

**Lucas County Board of Developmental Disabilities**  
**(LCBDD)**  
**Provider and Caller Q&A**

**Categories Included in the Q&A are as follows:**

- General provider information questions
- Provider recertification questions
- Training questions
- Provider compliance questions
- Non-certified caller questions

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**(LCBDD)**  
**Provider and Caller Q&A**

**General provider information questions:**

1. **How can I keep up with changes as they are made by the state with things like forms, rules & procedures?**
  - Providers can keep up with changes by visiting the Ohio Department of Developmental Disabilities (DODD) web site ([www.dodd.ohio.gov](http://www.dodd.ohio.gov)) or by attending provider meetings and inquiring about any recent changes at the meetings. View the current provider meeting schedules on our website [www.lucasdd.org](http://www.lucasdd.org) in the Provider Training Link.
  - Independent providers can obtain the most current revised sample forms at independent provider meetings.
  - To subscribe to the rules notice service with DODD, send an email to [join-rules.notice@dodd.ohio.gov](mailto:join-rules.notice@dodd.ohio.gov)
  
2. **What does ratio/group size mean?**
  - Ratio/group size refers to the number of staff (1<sup>st</sup> number in the ratio) serving the number of consumers (2<sup>nd</sup> number in the ratio) during a specific time period. For example, if you're working alone with two consumers, the ratio would be 1:2.
  
3. **Can I use the LCBDD sample documentation forms?**
  - Yes, you may use any of the samples provided; however, it is your responsibility to update the forms based on any rule changes.
  
4. **Should a list of consumer's current medications be available in the provider's office as well as at the consumer's home?**
  - Yes, that is best practice.
  
5. **What is a best practice?**
  - A best practice is a procedure that is accepted as being most effective. It is not a compliance determined practice or procedure.
  
6. **Does DODD withhold state and federal taxes for independent providers through Waiver Payment Services?**
  - No. The provider is responsible for meeting their own tax liability. Providers are considered to be self-employed.
  
7. **Who do I contact regarding billing questions?**
  - DODD website ([www.dodd.ohio.gov](http://www.dodd.ohio.gov))

- Rita Chamberlin or Matt Risley, LCBDD Medicaid Department at LLC (419/385-5771)

**8. Is Asleep/Awake the same as On site/on call?**

- No. On site/on call is paid at a lower rate.

**9. Can I become a provider through Job 1 and still be a Medicaid Waiver Provider?**

- Yes. You can be a multi-system provider if you meet the qualifications for each system, however, you must carefully track your billing the correct system for the individuals you serve because you cannot double bill both systems for the same individual at the same time.

## **Provider recertification questions:**

**1. When the time comes for me to re-certify with DODD, what do I need to do?**

- You will first receive a re-certification reminder letter from LCBDD 120 days prior, then approximately 90 days prior from DODD. It is recommended you start the re-certification process as soon as you get the 90 day letter from DODD so your certification does not pass the expiration date. When you get the letter, go to the DODD website and sign in (i.e. insert your user name and password) under the application area, select renewal. From the renewal area of the DODD website, you will be instructed on what tasks you need to complete to renew your certification.

**2. I know my certification has expired, what is the process to re-certify?**

- The rule states (1) An applicant whose certification has been expired for less than one year shall be required to apply for and meet the requirements for renewal certification. (2) An applicant whose certification has been expired for one year or more shall be required to apply for and meet the requirements for initial certification.

## **Training questions:**

**1. Who can I contact to register for training?**

- LCBDD at [www.lucasdd.org](http://www.lucasdd.org) click on the "Provider" tab
- Questions can be referred to LCBDD Provider Support at 419-381-5300 or
- DODD at [www.dodd.ohio.gov](http://www.dodd.ohio.gov)

**2. Do all of the required trainings have to be taken through the state or can a provider receive training through their current employer?**

- There may be some training provided by an employer that meet the state's requirements. When in doubt, contact DODD to verify.

