

SO I'M CERTIFIED, NOW WHAT?

A Guide for Newly Certified Independent Providers

Congratulations on your recent certification! Your certification is valid in Butler County as well as any other county in Ohio.

This document will provide you with a general overview of the topics you need to be aware of as a certified Provider. Independent Providers are self-employed. That means *it is your responsibility to make sure that you understand what is required of you, complete your job duties and maintain/retain necessary paperwork; as well as stay up to date on any changes to rules and requirements that may affect you and the services you provide.*

If you became a Provider for someone you know, be sure to let them know that you received your certification so they/their guardian can follow up with their Service and Support Administrator (SSA) and start the process of adding you to the Individual Service Plan (ISP). If you are looking for individuals to serve, visit the Butler County Board of Developmental Disabilities website at <https://www.butlerdd.org> to learn more about our provider portal and requests for services.

Additionally, we have a dedicated Provider page on our website that contains a variety of information and resources for Providers. We also recommend that you subscribe to DODD Communications (including the Pipeline and Memo Monday) in order to remain informed of any upcoming changes or updates.

We are looking forward to working with you. Please reach out to the Provider Support Department anytime you have a question.

Amy Winkler - arwinkler@butlerdd.org; 513.785.2876

Cathy Borders - cborders@butlerdd.org; 513.785.4680

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IMPORTANT CONTACT INFORMATION

The below listed contact information will be helpful for you to keep on-hand. This list is not all inclusive and there may be other contact information you will want to retain.

BUTLER COUNTY BOARD OF DD

Quality Assurance Provider Relations Coordinators

Amy Winkler – arwinkler@butlerdd.org; 513.785.2876

Cathy Borders – cmborders@butlerdd.org; 513.785.4680

SSA Department – Main Line 513.785.2870

To report a potential MUI – 513.867.5992 (MUI Reporting Line during business hours) or 513.867.5913 (after 4pm or on the weekends) AND email report to mui@butlerdd.org

To submit a written incident report form – mui@butlerdd.org

DODD

1.800.617.6733 – listen to the Menu options to get to the appropriate department

OHIO MEDICAID

1.800.686.1516 – Provider Hotline for PNM assistance

OHIO PAYS (formerly Ohio Shared Services)

1.877.644.6771 – provider payments, invoices, 1099s

ELECTRONIC VISIT VERIFICATION (EVV)

1.855.805.3505 – for technical questions about using Sandata EVV (EVV Customer Care)

EVV@medicaid.ohio.gov – for general questions about the EVV Program

EVV IS ONLY APPLICABLE FOR PROVIDERS OF ROUTINE HPC, PARTICIPANT DIRECTED HPC AND/OR IO WAIVER NURSING

GT INDEPENDENCE FINANCIAL MANAGEMENT SERVICES

1.877.659.4500

customerservice@gtindependence.com

GT INDEPENDENCE IS FOR PARTICIPANT DIRECTED SERVICES (PROVIDERS THAT ARE PROVIDING PD-HPC)

HOW TO FIND AN INDIVIDUAL IN NEED OF A PROVIDER

When an individual is in need of a provider in Butler County, we post a Request for Service (RFS) in our Provider Portal, which can be found on our website here: <https://www.butlerdd.org/providers/provider-portal-log-in/>

The portal requires log-in credentials. To receive access to the portal, please complete a request form on the website at the same website listed above. Once you have access to the portal, you can view all posted RFSs in services you are certified to provide. If you see one you are interested in providing services to, apply to the RFS within the portal. You can respond to as many RFS's as you like. We recommend providing as much detail as possible in your response.

Here is a link to an instructional video that help you navigate in the portal: https://www.youtube.com/watch?v=z_M7_t2gAGM

BE SURE THAT YOU ARE CERTIFIED IN THE SERVICES NEEDED WHEN RESPONDING TO RFSs.

Responding to an RFS does not guarantee you will be contacted, interviewed, or chosen to provide services.

Please disregard any service requests for local funding, only agency providers can be contracted with the Board to offer services to individuals with local funding.

The process for finding individuals in need of a provider can differ from county to county. If you plan to provide services in multiple counties, you will need to reach out to each county to find out what their process looks like.

WHEN CHOSEN AS A PROVIDER FOR AN INDIVIDUAL

You will meet with the individual/their guardian and the SSA to discuss what service(s) you will provide, how often, etc. and the SSA will update the individual's service plan (ISP) to reflect the addition of you as a provider. It will be specified when your starting date is.

