

Independent Provider Guide

As an Independent Provider, **YOU** are required to maintain your certification and meet the rule requirements based on the services you provide. This guide contains an overview of the key responsibilities you have as an Independent Provider.



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Individual Service Plans

- You will need to be trained on the ISP (Individual Service Plan) by the SSA (Service and Support Administrator), and sign in agreement to the ISP services before you can start providing services. A start date for you will be confirmed by the SSA. You will also need to participate in team planning meetings and sign in agreement of the services prior to the ISP start date each year/with revisions as requested.
- The ISP is the authorizing document, meaning that it tells you what you are being paid to provide. The services you provide an individual, and the frequency of these services, must line up with the individual's ISP, and therefore reflect what is important to and for them.
- You must keep a copy of the current ISP with your records. You should receive an emailed copy of the ISP at least 15 days prior to the plan start date, as well as with any revisions. All ISPs will be sent by email and you are required to open them and review. These emails are encrypted for confidentiality reasons, so you will need to follow the steps in the email to set up an account to open the ISP attachments. If you have not received a copy of the ISP prior to the individual's start of their plan year, you will need to contact the individual's SSA to follow-up.
- When you receive the ISP, to remain in compliance you must promptly update your service documentation to reflect any changes to the services you are responsible for and documenting on.
- You are an important ISP team member and you have valuable input to share in the planning process. If something in the ISP is not accurate you need to let the SSA know.

Service Documentation

- For any service you provide, you must have documentation for that service.
- Each service has its own documentation requirements, which can be found within the rule for each service. The rules can be found at:
<http://dodd.ohio.gov/RulesLaws/Pages/RulesInEffect.aspx>
- Your form can appear any way you want it to, but MUST contain all the required elements.
- Documentation form templates for HPC, HPC Transportation, and Shared Living, can be found on our Provider Supports page on our website, www.greenedd.org.
- Your service documentation needs to include all the things the ISP states you are responsible for. It must also include how often each service is expected to happen and you must make sure you are meeting that expectation. If you cannot complete a task as it is written, make a note of the circumstances on your doc sheet. If you think updates/changes are needed in the ISP, you must contact the SSA so they can follow-up and make any needed revisions.
- Invoices submitted for payment or billing records are NOT considered documentation.
- All Medicaid services require documentation that serves as evidence that the service was provided. You may be subject to repayment to Medicaid if you are unable to provide documentation for billed services. It is considered Medicaid fraud to knowingly bill for services you did not provide. We have had local providers lose their certifications, and face potential criminal investigation, because of this issue.
- You must keep your documentation records for at least 6 years, and must be able to present them upon request to a County Board, DODD, or Medicaid reviewer.

Incident Reporting

- You are required to report any unusual incidents to the assigned SSA. To report the incident you will need to complete an Unusual Incident Report (UIR). You can find a copy of the UIR on our website in the Providers link under “incident reporting”. Your annually required training on Major Unusual Incidents (MUI), and Incident reporting will give you details of when and what you are required to report. The next page of this handbook summarizes your reporting requirements and reporting timelines as well.
- The MUI rule can be found at:
<http://dodd.ohio.gov/RulesLaws/Pages/RulesInEffect.aspx>
- For tracking of Unusual Incidents, you need to maintain an Unusual Incident log for each month. Even if there are no incidents to report, you will need to have a log completed to show you are mindful of the tracking. You can find a UIR log template on our website in the Provider link under “incident reporting” or click onto this link.
https://greenedd.org/atrium/wp-content/uploads/UIR_LOG.pdf
- You are required to notify our Investigative Agent (IA) of incidents annually. You will need to complete the analysis report (located on our webpage in the reporting section of our provider tab) or click onto this link https://greenedd.org/atrium/wp-content/uploads/Independent_MUI_ANNUAL_REPORT.pdf and send it to the IA at report@greenedd.org. You will email the report each year, reflecting January 1st through December 31st. If you have questions, email report@greenedd.org.

