Havar Inc



Inservice Attendance Record

Name and Position PRINT	DATE
Annual ODODD Regulatory Compliance and Ha	avar Policies Review
□ Philosophy Review	
□ Employee Handbook Update Review	
MUI/UI Annual Refresher 1 hour	
□ Health and Welfare Alerts	
□ Abuser Registry Review	
□ Consumer Rights Review	
□ Havar Whistleblower Policy Review	
□ Havar Code of Ethics Review	
Restricted financial interactions between staff as	nd consumers
□ 16.7 Use Policy for HIPAA and PPI Compliand	e. AUP Acceptable Use / BYOD / Social Media
Policies.	
□ Medicaid Documentation Responsibility Ackno	wledgement (Good Progress Notes)
	<u> </u>
Trainee Signature	
Trainer Signature	 Title

Philosophy Review

https://youtu.be/qdE1x nhyvk

Employee Handbook Update Review

https://docs.google.com/document/d/1cqR22uUR8pINxuZUPzJZMSZEx1Lmh NlNj-UJneuq4E/edit https://docs.google.com/document/d/1-GwPCmrqT4MfJjCj8j38YQgwrvoUjkOkaWWQ5FZbqGg/edit

MUI/UI Annual Refresher 1 hour

http://dodd.ohio.gov/HealthandSafety/Documents/MUIHandbook.pdf

Health and Welfare Alerts

http://dodd.ohio.gov/Communications/Lists/Categories/Category.aspx?CategoryId=13



Health and Welfare Alert: Preventing and Reporting Abuse

by System Account at 11:33 AM in Health & Welfare Alerts, MUI0 comments



Winter Weather Alert 52-1-17

by System Account at 1:05 PM in Health & Welfare Alerts0 comments



Health and Welfare Alert - Priority One

by System Account at 9:45 AM in Health & Welfare Alerts0 comments



Health and Wefare Alert Notice

by System Account at 4:30 PM in Health & Welfare Alerts0 comments



31 31-10-16 Health and Welfare Alert - Preventing the Flu

by System Account at 4:01 PM in Health & Welfare Alerts0 comments



02 02-06-16 Summer Safety

by System Account at 12:04 PM in Health & Welfare Alerts0 comments



18 18-05-16 Choking

by System Account at 5:24 PM in Health & Welfare Alerts0 comments



4/13

36 36-04-16

Bathroom Safety

by System Account at 5:24 PM in Health & Welfare Alerts0 comments



24 24-02-16 Heart Health

by System Account at 5:23 PM in Health & Welfare Alerts0 comments



52 52-12-15 Winter Weather Alert

by System Account at 5:23 PM in Health & Welfare Alerts0 comments

□ Abuser Registry Review

Abuser Registry

Established in Ohio law, to track those who are prohibited from working with people with developmental disabilities

The Ohio Department of Developmental Disabilities ("Department") maintains an Abuser Registry which is a list of employees who the Department has determined have committed one of the Registry offenses listed below. If your name is placed on the Registry you are barred from employment as a Developmental Disabilities employee in the state of Ohio. Because other state agencies require employers to check the Abuser Registry, placement on the Registry also prohibits you from being employed (1) by a Medicaid agency, being an owner (5 percent or more) of an agency or having a Medicaid Provider Agreement as a non-agency provider; (2) in a position to provide Ombudsman services or direct care services to anyone enrolled in a program administered by the Ohio Department of Aging; and (3) by a home health agency in a direct care position and may prevent you from being hired in a nursing home or residential care facility in a direct care position.

After 1 year, the person may petition the Department for removal of their name from the Registry. If the petition is denied, the name remains on the Registry.

The name of any "Developmental Disabilities (DD) employee" may be placed on the Registry. DD employee includes any Department employee, any employee of a county board of DD, an independent provider under Ohio Revised Code section 5123.16, and any employee providing specialized services to an individual with developmental disabilities. A specialized service is a program or service designed to primarily serve individuals with developmental disabilities including services by an entity licensed or certified by the Department.

Consumer Rights Review

http://dodd.ohio.gov/IndividualFamilies/MyDODD/Documents/Bill%20of%20Rights%20ER.pdf

Havar Whistleblower Policy Review

16.2 Havar "Whistleblower" Policy

Havar's Code of Ethics and Conduct ("Code") requires trustees, officers and employees to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. As employees and representatives of Havar, we must practice honesty and integrity in fulfilling our responsibilities and comply with all applicable laws and regulations.

Reporting Responsibility

It is the responsibility of all trustees, officers and employees to comply with the Code and to report violations or suspected violations in accordance with this Policy.

No Retaliation

No trustee, officer or employee who in good faith reports a violation of the Code shall suffer harassment, retaliation or adverse employment consequence. An employee who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment. This Policy

is intended to encourage and enable employees and others to raise serious concerns within the organization prior to seeking resolution outside the organization.