Prior to providing services, you will receive a copy of the updated ISP. From that ISP you will create your documentation sheets, and if providing a service that requires the use of EVV, you will need to get that set up.

If you require assistance with documentation, EVV, billing, or understanding what your next steps should be, contact Provider Support.

ELECTRONIC VISIT VERIFICATION (EVV)

EVV is a requirement for providers of certain services through the Ohio Department of Medicaid (ODM). EVV is an electronic system that verifies key information about the services provided. In accordance with the 21st Century Cures Act, the system implemented by ODM will record the date of the service, the time the service started and ended, the individual receiving the service, the person providing the service and the location of the service. Both agencies and non-agency (independent) providers are impacted by EVV.

The 21st Century Cures Act requires all applicable providers to use EVV as of January 1, 2021.

EVV is only applicable to providers of routine homemaker personal care (HPC), participant directed homemaker personal care (PD-HPC) and/or IO waiver nursing.

ADDITIONAL INFORMATION

Use of EVV is not optional. If you provide one of the applicable services, you are required to use EVV.

EVV does not take the place of billing; you must do both.

When setting up EVV and/or signing up for EVV, you must use your 7 digit *Medicaid Provider Number* **NOT** your 7 digit DODD contract number.

More Information about EVV can be found here:

<https://medicaid.ohio.gov/INITIATIVES/Electronic-Visit-Verification>

DOCUMENTATION

DOCUMENTATION REQUIREMENTS

For any service you provide, you must have documentation of that service. Best practice is to keep your documentation up to date and to complete it as soon as possible after providing services.

Each service has its own documentation requirements, which can be found within the rule for each service. Rules can be found here: <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. BCBDD and DODD have some templates available for commonly provided services.

Form templates can be found on:

- Butler County Board of DD Provider Portal <https://providers.butlerdd.org/>
- DODD <http://dodd.ohio.gov/Providers/Billing/Pages/Documentation.aspx>

THINGS TO REMEMBER

Documentation should be maintained in an accessible location.

Invoices submitted for payment or billing records are NOT considered documentation.

To remain in compliance, you must promptly update your service documentation to reflect any changes or updates made in the ISP. This includes changes to services, supports, outcomes, etc. in which you are the responsible Provider in the ISP.

You must maintain your documentation records for 6 years or until an initiated audit is complete, whichever is longer.

If you are working with GT Independence, it is your responsibility to ensure that you are documenting the required elements needed for documentation to be considered compliant. You may have to maintain additional service delivery documentation outside of the GT App, as the GT App itself is not compliant.

If you are responsible for managing an individual's personal funds according to the individual's ISP, you must follow the personal funds rule. If a natural support can provide this support and is indicated in the ISP, the provider does not need to follow this rule. The rule can be found here: <https://dodd.ohio.gov/forms-and-rules/rules-in-effect/5123-2-07>

COMMONLY USED SERVICE DOCUMENTATION REQUIREMENTS

Homemaker Personal Care:

- Type of Service
- Date of Service
- Place of Service
- Name of Individual Receiving Service
- Medicaid Number of Individual Receiving Service
- Name of Provider
- Provider Identifier / Contract Number
- Written or electronic signature of the person delivering the service, or initials of the person delivering the service if a signature and corresponding initials are on file with the provider
- Group size in which the service was provided
- Description and details of the services delivered that directly relate to the services specified in the approved ISP as the services to be provided
- Number of units of the delivered service or continuous amount of uninterrupted time the service was provided
- Times the delivered service started and stopped

Shared Living:

- Type of Service
- Date of Service
- Place of Service
- Name of Individual Receiving Service
- Medicaid Number of Individual Receiving Service
- Name of Provider
- Provider Identifier / Contract Number
- Written or electronic signature of the person delivering the service, or initials of the person delivering the service if a signature and corresponding initials are on file with the provider
- Group size in which the service was provided
- Description and details of the services delivered that directly relate to the services specified in the approved ISP as the services to be provided

HPC Transportation:

