

AREA AGENCY ON AGING DISTRICT 7 PROVIDER TRAINING

AGENCY, NON-AGENCY & ASSISTED LIVING

About the Area Agency on Aging District 7

The Area Agency on Aging District 7, Inc. (AAA7) administers programs for the elderly funded by the state and federal governments. Federal funds under the Older Americans Act and the Health Care Financing Administration, as well as all state funds, are received through the Ohio Department of Aging. The Agency contracts with agencies and then channels funds through this network of service providers. These agency providers include senior centers, community action agencies, home health agencies, health departments, etc.

AAA7 consists of the following ten counties: Adams, Brown, Gallia, Highland, Jackson, Lawrence, Pike, Ross, Scioto, and Vinton.

AAA7's main office is located at 1 Acy Avenue in Jackson, with satellite offices in Wheelersburg and West Union, Ohio.

About the Ohio Department of Aging

The Department of Aging (ODA) administers programs and services to meet the needs of older Ohioans. These programs are funded by the federal Older Americans Act, Medicaid, and other sources.

ODA is a cabinet-level state agency. ODA's director is appointed by the governor. The U.S. Administration for Community Living designated ODA as Ohio's lead agency for Older Americans Act services. The Ohio Department of Medicaid contracts with us to administer certain Medicaid programs.

Most of our programs and services are coordinated locally by contracted area agencies on aging.

Provider Contacts

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Requirements for Providers to Become/Remain Certified

All providers must maintain a business site from which to conduct business. All providers must notify the Area Agency on Aging (AAA7) of any change in the provider's telephone number, mailing address and/or email address within 7 days after the change.

- Each business site in which the provider retains records must have a designated, locked storage space for retaining records that is accessible to ODA and AAA7.
- Provider business site is subject to HCBS Setting Requirements in rule 5106-44-01.
- Providers must have a valid email address and telephone number.
- Providers must update any changes to contact, addresses, phone numbers, and/or email address in the Provider Network Management (PNM) System.



Criminal Background Requirements

Criminal records checks and database reviews: Sections 173.38 and 173.381 of the Revised Code and Chapter 173-9 of the Administrative Code establish the requirements for criminal records checks and database reviews. Rule 173-9-02 of the Administrative Code lists exceptions to the applicability of those requirements. Rule 5160-1-17.8 of the Administrative Code establishes additional provider screening requirements for participation in a medicaid-funded program.

PASSPORT Home Health Service Provider Codes: BCI 3701.881(3740.11), FBI 173.41 and 6 databases (Medicaid Exclusion List excluded). Checks are to be complete pre-hire and post-hire every 5 years.

All other PASSPORT Provider Codes: BCI Codes 173.27, 173.38, 3740.11(3701.881), 5123.169, 5123.081, FBI 173.41 and 7 databases. Checks are to be complete pre-hire and post-hire every 5 years.

Assisted Living Provider Codes: BCI 3721.121 and FBI 173.41.

****FBI checks are required if an applicant does not have proof of having been a resident of Ohio for the five-year period immediately prior to their date of hire or lives out of state.***

Database Reviews

Databases to review pre-hire and post-hire:

- 1) **SAM**; United States general services administration's system for award management, <https://www.sam.gov/>
- 2) **OIG**; office of inspector general of the United States department of health and human services' list of excluded individuals and entities, <https://exclusions.oig.hhs.gov/>
- 3) **Abuser Registry**: department of developmental disabilities' online abuser registry, https://its.prodapps.dodd.ohio.gov/ABR_Default.aspx
- 4) **Medicaid Exclusion List**: department of medicaid's online provider exclusion and suspension list, <https://medicaid.ohio.gov/resources-for-providers/enrollment-and-support/provider-enrollment/provider-exclusion-and-suspension-list>
- 5) **Sex Offender Search**; Ohio attorney general's sex offender and child-victim offender database, <http://www.icrimewatch.net/index.php?AgencyID=55149&disc=>
- 6) **Offender Search**; department of rehabilitation and correction's database of inmates, <https://appgateway.drc.ohio.gov/OffenderSearch>
- (7) **Nurse Aide Registry**; department of health's state nurse aide registry, <https://nurseaideregistry.odh.ohio.gov/Public/PublicNurseAideSearch>. If the applicant or employee does not present proof of Ohio residency for the five-year period immediately preceding, a review of the nurse aide registry in the state or states in which the applicant or employee lived is required.

Provider Insurance Requirements

Each provider must maintain a minimum of one million dollars in commercial liability insurance, which includes coverage for individuals' losses due to theft or property damage. (In lieu of commercial liability insurance, a non-agency provider may have a minimum of one million dollars in professional liability insurance, which includes coverage for individuals' losses due to theft or property damage.)

Each provider must have written instructions any individual may use to obtain payment for loss due to theft or property damage caused by the provider, or if applicable, the provider's employee.

A provider policy is required.

Provider Agency Disclosures

All providers must disclose the following:

- The name of any person with an ownership interest in the provider.
- The name of any person with an ownership interest in the provider who was convicted of a felony under a state or federal law.
- A table of organization clearly identifying lines of administrative, advisory, contractual, and supervisory responsibilities.
- The active registration as a business entity with the Ohio secretary of state.

Provider Attestation Requirements

All providers must provide ODA or AAA7 with written or electronic attestations on the following:

- The provider's compliance with 45 C.F.R. 80.4 regarding the provision of services.
- The provider's compliance with the Equal Employment Opportunity Act of 1972, federal wage-and-hour laws, and workers' compensation laws regarding the recruitment and employment of persons.
- For agency and non-agency providers, the provider's payment of all applicable federal, state, and local income and employment taxes for the most recent year.