Incident Report Notifications

<p>Required Notifications: must be made the same day</p> <ul style="list-style-type: none"> · Guardian, advocate, or person identified · SSA for individual · Licensed or certified residential provider · Staff or family in the home 		<p>MUI Reporting: Bethany Wooddell, Investigative Agent Kimberly Ludgate, Investigative Agent report@greenedd.org</p> <p>During business hours, and after hours: (937) 562-6500</p>
<p>MUI = Major Unusual Incident (Protocol)</p>	<p>MUI = Major Unusual Incident (Non-Protocol)</p>	<p>UI = Unusual Incident</p>
<p>Report to GCBDD within 4 hours and Report immediately to Law Enforcement or Children Services in cases of suspected child abuse (up to age 22):</p> <ul style="list-style-type: none"> ○ Physical Abuse ○ Verbal Abuse ○ Sexual Abuse ○ Peer to Peer Acts ○ Prohibited Sexual Relations ○ Neglect ○ Exploitation ○ Misappropriation ○ Suspicious or accidental death ○ Media inquiries 	<p>Report to GCBDD the same day:</p> <ul style="list-style-type: none"> ○ Attempted Suicide ○ Death (not suspicious or accidental) ○ Significant Injury ○ Law Enforcement ○ Medical Emergency ○ Missing Individual ○ Unapproved Behavioral Support ○ Failure to Report ○ Unanticipated ○ Hospitalization ○ Rights Code Violation 	<p>Report to GCBDD by 3p.m. the next working day:</p> <ul style="list-style-type: none"> ○ Dental injuries ○ Falls ○ Injury that is not “significant” ○ Medication errors ○ Overnight relocation due to fire, natural disaster, or mechanical failure ○ Peer to peer (not MUI) ○ Emergency Room or Urgent Care visits ○ Program Implementation Incidents

Medication Administration

- If you administer medication to an individual who lives with their family, the responsible family member will need to complete a family delegation form with the SSA stating that they will provide training to you on how they would like you to administer the medication. If you have questions about this, contact the individual's SSA.
- DODD approved medication administration training is required if you administer medication to an individual not residing with family.
- If you have questions about medication administration please contact our QARN, Melissa Green, at providers@greenedd.org or (937)562-6534.

Training

- Within 60 days of first providing services, you must meet with a County Board representative for an orientation session. In Greene County, this representative is Susan Collar, our Provider Development Coordinator. Susan will provide you with an overview of your ongoing responsibilities including billing and service documentation. These responsibilities are outlined in this Guide.
- Per the Certification Rule, you must complete on annual basis:
 - 2 hours of training provided by DODD or entity using DODD-provided curriculum in topics relevant to:
 - o empathy-based care
 - o National Alliance for Direct Support Professionals Code of Ethics
 - o rights of individuals
 - o rule 5123-17-02 including review of Health & Welfare Alerts issued by DODD since previous year
 - 6 hours of training in topics selected by independent provider from following list relevant to services:
 - o components of quality care
 - o health and safety
 - o positive behavioral support
 - You must maintain your CPR and First Aid Certifications. DODD will require in-person skills check
 - *For HPC and Shared Living providers, you must also complete annual training in Behavior Support*
- There may be additional requirements for training based on the specific service you provide. Those requirements can be found in those service rules. Please email providers@greenedd.org if you have any questions about the training requirements for the services you provide.
- YOU are responsible for tracking and maintaining your training requirements, you could be audited locally or by DODD at any time.

We offer FREE in-person annual training for providers who are actively serving individuals in Greene County. We also offer FREE CPR/First Aid training for our active providers every month. Check out our Provider Support page on our Board website, www.greenedd.org, for more information about the courses offered and registration instructions.

Record Keeping

Service Documentation

- Make sure your documentation is always up to date
- Document your services as soon as possible
- Stay organized – keep a file for each individual you serve, with your current documentation and the corresponding ISP, as well as last year’s documentation and ISP

UI/MUI

- Copies of all the UIRs you complete
- Monthly logs for UIRs
- Copy of your MUI analysis reports, and evidence you have of having forwarded them to the County Board Investigative Agent.
- *See the Incident Reporting Requirements in this handbook for more details on these items*

Proof of Training

- Keep records of all the training you complete and all certificates you receive
- It is your responsibility to ensure that you are in compliance with all your training requirements, and have the documentation/certificates to prove you have completed the requirements

Timeline for Documentation & Records

- Complete up to Daily
 - Service Documentation (each day the service occurs)
 - Incident Reports (if incidents occur)
- Complete Monthly
 - Completed and signed services documentation for the previous month

- UIR Log (even if there are no UIRs)
- Annually
 - MUI Analysis Report
 - Your annual training requirements
- As needed
 - CPR/First Aid – typically 2-year certification cycles – your certificate will include an expiration date

Compliance Reviews

- At least once every certification span (3 years) you will undergo a compliance review. Most providers have one within their first year of providing services.
- You can find the compliance review protocol here:
<http://dodd.ohio.gov/Forms/Documents/Compliance%20Review%20Protocol%20New.pdf>
- You can find the list of required documents for a Compliance Review here:
<http://dodd.ohio.gov/forms/Pages/default.aspx>
- Timeline for a review:
 - 90 days prior -You will receive an email notification that a review is required. The email will provide you instructions on steps you need to complete to initiate the review. *It is the responsibility of the provider to ensure your contact information in your provider portal is updated, since this is how you will be contacted.
 - 45-60 days prior – A reminder email will be sent to you 45 days prior to your scheduled compliance review, confirming the date, time and location of your review. You will be able to access the instructions and required documentation list through your provider portal once you have scheduled your review.
 - Review Date – meet with reviewer to complete review
- After the review:
 - If you have no citations, you will receive an email letting you know that the review is complete and no citations were given
 - If you did receive citations, you will receive an email instructing you on how to submit a Plan of Correction (POC). You must submit the POC within 14 days of receiving this email.
 - If the POC is approved, you will receive a POC approval letter

