Ohio intends to create a 1915c Home and Community-Based Services waiver, entitled the New Futures Waiver, for children with intensive behavioral needs who meet an intermediate care facility for the mentally retarded (ICF/MR) level of care. This waiver will specifically target children with developmental disabilities who need significant behaviorally-focused interventions, which could include individuals having a diagnosis that falls within the Autism Spectrum, and/or individuals with a dual diagnosis of MRDD and Mental Health/Severe Emotional Disturbance.

The purpose of the waiver is to provide services to children with developmental disabilities who need significant behaviorally-focused interventions in order to avoid or delay their institutionalization.

The goal of the waiver is to provide appropriate waiver services to assist children with intensive behavioral needs by increasing the likelihood of beneficial outcomes for them. The services in this waiver will be used to improve the child’s cognitive, social, and behavioral functioning, thus positively impacting the family’s quality of life in the home, educational environment, and community.

The objectives are to establish a system of behaviorally-focused waiver services statewide and to make waiver services available to one hundred (100) children with intensive behavioral needs annually.

The organizational structure for this waiver will be that the single State Medicaid Agency (the Ohio Department of Job and Family Services, or ODJFS) will provide oversight of the operating agency. The Ohio Department of Mental Retardation and Developmental Disabilities (ODMRDD) will be the operating agency for this waiver.

ODMRDD will contract with a Functional Behavioral Assessment Unit (FBAU) and a Support Broker entity to conduct some of the waiver operational and administrative functions. These contracts will detail the specific responsibilities for both entities.

The waiver will offer a participant-direction service delivery model of services and supports, and will utilize an individualized and coordinated planning approach.
Under Amended Substitute House Bill 119 of Ohio’s General Assembly, the Ohio Department of Mental Retardation and Developmental Disabilities was charged with conducting a Futures Study. The 22-member Futures Study Committee was comprised of: individuals and families who receive services; legislators; representatives of advocacy, labor, and professional organizations; and state agencies. The Director of the Ohio Department of Mental Retardation and Developmental Disabilities served as the Committee’s Chairperson. The Futures Study resulted in a set of recommendations to address critical service gaps in Ohio’s existing MRDD system, and operationalize strategies to improve the system of services and supports for individuals with disabilities. The Futures Committee’s recommendations emphasize the involvement of individuals and families in directing services and defining the quality of services. ODMRDD obtained stakeholder feedback on the development of the New Futures Waiver during the Futures Committee process.

In August 2008, ODMRDD posted an overview of the waiver to ODMRDD’s website to solicit feedback, and sent an announcement of this feedback opportunity to stakeholders statewide. The feedback obtained during this process assisted in revisions to the concept of the waiver, which was resubmitted to stakeholders in January 2009. In addition, ODMRDD began focused discussion on the New Futures Waiver in February 2009.

The Ohio Department of Mental Retardation and Developmental Disabilities will operate the New Futures Waiver. In its role as the single State Medicaid Agency, the Ohio Department of Job and Family Services (ODJFS) will provide oversight of the operating agency through its “Ongoing Review Strategy”.

The Functional Behavioral Assessment Unit (FBAU), in conjunction with the Support Broker will conduct some of the waiver operational and administrative functions as specified in the grid on page 3. The contracts that ODMRDD will hold with the Functional Behavioral Assessment Unit and with the Support Broker entity will detail the specific responsibilities.

After approval of this waiver, ODMRDD will review recommendations regarding whether an individual’s application for New Futures Waiver services should be approved or denied, including whether the individual meets an ICF/MR level of care and whether the child’s condition based on the assessment instrument meets the criteria for the waiver. ODMRDD and ODJFS will have the authority to review any Universal Service Plan (USP) recommended by the Support Broker.
### Distribution of Waiver Operational and Administrative Functions

<table>
<thead>
<tr>
<th>Function</th>
<th>Medicaid Agency</th>
<th>Other State Operating Agency</th>
<th>Contracted Entity</th>
<th>Local Non-State Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant waiver enrollment</td>
<td>■</td>
<td>■</td>
<td>■</td>
<td>■</td>
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<tr>
<td>Waiver enrollment managed against approved limits</td>
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<tr>
<td>Waiver expenditures managed against approved levels</td>
<td>■</td>
<td>■</td>
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<tr>
<td>Level of care evaluation</td>
<td>■</td>
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<tr>
<td>Review of Participant service plans</td>
<td>■</td>
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<tr>
<td>Prior authorization of waiver services</td>
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<tr>
<td>Utilization management</td>
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<tr>
<td>Qualified provider enrollment</td>
<td>■</td>
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<tr>
<td>Execution of Medicaid provider agreements</td>
<td>■</td>
<td>■</td>
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<tr>
<td>Establishment of a statewide rate methodology</td>
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<tr>
<td>Rules, policies, procedures and information development governing the waiver program</td>
<td>■</td>
<td>■</td>
<td>■</td>
<td>■</td>
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<tr>
<td>Quality assurance and quality improvement activities</td>
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</tbody>
</table>

