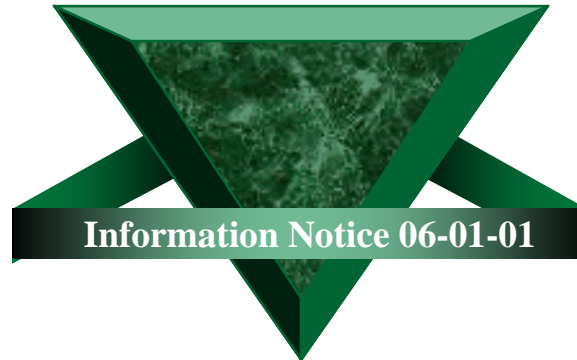




Ohio Department of Mental Retardation and Developmental Disabilities

Bob Taft, Governor

Kenneth W. Ritchey, Director



To: County MR/DD Board Superintendents
Council of Government Executive Directors
Providers of HCBS Waiver Services

From: Linda Lewis-Day, Deputy Director
Division of Medicaid Development and Administration

Subject: Initial and Continued Enrollment of Individuals on the Individual Options
and Level One Waivers

Date: January 13, 2006

The purpose of this Information Notice is to provide updated guidance pertaining to the initial and continued enrollment of individuals on waivers administered by the Department of Mental Retardation and Developmental Disabilities (ODMR/DD). Specifically, this notice relates to provisions contained in the Ohio Department of Jobs and Family Services (ODJFS) rules 5101:3-40-01, *Medicaid home and community-based services program – individual options waiver* and 5101:3-42-01, *Medicaid home and community-based services program – level one waiver*.

Recently, ODJFS staff provided clarification from the Centers for Medicare and Medicaid Services (CMS) concerning general requirements that an individual must meet in order to be enrolled on a waiver and continue to maintain eligibility for enrollment, particularly when using seasonal or intermittent services through the Level One and Individual Options Waivers.

The *Application for a 1915(c) Home and Community-Based Waiver [version 3.3]: Instructions, Technical Guide and Review Criteria* published by CMS in November 2005 states in pertinent part related to Appendix B-6, "... In order for an individual to be considered to require a level of care specified for the waiver, it must be determined that: (a) the person requires at least one

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waiver service (as evidenced by the service plan) and (b) requires the provision of waiver services at least monthly or, if less frequently, requires monthly monitoring (as documented in the service plan) to assure health and welfare.” “...Individuals may not be enrolled in a waiver for the sole purpose of enabling them to obtain Medicaid eligibility...”. “...When services are not required on at least a monthly basis, the need for the level of care may instead be based on the need for at least monthly monitoring of the person’s health and welfare and include periodic “face-to-face” monitoring of the health and welfare of the participant.”

As noted by CMS, the waiver programs are not to be utilized for the sole purpose of obtaining Medicaid eligibility. During each calendar month, county mr/dd board personnel are to monitor the service used by individuals whose Individual Service Plans (ISPs) indicate the need for waiver services. Consistent with ODJFS authorizing rules, when an ISP indicates that an individual does not use waiver services every thirty calendar days, the county mr/dd board must assess the individual’s need for continued waiver services. If, through the assessment, it is determined that the individual does not need any waiver services, the county mr/dd board must recommend the individual for disenrollment from the waiver.

Based upon the CMS directives quoted above, if an individual is anticipated to need waiver services less frequently than every thirty calendar days, Service and Support Administrators (SSAs) are to indicate in the ISP the method of monitoring they will employ to assure that the individual's health and welfare is not in jeopardy. Monitoring is to occur no less frequently than once each calendar month. Completion of this monitoring activity and the outcomes of the reviews are to be documented and the documentation is to be maintained in the individual’s file.

Please direct any questions you have concerning this notice to the ODMR/DD Regional Consultant assigned to the county board of mr/dd in which you work or with whom you interact.

Cc: Distribution List