

## (N) Monitoring ISP implementation

The persons employed by or under subcontract with a county board to provide service and support administration shall, in accordance with policies and procedures that shall be established by the board and any protocols that may be established by the department, establish and implement an ongoing continuous quality monitoring system that is tailored to the individual, includes face to face visits, occurs at a time and place convenient to the individual and is based on information provided by the individual. The scope and frequency of monitoring shall be identified in the ISP. The service and support administrator who is the single point of accountability for an individual shall perform this duty monitoring in accordance with the following requirements:

- (1) The purpose of this monitoring shall be to verify:
  - (a) The health, safety and welfare of the individual;
  - (b) What is important to and for the individual;
  - (c) Service Satisfaction;
  - (d) Achievement of the desired outcomes for the individual as stated in the ISP; and
  - (e) That services received are those reflected in the ISP.
- (2) Areas to be monitored, as applicable to each individual, shall include, but not be limited to, the following:
  - (a) Emotional well-being (self-worth, self-esteem, satisfaction with life, spirituality);
  - (b) Interpersonal relations (social contacts, relationships, emotional supports) ;
  - (c) Material well-being (money, work, education, housing) ;
  - (d) Personal development (achievements, success, personal competence);
  - (e) Self determination (self advocacy, choices, personal control, opportunities);
  - (f) Physical well-being (health, daily living skills appropriate to age);
  - (g) Rights (equality, citizenship, access, due process, responsibility); and
  - (e) Social inclusion (community participation, social supports) .
- (3) The service and support administrator who is the single point of accountability for an individual shall provide verbal and/or written feedback from monitoring activities to the individual, legal guardian and provider(s) as appropriate. The SSA shall take action to remediate any immediate concerns and make revisions to the ISP as necessary.
- (4) If this monitoring indicates areas of provider non-compliance with continuing certification standards for providers certified as HCBS waiver providers, the county board shall conduct provider compliance reviews in accordance with rule 5123:2-9-08 of the Administrative Code.

## (P) Advocacy and self-advocacy

- (1) Each individual receiving service and support administration shall have an ISP that identifies how that individual currently speaks up for him or herself, what services and supports can assist the individual to improve advocacy and self advocacy skills and the supports that are needed to increase the individual's opportunities to participate in advocacy and to network with persons or groups including persons with disabilities and others.

## SSA RULE – Proposed revisions to OAC 5123:2-1-11

1. “Single Point of Accountability” – This language and concept is not very “person centered” and inconsistent with the spirit of self determination. We would suggest it be revised throughout the entire rule to reflect that there is “shared accountability” in the system. With the individual at the center.

Maybe, revise the words to say “ single or primary point of coordination” instead.

2. Decision making → this language should not stand alone in its own section – it seems out of place. Instead, perhaps it should be referenced in processes instead throughout the rule. Need new language to be consistent with changes to ORC – 5126.43.
3. Other Definitions→
  - a. “Circle of Support” –perhaps delete this from the rule. It didn’t really launch as intended, plus “team” is already defined.
  - b. Assessment → add language about what is importation to and for person.
  - c. Hab/Program Management –We do not support changing definition as part of this rule as it is in statute. Not sure why it is redefined in this rule as the ISP is the vehicle to identify who does what for each person.
4. (D)(1) If requested, no waiting list is permitted. Perhaps language should be clearer...Also, should And add language that states clearly when individual is on a HCBS waiver, SSA is required regardless of CB eligibility.

Also, can we clarify that SSA is not required for individuals living in nursing facilities?

5. (E)(5) May need further clarification in rule from DODD legal.
6. (G) Eliminate single point of “accountability” throughout this entire section and instead state “ the SSA shall.... not SPOA”. Weave “single point of coordination” throughout processes.
  - a. We suggest changes to 1&2 in rule. We propose section (1) include reference to coordination with hab, program managers and other team members. Propose changes to section (2) so that the assistance language may be clearer that we are talking about actual service coordination amongst the team.

(G) Eligibility- keep the same.

7. (I) Assessments→ change the word “complete” to “complete or review”. Generally describe the process ie what is important to and for the person, personal outcomes, etc. The assessment should be “tailored to the individual”. Revise (1) (a) (1)(a) to some degree.
8. ISP → section (J) Need to include advocacy/self advocacy language that Dana developed----- put at the beginning of section in rule

Move HCBS waiver stuff to the end of this section.

Simplify this section and describe better what a good ISP process looks like. development of , revision—needed for change in service or service level ...Clarify when a revision is needed (ie change in provider, change in frequency/duration, any other change requiring consent.)

ISP → (2) Delete word “certify”.

Dissenting opinions- include new language about this in this section for providers and others potentially?

9. (K) Budget→ This section needs work. Should reference other rules in accordance with the following HCBS funding tools including: AAI/ADS, ODDP, Level One cost cap, SELF cost caps, etc. Should not be required for local dollars per se.
  10. (L) Provider Selection → clarify in (1) applies to HCBS waivers and reference the FCOP rule OAC 5123:2-9-11. Separate process for local \$, use CB process Maintain language in (2) about helping resolve concerns.
  11. (M) Coordination –We are not sure whether there is a need to have it's own separate section? Seems redundant and is imbedded in all other processes... Move (M)(1) thru (5) to the ISP section as discussed above.
  12. (N) Monitoring – revise language in accordance with discussion from QA work group as attached.
  13. (O) QA- remove all references to SL QA process and instead incorporate language that quality assurance is a continuous process.
  14. (P) Designated rep- remove all references and replace with language above consistent with statute regarding assisted decision making and advocacy and self advocacy.
  15. (Q) Emergency intervention- change the word “intervention” to “assistance”.
  16. (R) Records – consider consolidating some of this and clarify that electronic records may be used. Question- should record retention be in this rule?
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