's approved Medicaid waiver application, as authorized by CMS. (*cf.*, ODA's response to #3.)

6. How will the Agency measure the success of this regulation in terms of outputs and/or outcomes?

ODA (and its designees) monitor providers for compliance.

Development of the Regulation

7. Please list the stakeholders included by the Agency in the development or initial review of the draft regulation.

If applicable, please include the date and medium by which the stakeholders were initially contacted.

On October 26, 2016, ODA emailed the following organization to offer an opportunity to make recommendations for amending the rule:

- | | |
|----------------------------------------------------|--------------------------------|
| 1. The Ohio Association of Senior Centers. | 5. Blackstone Health Care. |
| 2. The Ohio Association of Area Agencies on Aging. | 6. Senior Resource Connection. |
| 3. LeadingAge Ohio. | 7. LifeCare Alliance. |
| 4. Ohio Jewish Conference. | 8. Wesley Community Services. |
| | 9. Community First. |

From April 3 2017 to April 16, 2017, ODA conducted an online public-comment period on the rule as ODA proposes to amend it.

8. What input was provided by the stakeholders, and how did that input affect the draft regulation being proposed by the Agency?

Of the groups emailed on October 26, 2016, only the Association of Area Agencies on Aging offered recommendations to ODA. See ODA's response to each suggestion in the table below.

SUGGESTIONS	ODA's RESPONSES
We don't use this service much because most providers won't do it due to the rates. Improving rates might entice providers to participate.	Thank you for your suggestion. ODA will take this into consideration in future rate setting discussions.
I just wanted to forward the feedback we have from received from providers regarding ILA services. Recently I made a request for any provider who may be willing to provide the ILA service (especially in-person service) to contact me for details. I did have several providers contact me and once they found out the staff qualifications, supervision requirements and reimbursement rate, they all said they couldn't do that service as required for that reimbursement rate. I actually have one provider who does social work counseling that is looking at applying for a grant as she sees a huge need for this which is not being met. We at AAA3 are also aware of the need and often do not have providers available to even make a referral to (happened just yesterday). In some cases when the individual has no one else, an aide ends up doing some of these things which are not within their scope of practice and sometimes this turns into theft and or exploitation as the aides shouldn't be doing this and are not monitored for this. We warn the individuals we serve about using their aides for such things as banking but many build a relationship with their aide and have no one else to help them which will, at times, lead an aide to cross that line and do things (either on or off the clock) out of their scope of practice. It is definitely an unmet need in our area.	Please review ODA's response to the previous suggestion.

Business Impact Analysis

SUGGESTIONS	ODA's RESPONSES
For the travel attendant, the tasks listed allow the travel attendant to accompany the individual, but not to provide any assistance with mobility. If the tasks were expanded to include "minor assistance" i.e. primarily for safety, with mobility and transfers, sometimes referred to by physical therapists as "stand by assistance", we could possibly use the service more often. As it stands now, if the individual needs to be accompanied to a medical appointment and might require any assistance with mobility, we use the personal care service which is more expensive than the ILA travel attendant service.	<p>The rule doesn't prohibit assisting individuals while at appointments, errands, or other activities. The rule leaves flexibility in the degree to which activity plans may require travel-attendant activities to assist individuals.</p> <p>Personal care is regulated by OAC173-39-02.11, which limits personal care to activities provided in the individual's place of residence. It, therefore, does not include travel-attendant activities.</p>

During the April 3 to 16, 2016 online public-comment period, ODA received 2 comments from 1 entity: Ohio District 5 Area Agency on Aging, a PASSPORT administrative agency (PAA5).