Reporting Violations

Havar employs an open door policy and suggests that employees share their questions, concerns, suggestions or complaints with someone who can address them properly. In most cases, an employee's supervisor is in the best position to address an area of concern. However, if you are not comfortable speaking with your supervisor or you are not satisfied with your supervisor's response, you are encouraged to speak with the Executive Director or anyone in management with whom you are comfortable. Supervisors and managers are required to report suspected violations of the Code of Conduct to the Executive Director, who has specific and exclusive responsibility to investigate all reported violations. For suspected fraud, or when you are not satisfied or uncomfortable with following the open door policy, you should contact the Executive Director directly.

Compliance Officer

The Executive Director is responsible for investigating and resolving all reported complaints and allegations concerning violations of the Code and, at her discretion, shall advise the Board. The Executive Director has direct access to the finance committee of the board of trustees and will report at least annually on compliance activity.

Accounting and Auditing Matters

The finance committee of the board of trustees shall address all reported concerns or complaints regarding corporate accounting practices, internal controls or auditing. The Executive Director shall immediately notify the finance committee of any such complaint, and will work with the committee until the matter is resolved.

Acting in Good Faith

Anyone filing a complaint concerning a violation or suspected violation of the Code must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation of the Code. Any allegations that prove not to be substantiated and which prove to have been made maliciously or knowingly to be false will be viewed as a serious disciplinary offense.

Confidentiality

Violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. Reports of violations or suspected

violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

Handling of Reported Violations

The Compliance Officer will notify the sender and acknowledge receipt of the reported violation or suspected violation within five business days. All reports will be promptly investigated and appropriate corrective action will be taken if warranted by the investigation.

Reviewed 2.13; 7.15

Havar Code of Ethics Review

Havar Code of Ethics 1.5

A. Personal and Professional Integrity

All Staff, board members, and volunteers of Havar, Inc. act with honesty, integrity, and openness in all their dealings as representatives of the organization. Havar promotes a working environment that values respect, fairness, and integrity.

B. Mission

Havar has a clearly stated mission and purpose, approved by the board of trustees in pursuit of the public good. All of its programs support that mission and all who work for or on behalf of the organization understand and are loyal to that mission and purpose. The mission is responsive to the constituency and community served by the organization and is of value to the society at large.

C. Governance

Havar has an active governing body that is responsible for setting the mission and strategic direction of the organization and oversight of the finances, operations, and policies of the organization. The governing body:

- Ensures that its trustees have the requisite skills and experience to carry out their duties and that all members understand and fulfill their governance duties acting for the benefit of the organization and its public purpose.
- Ensures that any conflicts of interest or the appearance thereof are avoided or appropriately managed through disclosure, recusal, or other means.
- · Is responsible for the hiring, firing, and regular review of the performance of the Chief Executive Officer (CEO) and ensures that the compensation or the CEO is reasonable and appropriate.
- Ensures that the CEO and appropriate staff provide the governing body with timely and comprehensive information so that the governing body can effectively carry out its duties.
 - Ensures that the organization conducts all transactions and dealings with integrity and honesty.
 - · Ensures that the organization promotes working relationships with board members, staff, volunteers, and program beneficiaries that are based on mutual respect, fairness, and openness.
- Ensures that the organization is fair and inclusive in its election of its volunteer board members, and in its hiring and promotion policies and practices for employees.
- Ensures that the policies of the organization are in writing, clearly articulated and officially adopted.
- Ensures that the resources of the organization are responsibly and prudently managed.
- Ensures that the organization has the capacity to carry out its programs effectively.

D. Legal Compliance

The trustees and management are knowledgeable of and comply with all laws, regulations, and applicable international conventions.

E. Responsible Stewardship

Havar Trustees and staff manage its funds responsibly and prudently. This should include the following considerations:

- It spends a reasonable percentage of its annual budget on programs in pursuit of its mission
- It spends an adequate amount on administrative expenses to ensure effective accounting systems, internal controls, competent staff, and other expenditures critical to professional management.
- The organization compensates staff, and any others who may receive compensation, reasonably and appropriately.
- Havar does not accumulate operating funds excessively.
- · Havar ensures that all spending practices and policies are fair, reasonable, and appropriate to fulfill the mission of the organization.
- · All financial reports are factually accurate and complete in all material respects.

F. Openness and Disclosure

Havar provides comprehensive and timely information to the public, the media, and stakeholders and is responsive in a timely manner to reasonable requests for information. All information about the organization will fully and honestly reflect the policies and practices of the organization. Basic informational data about the organization, such as form 990, reviews and compilations, and audited financial statements will be posted on the organizations website or otherwise available to the public. All solicitation materials accurately represent the organization's policies and practices and will reflect the dignity of program beneficiaries. All financial, organizational, and program reports will be complete and accurate in all material respects.