Reporting Abuse, Neglect and Exploitation

All providers must report any reasonable cause to believe an individual suffered abuse, neglect, or exploitation to the local adult protective services program.

The provider must also notify ODA or AAA7 within one business day after becoming aware of the reasonable cause.

A provider policy is required.

Reporting Significant Changes

The provider must notify ODA or AAA7 no later than one business day after the provider is aware of any significant change that may affect the individual's service needs or safety.

A significant change includes:

- The provider does not provide an authorized service at the time, or for the period of time, authorized by ODA's case manager.
- The individual moves to another address.
- The individual's repeated refusal of services.
- Any incident that is subject to the incident-reporting requirements in rule 5160-44-05 of the Administrative Code.
- Any other significant change in the individual's physical, mental, or emotional status or the individual's environment that affects the individual's service needs or safety.

A provider policy is required.

Reporting Incidents

"Incident" means an alleged, suspected or actual event that is not consistent with the routine care of, or service delivery to an individual that may have a negative impact on the health and welfare of the individual.

All providers must have a written procedure for documenting individual's incidents.

The procedure must include notifying ODA (or AAA7 case manager) of the incident no later than one business day after the provider is aware of the incident.

- This includes falls, deaths, hospitalizations, damage to property, theft allegations.

A provider policy is required.

How to Report Significant Changes, Incidents and Missed/Partial Visits

1. Go to <https://www.aaa7.org>,
2. [Far right click Provider Resources tab to](#) Secure E-Mail Link.
3. Next you will want to click on “**Click Here to Send a Secure Email**” link. If you do not have an account to the secure email portal, please see step 4 for setup. If you already have a secure email through Zixsecure, you can skip to step 5.
4. If you do not already have an account to the secure email portal, you’ll have to click on the “Register” button in the middle of the page.
 - a. You will need to put an email address that you use, create a password, and then re-enter the password. Please use a business email and not an individuals’ personal email.
 - b. You’ll then receive an email from us. You’ll need to follow the instructions in the email to complete the setup.
 - c. Once the account creation is complete you’ll be able to send an encrypted email.
5. Start a NEW MESSAGE.
 - a. To: CM_notification@aaa7.org. Please not the “_” in CM_notification@aaa7.org
 - b. Subject: either **Provider Missed Visit Reporting** or **Provider Notification**. Please do not use the consumer’s name or other identifying information in the subject line.
 - c. Copy and paste the template provided by AAA7 for either the Missed Services or Significant Changes.
 - d. Complete the template (use clear language and/or standard abbreviations) and SEND the message.
 - e. Only send one consumer per email.

Please Note: The CM_notification@aaa7.org is a non-reply email.

30 Day Notice: Last Day of Service to an Individual

The provider must notify the individual and the AAA7 case manager in writing at least thirty days before the last day the provider provides services to the individual, unless one or more of the following occurs:

- The individual has been hospitalized, placed in a long-term care facility, or is deceased.
- The health or safety of the individual or provider is at serious, imminent risk.
- The individual no longer receive services from the provider.



****Please Note:** Assisted Living providers must provide a 90 Day Written Notice to the individual and AAA7 case manager.

A provider policy is required.

Confidentiality

All providers are subject to all state and federal laws and regulations governing individual confidentiality including sections [5160.45](#) to [5160.481](#) of the Revised Code, 42 C.F.R. 431.300 to 431.307, and 45 C.F.R. parts 160, 162, and 164.

- Providers must retain a signed acknowledgement that the HIPAA materials have been provided to the consumers.
- Providers must train their staff on HIPAA.
- Providers can **never** share information on a consumer to another provider.

Family Serving Family

Direct-care worker relationships: Rule 5160-44-32 of the Administrative Code establishes standards for which relationships are eligible for payment for providing services.

- 5160-44-32 Spouses can be the paid worker **IF** 1) CM completes the Extraordinary Care Instrument and 2) there is no other worker available. Hours will be limited to 40/week and cannot be for respite. Cannot be legal representative.
- 5160-44-32 Legal guardian, power of attorney, or authorized representative can be the paid caregiver **IF** they are the individuals parent, adult children, grandparents, grandchildren, great-grandparents, great-grandchildren, brothers, sisters, aunts, uncles, nephews, nieces, and step-relations.

Volunteers

The provider must supervise the provider's volunteers and volunteers must have proper training.

A provider policy is required.

Person-Centered Planning

The provider is subject to the person-centered planning requirements in rule 5160-44-02 of the Administrative Code.

What is Person-Centered Planning?

The person-centered services plan describes the person-centered goals, objectives and interventions selected by the individual and team to support him or her in his or her community of choice. The plan addresses the assessed needs of the individual by identifying medically-necessary services and supports provided by natural supports, medical and professional staff and community resources

The person-centered services plan contains documentation that any modification of the additional conditions for provider-owned or controlled residential settings set forth in rule 5160-44-01 of the Administrative Code must be supported by a specific assessed need and justified in the person-centered services plan.

The Area Agency on Aging case manager will work with the individual on their person-center services plan and share their plan with provider agencies to follow.

Code of Ethics

All provider staff must be ethical, professional, respectful, and have legal service standards and not engage in any unethical, unprofessional, disrespectful, or illegal behavior.

- The code of ethics must be reviewed in detail during orientation and providers must require each employee sign a copy.
- The majority of incident reports sent to the Provider Relations Department involve Code of Ethics violation on the part of the employee.