COMMENTS	ODA's RESPONSES
<p>(A)(3) In the Business Analysis under #8 there is a suggestion regarding allowing the travel attendant to provide "minor assistance" We would agree that if ILA travel attendants are permitted to assist consumers physically if needed while accompanying the individual, then this should be made more clear in the rule. Also we would then suggest that the personnel requirements be modified to include training in hands on mobility assistance.</p>	<p>The rule does not require minor assistance. Per the rule:</p> <p>Travel attendant activities include one or both of the following:</p> <p>(a) Accompanying individuals to their medical and other appointments.</p> <p>(b) Accompanying individuals on their errands and to other activities outside the home their homes.</p>
<p>(C)(9)(c) [now (B)(9)(c)] we would recommend that the word "annually" be added, so require performance appraisals annually for each ILA staff member.</p>	<p>The rule does not prohibit providers from performing staff appraisals annually.</p>

9. What scientific data was used to develop the rule or the measurable outcomes of the rule? How does this data support the regulation being proposed?

ODA is not proposing to amend the rules based upon scientific data.

10. What alternative regulations (or specific provisions within the regulation) did the Agency consider, and why did it determine that these alternatives were not appropriate? If none, why didn't the Agency consider regulatory alternatives?

ODA did not consider any alternative regulations as these proposed amendments do not seek to create any additional regulations. All proposed amendments are sought to bring further clarity to the ILA rule.

11. Did the Agency specifically consider a performance-based regulation? Please explain. *Performance-based regulations define the required outcome, but don't dictate the process the regulated stakeholders must use to achieve compliance.*

ODA did not consider performance-based regulations when considering whether to amend this rule.

12. What measures did the Agency take to ensure that this regulation does not duplicate an existing Ohio regulation?

ORC§[173.391](#) only authorizes ODA (i.e., not any other state agency) to develop requirements for ODA-certified providers of goods and services to individuals who are enrolled in ODA-administered programs.

13. Please describe the Agency’s plan for implementation of the regulation, including any measures to ensure that the regulation is applied consistently and predictably for the regulated community.

Before the amended rule takes effect, ODA will post it on ODA’s [website](#). ODA will also send an email to subscribers of our rule-notification service to feature the rule.

Through its regular monitoring activities, ODA and its designees will monitor providers for compliance. OAC[173-39-02](#) requires all providers to allow ODA (and its designees) to monitor.

Adverse Impact to Business

14. Provide a summary of the estimated cost of compliance with the rule. Specifically, please do the following:

a. Identify the scope of the impacted business community;

Currently, 86 providers are certified to provide ILA to individuals.

b. Identify the nature of the adverse impact (e.g., license fees, fines, employer time for compliance); and

OAC173-39-02.15 makes 11 requirements upon providers:

- | | |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| 1. Only agency providers. | 7. Continuing education. |
| 2. Verify the provision of in-person and travel-attendant activities. | 8. Meet or call individuals to develop initial activity plans. |
| 3. 5 days/week availability. | 9. Periodic evaluations (at least every 90 days) of staff compliance with activity plans. |
| 4. Back-up plan for staff absences. | 10. Orientation and training. |
| 5. ILA staff must meet requirements to be ILA staff | 11. Written personnel policies in areas. |
| 6. Supervisors must meet requirements to be supervisors | |

c. Quantify the expected adverse impact from the regulation.

The adverse impact can be quantified in terms of dollars, hours to comply, or other factors; and may be estimated for the entire regulated population or for a “representative business.” Please include the source for your information/estimated impact.

The appendix to OAC[5160-1-06.1](#) establishes the maximum-possible payments of Medicaid funds the PASSPORT Program would make. ODA presents those maximums in the table below. In the table below, ODA compares the maximum-possible payment to the amount billed by providers.