G. Program Evaluation

Havar regularly reviews program effectiveness and has mechanisms to incorporate lessons learned into future programs. The organization is committed to improving program and organizational effectiveness and develops mechanisms to promote learning from its activities in the field. The organization is responsive to changes in its field of activity and is responsive to the needs of its constituencies.

H. Inclusiveness and Diversity

Havar has a policy of promoting inclusiveness and its staff, board, and volunteers reflect diversity in order to enrich its programmatic effectiveness. The organization takes meaningful steps to promote inclusiveness in its hiring, retention, promotion, board recruitment, and constituencies served. Havar attempts to achieve diversity in age, race, ethnicity, gender, income, and disability, and among all it associates.

Adopted by its Board of Trustees and Membership at the annual meeting of February 26, 2004

I have reviewed this policy, commit to its intent, and certify that I am in compliance with all sections. I will disclose any potential conflict of interest, in writing to the Executive Committee of the Board, should it arise.

Currently, I believe that the following situation may constitute a conflict of interest:

Restricted financial interactions between staff and consumers

NON SOLICITATION OF CONSUMERS

DODD regulations prohibit employees and providers from soliciting consumers for the sale of goods and services. Some examples might be home based sales programs for cosmetics and kitchen ware. These regulations are in line with Havar's long standing policy reminding our co-workers that our consumers are a group at risk of abuse and exploitation. As providers we are often viewed as in authority. Consumers and their natural supports want and need to trust us and yet often feel obligated and dependent beyond the professional expectations of our relationship. We must take earnest precautions not to betray that trust either in fact of in perception.

16.7 Use Policy for HIPAA and PPI Compliance. AUP Acceptable Use / BYOD / Social Media Policies.

16.5 Havar, Inc. BYOD Policy

Havar, Inc grants its employees the privilege of purchasing and using smartphones and tablets of their choosing at work for their convenience. Havar, Inc reserves the right to revoke this privilege if users do not abide by the policies and procedures outlined below.

This policy is intended to protect the security and integrity of Havar, Inc's data and technology infrastructure. Limited exceptions to the policy may occur due to variations in devices and platforms.

Havar, Inc employees must agree to the terms and conditions set forth in this policy in order to be able to connect their devices to Havar, Inc's network.

Expectation of Privacy

Havar, Inc will respect the privacy of your personal device and will only request access to the device by technicians to implement security controls or to respond to legitimate discovery requests arising out of administrative, civil, or criminal proceedings. This differs from policy for Havar-owned equipment and/or services, where employees do not have the right, nor should they have the expectation, of privacy while using equipment and/or services.

Acceptable Use

- Havar, Inc defines acceptable business use as activities that directly or indirectly support the business of Havar, Inc.
- Havar, Inc defines acceptable personal use on company time as <u>reasonable</u> and <u>limited</u> personal communication or recreation, such as reading or game playing.
- Employees are blocked from accessing certain websites during work hours/while connected to the corporate network at the discretion of Havar, Inc.
- Devices' camera and/or video capabilities are disabled while on-site.
- Devices may not be used at any time to:
 - Store or transmit illicit materials

- Store or transmit proprietary information belonging to another company
- Harass others
- Engage in outside business activities
- Employees may use their mobile device to access the following company-owned resources: email, calendars, contacts, documents, and the Accel Trax work reporting and and Provide system only if the device and network access is password protected.
- Havar, Inc has a zero-tolerance policy for texting or emailing while driving and only hands-free talking while driving is permitted.

Devices and Support

- Smartphones including iPhone, Android, and Windows phones are allowed.
- Tablets including iPad and Android are allowed.
- Connectivity issues are not supported by IT; employees should contact the
 device manufacturer or their carrier for operating system or hardware-related
 issues.
- Devices must be presented to IT for proper job provisioning and configuration of standard apps, such as browsers, office productivity software and security tools, before they can access the <u>agency</u> network.

Reimbursement

- Havar, Inc will not reimburse the employee for a percentage of the cost of the device.
- Havar, Inc will not reimburse the employee for the following charges: roaming, plan overages, etc.

Security

- In order to prevent unauthorized access, devices must be password protected using the features of the device and a strong password is required to access Havar, Inc network.
- Havar, Inc's strong password policy is: Passwords must be at least eight characters and a combination of upper- and lower-case letters, numbers and symbols. Passwords will be rotated every 90 days and the new password can't be one of 15 previous passwords.
- The device must lock itself with a password or PIN if it's idle for ten minutes.
- After five failed login attempts, the device will lock. Contact IT to regain access.
- Rooted (Android) or jailbroken (iOS) devices are strictly forbidden from accessing the network.
- Employees are automatically prevented from downloading, installing and using any app that does not appear on Havar, Inc's list of approved apps.
- Smartphones and tablets that are not on Havar, Inc's list of supported devices are/are not allowed to connect to the network.

- Smartphones and tablets belonging to employees that are for personal use only are/are not allowed to connect to the network.
- Employees' access to company data is limited based on user profiles defined by IT and automatically enforced.
- The employee's device may be remotely wiped if
 - The device is lost,
 - The employee terminates his or her employment,
 - IT detects a data or policy breach, a virus or similar threat to the security of Havar, Inc's data and technology infrastructure.