Need an updated copy of the Code of Ethics? Please reach out to Provider Relations.



Trainings

The provider must participate in ODA's or AAA7 mandatory free provider training sessions.

Please be sure the Provider Relations Department has emails for all pertinent staff and is updated as your staff changes.

Service records: The provider must retain all records necessary (including activity plans, assessments (if required), permits (if required), and all mandatory reporting items to verify an episode of service), and in such form, so as to fully disclose the extent of the services the provider provided, and significant business transactions, until all of the following periods of time have passed:

- Six years after the date the provider receives payment for the service.
- The date on which ODA, AAA7, ODM, or a duly-authorized law enforcement official concludes a review of the records and any findings are resolved.
- The date on which the auditor of the state of Ohio, the inspector general, or a duly-authorized law enforcement official concludes an audit of the records and any findings are resolved.

Qualification records: Each provider must retain all records regarding the provider's or an employee's qualifications to provide a service for the duration of the provider's certification or the duration of the employee's employment and for six years after the provider is no longer certified or no longer retains the employee. Qualification records include records on background checks, initial qualifications, orientation, and training.

Electronic records: The provider may use an electronic system to collect or retain records.

Records Retention

A provider policy is required.

COMPLIANCE REVIEWS

ALL PROVIDERS MUST PARTICIPATE IN GOOD FAITH IN ANY COMPLIANCE REVIEWS UNDER RULE 173-39-04 OF THE ADMINISTRATIVE CODE AND ASSIST ODA AND AAA7 WITH SCHEDULING THOSE REVIEWS.

ACCESS: The provider must, upon request, immediately provide representatives of ODA, AAA7, HHS, the state auditor's office, and ODM with access to its business site(s) during the provider's normal business hours, a place to work in its business site(s), and access to policies, procedures, and records for each unit of service billed.



Provider Payments

Direct Data Entry (DDE) Billing

Providers may only bill for services provided to an individual in their home or a community setting.

Providers have 365 days from the date of service to bill for reimbursement.

DDE Contacts:

Karen Craycraft, Staff Accountant-Billing, DDE
Account setup and resets, Billing questions, Provider
Remittance requests

800-582-7277, ext 22-295, kcraycraft@aaa7.org

AAA7.Provider.Support@aaa7.org, DDE Account
setup and resets

The provider is subject to all applicable federal, state, and local laws, rules, and regulations and is responsible for ensuring all subcontractors comply with all applicable federal, state, and local laws, rules, and regulations.

The provider must subscribe to receive email updates on ODAs rules on <https://aging.ohio.gov>.

The provider must have written policies, bylaws, or articles of incorporation (or an electronic record of policies, bylaws, or articles of incorporation) that include requirements for its employees to provide services in a manner compliant with paragraph (B)(8) of OAC 173-39-02.

All providers must adhere to criminal records checks and database review.

Assisted Living: RCF license issued under Chapter 3701-16 of the Administrative Code and comply with section 3721.121 of the Revised Code.

Electronic visit verification (EVV): Rule [5160-1-40](#) of the Administrative Code (until July 1, 2024) or Chapter 5160-32 of the Administrative Code (on or after July 1, 2024) establishes the requirements for certain providers to have an ODM-approved EVV system in place.

Additional Provider Requirements

Additional Service Requirements

Each contract service has its own requirements that must be met. Please see the highlights of each service and refer to the rule for ALL service requirements your agency/facility is contracted for.

[Rule 173-39-02.1 | ODA provider certification: adult day service.](#)

[Rule 173-39-02.4 | ODA provider certification: choices home care attendant service.](#)

[Rule 173-39-02.5 | ODA provider certification: home maintenance and chores.](#)

[Rule 173-39-02.6 | ODA provider certification: personal emergency response system.](#)

[Rule 173-39-02.7 | ODA provider certification: home medical equipment and supplies.](#)

[Rule 173-39-02.8 | ODA provider certification: homemaker.](#)

Continued...

Additional Service Requirements...

Rule 173-39-02.9 | ODA provider certification: home modification.

Rule 173-39-02.11 | ODA provider certification: personal care.

Rule 173-39-02.14 | ODA provider certification: home-delivered meals.

Rule 173-39-02.15 | ODA provider certification: community integration.

Rule 173-39-02.16 | ODA provider certification: assisted living service.

Rule 173-39-02.17 | ODA provider certification: community transition.

Rule 173-39-02.18 | ODA provider certification: non-medical transportation.

Rule 173-39-02.20 | ODA provider certification: enhanced community living.

Rule 173-39-02.22 | ODA provider certification: waiver nursing service.

Adult Day Service

Adult day service (ADS) means a regularly-scheduled service provided at an adult day center (center) in a non-institutional, community-based setting and consisting of the activities authorized in an individual's person-centered services plan. ADS includes recreational and educational programming to support an individual's health and independence goals.

Staffing: the provider must have the following:

- Two staff members present, with at least one of those staff members having a certification in CPR, when more than one individual is present in the center.
- A staff-to-individual ratio of at least one staff member to six individuals at all times.
- A RN, or LPN under the direction of an RN, available to provide nursing services that need the skills of an RN, or LPN under the direction of an RN, and that are based on the needs of the individuals and within the nurse's scope of practice.
- An activity director to direct activities.