- Type of Service
- Date of Service
- License Plate Number of Vehicle
- Name of Individual Receiving Service
- Medicaid Number of Individual Receiving Service
- Name of Provider
- Provider Identifier / Contract Number
- Origination and Destination points of transportation provided
- Total number of miles of transportation provided
- Number of individuals being transported
- Written or electronic signature of the person delivering the service, or initials of the person delivering the service if a signature and corresponding initials are on file with the provider
- Description and details of the services delivered that directly relate to the services specified in the approved ISP as the services to be provided

NMT (Non-Medical Transportation):

- Type of NMT (per-trip or per-mile)
- Date of Service
- Place of Service (license plate number of vehicle used to provide service)
- Name of Individual Receiving Service
- Medicaid Number of Individual Receiving Service
- Name of Provider
- Provider Identifier / Contract Number
- Written or electronic signature of the person delivering the service, or initials of the person delivering the service if a signature and corresponding initials are on file with the provider – Specifically the driver
- Times the delivered service started and stopped
- Number of units of the delivered service – For per-mile rate, number of miles in each distinct commute, as indicated by recording beginning and ending odometer readings or via tracking or mapping by a gps
- Names of all passengers, including paid staff and volunteers, who were in the vehicle during any portion of the trip and/or commute

MUI / UI

MUI/UI REQUIREMENTS

Anytime an Unusual Incident (UI) / Major Unusual Incident (MUI) occurs, you must document it on an Unusual Incident Report form.

Ensure you notify the appropriate parties if a UI / MUI occurs.

The MUI Rule can be found at <http://dodd.ohio.gov/RulesLaws/Pages/RulesInEffect.aspx>

Forms and information can be found on:

- o DODD <http://dodd.ohio.gov/HealthandSafety/Pages/Tool-Kits.aspx>

MONTHLY UI LOGS

You are required to maintain a monthly UI Log – even if you have 0 incidents.

You are required to submit a copy of your UI logs once per year. In Butler County, we send out a courtesy email reminder to Providers on our email distribution list about the UI Logs and its due date. However, it remains the Providers responsibility to complete the UI Logs and submit it, regardless of receiving any reminders.

Ensure you are submitting the UI Logs by the time it is due and retain a copy for your records.

MUI ANNUAL ANALYSIS

Completed once per year, even if you have 0 MUIs.

Completed for previous year (Jan-Dec). Must be completed by 1/31 each year and submitted to the County Board by 2/28 each year even if there are no MUIs.

In Butler County, we send out a courtesy email reminder to Providers on our email distribution list about the MUI annual analysis and its due date, as well as a form that you can use to fill out. However, it remains the Provider's responsibility to complete this form and submit it, regardless of receiving any reminders.

Ensure you are submitting the form by the time it is due and retain a copy for your records.

BILLING

BILLING REQUIREMENTS

You can only bill for services that you have provided that are identified in an approved service plan AND that you have documented. You are responsible for the accuracy of your billing.

If you provide PD-HPC, you do not submit your own billing claims. You must go through GT Independence Financial Management Services.

You can choose to use a billing agent if you do not want to do your own billing, the form is available here: <https://dodd.ohio.gov/providers/billing/Billing+agent>

You can submit the billing as often as you would like. Billing claims are pulled into the system for processing at noon on Wednesdays and it takes 3 weeks (21 days) for the claim to process.

You have 350 days from the date of service to submit your claims.

If your claim is denied, or there was an error, you can adjust your billing and resubmit it for processing. Weekly billing reports are available in eMBS each Friday.

More information, including instructions on using the billing system, can be found here: <http://dodd.ohio.gov/Providers/Billing/Pages/default.aspx>

SUBMITTING CLAIMS

When you want to bill, log into your DODD Account and access the application “eMBS”

Select “Billing Submissions” from the menu on the left side of the page, then “Single Claim Entry”

Fill out the Single Claim Entry page (pictured below) for each service claim you are making. Service Code and Usual Customary Rate information can be found in the Appendix of the rule for each service.