Risks/Liabilities/Disclaimers

- While IT will take every precaution to prevent the employee's personal data from being lost in the event it must remote wipe a device, it is the employee's responsibility to take additional precautions, such as backing up email, contacts, etc.
- Havar, Inc reserves the right to disconnect devices or disable services without notification.
- Lost or stolen devices must be reported to Havar, Inc within 24 hours.

 Employees are responsible for notifying their mobile carrier immediately upon loss of a device.

- The employee is expected to use his or her devices in an ethical manner at all times and adhere to Havar, Inc's acceptable use policy as outlined above.
- The employee is personally liable for all costs associated with his or her device.
- The employee assumes full liability for risks including, but not limited to, the partial or complete loss of company and personal data due to an operating system crash, errors, bugs, viruses, malware, and/or other software or hardware failures, or programming errors that render the device unusable.
- Havar, Inc reserves the right to take appropriate disciplinary action up to and including termination for noncompliance with this policy.

Each Havar employee shall review and sign this policy upon hire, and annually thereafter.

User Acknowledgment and Agreement I acknowledge, understand and will comply with the above referenced security policy and rules of behavior, as applicable to my BYOD usage of services. I understand that business use may result in increases to my personal monthly service plan costs. I further understand that reimbursement of any business related data/voice plan usage of my personal device is not provided.

Employee Name:		
		RVΩΓ

Device(s):		
Employee Signature:	Date:	_

Medicaid Documentation Responsibility Acknowledgement (Good Progress Notes) and Definitions

Office of Provider Standards and Review (OPSR)

OPSR conducts compliance reviews in licensed waiver funded settings, unlicensed waiver-funded settings, licensed Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFIIDs), and County Board settings. In order to ensure consistency, the review process and tools used are the same in all settings.

Compliance Review – regularly scheduled reviews of a provider are conducted prior to the end of the provider's term license, accreditation term or at least once every 5 years for non-licensed waiver settings. The review is conducted utilizing a single review tool.

Special Compliance Review – an unscheduled review, which occurs due to identified concerns such as complaints, Major Unusual Incidents, reports of fraud, or adverse outcomes identified by other entities such as the Ohio Department of Health or the Ohio Department of Job and Family Services.

If you have questions or need additional information regarding compliance, the Office of Provider Standards and review can be reached by contacting 614-466-6670 or by email to OPSR.

Medicaid Fraud

Under the Ohio Revised Code 2913.40, Medicaid fraud occurs when an individual "knowingly makes or causes to be made a false or misleading statement or representation for use in obtaining reimbursement from the medical assistance program." Some examples of fraudulent activity include:

- An agency bills for services to an individual for a week while the person is in the hospital
- A provider bills for units of services not rendered
- An agency submits claims for services to an individual for any day after they stopped providing services
- A provider bills in excess of 24 hours per day;
- An independent provider bills for 2 individuals at the same time in different locations;
- A provider pays the family a "kick back" for not reporting they are billing for services they did not provide
- A provider bills for services not authorized in the individual's plan
- A provider misrepresents the service delivery ratio in order to receive a higher rate of pay

Consequences for Medicaid fraud convictions may include:

- Federal exclusion from participating in federally funded health care programs. For more information, please visit the federal Office of the Inspector General's website.
- Licensure/Certification revocation or suspension
- Attorney fees
- Investigative costs

Report Medicaid Fraud

To report fraud to DODD:

- Call 614-466-6670
- Send an email to reportfraud@dodd.ohio.gov.

You also may make an anonymous complaint to the Ohio Attorney General's Office

Health Care Fraud Section:

- Call 800-282-0515
- Submit a report online
- Fax 877-527-1305
- Send documentation to:
 - Medicaid Intake Officer
 - Office of the Attorney General
 - o 150 E. Gay St., 17th Floor
 - o Columbus, OH 43215
 - o Fax: 877-527-1305

ODODD Definitions and Abbreviations

Term	Definition
501	A type of subsidy from the State of Ohio, paid to a County Board of Developmental Disabilities, in order to serve people within the community.
ABD	Aged, Blind and Disabled. This is one category of eligibility for Medicaid.
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.
Active Treatment	Refers to aggressive, consistent implementation of a program of specialized and generic training, treatment, and health services.
ADA	The Americans with Disabilities Act, enacted in 1990, prohibits

discrimination against persons because of their disabilities. The ADA serves as a "comprehensive national mandate for the elimination of discrimination against individuals with disabilities." The ADA targets three major areas: Title I - discrimination by employers; Title II - discrimination by governmental entities; and Title III - discrimination in public accommodations operated by private entities.

Advocacy

Activities in support of people with developmental disabilities including rights protection, legal and services assistance, and system or policy changes.