### Participant Access and Eligibility

The New Futures Waiver will be for individuals with a developmental disability between the ages of 0 – 14 (at date of initial enrollment) who meet an ICF/MR level of care. This waiver will specifically target children with developmental disabilities who need significant behaviorally focused interventions, which could include individuals having a diagnosis that falls within the Autism Spectrum, and/or individuals with a dual diagnosis of MRDD and Mental Health/Severe Emotional Disturbance.

### Individual Cost Limit

The cost limit for the New Futures Waiver is $20,000 per year, which is lower than institutional costs. This amount will assist children with intensive behavioral needs by increasing the likelihood of positive outcomes and significant functional improvements. Children enrolled on this waiver are expected to have substantial supports from family caregivers that, in combination with waiver services, will assure their health and safety.

As part of the waiver eligibility process, the FBAU will administer a pre-screening tool to identify individuals whose needs cannot be met within the cost cap. If, through the individualized planning process, it is determined that the package of services offered by the New Futures Waiver is insufficient to assure the child’s health and safety, the child shall not be enrolled on the New Futures Waiver, and an opportunity to request a fair hearing will be provided to the participant.
In the event that a child’s health and safety can no longer be assured through the New Futures Waiver, the child will be disenrolled and afforded the opportunity for placement in an ICF-MR facility, or may receive services financed by local, non-medicaid funds. The waiver services will continue until that transition occurs.

**Number of Individuals Served**
The number of participants served on this waiver will be limited to 100 at any point in time for each of the waiver years. The availability for each subsequent waiver year will be based on the number of disenrollments from the waiver during the previous waiver year.

**Allocation of Waiver Capacity**
Allocation for this waiver will be managed at the state level by ODMRDD.

**Selection of Entrants to the Waiver**
An annual lottery will be held by ODMRDD to select potential waiver enrollees. The lottery will be held prior to the start of each waiver year and will be to determine who receives the available waivers for that waiver year. Selection for the lottery does not assure a waiver; it only begins the process for eligibility determination for this waiver. During the first waiver year, the number of available waivers will be 100; the availability for each subsequent waiver year will be based on the number of disenrollments from the waiver during the previous waiver year.

The lottery process will be as follows:

- **Public Information/Checklist Phase**
  This first phase introduces basic parameters of eligibility in the form of a brief online checklist (with a paper submission option). During this checklist process, parents will be informed about how to participate in the lottery. The checklist will be for informational purposes only, as it can be used to educate the parent about eligibility criteria for the waiver. Upon completion of the checklist, parents will be lottery applicants and will be assigned an identifier. Anyone who completes the checklist is entered into the pool for the lottery. The checklist will only be accessible for a limited time, as there will not be a waiting list for this waiver.

- **Lottery Drawing**
  The lottery will be performed by using a randomizing software application to choose 100 names from the list of waiver applicants. Selection for the lottery only begins the process for eligibility determination for this waiver. Those 100 people will be contacted and the assessment process started. Once eligibility is verified, the planning process will begin.

- **Alternates Drawn**
  Alternates will be pulled from the entire lottery pool if initial round of assessments do not return 100 eligible individuals. This process will be repeated in the first waiver year until 100 participants have been identified and are enrolled. At that point, the lottery entry pool will be abolished.

- **Filling Waiver Capacity in Future Years**
  If anyone is disenrolled from the waiver in the previous waiver year, the lottery process will be repeated once annually prior to the start of the new waiver year. As with the initial lottery drawing, the process will start from the Public Information/Checklist Phase. A new pool of potential enrollees will be created for the new waiver year, which will allow the waiver to be filled to capacity.
Evaluation/Re-evaluation of Level of Care
The minimum number of waiver services that a child must require in order to be determined to need this waiver is one (1). The Support Broker will monitor the services used by the individual according to the Universal Service Plan (USP). When the individual does not use services for thirty consecutive calendar days, the Support Broker will initiate a conversation with the family to determine why the child is not utilizing the waiver. If necessary, the Support Broker will notify the FBAU to re-assess the individual’s need for continuing waiver services.