The screenshot shows the 'SINGLE CLAIM ENTRY' form in the eMBS system. The form is titled 'SINGLE CLAIM ENTRY' and includes a 'Print Screen' button at the top left. The form contains several input fields, each with a red asterisk indicating it is a required field. The fields are: Today's Date (1/13/2015), Contract Number (7 Numbers), Medicaid Recipient Number, Recipient First Initial, Recipient Last Name (First 5 Letters), Date Of Service (mm/dd/yyyy) with Month, Day, and Year dropdowns, Service Code, Units Of Service Delivered, Group Size, Staff Size, Service County (a dropdown menu), Usual Customary Rate \$, Other Source Code, Other Source Amount \$, and Contractor Reference Number (Optional). There are 'Clear Form' and 'Submit Claim' buttons at the bottom. On the right side of the form, there are three informational text boxes: 'Single claim entry is where you will submit claims for reimbursement.', 'You will submit a claim for each service you provided to an individual on a given day.', and 'The red asterisks indicate fields that must be filled in for all claims.' At the bottom right, another box states: 'In eMBS, you can hover your cursor over the red "Help" to find out more about that field.'

REIMBURSEMENT/PAY AND TAXES

REIMBURSEMENT INFORMATION

You will receive reimbursement for all services billed that were in an approved plan and with an approved claim.

The reimbursement you receive will be the full amount billed and there are no taxes taken from the reimbursement.

If you provide services through GT Independence, you will receive a paycheck with appropriate deductions take out.

PAY STUBS / PAYMENT RECORDS

Within the Reports section of eMBS, you can view the payments you receive. Weekly reports are available each Friday after billing has been sent to be processed.

You can access payment records through [Ohio Pays](#) (formerly Ohio Shared Services) which is the site where you received your Supplier ID number.

TAX INFORMATION

As a self-employed person, Independent Providers receive a 1099 instead of a W2.

Providers working through GT Independence will receive a W-2.

It is your responsibility to speak to a tax professional or accountant to determine what you need to do for taxes each year.

If you live with the individual you provide services for, you may qualify for tax exemptions. Be sure to discuss the services you provide with your tax professional / accountant.

DODD and/or the County Board do not and will not answer questions or provide advice regarding taxes.

TRAINING

ANNUAL TRAINING REQUIREMENTS

Training requirements can be found in the Appendices for Rule 5123-9-09 (Independent Provider Certification).

Annual Training is tracked by calendar year meaning a Provider can complete their training anytime between January 1 and December 31 each year.

Department provided curriculum can be found through DODD MyLearning.

You must have a full **8 hours** of training annually (2 hours of DODD provided training, and the 6 additional hours that can be a combination of DODD materials and other training). The six hours of training required annually are in topics *selected by the Provider*. This means you must find training(s) that are applicable to the services you provide and/or individuals you serve. The online DODD Independent Provider Annual Training has both components included.

Further clarification regarding training requirements can be found here: <https://dodd.ohio.gov/training/department-provided-training/direct-support-professional-certification-training>

Butler County offers free CPR/FA training regularly. Contact Provider Support for details.

TRAINING REQUIREMENTS

All Independent Providers are required to have the following annual training (unless noted as exempt on page 13):

- **Two(2) hours of training provided by the Department or by an entity using Department-provided curriculum in topics relevant to the independent provider’s duties including:**
 - Empathy-based care
 - “National Alliance for Direct Support Professionals” code of ethics
 - Rights of individuals set forth in section 5123.62 of the Revised Code
 - Rule 5123-17-02 of the Administrative Code (MUI Rule) including a review of health and welfare alerts issued by the Department since previous year’s training

- **Six(6) hours of training in topics selected by the independent provider from the following list that are relevant to the services provided and individuals served by the independent provider:**
 - Components of quality care (Examples include but are not limited to: interpersonal relationships and trust, cultural competency, effective communication, person-centered

philosophy, planning, and practice; implementing individual service plans; trauma informed care; empathy-based care)

- Health and safety (Examples include but are not limited to: signs and symptoms of illness or injury and procedure for response, transportation safety)
- Positive behavioral support (Examples include but are not limited to: create a positive culture, general requirements for intervention and behavioral support strategies and role of independent provider including documentation; crisis intervention techniques)

There may be additional training requirements depending on the service you are providing. Those requirements can be found within the rule for the specific service.

- **CPR and First Aid Certification must always be current.**

EXEMPTIONS FROM ANNUAL TRAINING REQUIREMENTS

- If you are only certified to provide only services that appear on this list:
 - Clinical/Therapeutic Intervention (only when a “Senior Level Specialized Clinical/Therapeutic Interventionist” or “Specialized Clinical/Therapeutic Interventionist”
 - Functional Behavioral Assessment
 - Home Delivered Meals
 - Informal Respite
 - Interpreter Services
 - Money Management
 - Nutrition Services
 - Participant/Family Stability Assistance
 - Social Work
 - Support Brokerage
 - You are required to complete the Annual Training provided by DODD or by an entity using Department-provided curriculum in rule 5123-17-02 of the Administrative Code (MUI Rule) including a review of health and welfare alerts issued by the Department since previous year’s training.
-
- If you are only certified to provide only services that appear on this list:
 - Specialized Medical Supplies and Equipment
 - Environmental Accessibility Adaptations
 - There is no required annual training.