APSI

Advocacy and Protective Services Inc. is an agency that provides guardianship services to people with developmental disabilities, age 18 or older, who otherwise would not be able to advocate for themselves.

Assessment

A formal or informal evaluation of an individual's needs for supports and specialized services. Evaluation findings form the basis for determining an individual's level of care (LOC) and for writing a person's Individual Support Plan (ISP).

Assistive Technology (AT)

AT can be a device that is used to increase, maintain, or improve the functional capabilities of a person with a disability, or a service that directly assists a person with a disability in the selection, acquisition, or use of an assistive technology device. Examples of AT include augmentative communication devices which assist a person who cannot communicate through speech to communicate with others, as well as adaptive equipment which assists a person to write (e.g., an adapted pencil or arm brace), or move objects in the person's environment (e.g., a switch or remote control device).

Autism, Autism Spectrum Disorder (ASD)

A developmental brain disorder characterized by impaired social interaction, difficulties in communicating, repetitive or habitual behavior, and other issues. Autism affects each individual differently and in varying degrees, and is referred to as autism spectrum disorder (ASD).

BCHP Bureau of Community Health Plans

BCII Bureau of Criminal Identification and Investigation. This agency provides

a criminal record check used to determine the eligibility of a person to be

certified by DODD as a Medicaid service provider.

Behavioral Support Strategies Strategies included in person-centered plans that help enhance individuals' lives by reducing risk of harm to themselves or to others.

BSVI Bureau of Services for the Visually Impaired

Buy-In Options This is federal Medicaid reform that allows states to modify Medicaid

> eligibility rules that permit people with disabilities returning to work to secure extended Medicaid coverage, but also requires them to contribute toward such coverage, according to rules established by the State. See

MBI-WD.

Card Services Services available through Ohio's Medicaid state plan to people who are

determined eligible for Medicaid. .

CARF The Council on Accreditation of Rehabilitation Facilities is an

> independent international accreditor of health and human services that performs reviews regarding the quality of care in residential facilities.

Successful surveys result in CARF Accreditation.

Case Manager (SSA -- see below).

CDJFS County Department of Job and Family Services. Ohio has 88 such

departments, one in each county.

Cerebral Palsy is a functional disorder caused by damage to the brain Cerebral Palsy

during pregnancy, delivery, or shortly after birth. It is characterized by

movement disorders, including spasticity (tight limb muscles),

purposeless movements, rigidity (severe spasticity), lack of balance, or a

combination of these disorders.

Code of Federal Regulations. CFR

CHIP/ SCHIP Children's Health Insurance Program/State Children's Health Insurance

Program. Also known as Healthy Start.

CMS The Centers for Medicare and Medicaid Services is the federal agency

> that administers Medicare and Medicaid, and regulates the certification of agencies and care facilities for people with developmental disabilities.

COEDI/ OEDI Children's Ohio Eligibility Determination Instrument (and Ohio Eligibility

Instrument, OEDI), are tools used to determine the eligibility of persons

for county developmental disabilities services.

COG Councils of Government. COGs are regional collaborative networks that

work together to provide more efficient services.

County Board of Developmental

services to people with disabilities, and are located in each of the 88 counties in Ohio. Powers and duties of this political subdivision are Disabilities (CBDD)

County Boards of Developmental Disabilities are the 'front door' to

defined in ORC 5126.05.

County Board-eligible Refers to persons who meet the eligibility requirements that permit a

County Board of Developmental Disabilities to deliver services to them.

County Dispute

Resolution

An opportunity to dispute an action related to Medicaid or non-Medicaid services with a County Board of Developmental Disabilities, before a

State Hearing.

CPT The Cost Projection Tool is used to project the costs of services provided

to individuals enrolled in the Individual Options, Level One, and SELF

Waivers.

CY Calendar Year: From January 1 to December 31 of any year.

DBU Daily Billing Unit

Developmental Center

(DC)

An Intermediate Care Facility (ICF) for people who have intellectual or other developmental disabilities under the managing responsibility of the Ohio Department of Developmental Disabilities. Ohio has ten DCs.

Developmental Delays Developmental delays refer to conditions that represent a significant

delay in the process of child development. The delays may involve cognitive, physical, communicative, social/emotional, and adaptive areas

of development. Without intervention, these delays may affect the

long-term educational performance of the child.

Developmental

Disabilities

Conditions that may impair physical or intellectual/cognitive functions or

behavior, and occur before a person is age 22.

Disability A mental or physical condition that is restricting or limiting, or interferes

with various activities.

DOB Date of Birth

DODD The Ohio Department of Developmental Disabilities

DRA Daily Rate Application: A program used in calculating Daily Billing Units.

DSM-V Diagnostic and Statistical Manual of Mental Disorders: A Medical

reference book that lists and describes many developmental disabilities.

EDI Electronic Data Interchange.

El Early Intervention. Services for children from birth through age 2.

ETR Evaluation Team Report

Family Support

Services

Locally-paid services, rather than waiver services.