Activities: The provider must announce daily and monthly planned activities through two or more of the following media:

- Posters in prominent locations throughout the center.
- An electronic display (e.g., a television) in a prominent location in the center.
- The center's website.
- Email sent to individuals (and others) who agree to receive the email.
- Monthly newsletters distributed to individuals by mail, email, or at the center.

Transportation: The provider must transport each individual to and from the center.

Lunch and snacks: provided to each individual who is present during lunchtime or snack time.

Adult Day Service continued

ACTIVITY DIRECTOR

- BS or AS in Recreational Therapy or related degree
- 2 yrs experience as an Activity Director/Coordinator or a related position
- Compliance with the qualifications under rule 3701-17-07 of the Administrative Code for directing resident activities in a nursing home.
- National Certification Council of Activities professionals Certificate

ACTIVITY ASSISTANT

- High School Diploma OR GED
- At least two years of employment in a supervised position to provide personal care, to provide activities, or to assist with activities.

PC ASSISTANCE

- High School Diploma or GED
- At least two years of employment in a supervised position to provide personal care, to provide activities, or to assist with activities.
- Successful completion of a vocational program in a health or human services field.

*Agency orientation, service orientation and 8 hours continuing education in-service training also required for staff.

Initial Assessment: within first 2 days of attendance.

Health Assessment and Activity Plan: no later than 30 days of initial attendance or 10 units of service by Licensed healthcare professional.

Plan of treatment for administering medication, meals with a therapeutic diet, nursing service, nutrition consultation, physical therapy, or speech therapy.

Individual Interdisciplinary Conference every 6 months must include:

- 7 days prior invite to; The individual's case manager; Any licensed healthcare profession who does not work for the provider, but who provided the provider with a health assessment of the individual or an activity plan for the individual; The individual's caregiver, if the individual has a caregiver.
- Revision of activity plan if applicable.

Please see OAC 173-39-02.1 for all rule requirements.

Choices Home Care Attendant Service

Initial qualifications:

- The person is at least eighteen years of age
- The person has a valid social security number and at least one of the following current, valid, government-issued, photographic identification cards:
 - (a) Driver's license.
 - (b) State of Ohio identification card.
 - (c) United States of America permanent residence card.
- The person reads, writes, and understands English at a level which enables the person to comply with this rule and rule 173-39-02 of the Administrative Code.
- The person is able to effectively communicate with the individual.
- Successfully completed training determined by individual.
- Completed agency orientation requirements.

Continuing education: Successfully completed eight units training determined by individual.

EVV required.

If Transporting: must have a valid driver's license and valid insurance identification card to show that the provider has liability insurance for driving a vehicle which complies with the financial responsibility requirements in Chapter 4501:1-02 of the Administrative Code. A provider may transport an individual in a vehicle only if AAA7 has verified that the vehicle is insured.



Please see OAC 173-39-02.4 for all rule requirements.

Home Maintenance and Chores

Home Maintenance and Chore Activities include:

- Minor home maintenance and repair including inspecting, maintaining, and repairing furnaces, including pilot lights and filters; inspecting, maintaining, and repairing water faucets, drains, heaters, and pumps; replacing or installing electrical fuses; plumbing and electrical repairs; repair or replacement of screens or windowpanes; fixing floor surfaces posing a threat to the individual's health, safety, and welfare; and moving heavy items to provide safe ingress and egress.
- Heavy household cleaning, including washing walls and ceilings; washing the outside of windows; non-routine washing of windows; removing, cleaning and rehangng curtains or drapery; and shampooing carpets or furniture.
- Removal of environmental hazards posing a threat to the individual's health, safety, and welfare such as: Non-routine disposal of garbage or other accumulated items in an individual's residence; Non-routine yard maintenance including snow removal; Pest control and related tasks to prevent, suppress, eradicate, or remove pests; and Mold eradication.

Worker Qualifications:

- Maintain proof of appropriate qualifications to perform services requiring specialized skills such as electrical, heating/ventilation, and plumbing work.
- Maintain proof of licensure, insurance, and bonding for services from applicable jurisdictions.
- Prior to performing a service, the provider must have all necessary and required licensure in place.
- Agency orientation requirements.

Please see OAC 173-39-02.5 and 5160-44-12 for all rule requirements.

Personal Emergency Response System

Personal emergency response systems (PERS) is a service with a monitoring, reminder and/or reporting component available to support individuals' independence in the community. PERS include telecommunications equipment, a central monitoring station (station), and a medium for two-way, hands-free communication between the individual and the station. Personnel at the station respond to an individual's alarm signal via the individual's PERS equipment.

PERS Equipment

- Includes an activation device that is wearable and water resistant.
- Has a battery that can last at least 24 hours without recharging.
- Accommodates the individual's needs and preferences.

Provider Requirements:

- Successful training of staff to respond to alarm signals.
- Upon installation, demonstrate to the individual how the equipment works with a return demonstration.
- Collaborate with the individual and the PASSPORT WAIVER care manager to develop an initial written response plan.
- Replace any malfunctioning equipment within 24 hours of notification or detection that there is a problem with no additional cost.
- Provide ongoing customer support and monthly testing of equipment.
- Employee staff for a central monitoring station in the United States to respond to alarm signals 24 hours a day, every day of the year.
- Maintain a secondary system to respond to all incoming calls in case the primary system is unable to respond.
- Respond to each alarm signal no more than 60 seconds after the alarm signal is received.
- Contact emergency personal as needed.
- Remain in communication with the individual through the two-way communication feature of the device until help arrives.

Please see OAC 173-39-02.6 and 5160-44-16 for all rule requirements.

