

TO BE RESCINDED

5160-51-01 Definitions for the helping Ohioans move, expanding choice (HOME choice) program.

- (A) "Agency provider" means an entity that is eligible to provide services in the HOME choice program.
- (B) "Case management agency" means the entity designated by the Ohio department of medicaid (ODM) to provide case management services to individuals enrolled on an ODM-administered waiver.
- (C) "Case manager" means a registered nurse (RN), licensed social worker (LSW) or licensed independent social worker (LISW) employed by the case management agency or the Ohio department of aging's (ODA) designee. The case manager is responsible for development and monitoring of the individual's person-centered services plan as described in rule 5160-44-02 of the Administrative Code.
- (D) "Financial management services" are federally-mandated fiscal intermediary and administrative services that an ODM-designated entity provides for HOME choice participants.
- (E) "Guardian" has the same meaning as in section 2111.01 of the Revised Code.
- (F) "HOME choice application" means an official request for participation in the HOME choice program using the ODM 02361, "HOME Choice - Application" (rev. 7/2017).
- (G) "HOME choice case management" means the provision of case management services to individuals participating in HOME choice who are not enrolled on a home and community based services (HCBS) waiver.
- (H) "HOME choice participant" or "participant" means a person who is receiving HOME choice services.
- (I) "HOME choice service plan" means the plan that is approved by ODM that identifies and authorizes the HOME choice services, supports and activities to be provided to a HOME choice participant.
- (J) "HOME choice services" means all services available to a HOME choice participant through the HOME choice program.
- (K) "Institutional level of care" means either the level of care described in rule 5160-3-08 of the Administrative Code or the level of care described in rule 5123:2-8-01 of the Administrative Code.

- (L) "Institution" or "institutional setting" means a hospital, nursing facility, residential treatment facility, or an intermediate care facility for individuals with intellectual disabilities (ICF-IID).
- (M) "Legally responsible family member" means an individual's spouse, or in the case of a minor, the individual's birth or adoptive parent.
- (N) "Non-agency provider" means a provider who is not employed by an agency who is eligible to provide services in the HOME choice program.
- (O) "Plan of care" means the medical treatment plan that is established, approved, and signed by a treating physician prior to a provider requesting reimbursement for a service. The plan of care is not the same as an all services plan, person-centered services plan, individual service plan or HOME choice service plan.
- (P) "Qualified residence" is a home which meets specific criteria to transition a participant safely into the community.
- (1) A qualified residence must include:
- (a) Lockable access and egress to the HOME choice participant's unit;
 - (b) Sleeping, bathing, living and cooking areas over which a HOME choice participant or a HOME choice participant's family has domain and control;
 - (c) A lease, rental agreement or other written verification of residency; and
 - (d) No more than four unrelated individuals residing together.
- (2) Examples of a qualified residence may include:
- (a) A home owned or leased by a HOME choice participant, family member or friend.
 - (b) An adult foster home certified by an area agency on aging that the Ohio department of mental health and addiction services (OhioMHAS) contracts with in accordance with Chapter 5122-35 of the Administrative Code;
 - (c) An adult family home licensed by OhioMHAS in accordance with section 5119.70 of the Revised Code and Chapter 5122-33 of the Administrative Code;

- (d) Type 1 residential facilities licensed by OhioMHAS in accordance with Chapter 5122-30 of the Administrative Code;
 - (e) Type 2 residential facilities licensed by OhioMHAS in accordance with Chapter 5122-30 of the Administrative Code;
 - (f) \Non-ICF-IID residential facilities licensed by DODD in accordance with section 5123.19 of the Revised Code and Chapter 5123:2-3 of the Administrative Code;
 - (g) A supported living arrangement with a provider certified by DODD in accordance with agency 5123 of the Administrative Code for an individual with a developmental disability who is enrolled on an HCBS waiver that is administered by DODD;
 - (h) Foster homes for children that are certified by the Ohio department of job and family services (ODJFS) in accordance with section 5103.03 of the Revised Code and Chapter 5101:2-7 of the Administrative code;
 - (i) Group homes for children that are licensed by ODJFS in accordance with Chapter 5101:2-5 of the Administrative Code, or certified by ODJFS in accordance with section 5103.03 of the Revised Code; or
 - (j) Medically fragile foster homes for children that are certified by ODJFS in accordance with rule 5101:2-7-17 of the Administrative Code.
 - (k) Any other community-based setting as approved by ODM.
- (Q) "Residential treatment facility" has the same meaning as in section 5166.01 of the Revised Code.
- (R) "Service and support administrator" means a provider certified in accordance with rule 5123:2-5-02 of the Administrative Code to perform the duties specified in section 5126.15 of the Revised Code.
- (S) "Transition coordination" is a service that helps a HOME choice participant plan for the move from an institutional setting into a qualified residence. The transition coordinator helps the participant locate benefits, secure housing, link with community services and make detailed plans for the services needed to move and remain in the community-based setting.

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