CALENDAR YEAR 2016			
INDEPENDENT LIVING ASSISTANCE ACTIVITIES	TOTAL PAID UNITS	MAXIMUM-POSSIBLE PAYMENT PER UNIT	AVERAGE PROVIDER CHARGE PER UNIT
Telephone-Assistance Activities (per 15-minute unit)	1,819	\$5.22	\$3.14
In-Person Activities (per 15-minute unit)	1,271	\$5.22	\$2.81
Travel-Attendant Activities (per 15-minute unit)	77	\$5.22	\$2.24

The fees for initial training and continuing education would vary because training organizations aren't required to use standard fees for their classes. A provider may obtain the training necessary to provide ILA activities online. [CareStar](#) and [Collins Learning](#) are examples of online vendors. CareStar's fees are typically \$7.00 per course, but the price drops to \$5.75 per course if the courses are purchased in bundles of 12. Collins Learning's fees for "personal care home administrator" classes are \$17.99 per class or \$47.99 for a full year of unlimited continuing education courses.

15. Why did the Agency determine that the regulatory intent justifies the adverse impact to the regulated business community?

ODA is not making any burdens upon providers the provider would not face in the normal course of doing business. Thus, the regulatory burden to be available 5 days per week and to ensure staff members meet basic qualifications, train staff, develop activity plans, evaluate compliance with activity plans, and to verify the provision of services is reasonable compared to the health and safety of individuals who receive long-term care.

Regulatory Flexibility

16. Does the regulation provide any exemptions or alternative means of compliance for small businesses? Please explain.

The rules treat all providers the same, regardless of their size.

17. How will the agency apply Ohio Revised Code section 119.14 (waiver of fines and penalties for paperwork violations and first-time offenders) into implementation of the regulation?

ORC§[119.14](#) establishes the exemption for small businesses from penalties for first-time paperwork violations.

18. What resources are available to assist small businesses with compliance of the regulation?

ODA does not discriminate between providers based upon the size of their business or organization. Providers regulated by this rule are typically small businesses according to ORC§119.14. ODA (and its designees) are available to help providers of all sizes with their questions. Any person may contact [Tom Simmons](#), ODA's policy development manager, with questions about the rule.

Additionally, ODA maintains an [online rules library](#) to help providers find rules regulating them. Providers may access the online library 24 hours per day, 365 days per year.

173-39-02.15

ODA provider certification: ~~Independent~~ independent living assistance service.

(A) Independent living assistance (ILA) ~~is~~ means a service ~~that consists of activities that assist consumers helping individuals to~~ manage their households, handle their personal affairs, self-administer medications, and ~~help ensure that consumers~~ retain their community living arrangements ~~and avoid institutionalization due to loss of shelter or other essential environmental services~~. There are three types of ILA: telephone support activities, in-person support activities, and travel attendant activities.

(1) Telephone support activities ~~includes~~ include one or both of the following:

- (a) Calling ~~consumers~~ individuals according to a preset schedule to remind them to take prescribed and over-the-counter medications at specified times; ~~and,~~
- (b) Calling ~~consumers~~ individuals at times ~~that~~ no other in-home services are being provided to confirm that ~~consumers~~ individuals are functioning safely in the home environment.

(2) In-person support activities ~~includes~~ include one or more of the following when done for individuals:

(C)(2)(a) combines all banking-related activities into one paragraph.

- (a) Assisting ~~consumers~~ with banking ~~to include making, including~~ routine deposits and withdrawals; cashing benefit checks, purchasing money orders, writing personal checks, paying bills, and balancing checkbooks, reconciling monthly checking account statements.

~~(b) Cashing a consumer's benefit checks;~~

~~(c) Purchasing money orders for consumers;~~

~~(d) Writing personal checks for consumers;~~

~~(e) Paying bills in person or by mail on behalf of a consumer;~~

~~(f) Balancing a consumer's checkbooks and reconciling the consumer's monthly checking account statements;~~

~~(g)~~ (b) Organizing and coordinating health insurance records ~~for consumers;~~

OAC173-39-02 prohibits providers from being authorized representatives.

~~(h) Assisting or acting as a consumer's authorized representative in order to obtain and/or maintain public benefits;~~

173-39-02.15

2

Because a provider may not be an authorized representative, they shall not apply on behalf of an individual. However, they may assist an individual in applying.