Home Medical Equipment and Supplies

Home medical equipment and supplies (HME)

means a service providing rented or purchased home medical equipment and supplies to individuals to enable those individuals to function safely in their homes with greater independence, thereby eliminating the need for placement in a nursing facility.



Provider Requirements:

- Provide ongoing professional assistance and instruction as needed to evaluate and adjust equipment and supplies that are delivered to an individual.
- Assume liability for equipment warranties and will install, maintain, and/ or replace equipment as specified in the warranties as needed.
- Understand payor sequence and maintain documentation when equipment and supplies are denied in full or in part by Medicare, State Plan Medicaid and other third-party payers.
- Respond to the PASSPORT Care Manager's request for bids for equipment and supplies within two business days of the request. The provider will wait for the authorization from the Care Manager before items are delivered.
- Verify the successful completion of delivery, installation, and education it provides and maintain documentation that each activity was completed.

Please see OAC 173-39-02.7 for all rule requirements.

Homemaker

Homemaker means a service enabling individuals to achieve and maintain clean, safe and healthy environments, assisting individuals to manage their personal appointments and day-to-day household activities, and ensuring individuals maintain their current living arrangements.

Home Visit prior to service: Defines the expected activities of the HMK aide and prepare a written or electronic activity plan

Supervisory Home Visit: Evaluate compliance with the activity plan every 90 days.

An aide cannot transport an individual.

Worker Qualifications: A person qualifies to serve as an aide only if the person meets at least one of the following qualifications: STNA, Medicare-certified home health aide, Previous experience, Vocational Program (COALA) home health training program, Successful completion of 30 hours of training, **AND** successfully complete written testing and skills testing by return demonstration. **OR** The person successfully completed training and competency evaluation on any activity listed under paragraph (A)(1) of this rule that the person would provide as an aide.

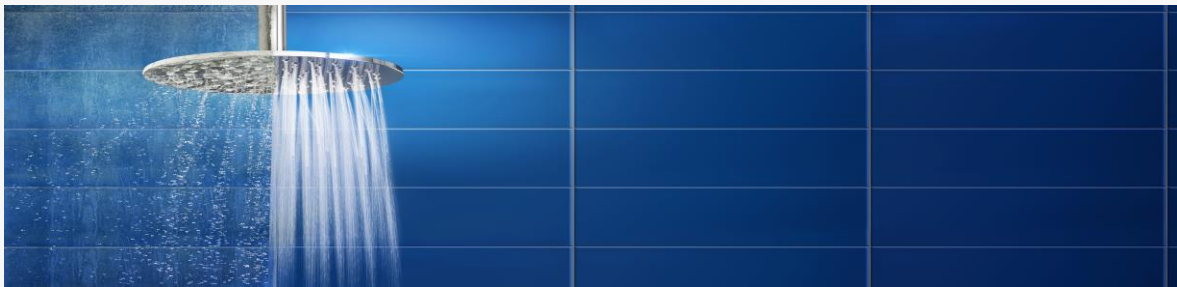
Staff Orientation: Completed agency orientation requirements.

Continuing Education: Successfully completed six hours of In-service continuing education.

Supervisor Qualifications: reference rule.

Home Modification

Home modifications is an environmental adaptation to an individual's private home include, but are not limited to, the installation of ramps and grab-bars, widening of doorways, modification of bathroom or kitchen facilities, or the installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the individual.



Provider Requirements:

- Collaborate with the individual and PASSPORT Care Manager to develop a plan for the modifications that are necessary for the best outcome.
- Maintain and furnish proof of appropriate qualifications to perform jobs requiring specialized skills such as electrical work, heating/ventilation and plumbing.
- Maintain and furnish proof of licensure, insurance and bonding for general contracting services of applicable jurisdictions.

Personal Care

Personal Care means hands-on assistance with ADLs and IADLs, in the individual's home and community.

Initial Home Visit prior to service: The PCA supervisor must visit each individual in person at the individual's home to define the expected activities of the PCA and develop a written or electronic activity plan with the individual.

Supervisory Home Visit: Evaluate compliance with the activity plan every 60 days, including individual satisfaction and PCA performance. PCA supervisor conducts at least two in-person visits per year

EVV Required.

An aide cannot transport an individual.

Availability and Staffing:

- The provider may accept a referral to provide personal care to an individual only if the provider has adequate staffing levels of PCAs and PCA supervisors to provide the number of hours the case manager authorized for each individual.
- The PCA receives supervision from an RN or LPN under the direction of an RN during all hours that PCAs are scheduled to work.
- The provider must maintain a back-up plan for providing personal care when the provider has no PCA or PCA supervisor available.

Personal Care continued

Personal Care Service Aide Qualifications:

Worker Qualifications: A person qualifies to serve as an aide only if the person meets at least one of the following qualifications: STNA, Medicare-certified home health aide, Previous experience, Vocational Program (COALA) home health training program, Successful completion of 30 hours of training, **AND** successfully complete written testing and skills testing by return demonstration.

Staff Orientation: Completed agency orientation requirements.

Continuing Education: Successfully completed six hours of In-service continuing education.

Personal Care Service Supervisor Qualifications:

Supervisor: Only the following may supervise a home health aide or personal care aide under the PASSPORT program:

- (1) A registered nurse;
- (2) A licensed practical nurse under the direction of a registered nurse.



Home-Delivered Meals

Home delivered meals is a meal delivery service based on an individual's need for assistance with activities of daily living (ADLs) and/or instrumental activities of daily living (IADLs) in order to safely prepare meals, or ensure meals are prepared to meet the individual's dietary needs or specialized nutritional needs, including kosher meals.