**3. Could you please provide clarification regarding possible training topics that an independent provider (IO or Level One Waiver) could attend to satisfy the requirements for the 8 hours of annual training?**

- With the exceptions of First Aid and CPR, any training including required annual training (i.e. MUI Rule Training, etc.) applies to the 8 hour per year total.
- Some other training resources include: OPRA Conference, OACBDD conference, PAR Conference, Training Resource Network Inc. ([info@trninc.com](mailto:info@trninc.com)) (or other disability specific resources found on county board and DODD websites)

**4. Covered under the DODD rules, what organizations are approved to provide CPR training for providers?**

- Check the ODJFS Website at <http://jfs.ohio.gov/cdc/freeaidtrn.stm> for the most current list of approved organizations.

**5. Do I need to take First Aid training?**

- Yes, unless otherwise exempted by Rule (see Rule to review exemptions)

**6. Please explain the criteria regarding whether I need Medication Administration training.**

- If the consumer can safely self-administer medications or receives assistance with self-administration, the provider is not required to be trained or certified in Medication Administration and health-related activities.
- If the independent provider is a paid provider and a family member and the consumer lives with the provider/family member; certification for Medication Administration is not required. Also, if a consumer lives with a family member who is the primary caregiver, Medication Administration can be delegated by the family member to an independent provider (not to the employees of an agency provider). The family member is then responsible for training and supervising the provider, and no proof of training or certification is required. FYI: if the person receiving medication administration supports moves away from the family member and still wants the family member to be a paid provider of this support, the family member will need training at that point.
- Providers who provide medication administration to consumers receiving Waiver services in any setting from 1-16 beds are required to be trained and certified in Medication Administration and health-related activities. For 5 beds or less, delegated nursing is required only for G-tube, J-tube, and Insulin injections. For 6-16 beds, training for providers and Delegate Nursing are required for Medication Administration as well as G-tubes, J-tubes. For 6-16 beds, Insulin injections can only be administered by a nurse.

**7. Where can I go to take Medication Administration classes?**

- View our Medication Administration training list under the Steps to Becoming a Provider link in the Provider Training, Support, Certification tab of our website at [www.lucasdd.org](http://www.lucasdd.org)

**8. Do I need to save proof of any training I attend?**

- Yes, save proof of any training you attend from the start to the end of your certification dates. When a Provider Compliance Review is completed, the reviewer will review all of your training documentation back to the effective date of the rule or back to your certification date, whichever comes last.

**9. What kind of evidence of training do I need to maintain proof that I attended training sessions?**

- Evidence of trainings must include the following elements:
  - Title of training topic
  - Name, address, and phone number of training location
  - Signature of trainer
  - Date training was held, number of training hours and time of training
  - A description of the training topic/s covered

**10. Can I repeat the same training and have it count towards my annual 8 hours of training?**

- Yes, but only if it is not within the same calendar year.

**11. Is Fire and Emergency Response Training mandatory?**

- No, it is encouraged and considered a best practice to attend.

**12. Can I get confirmation that I am registered for training with LCBDD once I've registered?**

- Once you've clicked to submit your registration, a pop up will show that you are registered.

**13. So if a provider earns 8 hours of training within a one year period by taking only the required annual training topics, there wouldn't be any additional training required to meet certification requirements?**

- That is correct for routine HPC providers that no additional training would be required as long as the provider obtained 8 hours each year and attended all of the required annual trainings. However, this is not the case for day program certified providers, they require additional hours (refer to the Rule for further information regarding day program provider certification requirements)

## **Provider compliance questions:**

**1. Once I become certified as a provider, what are my annual requirements to maintain my certification?**

- Refer Provider Certification Rule on the DODD website. Also, refer to the Agency or Independent Provider Requirements Checklists to review requirements.