The responsibility for evaluations of the level of care rests with the Ohio Department of Mental Retardation and Developmental Disabilities. A QMRP (Qualified Mental Retardation Professional) reviews all initial waiver applications submitted on the Initial Level of Care Determination form. The QMRP also reviews all annual reevaluations. During the annual review process, the Support Broker will contact the FBAU to do the re-evaluation and to certify that there has been no significant change in the individual’s functioning and that the individual continues to meet an ICF/MR level of care. Re-evaluations are conducted every twelve (12) months.

Freedom of Choice: Upon enrollment on the New Futures Waiver, the Support Broker will document that the applicant has freely chosen waiver services as an alternative to services in an ICF/MR.

Waiver Services Summary
The following is a listing of the services covered under the New Futures Waiver. The $20,000 cost limitation would apply to the combination of these services, in whatever combination best meets the child’s service needs.

- Psychosocial Services
- Institutional Respite
- Community Inclusion
- Participant-Directed Goods and Services
- Informal Respite

General Service Specifications
ODMRDD will certify New Futures Waiver providers for enrollment by ODJFS as Medicaid providers. Criminal history/background checks will be conducted for all individual provider applicants having direct contact with waiver participants. The abuser registry maintained by ODMRDD will be checked to determine whether the applicant’s name appears on it and deny certification to any individual whose name is listed. Agency provider applicants are responsible for conducting criminal history/background checks for all employees and contractors of the agency.
Waiver Services Specifications

PROVIDER-MANAGED SERVICES

Psychosocial Services: Medical or remedial services recommended by a physician, or other licensed practitioner of the healing arts under State law, for the maximum reduction of physical or mental disability and the restoration of maximum functional level. Specific services include:

- facilitation in development of daily living skills;
- social skills training;
- development of appropriate personal support networks, therapeutic recreational services (which are focused on therapeutic intervention rather than diversion);
- technical assistance and counseling services; and
- positive behavior intervention strategies.

Provider Qualifications:
Professional with, at a minimum:

- a Bachelor’s Degree in psychology, education, or related field, including course work in principles of child development, learning theory, and behavior analysis; and
- any related state licensure required for the discipline; and
- knowledge and experience in development and implementation of a range of evidence-based interventions for children with intensive behavioral needs.
- If not licensed, must provide service under the direction of someone who is licensed by the state for that discipline.

Institutional Respite: Services provided to individuals unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care in facilities certified as intermediate care facilities for the mentally retarded, or other facilities licensed by ODMRDD, or residential facilities licensed by the Ohio Department of Mental Health (ODMH). The cost for respite services does not include room and board.

Provider Qualifications:
- Intermediate Care Facilities for the Mentally Retarded (ICFs/MR); or
- other facilities licensed by ODMRDD; or
- residential facilities licensed by ODMH.

PARTICIPANT DIRECTED SERVICES
(these services may be provided by a relative/legal guardian)

Community Inclusion: Supports that promote the child's participation in his/her community. The service includes opportunities and experiences that focus on socialization and/or recreational activities, as well as personal growth in his/her home and/or community. This service, alone or in combination with other waiver and non-waiver services, are necessary to provide a feasible alternative to institutional placement. The assistance may be hands-on, cueing, or indirect.

- Community Inclusion includes, but is not limited to, such services as transportation, and such developmental, corrective, and other supportive services above and beyond the state plan (including speech-language pathology and audiology services, interpreting services,
psychological services, physical and occupational therapy, recreation [including therapeutic recreation], social work services, counseling services, orientation and mobility services, and medical services, except that such medical services shall be for diagnostic and evaluation purposes only) as may be required to assist a child with a disability to benefit from their environment.

Provider Qualifications:
Participants determine the provider’s qualifications as part of the planning process and identify such qualifications in the Universal Service Plan with the provider. Participant-specific qualifications must be commensurate with the generic standards for the specific component of the Community Inclusion service. Services and supports in this category of service do not require professional license, professional certification, or other professional credentialing, unless required by law for the state of Ohio.