Meal types:

- Standard meal means a meal that adheres to the version of the "Dietary Guidelines for Americans" in effect on the delivery day and at least thirty-three per cent of the individual's dietary reference intakes. A standard meal may include, but is not limited to, a reduced calorie meal, reduced sodium meal, reduced sugar meal, a gluten-free meal, or vegetarian meal, if the individual chooses the meal by personal preference.
- Kosher meal is a meal that complies with the kosher practices for meal preparation and dietary restrictions and certified as kosher by a recognized kosher certification or a kosher establishment under orthodox rabbinic supervision.
- Therapeutic meal means a meal provided in accordance to an order by a licensed healthcare professional whose scope of practice includes ordering therapeutic diets.

Meal requirements:

- Single portions that are ready to eat, frozen, vacuum-packed, modified-atmosphere-packed, or shelf-stable.
- Includes instructions on how to safely maintain, heat, reheat and/or assemble the meal, in a manner understandable to the individual and/or their caregiver.
- Adheres to the individual's medical restrictions as set forth in their person-centered services plan.
- Cannot be processed, pre-packed and commercially available to the general public for purchase.
- Cannot be provided in order to supplant or replace the purchase of food or groceries for others.

Home-Delivered Meals continued

Meal specifications:

- Meal menus will be approved in writing by a dietitian who is currently registered with the commission on dietetic registration, and who is also a licensed dietitian in the state in which the dietitian is located if that state licenses dietitians.
- Providers will furnish each individual with home delivered meals that accommodate the individual's religious, cultural, ethnic, and dietary preferences.
- Providers must publish their current menu and ingredient information on their websites and offer written menus and ingredient information to individuals.
- Adhere to the individual's person-centered services plan for meal delivery parameters:
 - Up to two meals per day. The maximum number of meals delivered will not exceed fourteen meals at one time.
 - The type of meal.
 - The frequency of delivery.
 - The delivery-verification method

Additional **back up meals** may be authorized at the discretion of the Ohio department of medicaid (ODM), the Ohio department of aging (ODA), or AAA7.

Provider qualifications:

- A current, valid food operations or other applicable license or certificate as required by licensing or regulatory agencies where the meal is produced.
- Good standing with all applicable federal, state and local regulatory agencies; and
- Meeting applicable licensing requirements for safety, storage, sanitation and other applicable provisions for food service.
- Staff training plan that includes orientation and annual continuing education that includes topics relevant to the person's job duties.

Community Integration

Community integration means 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.

Activities include:

- Independent living assistance for 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.
- Community support coaching provides information and training to an individual so the individual can achieve the community integration goals identified in his or her person-centered services plan

Staff Requirements:

- 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.
- The ability to understand written activity plans (description of interventions and the dates/times the provider will provide the interventions), execute instructions, document activities provided, and the ability to perform basic mathematical operations.
- Experience advocating on behalf of individuals with chronic illnesses, behavioral health conditions, physical disabilities, or developmental disabilities.
- Orientation on topics relevant to the person's job duties before they perform those duties.
- Minimum of twelve hours of continuing education annually on topics relevant to the person's job duties.

Community Integration continued

Supervisor Requirements:

- Supervisors of community integration staff will possess at least one of the following:
- 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);
- 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
- At least two years of employment experience providing community-based social services or job coaching.

Supervisory responsibilities:

- 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.
- Conducting evaluations of community integration staff every ninety days to ensure staff compliance with the activities plan, and the individual's satisfaction.

Assisted Living Service

Assisted living service means either a basic service or memory care that promotes aging in an RCF by supporting the individual's independence, choice, and privacy.

ODA certifies each provider for either of the following:

- The basic service.
- The basic service and memory care.

Residential Care Facility (RCF) qualifications:

- A current and valid RCF license from Ohio Department of Health.
- Public information: The provider must display the following on its website:
 - Whether the provider is currently certified by ODA to provide the basic service or both the basic service and memory care.
 - Whether the provider is currently accepting individuals who are enrolling in the assisted living program or mycare Ohio.
- Common areas accessible to the individual, including a dining area (or areas) and an activity center (or centers). A multi-purpose common area may serve as both a dining area and an activity center.
- A resident unit qualifies if the unit meets all the following:
 - Single-occupancy resident unless individual requests to share unit, has an existing relationship and is authorized by AAA7 case manager.
 - Lock that allows the individual to control access to the resident unit at all times.
 - Bathroom with a toilet, a sink, and a shower or bathtub, all of which are in working order.
 - Identifiable space, separate from the sleeping area, that provides seating for the individual and one or more visitors for socialization.

Please see OAC 173-39-02.16 for all rule requirements.

Assisted Living Service continued

Basic service means and includes all of the following:

- Personal care under rule 3701-16-09 of the Administrative Code, which includes hands-on assistance, supervision, and/or cuing of ADLs, and IADLs.
- Nursing, including the initial and subsequent health assessments under rule 3701-16-08 of the Administrative Code AND other activities included in rules 3701-16-09 and 3701-16-09.1 of the Administrative Code.
- Coordinating three meals per day and snacks according to rule 3701-16-10 of the Administrative Code with access to food according to rule 5160-44-01 of the Administrative Code.
- Coordinating the social, recreational, and leisure activities under rule 3701-16-11 of the Administrative Code to promote community participation and integration, including non-medical transportation to services and resources in the community.