FFP Federal Financial Participation. The portion of waiver payments

reimbursed to Ohio from the U. S. Dept. of Health and Human Services.

FFY Federal Fiscal Year: From October 1 of one year to September 30 of the

following calendar year.

FY Fiscal Year. The time measurement used by state governmental

agencies extends from July 1 of one year, to June 30 of the following

calendar year.

Grandfathered Allowing a person who was part of an old set of rules to be allowed under

a new set of rules, as well. The person is said to be "grandfathered in."

Habilitation Training in life skills, such as housekeeping, that have not been

otherwise learned.

HCBS Waiver A Home and Community Based Services Waiver allows a person to get

services in their homes, rather than in an intermediate care facility.

HIPAA Health Insurance Portability and Accountability Act of 1996. The HIPAA

Privacy Rule creates national standards to protect individuals' medical

records and other Protected Health Information (PHI).

Home Choice A Medicaid-funded program that provides opportunities to older adults

and persons with disabilities. Established in 2008, the program allows people leaving institutions to access additional funding to help make the

transition to the community.

Home Modifications Adaptations made to a home to allow for easier and safer access due to

specific needs resulting from a disability. Sometimes referred to as 'Home

Mods.'

ICD-10 International Statistical Classification of Diseases -- a code used in the

medical field to identify ailments and conditions.

ICFMR (ICF) Intermediate Care Facility for the Mentally Retarded (federal language): A

Medicaid-funded residential facility that teaches living skills to help

ICF-IID people live in less restrictive environments. The acronym ICFMR, while

still in statutory language, now may be represented as ICF or as ICF-IID, which is updated language for Intermediate Care Facility for Individuals

with Intellectual or Developmental Disabilities.

IDEA The Individuals with Disabilities Education Improvement Act (IDEA) is a

federal law that guarantees all eligible children with disabilities between the ages of 3 and 21 (or until the child graduates) the right to a free and appropriate public education designed to meet their individual needs. IDS Individual Data System: A data management system that stores basic

information for individuals served or supported by Ohio's DD service

system, such as demographic data, and services received

IEP Individualized Education Plan. It outlines the goals and objectives

necessary to meet the educational needs of a person.

IHP or ISP or IP Individual Habilitation Plan. Individual Service Plan. Individual Plan.

These outline what type of supports individuals need to help them achieve desired outcomes and to maintain health and welfare.

Intellectual Disability

(ID)

Updated terminology for mental retardation or developmental disability.

IO Waiver The Individual Options Waiver is a home and community-based waiver

that lets people receive the services they need in their own homes.

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.

IWGA The Interagency Work Group on Autism originally was convened by the

Ohio Department of Developmental Disabilities, to coordinate efforts among state agency partners so that the gifts, talents, wishes, and needs of Ohioans with Autism Spectrum Disorders are recognized, valued, and

addressed.

JCARR Joint Committee on Administrative Rule Review: The legislative

committee that reviews and approves all departmental non-emergency

rules before they can become effective.

Job Coach In supported employment, a Job Coach provides one-on-one training to

an individual on a worksite until that individual is able to complete tasks to the employer's satisfaction. As the worker becomes proficient, the Job Coach spends less time training the worker and is available when

needed to assist with retraining and other support the worker might need.

Level 1 Waiver This waiver offers several different services with set spending limits.

Some limits can be changed with prior approval from the local County

Level One Waiver Board of Developmental Disabilities.

LOC Level of Care is the criteria for determining an individual's eligibility for

enrollment in a waiver administered by DODD or for admission to an ICF.

MBI-WD or MBI Medicaid Buy-In for Workers with Disabilities. A program to help people

with disabilities who work keep their Medicaid coverage and not lose their

benefits.

MBS Medicaid Billing System.

Medicaid Case Number This is a ten-digit, permanent identification number assigned by the Ohio

Department of Medicaid to an individual's file.

Medicaid Match The federal government requires that the state/local government match

federal government funds for Medicaid reimbursement services. In Ohio,

this is about 60 percent federal and 40 percent state matching funds.

Mental Retardation Mental retardation is a developmental disability. Use of the terminology is

fading from usage except for medical diagnoses and federal statutory

(Also see Intellectual language. Preferred terms are 'intellectual disability', 'cognitive disability',

or the broader term, 'developmental disability.' Mental Retardation is clinically defined as, 'significantly below-average general intellectual

functioning (IQ 70-75 or below), existing concurrently with deficits in

adaptive behavior, and manifested before the age of 22.

MER Medicaid Eligibility Rate

MH Mental Health.

Disability or

Disability)

Developmental

MI/DD Mental Illness/Developmental Disabilities. Previously the 'dual diagnosis'

reference was MR/MH, an acronym fading from usage and referring to

"Mental Retardation/ Mental Health."

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 involve people served in the state's

Developmental Disabilities system.

