

5123:2-10-01 **Community access model waiver - Definitions.**

As used throughout rules adopted under Chapter 5123:2-10 of the Administrative Code, the following definitions shall apply:

- (A) "CMS" means the federal centers for medicare and medicaid services
- (B) "Community access model (CAM) waiver" means a waiver approved under the authority of section 1915(c) of the Social Security Act, 49 Stat. 620 (1935), 42 U.S.C.A. 1396n, as amended, under which federal reimbursement is provided for designated home and community-based services to eligible individuals, which is administered by the department pursuant to an interagency agreement with ODJFS.
- (C) "Community transition service" has the same meaning as in rule 5123:2-10-03 of the Administrative Code.
- (D) "County board" means a county board of mental retardation and developmental disabilities established under Chapter 5126 of the Revised Code.
- (E) "Department" means the Ohio department of mental retardation and developmental disabilities as established by section 121.02 of the Revised Code.
- (F) "Environmental accessibility adaptations" has the same meaning as in rule 5123:2-10-03 of the Administrative Code.
- (G) "Funding range" has the same meaning as in rule 5123:2-9-06 of the Administrative Code.
- (H) "Home and community-based waiver services" has the same meaning as "home and community-based services" as defined in section 5126.01 of the Revised Code.
- (I) "Homemaker/personal care" has the same meaning as in rule 5123:2-10-03 of the Administrative Code.
- (J) "ICF/MR" means intermediate care facility for the mentally retarded.
- (K) "Individual" means a person with mental retardation and/or developmental disabilities.
- (L) "Individual funding cap" means the maximum funds available for any individual enrolled in the community access model waiver for all waiver services the individual receives, but does not include funds for community transition services. The individual funding cap is the limit specified in the community access model waiver as approved by CMS.
- (M) "Individual funding level" has the same meaning as in rule 5123:2-9-06 of the Administrative Code.

- (N) "Institutional respite" has the same meaning as in rule 5123:2-10-03 of the Administrative Code.
- (O) "Interagency agreement" means the contract between ODJFS and the department entered into under section 5111.871 of the Revised Code.
- (P) "Intermittent nursing services" has the same meaning as in rule 5123:2-10-03 of the Administrative Code.
- (Q) "ISP" means individual service plan.
- (R) "MLAA" means a county board with medicaid local administrative authority pursuant to section 5126.055 of the Revised Code.
- (S) "ODDP" means the "Ohio developmental disabilities profile" as defined in rule 5123:2-9-06 of the Administrative Code.
- (T) "ODJFS" means the Ohio department of job and family services as established by section 121.02 of the Revised Code.
- (U) "Specialized medical equipment and supplies" has the same meaning as in rule 5123:2-10-03 of the Administrative Code.
- (V) "Transportation" has the same meaning as in rule 5123:2-10-03 of the Administrative Code.

Effective:

R.C. 119.032 review dates:

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 5123.04, 5111.871
Rule Amplifies: 5123.04, 5111.871