COMPENTENCY/LONGEVITY ADD-ON

Independent Providers of routine Homemaker Personal Care who have at least two-years (or the equivalent 4160 hours) of experience providing services for individuals with developmental disabilities **AND** have taken coursework equaling 60 hours or more of training may qualify to receive the Competency-Based Training and Longevity Add-On.

This is only applicable for Providers of routine Homemaker Personal Care. The add-on is not applicable for HPC On-site On-Call or Participant Directed HPC or any other service.

The add-on rate is \$0.39 per billing unit. That equals \$1.56/per hour.

Detailed information can be found here: <https://dodd.ohio.gov/about-us/training/training-policies/competency-based-training-longevity-add-on>

PROOF OF EXPERIENCE AND TRAINING

➤ EXPERIENCE

Your experience can be as an independent Provider and/or as an Agency Provider staff.

To verify your employment experience, you need to complete the Employment Experience Form (provided by DODD).

HINT- you can find your total hours if using your Independent Provider experience through a report in Data Warehouse. Provider Support can assist you with accessing the report if needed.

➤ TRAINING

You must complete 60 hours of training outside of what is required of you as a Provider. Your required annual training or any other required training (CPR/FA, EVV, etc.) DOES NOT COUNT towards the additional 60 hours.

There are a few other options that can meet the training requirement, such as completion of the Ohio DSPATHS Certificate of Initial Proficiency or Advanced Proficiency.

ADD TO YOUR CERTIFICATION

Once you have documentation verifying your experience and training, you add the add-on to your certification. Once you receive approval, then you can begin billing with the modified rate. Do this the same way you add a service. Contact Provider Support for assistance if needed.

RECORD KEEPING

DOCUMENTATION

- Keep all of your documentation current and up to date.
- You should document all services you provide as soon as you are able.
- BEST PRACTICE- Have an active file with your current documentation as well as the individual's service plan that corresponds with the document and maintain any prior span documentation along with the service plan, clearly labelled.
- Your documentation needs to contain all elements outlined in rule to be in compliance and should be updated anytime a change is made to the ISP that affects the services you are authorized to provide.

UI / MUI

- Keep copies of all Incident Reports that are completed.
- Maintain a monthly UI Log, even if you have 0 incidents.
- Complete, submit, and retain for your records the Annual MUI Analysis form, even if you have 0 MUIs for the year.

TRAINING

- Maintain records of ALL trainings you complete and all certificates you receive.
- It is your responsibility to ensure you are in compliance with all training requirements and have the documentation / certificates to prove you have completed all requirements.

YEARLY TIMELINE FOR DOCUMENTATION AND RECORDS

COMPLETE UP TO DAILY

- Service documentation
- Incident reports (if they occur)

COMPLETE MONTHLY

- Complete and sign service documentation
- UI Log (even if there are 0 incidents)

ANNUALLY

- MUI Analysis form
- Training
 - CPR/FA Training may be every other year.

MEDICATION ADMINISTRATION

People have an inherent right to self-administer medication. If it is thought that an individual cannot independently administer their medication, a Self-Administration Assessment will be completed by the SSA to evaluate what their needs are. These assessments must be completed every three years and updated annually. If an individual cannot administer their medication independently, a provider may need to assist them.

DSPs and Independent Providers require special certification to administer most medications and treatments. Once your Medication Certification is earned, **it must be renewed annually**. Certification is issued by DODD. All certifications can be verified through a database maintained by DODD; this database is the Medication Administration Certification Verification (MAIS).

When a person lives with a family member, the family can delegate medication administration and health care tasks to an independent provider, if they meet the requirements in the family delegation law.

When a person lives with a family member, the family member is authorized to administer medication without a requirement for Medication Administration Certification.

Quality Assessment (QA) reviews are conducted in settings where medication or treatment is provided with DODD-approved certification and without nursing delegation. The reviews are completed by DODD-certified Registered Nurse (RN) Trainers and occur every three years.