~~(i)(c)~~ Assisting with Applying applications for programs such as homestead exemption, home energy assistance program ~~(heap)~~ (HEAP), and subsidized housing ~~on behalf of a consumer;~~ or other public programs.

~~(j)(d)~~ Monitoring and replenishing ~~a consumer's stock of~~ needed groceries; ~~and,~~

~~(k)(e)~~ Assisting ~~a consumer~~ with business and personal correspondence including writing letters or email, purchasing postage ~~stamps,~~ and delivering correspondence to the post office or similar drop off location.

(3) Travel attendant activities include one or both of the following:

(a) Accompanying ~~consumers~~ individuals to their medical and other appointments; ~~and,~~

(b) Accompanying ~~consumers~~ individuals on their errands and ~~to~~ other activities outside ~~the home~~ their homes.

(B) A unit of service is fifteen minutes of ~~direct consumer service or one completed phone-call~~ telephone-support activities, in-person support activities, or travel attendant activities.

ADDED AFTER ONLINE PUBLIC-COMMENT PERIOD: ODA proposes to move this paragraph to the standard location at the end of the rule and to add the standard references to ODM's rates rule and rate-setting rule.

(C) Requirements for ODA-certified providers of ILA:

(1) General requirements: The provider shall comply with the requirements for every ODA-certified provider in rule 173-39-02 of the Administrative Code.

~~(E)(2)~~ Eligible providers of ILA service are ~~long-term care~~ ODA-certified agency providers.

~~(D)(3)~~ Service verification: The provider ~~must~~ shall maintain ~~a consumer an individual~~ record documenting each episode of service ~~delivery,~~ including the date of service, ~~service tasks performed~~ activities provided, name of the staff person providing ~~services~~ activities, the beginning and ending times of ~~services~~ activities provided, and the provider staff's signature or electronic signature. Providers who do not utilize an electronic verification system to document ~~services~~ activities and keep records ~~must~~ shall also obtain the ~~consumer's individual's~~ signature for each episode of in-person and travel attendant ~~service~~ activities.

173-39-02.15

3

~~(E)(4) Availability~~ Certified ILA providers must be able to document that they: The provider shall maintain adequate staffing levels to provide ILA five days per week and a back-up plan for providing ILA when the provider has no aide available.

~~(1) Have the capacity to deliver services five days per week; and,~~

~~(2) Have a service back-up plan to ensure services are delivered during staff absence.~~

~~(F)(5) Personnel requirements~~ Providers must demonstrate evidence of compliance with the following personnel requirements:

~~(1)(a) ILA staff:~~ ILA staff ~~must~~ shall meet all of the following ~~minimum~~ requirements ~~prior to working with consumers~~ before providing ILA activities to individuals:

~~(a)(i)~~ (i) Have a high school diploma, have successfully completed a GED, or have a minimum of one year of relevant, supervised work experience with a public health, human services, or other community service agency~~;~~.

~~(b)(ii)~~ (ii) Have the ability to understand written activity plans, execute instructions, document ~~services delivered~~ activities provided, and, for staff providing ILA in-person ~~services~~ activities, the ability to perform basic mathematical operations~~;~~.

~~(c)(iii)~~ (iii) Have the ability to communicate effectively with ~~consumers~~ individuals~~;~~.

~~(d)(iv)~~ (iv) Have the ability to access emergency service systems~~;~~ ~~and,~~.

~~(e)(v)~~ (v) Have the ability to ~~access transportation services required as appropriate~~ provide travel-attendant activities.

~~(2)(b) Supervisors: Providers shall retain records documenting Eligible supervisors of ILA services must have~~ how each supervisor meets the requirements to supervise in at least one of the following ways:

~~(a)(i) A~~ The supervisor possesses a current and valid license to practice in the state of Ohio as an RN, LPN, LISW, or LSW~~;~~.