Participant-Directed Goods and Services: Services, equipment, or supplies not otherwise provided through this waiver or through the Medicaid State Plan that address an identified need on the USP (including improving and maintaining the participant's opportunity for membership in the community) and meet the following requirements: the item or service would decrease the need for other Medicaid services; and/or promote inclusion in the community; and/or increase the participant's safety in the home environment; and the participant does not have the funds to purchase the item or service, or the item or service is not available through another resource. Experimental and prohibited treatments are excluded. Goods are required to meet the identified needs and outcomes in the individual's Universal Service Plan; assure the health and welfare of the individual; are the least costly alternative that reasonably meets the individual's assessed needs; and are for the direct benefit of the individual in achieving at least one of the following consumer outcomes:

- Maintain the ability of the individual to remain in the community
- Enhance community inclusion and family involvement
- Develop or maintain personal, social, or physical skills
- Decrease dependency on formal support services
- Increase independence of the individual

Provider Qualifications:
Participants determine the provider’s qualifications as part of the planning process and identify such qualifications in the Universal Service Plan. Participant-specific qualifications must be commensurate with the generic standards for the specific component of the Participant-Directed Goods and Services service. Services and supports in this category of service do not require professional license, professional certification, or other professional credentialing, unless required by law for the state of Ohio.

Informal Respite: Services provided by a limited provider to individuals unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Informal respite may be provided in the individual's home or place of residence, home of a friend or family member or sites of community activities.

Provider Qualifications:
Provider Type: Limited Provider of Informal Respite
Certificate: Certified under standards listed in rule 5123:2-8-03 of the Administrative Code.
Other Standard: Limited provider means a person who is known to the individual, is selected by the individual or the individual's guardian and provides informal respite only to the individual or to multiple individuals who live in the same family setting.

**Participant-Centered Planning and Service Delivery**

**State Participant-Centered Service Plan Title:** Universal Service Plan

**Responsibility for Service Plan Development**

**Support Broker Services** – A Support Broker’s duties include the following: services which provide the family with someone that can assist in securing any necessary assessments; developing and implementing the Universal Service Plan and budget; monitoring services; completing annual review of USP; and coordinating with any other service and care plans, such as the Individual Family Support Plan (IFSP) or Individual Education Program (IEP). (Support Broker services are not funded from the $20,000 directed by the family.) Support Brokerage will not duplicate services mandated by the Individuals with Disabilities Education Improvement Act (IDEIA). This service will be developed in full compliance with CMS standards for support broker services as described in Appendix E-1-j Information and Assistance in Support of Participant Direction.

**Support Broker Qualifications:**

- Three years of paid work experience with a human services delivery system including at least one year full-time paid work in direct service to children with intensive behavioral needs; OR
- A bachelor's degree in a human services-related field, plus a minimum of one year of paid experience in direct service to children with intensive behavioral needs.

**Service Plan Development**

Within 30 days after the initiation of the Support Broker’s services, the Support Broker shall prepare a written participant-centered support plan for each participant served only after consultation with the following:

- the participant;
- the participant’s family or legal representative;
- other individuals from the participant’s support network as the family or legal representative chooses;
- professional consultants as deemed necessary.

The support plan shall:

- Contain a description of the participant’s preferences;
- List and describe the necessary activities, training, materials, equipment, assistive technology, and services that are needed to assist the participant and family;
- Describe how opportunities of choice will be provided, including specifying means for the following:
  - supporting the participant and family to indicate preferences among options presented, by whatever communication methods necessary;
  - providing the necessary support and training for the participant and family to be able to indicate preferences, including a description of any training and support needed to fully participate in the planning process and other choice making; and...
• assisting the participant and family to understand the negative consequences of choices that may involve risk;
• Prioritize and structure the delivery of services toward the goal of achieving the participant and family’s preferences;
• Provide for supports and coordination for the participant to access early intervention services, school-based services, generic resources, and Medicaid State Plan services. This could include participation in the Individual Family Service Plan (IFSP) or Individual Education Program (IEP) as one of the regularly scheduled visits.
• Contribute to the continuous movement of the participant toward the achievement of the participant and family’s preferences.
• May be produced in other formats, such as pictures, DVD, etc., to accommodate specific needs of the participant, team, or provider; however, the plan must exist in written format.

The support plan shall also:
• Be dated;
• Be approved, in writing, by the participant, family or guardian, if one has been appointed;
• Be approved in writing by the Support Broker.

The Support Broker shall approve only those support plans that meet the requirements established in the Waiver. If the Support Broker determines the proposed plan does not meet these requirements, he/she shall work with the family or guardian, if applicable, and provider(s) to ensure the proposed plan is modified as necessary. In the event that conflicts arise that cannot be resolved among the parties involved, the Support Broker shall make a referral to ODMRDD for technical assistance.

The Support Broker shall regularly review and revise the support plan, by following the same procedures as set out above, whenever necessary to reflect any of the following:
• Changes in the participant or family’s needs and preferences;
• Achievement of goals or skills outlined within the plan; or
• Any determination made that any service being provided is unresponsive.

All plans must be updated at least annually.