NCI National Core Indicators: Nationally-recognized performance and

outcome indicators that enable developmental disabilities policy makers to benchmark the performance of their state against the performance of other states. NCI also enables each participating state agency to track

system performance and outcomes year-to-year.

NF Nursing Facility. A residential facility that is established pursuant to

section 1919 (a) - (d) of the Social Security Act, to provide

Medicaid-funded services.

NICS Notification of Individual Change in Status. This form is used to document

various changes to an individual's status including county-to-county

transfers and others.

OAC Ohio Administrative Code. The Administrative Code contains the full text

of, or a reference to, every rule that has been adopted by the agencies of state government. A rule is a formal, written communication of the law that has been established by an agency under a statute that authorizes

the agency to adopt rules.

OACBDD The Ohio Association of County Boards of Developmental Disabilities

represents all 88 Ohio County Boards of Developmental Disabilities. (Full

name is Ohio Association of County Boards Serving People with

Developmental Disabilities.)

OBM Office of Budget and Management. OBM develops, coordinates and

monitors the individual budgets of state agencies and reviews all financial

transactions made with public funds.

OCALI Ohio Centers for Autism and Low Incidence: OCALI specifically focuses

on the needs of individuals who have Autism Spectrum Disorders (ASD) and other developmental disabilities with a low-incidence in the general population -- some of which are newly-emerging, or newly-identified.

ODDP The Ohio Developmental Disabilities Profile is an assessment tool for

individuals enrolled on the Individual Options (IO) Home and Community

Based Waiver.

ODE Ohio Department of Education.

ODH Ohio Department of Health.

ODJFS or DJFS Ohio Department of job and Family Services

ODM Ohio Department of Medicaid

OEDI The Ohio Eligibility Determination Instrument for ages 16 and over is a

test to determine the eligibility of persons for state and county

Developmental Disabilities services.

OHP Ohio Health Plans. An office in the Department of Job and Family

Services. This may be more complicated now with the Affordable Care

Act?

Olmstead v. LC A U.S. Supreme Court decision in 1999 that found that people with

disabilities have rights to services in the least restrictive environment.

OOTF Ohio Olmstead Task Force: An organization that advocates for

community-based services.

OhioMHAS In 2013 the Ohio Department of Alcohol and Drug Addiction Services was

merged with the former state Mental Health agency to form a combined agency named Ohio Mental Health and Addiction Services (OhioMHAS)

OPRA Ohio Provider Resource Association: An organization of providers of

developmental disabilities services.

ORC Ohio Revised Code. Contains the laws of the State of Ohio.

OSDA Ohio Self-Determination Association. An advocacy organization

comprised of self advocates whose goal is to help people with disabilities

achieve greater independence and exercise choices in their lives.

P.L.A.Y. Play and Language for Autistic Youngsters is a program of play and

parental coaching developed by Dr. Richard Solomon of Ann Arbor, Michigan, to help children emerge from the 'shell' of Autism Spectrum

Disorders (ASD) and to choose and enjoy social interactions.

PAR Professionals, Advocates, Resources: PAR is an organization assisting in

the development of professionals, advocates, and resources within

Ohio's developmental disabilities community.

Part C, Medicare Part of Medicare that allows for private insurance to contract with the

federal government to offer Medicare benefits through their own policies.

Part D, Medicare Section of the Medicare program that covers the cost of prescription

medications.

PASRR Pre-Admission Screening Resident Review. The system used to

determine eligibility for nursing facility placement and/or specialized

services.

PASSPORT Pre-Admission Screening System Providing Options and Resources

Today. A waiver available to people over the age of 60 who meet certain

requirements.

PAWS Payment Authorization for Waiver Services. The form that authorizes

payment for HCBS (see glossary)waiver services.

PCP Person Centered Planning emphasizes the needs and choices of the

individual when planning services.

People First An advocacy organization that directly involves people with disabilities in

a variety of local, state, and national issues, projects, and programs.

PHI Protected Health Information: The type of personal information protected

under HIPAA.

PICT Preliminary Implementation Component Tool: A tool used by County

Boards and DODD to identify and allocate capacity on Home and Community-Based waivers administered by the Department.

Provider A person or agency that delivers services to people.

Provider Agreement A contract between ODM and a provider of Medicaid services in which

the provider agrees to comply with the terms of the provider agreement,

ODJFS, state, and administrative code.

Redet Redetermination. Reassessment of an individual's continued eligibility for

waiver services.

DODD Number Assigned by DODD Information Systems for identification. Twice yearly,

each County Board reports what services, if any, each eligible person

residing in that county has received.

Residential Advisory

Group

A statutorily-mandated component of Supported Living administration, which requires a County Board of DD to convene a group to provide input

and discuss issues relative to the operation of supported living in the

county.

SCHIP Also referred to as CHIP, SCHIP stands for State Children's Health

Insurance Program. Also may be referred to as Healthy Start.