173-39-02.15

4

~~(b)(ii)~~ A The supervisor earned a bachelor's degree or an associate degree in: home ~~economics/nutrition~~ or economics, nutrition/dietetics, counseling, gerontology, social work, nursing, public health, health education, or other related field; ~~or.~~

~~(e)(iii)~~ A The supervisor has ~~minimum of~~ at least three years of employment experience ~~in the provision of~~ providing social services.

Moved to (C)(8).

~~(3) The provider must document a minimum of eight hours of continuing education for each ILA staff providing in-person services every twelve months.~~

~~(G)(6) Supervision~~ The provider must demonstrate evidence of compliance with the following supervisory requirements:

(a) Initial activities plans:

~~(1)(i)~~ Prior to Before service initiation of ~~ILA~~ in-person and/or ~~ILA~~ travel attendant ~~services~~ activities, the supervisor ~~must~~ shall complete and document a home visit to define the expected ~~ILA~~ activities. The supervisor ~~must~~ shall develop and document a specific activities plan consistent with the case manager's authorized plan.

~~(2)(ii)~~ Prior to Before service initiation of ~~ILA~~ telephone support ~~services~~ activities, the supervisor ~~must~~ shall conduct a conference call ~~with the consumer~~ or a home visit with the ~~consumer~~ individual to define the expected ~~ILA~~ telephone support activities. The supervisor ~~must~~ shall develop and document a specific activities plan consistent with the case manager's authorized plan.

~~(3)(b)~~ Periodic evaluations: The supervisor ~~must~~ shall evaluate ~~the ILA~~ staff compliance with the activities plan, ~~consumer~~ individual satisfaction, and job performance during a home visit with the ~~consumer~~ individual receiving in-person and travel attendant ~~ILA-services~~ activities at least every ninety days. The ILA staff need not be present during the visit. The supervisor ~~must~~ shall evaluate the ~~ILA~~ telephone support staff compliance with the activities plan, ~~consumer~~ individual satisfaction and job performance during a home visit or a telephone conference with the ~~consumer~~ individual receiving ILA telephone support ~~services~~ activities.

~~(H) The provider must demonstrate evidence of compliance with the following:~~

~~(1)(7) Orientation: All employees who have contact with consumers must complete orientation and training prior to working with consumers. The orientation and training must include, but need not be limited to, Before allowing any staff member to provide ILA, the provider shall train the staff member on all the~~ following:

- ~~(a) The provider's Expectations expectations of employees ILA staff;.~~
- ~~(b) The provider's employee code of conduct ethical standards, as required under rule 173-39-02 of the Administrative Code;.~~
- ~~(c) An overview of the provider's personnel policies;.~~
- ~~(d) Incident reporting procedures;~~
- ~~(e)(d) The Agency organization and lines of communication of the provider's agency; and,.~~
- ~~(e) Incident-reporting procedures.~~
- ~~(f) Emergency procedures.~~

Moved from
earlier in the rule
to here.

→ ~~(8) Continuing education: The provider shall document a minimum of eight hours of continuing education for each ILA staff providing in-person activities every twelve months.~~

~~(2) Comply with and maintain written policies and procedures as applicable supporting the operation of the business and provision of service that include, at a minimum:~~

- ~~(a) Reporting and documenting consumer incidents;~~
- ~~(b) Obtaining consumer's written permission to share information and/or release information to anyone;~~
- ~~(c) Consumer record contents, handling, storage and retention; and,~~

~~(d)(9) Provider policies: The provider shall develop written Personnel personnel requirements including all of the following:~~

- ~~(i)(a) Job descriptions for each position;.~~

173-39-02.15

6

- ~~(ii)(b)~~ Documentation of ~~each employee's qualifications for the service(s) to be provided~~ how each ILA staff member meets the requirements in (C)(5)(a) of this rule;
- ~~(iii)(c)~~ Performance appraisals for ~~all workers~~ each ILA staff member;
- ~~(iv) Documentation of compliance with required staff orientation training; and;~~
- ~~(v) The employee code of conduct as described in rule 173-39-02 of the Administrative Code.~~