**2. As long as I'm certified as both an independent provider and an agency provider, can I continue to provide supports as an independent provider for my family member at the same time I am providing supports to other individuals as an agency provider?**

- Yes

**3. What's the maximum number of days staff are to notify the provider they work for if they are charged with, plead guilty to or are convicted of an offense listed in division (E) of section 5126.28 of the Ohio Revised Code as noted in the pre-employment and annual notice statement?**

- Staff are to notify the provider within 14 days of being charged with, pleading guilty to or if convicted of an offense.

**4. What should I do if changes are needed to the ISP during the span?**

- Contact the SSS. If it's a minor change, the SSS may not call a team meeting. Otherwise, an ISP review or special team meeting will be held and the ISP will be formally amended. The provider should continue to deliver the service exactly as it is written in the original ISP until the amendment is received. The amendment should include an implementation date for service change.

**5. If the physician didn't fill out part of the consultation form, can I as the provider complete it?**

- It's important to ensure consultation forms are thoroughly completed and signed by the physician prior to leaving the appointment. If the form isn't legible, you may add clarifying information somewhere else on the form or on an attached page. If you find that information is missing, some doctor's offices will allow you to fax the form or bring it back in to be completed if necessary.

**6. As a provider, do I have to purchase and maintain Worker's Compensation Insurance?**

- Agency providers are required to obtain Worker's Compensation and Liability Insurance Coverage regardless of whether or not they've hired employees yet (FYI: agency providers cannot bill for services unless they have hired staff to provide the services).
- It is considered a best practice for independent providers to purchase and maintain Worker's Compensation Insurance; however, it's not *required* for independent providers.

**7. As a provider, if an incident occurs while I am providing paid supports, I realize I must complete an incident report. However, do I have to write an incident report and/or report an MUI that may occur while I am assisting my family member in a natural support (unpaid) capacity?**

- Refer to the "Reporting Requirements" form. Also, providers may consult with an IA at any time if unsure. Contact MUI unit at 419-381-5206.

**8. Does every individual have an ISP and does documentation have to be completed within a certain time period?**

- Every individual has an ISP. Services must be provided per the ISP frequencies and documentation should be completed within 24 hours of service delivery.

**9. When I document certain services (i.e. mileage, medications on the MAR) separately from other HPC supports, do I need to ensure that all 12 elements are included on the separate documentation forms?**

- You must have all elements documented on some form of documentation but they do not have to all be on the same page. You will need to show evidence that you have all 12 elements to a reviewer.

**10. Can I be the landlord and the independent or agency provider for a consumer if he/she needs housing?**

- In general, that scenario would present a conflict of interest. If the consumer is satisfied with having you as a landlord, but not as a provider, his/her free choice of provider is impeded (i.e. the consumer may fear eviction if a different provider is chosen). However, there are a couple of exceptions:

**You cannot provide a home and SL services to individuals with DD unless:**

- You live in the home with them as your primary residence and you are not related to any of them; in that case, you are limited to serving a maximum of 3 individuals in that home.

**OR**

- You live in the home with them as your primary residence and there is a family relationship with at least 2 of the individuals who have DD; in that case you are limited to serving a maximum of 4 individuals in that home.

**11. Do I have to document arrival and departure times on the H/PC sheet?**

- The times need to be documented somewhere unless you are an independent provider and reside with the consumer you are serving.

**12. What is a unit and do I have to document the number of service units delivered each day?**

- A unit is 15 minutes of uninterrupted service delivery and yes, they should be documented each day, unless you are being paid a daily rate via Adult Foster Care or Adult Family Living.

**13. How often should agency providers complete BCII checks for their employees after the initial (prior to hire) check? Is an ORC # required when fingerprints are being requested?**

- No less than once every five years. Also, agency providers need to redo checks for Nurse Aide, Abuser, and Sex Offender Databases.
- BCII fingerprint cards must include the ORC # as to the reason providers are requesting to be fingerprinted. (refer to ORC 5111.034)

**14. Do I need to obtain a driving abstract?**

- Yes. independent and agency providers who provide transportation supports must obtain a driver's abstract initially, and every three years thereafter, for every person transporting individuals served. A person having six or more points on their driving record is prohibited from transporting.