Critical access rate: The basic service or memory care, that provided the service for one or more state fiscal years qualifies for the critical access rate by meeting all of the following:

- At least an average of fifty per cent of the residents in the RCF were enrolled in medicaid during the preceding state fiscal year, whether through the assisted living program, mycare Ohio, or PACE.
- The provider responds to ODA's annual June survey by providing, and attesting to the veracity of, all of the following information based on the current state fiscal year:
 - *The average daily census of the RCF.*
 - *The average daily number of residents in paragraph (E)(3)(a)(ii)(a) of this rule who are enrolled in medicaid.*
 - *The average daily percentage of residents in paragraph (E)(3)(a)(ii)(a) of this rule who are enrolled in medicaid.*
 - *The medicaid identification numbers of all residents in paragraph (E)(3)(a)(ii)(a) of this rule who are enrolled in medicaid.*
 - *For each resident in paragraph (E)(3)(a)(ii)(a) of this rule who is enrolled in mycare Ohio, the name of the mycare Ohio plan into which the resident enrolled.*
 - *Any other information required in the survey.*

Please see OAC 173-39-02.16 for all rule requirements.

Assisted Living Service continued

Memory care means a service that a provider provides to an individual that a practitioner assessed, then issued a documented diagnosis of any form of dementia.

Memory care staffing must have sufficient number of RNs or LPNs on call or on site at all times for individuals AND appropriate direct-care staff-to-resident ratio of twenty percent higher than basic or one staff to every ten individuals if an average ratio is not available.

Additional RCF requirements for memory care:

- Displays a purpose statement on its website that explains the difference between the provider's basic service and its memory care, or only a memory care purpose statement if that is the exclusive service the provider offers.
- Designates each single-occupancy resident unit i in which it plans to provide memory care.
- Provide for at least three therapeutic, social, or recreational activities listed in rule 3701-16-11 of the Administrative Code per day with consideration given to individuals' preferences and designed to meet individuals' needs.
- Provide safe access to outdoor space for individuals.
- Assist each individual who makes a call through the resident call system in person in fewer than ten minutes after the individual initiates the call.

Please see OAC 173-39-02.16 for all rule requirements.

Assisted Living Service continued

Staff availability: The provider must maintain adequate staffing levels to comply with rule 3701-16-05 of the Administrative Code in a timely manner in response to individual's unpredictable care needs, supervisory needs, emotional needs, and reasonable requests for services through the resident call system twenty-four hours per day.

Minors: Staff under eighteen years of age cannot assist with medication administration, provide transportation or provide personal care without on-site supervision.

Initial staff qualifications for ALL prior to providing assisted living services:

- Principles and philosophy of assisted living.
- The aging process.
- Cuing, prompting, and other means of effective communication.
- Common behaviors for cognitively-impaired individuals, behaviorally-impaired individuals, or other individuals and strategies to redirect or de-escalate those behaviors.
- Confidentiality.
- The person-centered planning process in rule 5160-44-02 of the Administrative Code, which includes supporting individuals' full access to the greater community.
- The individual's right to assume responsibility for decisions related to the individual's care.

In-service training: The provider must ensure that each staff member providing this service successfully completes any training requirements in rule 3701-16-06 of the Administrative Code and makes verification of successful completion of those requirements available to ODA or AAA7 upon request.

Additional initial Memory Care staff qualifications:

- Overview of dementia: symptoms, treatment approaches, and progression.
- Foundations of effective communication in dementia care.
- Common behavior challenges specific to dementia and recommended behavior management techniques.
- Current best practices in dementia care.
- Missing resident prevention and response.

In-service training: A staff member continues to qualify to provide memory care only if the staff member successfully completes dementia care training.

Please see OAC 173-39-02.16 for all rule requirements.

Community Transition

Community transition pays for non-recurring start-up living expenses for individuals transitioning from an institutional setting to a home and community-based services (HCBS) setting.

Community transition does not include: room and board, ongoing monthly rental, or mortgage expenses; grocery expenses; ongoing utility or service expenses; ongoing cable or internet expenses; electronic and other household appliances and items intended to be used for entertainment or recreational purposes; tobacco products or alcohol; and furnishing living arrangements that are owned or leased by a waiver provider where the provision of these items and services are inherent to the service they are already providing.

The consumer and AAA7 staff determine the initial needs. The provider will involve the individual and/or caregiver(s) in the selection of items to be purchased. AAA7 staff approves the purchase plan and any subsequent necessary changes. Items can be secured up to 180 days before the transition and no later than 30 days after the individual enrolls onto the Waiver program. CTS can only be used one time per the individual's waiver enrollment and cannot exceed \$2,000.00.

Please see OAC 173-39-02.17 and 5160-44-26 for all rule requirements.

Community Transition continued

Community transition could assist with securing the individual with basic household goods:

- Security deposits and rental fees to obtain a lease.
- Essential household items such as furnishings and moving expenses.
- Set-up fees and deposits for utilities.
- Services necessary for health and safety.
- Pre-transition transportation necessary to secure house and benefits.
- Initial cleaning and household supplies.
- Activities to arrange for and to procure other non-recurring set-up expenses; and
- Essential personal hygiene and clothing items needed to transition safely.

Each provider must retain a record for each service, to include:

- The individual's name;
- Date of service;
- A detailed description of each expense;
- A receipt for each expense;
- Verification the individual was involved in the selection of all items; and
- The individual's signature to verify receipt of the service.



Please see OAC 173-39-02.17 and 5160-44-26 for all rule requirements.