Self-Advocacy People with developmental disabilities, either individually or in groups,

speaking or acting on behalf of themselves, or on behalf of issues that

affect people with disabilities.

Self-Determination An initiative built on the principles of freedom, authority, support,

responsibility, and confirmation. Self-Determination gives people with disabilities the freedom to decide how they will live, work, and participate in the community; the authority to decide how funds allocated to them will be spent; the supports that will allow that person to lead the life they choose; the responsibility of assuring that the money they are using is spent in a useful and appropriate manner; and inclusion in the process of

making life decisions and designing the system to help them.

Service Coordinator (SSA - see below)

SL Supported Living.

SN Skilled Nursing.

SNF Skilled Nursing Facility.

SPA State Plan Amendment.

SSA A Service and Support Administrator (SSA), also called a Service

Coordinator or Case Manager, works with individuals and providers of services to coordinate services. The SSA should provide the family with the resources and support to ensure that their family member with a disability receives services that are essential to their well-being..

SSDI Social Security Disability Insurance. The plan pays monthly benefits to

disabled workers and their dependents. The plan is funded by Social Security. Participants must have accrued sufficient quarter-years of employment and payment into the system to qualify for benefits.

SSI Social Security Income. The federal government provides income support

to people 65 and over, and adults and children with blindness or other

disabilities who have few or no financial resources.

SSN Social Security Number.

State Hearing An opportunity to dispute an action related to Medicaid, before a hearing

officer from ODJFS.

State Plan Describes the services available in Ohio through the Medicaid card.

Supported Employment Paid employment in community settings for persons with disabilities who

need ongoing support to perform their work. Support can include

on-the-job training, transportation, or supervision.

Supported Living Supported Living is a service model based on principles that emphasize

a person's choice, self-determination, and community integration.

TANF Temporary Aid to Needy Families.

Tax Equity State funding available to economically disadvantaged areas.

TBI Traumatic Brain Injury.

TCM Targeted Case Management is the coordination of specialized services

for an individual that helps them get the needed services, evaluates if the

services are appropriate and monitors them. TCM is a

Medicaid-reimbursed service,

The League Ohio League for the Mentally Retarded: This organization is now referred

to simply as 'The League'. It is an advocacy organization for people with

developmental disabilities.

Transition Planning Transition Planning is a coordinated set of activities focused on improving

the academic and functional achievement of a student with disabilities to promote the student's movement from school to post-school activities. For students with disabilities, transition planning occurs during an

Individualized Education Program (IEP) meeting.

Waiting List Refers to a list established when there are not enough resources to meet

the needs of everyone requesting services. If a person asks for a service that has a waiting list, a county will document the request, along with the date and time it was requested, and place the person's name on the list

Waiver Waiver refers to a Home and Community-Based Waiver approved by the

Centers for Medicare and Medicaid Services (CMS). Waivers are used to support individuals who choose to receive services in the community instead of an institution, such as an Intermediate Care Facility (ICF).

Waiver Span A consecutive 365 days, during which an individual's waiver is expected

to be authorized.

As I look over the work created report, it seems as though several folks are still reporting for staff.

If there is good reason to create work for an employee, it should be documented in the notes. And the employee should add the notes ASAP to document service provided with a signature (typed name, date, and times).

Please, please consider how improper documentation will look in a Medicaid audit. We are also adding something to the annual compliance training to ensure employees understand falsifying documentation may be construed as Medicaid fraud. We want to make sure we are all saying the same things and setting the right example.

Thanks! Shelby

All that said, this is what we need to remember about reporting work.

- 1. Sign your work with Name, Date and time in and out. Signing your name is your testimony that you have personally recorded the truth. Remember everything you write can be considered a legal document and could be subpoenaed by a court. What you write could be read by a number of people including the person you are writing about, professional consultants, people who inspect the home, and officials who certify your and Havar's qualifications to provide and bill for the work we do. False information can lead to disciplinary action and more serious criminal charges.
- 2. Only report what is factual, observable and measurable information. Only report what you have personally witnessed. If it was reported or relayed to you by another person say so and include their name, title and the agency or authority they represent.
- 3. Report enough information to represent the amount of time you are claiming you worked. This may include supporting documentation such as UI Reports, Drill Reports, Task Elements, Professional Follow Up documents among others. Just be sure to cross reference them in your Progress / Service Notes.
- 4. Finally make your notes about the consumer you are reporting work for in such a way to help the reader understand what impact the service had on the consumer's time with you. Your Progress / Service notes are a form of communication to the consumer's team of support professionals. There are other documents and means to report personal needs and comments and observations about co-workers.

Let love be blind to flaws, seeing and magnifying only good qualities. The very manner in which a person stands, reveals the quality of their thought. A noble, upright bearing not only strengthens and beautifies those who maintain it, but also

favorably impresses all with whom they come in contact and has a tendency to arouse in them an instinctive desire. We are all consciously or unconsciously teachers. We are constantly teaching what we are. Therefore, how great the responsibility.