**15. What are my responsibilities regarding reporting UIs and/or MUIs?**

- Any unusual incidents that have the potential to impact on an individual's health and safety must be reported. Depending on the incident type and severity, a UI form and an MUI report may be warranted. Refer to the Incident Reporting and MUI Rule (5123:2-17-01). Contact the MUI Unit if you have any questions as to whether an MUI report is warranted and contact your LCBDD Liaison for additional UI training as needed.

**16. What are my responsibilities regarding Health and Safety Alerts and where can I obtain them?**

- You can register on the DODD website ([www.dodd.ohio.gov](http://www.dodd.ohio.gov)) to subscribe to receive the Health and Safety Alerts or you can try phoning the DODD at 1-877-464-6733 (TTY # is 1-614-752-4688).
- It is each provider's responsibility to review every Health and Safety Alert within a reasonable period of time from when they come out (i.e. within a one month period).
- Make sure to sign and date each Health and Safety Alert and file away as evidence to reviewers that you have received and reviewed them in a timely manner.

**17. As an agency provider, can I email the annual notifications to staff regarding how they will notify me, as the employer, if his/her driver's license is revoked or suspended, as well as the annual notice regarding conduct for which an employee may be included in the abuser registry, and how staff will notify me, as the employer, if they are placed on the abuser registry or if they are ever formally charged with, convicted of, or plead guilty to any of the offenses listed in division E of the Ohio Revised Code Section 5126.28?**

- Yes you can, however, it is recommended you attach the document/s you currently use in this regard for these purposes and direct your staff to review the attached and respond to the email, saying they have reviewed it, then save these correspondences as evidence of Provider Compliance.

## **Non-certified caller questions:**

**1. How can I find out whether my child (under the age of 18) is eligible to receive Waiver funding?**

- While your child may be eligible for services, he/she is likely on a waiting list for a Waiver. You can find out by calling our intake line at 419-381-8320. If your child has not been reviewed for eligibility, they can assess him/her for it so he/she can get on the wait list. Intake staff can also provide you with some other community resource information to fit your children's current needs if he/she is not already linked with other services already. Children usually receive natural supports from parents when they are in school so they do not get priority for Waiver funding until they reach adult age.

**2. What do I need to do to become a DODD certified provider?**

- Visit DODD's website provider information at [www.dodd.ohio.gov](http://www.dodd.ohio.gov) for information in becoming a certified provider. Also, visit the LCBDD website at [www.lucasdd.org](http://www.lucasdd.org) under the "Provider training, support, and certification" tab and then the "Steps in Becoming an Independent Provider of Services" tab.

**3. What is the cost of becoming a certified provider?**

- Check the DODD's website provider information for the most current/up to date information in this regard at [www.dodd.ohio.gov](http://www.dodd.ohio.gov) or call the DODD call center at 1-800-617-6733 (option #3: provider certification).

**4. If a husband and wife both want to be providers to serve their adult child, do they both have to apply to become providers?**

- Yes, if each wants to be an Independent Provider, they both have to apply and they both must go through all of the processes to be providers. If an agency is established by either, only one need apply as CEO; however, if the other parent wants to provide services under this agency, she/he must have the requirements of agency staff fulfilled.

**5. If a husband and wife want to start up an agency and be co-owners, do they both have to meet the qualifications to become agency providers?**

- Yes, they must both each qualify and they both must each submit their qualification information to the state per the application/state requirements; however, partners in



an agency can fill out the same application by putting each of their names on the application form in the appropriate sections of the form using the one agency name. Also, since it is the one agency, they would have one set of policies and procedures.

**6. What if only one (husband or wife or agency partners) qualifies to become certified as an agency provider director?**

- Then only the one who qualifies can become the CEO of the agency. If qualified under compliance rule, the other person can become a staff person for the agency in lieu of becoming a certified provider. If this occurs, the CEO must ensure all staff provider compliance requirements are met for this person as well as all agency staff.

**9.21.15**