There are 3 categories of medication certification:

- Category 1 certification allows personnel to administer oral, topical, and inhaled medications, as well as 13 health-related activities if they have been prescribed.
- Category 2 certification allows personnel to administer medications through a Gastrostomy or Jejunostomy (G/J) tube if the DSP has been delegated to do so by a nurse. This certification is in addition to Category 1.
- Category 3 certification allows personnel to administer insulin and injectable treatments for metabolic glyceimic disorders if the DSP has been delegated to do so by a nurse. This certification is in addition to Category 1.

Always make sure that you follow the medication administration needs as they are addressed in the individual's ISP. Document as required by rule. Contact the SSA for assistance.

COMPLIANCE REVIEWS

INFORMATION

At least once in your certification span, you will undergo a compliance review.

The reviewer will contact you in advance to schedule the review. It is important that you are responsive to the reviewer and comply with their requests for scheduling the review and provide them with any/all information that they request.

WHAT IS REQUIRED FOR A REVIEW?

You can find all of the information about compliance reviews, including the process and required documents here: <https://dodd.ohio.gov/compliance/Office+of+Compliance/Compliance-overview>

GENERAL TIMELINE FOR A REVIEW

- 90 days prior to the review – You will receive notification that a review will occur.
- 60 – 45 days prior – Reviewer will contact you to set the review date
- Onsite Review – Review occurs

AFTER THE REVIEW

Once the review is complete:

- If you have received no citations, you will receive a letter signifying that you have completed your review with no citations.
- If you have received any citations, you will receive a compliance summary and a request for a Plan of Correction (POC).
 - Within 14 days of receiving the request, you must submit your POC or you can appeal the citation(s).
 - If the POC is approved, you will receive a POC approval letter and a completed compliance survey.
 - If the POC is disapproved, you will receive correspondence from the reviewer asking for additional information and you will have to resubmit a POC.
 - Within 90 days of POC approval, the reviewer will verify that the POC has been implemented.

RECERTIFICATION

INFORMATION

Your DODD Provider certification is valid for 3 years.

When your certification is approaching expiration, you must apply for recertification. You can start applying up to 90 days in advance of expiration. **Rule states that submitting your recertification application fewer than 45 days in advance of expiration may result in a gap in your ability to bill for services.**

Information about recertification can be found here: <https://dodd.ohio.gov/providers/initial-renewal-certification/renewing-provider-certification>

WHAT IS REQUIRED FOR RECERTIFICATION?

- Current background check (BCII) if not enrolled in RapBack (*Most providers are enrolled in RapBack at time of initial certification, but if you are not sure, contact Provider Support.*)
 - FBI background check is required if not a resident of Ohio for the last 5 years, regardless of RapBack enrollment.
- CPR/First Aid Certification (current)
- Documentation of completion of annual training (certificates or transcript)
- Current copy of State ID/Driver's License
- Recertification fee \$125

IF YOU ARE CERTIFIED IN TRANSPORTATION, YOU ALSO WILL NEED:

- Current copy of Driver's License
- Current copy of car insurance
- Current Driver's Abstract from BMV, dated within 14 days of the date you are submitting your application

* Additional information may need to be submitted depending on the services you are certified to provide.

PROVIDING SERVICES WITH A SELF WAIVER & GT INDEPENDENCE

GT INDEPENDENCE FINANCIAL MANAGEMENT SERVICES

When you are chosen as an independent provider of PD-HPC for an individual, that means the individual/their authorized representative is your employer. There is also another entity (GT Independence Financial Management Services) that acts as co-employer to manage the financial aspects of your employment (i.e. payroll, taxes, etc.).

GTI is responsible for completing new hire paperwork, receiving and processing timesheets, issuing paychecks (including withholding all required taxes and premiums). The individual / their authorized representative is responsible for things like finding and recruiting an employee, scheduling and participating in interviews, negotiating rates, providing training to employees, making sure employees are providing services as outlined in the plan, signing timesheets and keeping required paperwork or records.

PROVIDING PD-HPC TO AN INDIVIDUAL

The process of being chosen as a provider of PD-HPC and beginning to provide those services is different than being chosen as a provider of HPC or other waiver services because of the self-direction aspect of the SELF Waiver.