- If the POC is not approved, you will receive an email asking you for additional information, and to resubmit the POC based on this feedback
- Within 90 days of your POC being approved, the reviewer will contact you to verify that the POC has been implemented as planned.

Recertification

- You are responsible for knowing your certification expiration date and for the renewal of your certification every 3 years.
- To avoid having a lapse in your certification and/or billing, DODD is asking that you submit your application and supporting documentation **90 days prior to your expiration date**.
- DODD will send you an email 90 days prior to your expiration date to remind you to start the process.
- Information about recertification can be found here on DODD's website:
<http://dodd.ohio.gov/Providers/BecomeAProvider/Pages/recertification.aspx>
- The following are required for recertification:
 - Current Background check. Or proof of your enrollment in rapback
<https://dodd.ohio.gov/providers/initial-renewal-certification/enrolling-in-rapback>
 - Proof of CPR/First Aid certification
 - Proof of completion of annual training requirements (see training section of handbook)
- If you have questions about the recertification process, contact Susan Collar at providers@greenedd.org or (937)562-6542.

Billing

- You can only bill for services that **you** have provided, and that are identified in the individual's ISP, and that you have documented.
- You are responsible for the accuracy of your billing.
- You can submit claims at any time; however, the deadline for processing for any given week is at noon on Wednesday. Claims submitted past the noon deadline may not be picked up for processing until the following week.
 - On Friday of the same week, the billed reports are available in EMBS under 'provider weekly reports'.
 - Claims are then sent to Ohio Department of Medicaid for processing. The invoice report, which indicates what will be paid, comes out the second Monday after the Wednesday production date.
 - The entire process takes 16-21 days, although payment is typically mailed out 16 days after the claims have been picked up for processing.
- Information on how to bill can be found on our Provider Supports page on our website, www.greenedd.org
- For a cost, you may choose to contract with a billing agency rather than to submit your own claims. As a provider, you would still be responsible for the accuracy and completeness of all claims. An agreement between DODD and the billing company would need to be completed to start this process.
- For questions about billing, contact Susan Collar at providers@greenedd.org, or (937)562-6542.

Definitions of Commonly Used Terms

- **Abuser Registry:** The Abuser Registry lists individuals who have committed abuse, neglect, misappropriation of funds, a failure to report an incident, or who have engaged in improper sexual relations with an individual who has a developmental disability.
- **Adult Day Supports:** These are non-work related day services that consist of supports and services provided at centers and throughout the community. Adult Day Support includes support and supervision to individuals in the area of personal care, communication, mobility which ensures an individual's ability to experience and participate in community life.
- **Advocacy:** Activities in support of people with developmental disabilities including rights protection, legal and services assistance, and system or policy changes.
- **Agency Provider:** This term refers to an organization that provides services to persons with developmental disabilities. The provider of record is the agency, and the direct service can be provided by any member of their organization.
- **Behavior Support Strategies:** Services included in Individual Service Plans (ISPs) that help an individual by reducing risk of harm to themselves or to others.
- **Community Integration:** Opportunities for individuals with developmental disabilities to live, work, and spend time in their communities. People with developmental disabilities should live as valued members of our communities while receiving the services and supports they need to fully develop their potential.
- **Compliance Review:** The process that is required every three years for providers of waiver services to make sure they are following the rule requirements for the services they provide, and to provide technical assistance. A DODD reviewer or County Board reviewer may complete a compliance review with you.