**Participant Direction of Services**

**Participant-Directed Services**

The New Futures Waiver allows for participant-direction by designating all services under this waiver with Budget Authority, and by allowing three services under the waiver (Community Inclusion, Participant-Directed Goods and Services, and Informal Respite) to also have Employer Authority, as shown in the grid below.

<table>
<thead>
<tr>
<th>Participant-Directed Waiver Service</th>
<th>Employer Authority</th>
<th>Budget Authority</th>
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<tbody>
<tr>
<td>Psychosocial Services</td>
<td>☐</td>
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<tr>
<td>Institutional Respite</td>
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<tr>
<td>Community Inclusion</td>
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<tr>
<td>Informal Respite</td>
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</table>
Financial Management Service
The New Futures Waiver will incorporate Financial Management Services (FMS) as an administrative activity provided by a private entity. Ohio’s single state Medicaid agency, ODJFS, entered into a contract with a vendor to provide statewide Financial Management Services to Ohio in 2008. ODMRDD was an integral part of the Request for Proposals selection process that ODJFS held to determine this vendor. ODMRDD will partner with ODJFS to use the statewide Financial Management Services vendor for purposes of this waiver.

Information and Assistance in Support of Participant Direction
For purposes of the New Futures Waiver, ODMRDD will use the Support Broker to fulfill the requirements of Information and Assistance under this waiver.

Case Management Activity - Information and assistance in support of participant direction are furnished as an element of Medicaid case management services.

Opportunities for Participant Direction

- **Participant-Employer Authority**
  ODMRDD will utilize both the Participant/Common Law Employer and the Participant/Co-Employer employer authority options under this waiver. For the Participant/Co-Employer option, the participant will use the Agency with Choice model whereby a willing and qualified provider would be the Employer of Record.

- **Participant-Budget Authority**
  Under the New Futures Waiver, the participant will have budget authority over all of the services in the waiver, including the authority to: reallocate funds among services included in the budget; determine the amount paid for services within the State’s established limits; schedule the provision of services; specify how services are provided, consistent with the service specifications; identify service providers and refer for provider enrollment; authorize payment for waiver goods and services; review and approve provider invoices for services rendered.

Systems Improvement (Quality Strategy)
This section will be developed as the New Futures Waiver is being written. The quality management strategy that ODMRDD has in place for the administration of its Individual Options waiver will be the basis for quality management for this waiver. Additional strategies will be incorporated that pertain specifically to the treatment of children with intensive behavioral needs to measure the impact of positive interventions.

Financial Accountability

**Rate Determination methods**
Subject to the Interagency Agreement with ODJFS, ODMRDD will be responsible for the development of statewide rates for waiver services, and will consult with ODJFS throughout the process. The rate development process will include input from stakeholders. Once developed, ODJFS is responsible for the final review and approval of all rates. Once approved by ODJFS, all reimbursement rates are incorporated into Ohio’s Administrative Code. The process for promulgation of administrative rules
includes a period for public comment as well as a public hearing process that allows for public testimony before Ohio’s Joint Commission on Agency Rule Review, a body compromised of representatives from the Ohio Senate and the Ohio House of Representatives.

**Flow of Billings**
Claims will be submitted to the FMS from all types and classes of waiver providers. The FMS will then submit the claims to ODMRDD. ODMRDD compiles all claims received from providers into one billing file, which is submitted to ODJFS for processing and adjudication through the state’s claims payment system, the Medicaid Management Information System (MMIS).

**Billing Validation Process**
Provider billings will be validated at the FMS level through a process which delineates those waiver services that are identified on each waiver enrollee’s USP, the provider(s) authorized to deliver each service, and the frequency and duration of each service. There will be a post review process that compares the claims to the actual USPs to assure that the services identified through the USP process are accurately reflected in the billing system. In addition to the validation through ODMRDD systems, ODJFS’s MMIS, which actually adjudicates all claims for reimbursement, makes the determination that both the individual receiving the service and the provider delivering the service were eligible for Medicaid waiver payment on the date the service was delivered. The actual validation of delivery is accomplished through various quality assurance post reviews that track backward from paid claims documents to actual service delivery documentation.

**Non-Federal Matching Funds**
Under 5112.371 and 5123.0417 of the Ohio Revised Code, statutory authority has been given to “the director of mental retardation and developmental disabilities to establish programs for individuals under twenty-one years of age who have intensive behavioral needs. The program includes one or more medicaid waiver components that the director administers pursuant to section 5111.871.”

Based on the above statutory language, ODMRDD intends to utilize state appropriations for the non-Federal matching funds for this waiver.