1. You are chosen by an individual / family to be the provider of PD-HPC services. This means you have to be certified in PD-HPC or add PD-HPC to your current certification PRIOR to being added to the plan as the provider.
2. Enrollment with GT Independence needs to be completed and submitted. There is a process for you as the employee, and there is also a process for the individual/their authorized representative to complete as co-employer.
3. You meet with the individual/ authorized representative and the Service and Support Administrator (SSA) to determine what your pay rate will be, what services you will provide, and what your anticipated schedule will be. The SSA will then add you to the Individual's Service Plan (ISP)
4. Once GT receives and reviews the enrollment application, they will assign a start date.
5. You can start providing services effective on the assigned start date as long as the start date is on or after the effective ISP date. You will complete and submit your time sheets to GT using their app.

You are responsible for ensuring you meet the requirements of GT Independence as well as the requirements outlined in DODD rule for providers and requirements as outlined by the Ohio Department of Medicaid in regard to Electronic Visit Verification (EVV).

FREQUENTLY ASKED QUESTIONS

CERTIFICATION / RECERTIFICATION / COMPLIANCE

- ❖ I recently moved. How do I update my information? ‘
 - ✓ Maintaining current contact information is required in rule for all providers. Address updates must be made in three places to be in compliance: Ohio Pays, Medicaid (through PNM application), and DODD.
- ❖ I am a Provider in another county. How do I get certified to provide services in Butler County?
 - ✓ Your certification is valid in all 88 counties. Contact Provider Support for assistance accessing the BCBDD RFS Portal.
- ❖ I received notice it is time to renew my certification. What do I need to do?
 - ✓ Follow the directions in the email. Gather all the required documents and then complete an application through PNM-portal to renew.
- ❖ I don't know if I need a background check for my renewal. How do I find out?
 - ✓ You may not need to get a background check if you were enrolled in RapBack at the time of your initial certification or at a prior renewal. BCBDD Provider Support can check if you are enrolled in RapBack or you can contact DODD.
 - ✓ If you lived outside of the state of Ohio in the last 5 years, you do need an FBI background check, regardless of your RapBack status.
- ❖ I received notification I am having a compliance review. What does that mean?
 - ✓ All providers have at least 1 compliance review during their certification span. These reviews are designed to ensure you are meeting the standards you agreed to when becoming a Provider. You will be required to show your records in all aspects of your service provision (training, documentation, incident reporting, etc.). If you are non-compliant or something needs improvement, that will be noted during the review and you will have the opportunity to fix any areas of concern.

SERVICE PROVISION

- ❖ I want to provide services in multiple counties. How do I do that?
 - ✓ Your certification is valid in all 88 counties. Contact each county you want to provide services in to discuss what their process is to help individuals find providers.
- ❖ I am moving. What do I need to do to keep my certification?
 - ✓ If you are moving within the state of Ohio, you do not have to do anything except contact the County Board where you are moving.

- ✓ If you are moving out of state and want to serve individuals that reside in that state, your Ohio DODD certification most likely will not transfer. Contact the state you are moving to in order to determine what you need to do to be a Provider.
- ❖ Is there a limit to the number of individuals I can serve?
 - ✓ No. However, there is a rule regarding overtime. You are allowed to provide up to 60 hours of services without prior approval. If your weekly hours exceed 60, you need to discuss with the individual(s) SSA to get the approval for hours over 60.
- ❖ What type of records do I need to keep?
 - ✓ Each service you provide has documentation that is required. The rule for the service will specify what is required in each documentation sheet. Additionally, there are documents you must retain in regard to incident reporting and your training.
- ❖ What do I do if the person I take care of needs medication?
 - ✓ In order to pass medication, you must hold Medication Administration Certification **unless** you are a family member living with the individual you serve OR you have received delegation from the family. Contact Provider Support if you have questions specific to the individual(s) you are serving for specific guidance to your situation.
- ❖ The individual I want to serve has a SELF waiver. What does that mean?
 - ✓ Your services will be outlined in the ISP, however you do need to work with a financial management service called GT Independence. You will negotiate your pay rate with the individual / their authorized representative and GT Independence will oversee the financial aspects of your employment. You will need to get established with GT Independence **prior** to providing services.