- **County Board:** County Boards of Developmental Disabilities are the 'front door' to services to people with disabilities, and are located in each of the 88 counties in Ohio. Powers and duties of County Boards are defined in Law - ORC 5126.05.
- **DODD:** The acronym used for the Ohio Department of Developmental Disabilities. DODD oversees, and provides resources to, Providers and County Board services to make sure they are following their rule requirements.
- **DSP:** Direct Support Professional – **YOU** – Independent Providers and agency staff that are paid to support individuals with developmental disabilities.
- **Free Choice of Provider:** Individuals can choose any DODD certified provider to work with them. They can choose a different certified provider at any time if they are not happy with their current provider. They can also have multiple providers for their services.
- **HPC: Homemaker/Personal Care** - A variety of services, supports, and supervision necessary to ensure the health, safety, and wellbeing of an individual who lives in the community. Homemaker/personal care helps individuals become more independent within their home and community, and helps them meet their daily living needs personal (ex. hygiene, dressing and eating). HPC transportation is the service that pays for travel needed to complete these services.
- **IA: Investigative Agent**- Each of the 88 County Boards contract with or employ an IA. The IA is required to investigate all reported MUIs. These investigations include the identification of causes and contributing factors, as well as prevention plans to help reduce the likelihood of the incident happening again. IAs are certified through DODD and are required to attend Civil and Criminal Investigatory Practices training and obtain credit hours to maintain their certification.
- **Independent Provider:** A Direct Support Professional (DSP) who is independently employed. They cannot sub-contract or send someone else to provide service in their place.
- **IO: Individuals Options** – This Waiver identifies a different funding limit for each person based on results of the Ohio Developmental Disabilities Profile assessment.
- **ISP: Individual Service Plan** - Developed to identify specific services and supports needed and desired by an individual. The ISP describes all services and supports necessary, regardless of payment source, for a particular individual to maintain health and safety.. The ISP should explain how each support service is intended to meet a need, as indicated in the most recent assessment of the individual's functioning levels. The ISP tells providers what services they are being paid to provide the individual.
- **LV1: Level 1 Waiver**– This Waiver has a budget limit of \$5000, though there are emergency monies available per three-year period.
- **Medicaid:** A health care program that typically helps low-income individuals in paying for their healthcare needs. Individuals' waiver services are funded through their Medicaid eligibility. Medicaid involves federal and state funding, and it is run at the state level through Ohio Department of Job and Family Services (ODJFS). Each county has an ODJFS office where eligibility is determined and maintained for individuals in that community.

- **MUI: Major Unusual Incident** – The reporting system mandated by Ohio law that sets procedures to review and report allegations of abuse, neglect and other potentially serious incidents that occur in the Developmental Disabilities system. You will learn about MUIs in depth through your annually required training on the topic.
- **NMT: Non-Medical Transportation** – This refers to the type of transportation provided to someone to and from their day array or community employment activity.
- **Payee:** According to the Social Security Administration, a representative payee is a person or organization appointed to receive and assume responsibility for the Social Security or SSI benefits for anyone who can't manage their own benefits. Payees have to meet specific requirements for tracking and maintaining these funds for the individual.
- **Person-Centered Planning:** An individual focused approach to planning that empowers individuals with developmental disabilities to set the direction and actively shape their own future.
- **POC: Plan of Correction** – If during a compliance, or quality assurance review, it is determined that you are not meeting a rule requirement, you will be asked to submit a POC to the reviewer that states how you plan on fixing the problem. Your reviewer will confirm that your plan is good, and will check back with you at a later date to make sure you have done what you said you would in the POC.
- **QARN: Quality Assurance Registered Nurse** – Completes quality assessment reviews that are required at least once every 3 years for sites with individuals that get help with health-related activities (HRA) or medication from their providers.
- **Self-Advocacy:** People with developmental disabilities, either individually or in groups, speaking up or acting for themselves, or on behalf of issues that affect people with disabilities.
- **Self Determination:** Self-Determination gives people with disabilities the freedom to decide how they will live, work, and participate in the community. It is the authority to decide how their funds will be spent; the supports that allow them to lead the life they choose; the responsibility to make sure the money they are using is spent in a useful and appropriate manner; and inclusion in the process of making life decisions.
- **Service Documentation:** Information that you have to complete and maintain for each person you are working with, for each service you are paid for, based on the rules for that service.
- **Shared Living:** Personal care and support services provided to an adult by a caregiver/provider who lives with the individual receiving the services. This service is only available through the IO waiver.
- **SSA: Service and Support Administrator** –Works with individuals and providers of services to develop the individual's ISP, coordinate services, and monitor progress of those services.
- **UIR: Unusual Incident Report** - An event or occurrence involving an individual that is not consistent with routine operations, policies and procedures, or the individual's care or individual service plan, but is not a major unusual incident. *You will learn about this in depth through your annual required MUI training.*

- **Waiver:** The waiver is the funding that pays for DSPs to provide individuals with the care they require based upon their assessed needs as identified in their ISP.

If you have questions about any of the responsibilities and requirements included in this handbook, please contact:

Susan Collar, Provider Development Coordinator

Greene County Board of DD
(937)562-6542
providers@greenedd.org

For questions related to your user account with DODD, or applications on DODD's website, please contact:

DODD Support Center

1-800-617-6733

Option#2 Provider Payment Information
Option#3 Assistance with Claims or Billing
Option#4 User Account Issues or Security
Opt.5-Provider Certification

To connect with other Greene County Board of DD employees:
(937)562-6500