Non-Medical Transportation

Non-Medical transportation is used to transport PASSPORT individuals from one place to another for a non-medical purpose. It does not include transportation otherwise available or funded by Ohio's medical program or another source, transportation for a non-emergency medical purpose, transportation being provided through a similar service, transportation that the individual's family, neighbors, friends, or community agencies are willing or legally responsible to provide to the individual free of charge, or escort or transportation by a participant-directed provider.

Transportation providers must establish a back-up service plan.

As part of each trip, the driver must help the individual safely transfer between the pick-up point and the vehicle, safely enter and exit the vehicle, and safely transfer between the vehicle and the destination point.

Vehicles used for non-medical transportation are subject to annual inspections completed by a certified mechanic. Ambulette vehicles and buses are exempt.

Non-medical transportation is a bid service. The trip can be either round trip or one-way.

Bids are requested and ultimately approved by the PASSPORT care manager.

Bids are to be approved **PRIOR** to the service and any change to the bid must be approved by the care manager.

Please see OAC 173-39-02.18 for all rule requirements.

Non-Medical Transportation continued

Driver qualifications:

- Orientation to provider policies and procedures.
- Be a licensed ambulette driver; OR
- An EMT or first responder that successfully passed the board of EMFTS curriculum; OR
- Drivers must obtain the following before transport service provision: first-aid training and CPR training from an approved organization.; Drug and alcohol test from a CLIA-certified laboratory, compliance with background-check requirements in OAC 173-9, and additionally, hold a current, valid driver's license for at least two years, hold a driver's license endorsement needed to operate the type of vehicle driven, understands written and oral instructions, the ability to complete daily inspections, and collect mandatory reporting items found in paragraph (B)(4) of this rule.

All drivers must successfully complete passenger-assistance training within 6 months of hire. Ambulette drivers EMT or first responders, and drivers for a county transit system, a regional transit authority, or regional transit commission are exempt.

Each trip must document the following;

- The individual's name.
- Date of trip.
- Pick up point and time of the pickup.
- Destination point and time of the drop off.
- Driver's name.
- Unique identifier of the driver to attest trip provision.
- Unique identifier of the individual attesting service provision.



Please see OAC 173-39-02.18 for all rule requirements.

Enhanced Community Living



Enhanced community living means a service promoting aging in place, in multi-family affordable housing, through access to on-site, individually-tailored, health-related, and supportive interventions for individuals who have functional deficits resulting from one or more chronic health conditions.

Provider Qualifications: A provider qualifies to provide ECL only if both of the following conditions are met: ODA certifies the provider as an agency provider of both personal care and ECL, or, The provider is a legal entity distinct from the housing site owner and property manager so the site is not subject to licensure, as defined in Chapters 3721. and 5119. of the Revised Code

Please see OAC 173-39-02.20 for all rule requirements.

Enhanced Community Living

Worker Qualifications: A person qualifies to serve as an aide only if the person meets at least one of the following qualifications: STNA, Medicare-certified home health aide, Previous experience, Vocational Program (COALA) home health training program, Successful completion of 30 hours of training, **AND** successfully complete written testing and skills testing by return demonstration.

Staff Orientation: Completed agency orientation requirements.

Continuing Education: Successfully completed six hours of In-service continuing education.

EVV required.

Provider Staffing Levels: Provider must maintain adequate staffing levels to provide person centered ECL seven days a week for a minimum of six hours a day. Consumer has a mechanism to contact PCA during six hour day.

PCA Supervisor Monitoring:

- Hospital or NF Stay, person centered-activity plan revised within 5 days.
- 60 Day In-Person Review: Visit completed with consumer, primary team, case manager, and if applicable caregiver, housing coordinator for review of person centered activity plan.

Waiver Nursing Service

Waiver nursing services are defined as nursing tasks and activities provided to individuals who require the skills of a registered nurse (RN) or licensed practical nurse (LPN) at the direction of an RN.

Nurse qualifications:

- The person must have a current, valid, unrestricted license with the Ohio board of nursing;
- Possess an active medicaid provider agreement or be employed by an entity that has an active medicaid provider agreement; and
- Provide services within the nurse's scope of practice as set forth in Chapter 4723. of the Revised Code and agency 4723 of the Administrative Code rules adopted thereunder.
- Completed agency orientation requirements.
- Initial BCI check/databases and 5-year reverifications.

Nursing tasks and activities that will only be performed by an RN include, but are not limited to, the following: Intravenous (IV) insertion, removal or discontinuation;(b) IV medication administration;(c) Programming of a pump to deliver medications including, but not limited to, epidural, subcutaneous and IV (except routine doses of insulin through a programmed pump);(d) Insertion or initiation of infusion therapies;(e) Central line dressing changes; and(f) Blood product administration. There are limitations and exclusions to this service.

Waiver nursing can be provided to individuals or in a group setting.

Must complete training about individual rights and responsibilities and cannot be the individual's legally responsible family member or a foster caregiver.

LPNs must follow the visit schedule and with an RN every 60 days to ensure LPNs performance.

All waiver nursing service providers will maintain a clinical 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.

Additional Rule and Resource Links

[Criminal Records Check - Paid Direct-Care Position](#)

[PASSPORT Provider Certification Rules](#)

[Ohio Department of Aging Agencies & Service Provider Resources](#)

[Electronic Visit Verification \(EVV\) Requirements](#)

[Provider Network Manager System \(PNM\)](#)

Questions

Please contact the Provider Relations Department
at 1-800-582-7277 or AAA7.Provider.Support@aaa7.org
if you have any questions or need additional resources
for the services you provide.