PAYMENT / BILLING / TAXES

- ❖ How do I get paid?
 - ✓ As an independent Provider, you are considered self-employed. That means you are not employed by the County Board or DODD. You will bill DODD directly for any services you provide. Be sure that prior to billing for services, you have documentation that verifies the services were provided. The DODD website and County Board Provider Portal have resources and instructions about how to bill.
- ❖ I have never been an Independent Provider, what does that mean for my taxes?
 - ✓ No taxes are taken from your pay. You must make arrangements to pay your taxes on any income you receive as a Provider. You may qualify for certain tax exemptions if you live with the individual you provide services to. Consult an accountant or tax professional with any questions. DODD and/or the County Board do not answer tax questions or provide tax advice.

TRAINING

- ❖ Who tells me what training I need to do?
 - ✓ As an Independent Provider, it is your responsibility to keep track of what training you have completed and also to be aware of what is required of you. DODD and the County Board can tell you what the general requirements for Providers are, but we do not keep track of your training hours or follow along to ensure you are in compliance annually.
- ❖ What training do I need?
 - ✓ You can find a list of the required training content within the Independent Provider Certification Rule, or in this guide. The basic answer is that you need to complete the 8 hours of required annual training and you must always maintain your CPR/First Aid training as current.
- ❖ Where do I get training?
 - ✓ 2 hours of your annual training required content is provided by DODD through MyLearning. DODD MyLearning does feature some additional content you can use towards your 6 other hours however, that content does not equal 6 hours and in order to be in compliance, you need to locate other trainings that are relevant to your services/individuals served. The County Board may periodically host or facilitate trainings that can help you meet the requirement.
 - ✓ CPR/First Aid is offered by the County Board. You are also able to use any community resource to access that training as long as you have both CPR/First Aid and the skills assessment piece is in person.
- ❖ Can I do online CPR/First Aid?
 - ✓ Not exactly. You are not permitted to do a complete CPR/First Aid class online. By rule, you must have a skills test done by an approved instructor. Should you want to access an online class, make sure to choose the “hybrid” model in which you do the course online followed by an in-person skills test with an instructor.

INCIDENT REPORTING, UIs/MUIs

- ❖ I think something happened to an individual. What do I do?
 - ✓ To report anything that has happened to an individual, complete an Unusual Incident Report form and make the applicable notifications.
- ❖ What is the MUI Annual Analysis?
 - ✓ This required report that you do once a year looks at the MUIs you had the previous year. You must complete and submit the report to the County Board **even if you had no MUIs**. Be sure to retain a copy for your own records.
- ❖ What kind of records do I have to keep for incident reports?

- ✓ You must keep copies of any incident reports you fill out for any individual you serve. Additionally, each month, you are required to complete a monthly UI log of all the incidents that occurred each month. The log is required even if you have 0 incidents. Finally, you must complete and submit the Annual MUI Analysis.

OTHER

- ❖ Can I be my child's guardian and their Provider?
 - ✓ Yes, as long as your child is age 18 or over. Please note that you do have responsibilities through the Probate Court system if you are a guardian to make notifications to the Court regarding your intentions to be your ward's Provider. Follow up with the Court for more information.
- ❖ I got my certification to be my child's Provider and now I am being told I can't do that. Why not?
 - ✓ Parents/guardians are not permitted to be Providers to their minor children. Most likely this is the reason. If your child is over the age of 18, follow up with your SSA and/or Provider Support to discuss your specific situation.
- ❖ I got certified in Shared Living, and my SSA said I can't provide that service. Why not?
 - ✓ Shared Living is a service that is only available to individuals that are age 18 or over, live with their Provider and have an IO waiver.
- ❖ Why does my friend who is a Provider get paid to do shared living, and I only have a limited number of hours each week?
 - ✓ Each DODD waiver (IO, Level One, SELF) has different services available and each service has its own pay rate. Additionally, each individual's circumstances are different. Being an independent Provider is not a "one size fits all" situation and everyone's situation will not be the same. When being added to an individual's plan, ensure that you understand what service(s) you have been added to the plan to provide.
- ❖ I want my individual to have an IO waiver so I can do Shared Living, that's the only reason I got certified. What do I need to do?
 - ✓ Provider Support's role is to assist you, as the Provider, with any questions you have relevant to your job as an Independent Provider. Any questions regarding a specific individual need to be directed to that individual's SSA.

Any questions you have regarding the type of waiver the individual you serve has, the services listed in an ISP, or specifics regarding the needs of the individual need to be directed to the SSA.