

# Reminders for most commonly addressed **HEALTH & SAFETY CONCERNS** for Assisted Living Waiver Providers

## HIRING DIRECT CARE EMPLOYEES

See OAC 3701-13 regarding the hiring of direct care provider employees.

Reminders when hiring any staff who will have access to individual's records or direct contact with the individual:

Submit criminal record check to include an FBI if applicant lived outside of Ohio at any time within the 5 years prior to hire. Maintain evidence of residency documentation.

Do not submit copies of FBI results letters as this will be verified by looking at your background check roster. If an on-site review is conducted, the FBI results letter can be viewed by reviewer but will not be copied. BCI results letters may be submitted, viewed, or copied by review staff as requested.

Maintain applicant log/background check roster including required information as noted in OAC 3701-13-07(D). If conditionally hiring, ensure the criminal record check results are received and meet compliance within required

time frame or the employee's conditional employment is terminated as noted in OAC 3701-13-04. Please document termination date on the applicant log, if applicable.

Background check results letter must have the name of the agency/facility in the upper left-hand corner as the party requesting the check. Other names or addresses will not be accepted. Feel free to contact any of the provider relations staff for direction regarding results letters received.



## AL WAIVER TRAINING

Orientation and training is provided and documented as noted in OAC 3701-16-06. Any staff providing services to an individual on the AL Waiver will need additional training noted in 173-39-02.16(B)(5) prior to doing such as noted below:

Initial staff qualifications: Only a person who successfully completes training in the following subject areas qualifies to provide this service:

- (a) Principles and philosophy of assisted living.
- (b) The aging process.
- (c) Cuing, prompting, and other means of effective communication.

(d) Common behaviors for cognitively impaired individuals, behaviorally impaired individuals, or other individuals and strategies to redirect or de-escalate those behaviors.

(e) Confidentiality.

(f) The person-centered planning process established in rule 5160-44-02 of the Administrative Code, which includes supporting full access of individuals to the greater community

(g) The individual's right to assume responsibility for decisions related to his or her care.



# NOTIFICATIONS TO THE CARE MANAGER

See 173-39-02 for notification requirements. Ensure applicable staff are trained to notify the assigned care manager (ODA's designee) of the following:

Any incidents that happened while providing services or that were reported by the individual or caregiver.

Any suspected abuse, neglect, or exploitation. Any significant changes that may affect the individual's service needs such as:

- (i) The provider does not provide an authorized service at the time, or for the period of time, authorized by ODA's designee.
- (ii) The individual moves to another address.

(iii) The individual's repeated refusal of services.

(iv) There is a significant change in the individual's physical, mental, or emotional status; environment; or safety.



Notifications are required to be made within one business day of a provider becoming aware of such and documentation of the notification must be maintained to meet compliance with OAC 173-39-02. AAA3 staff may request to view documentation of notifications made when conducting annual reviews or when following up on concerns to verify compliance.

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## QUARTERLY ASSESSMENTS

See 173-39-02.16 (B)(7) for Quarterly Assessments. An RN or LPN shall complete all the following for each individual on the AL Waiver:

- (a) Contact the individual quarterly to assess and document the individual's satisfaction with his or her activities plan, and whether the activities plan continues to meet his or her needs.
- (b) Document, at least quarterly, whether the individual's records demonstrate the individual is receiving activities as ODA or its designee authorized them in the individual's person centered service plan.
- (c) Document, at least quarterly, whether staff are providing personal care to the individual in the manner in which rule 3701-16-09 of the Administrative Code requires for personal care services, as defined in rule 3701-16-01 of the Administrative Code.



\*\*This is not an all-inclusive list of requirements of providers or staff. Please refer to OAC 173-39-02; OAC 173-39-02.16; OAC 173-39-02.17; OAC 3701-13; OAC 3701-16 for further details. Information can also be found on our website at [aaa3.org](http://aaa3.org) under Provider Relations tab. \*\*

# COMMUNITY TRANSITIONS SERVICE REMINDERS

Community Transition Service (CTS) pays for non-recurring start-up living expenses for individuals transitioning from an institutional setting to a home and community-based services (HCBS) setting. Services must be:

Authorized by the Care Manager/Assessor

- Must be determined to be reasonable and necessary
- No other available resources
- Provider purchases/provides authorized items and then bill under CTS
- May be provided only once per enrollment

CTS may be authorized 180 days prior to the date the individual leaves the institutional setting and up to no more than 30 days after enrollment. (If the individual fails to transition to an HCBS setting, the service is still payable, if all requirements are met.)

For each service provided, the provider's record shall include:

1. The individual's name.
2. Date of service.
3. A detailed description of each expense.
4. A receipt for each expense.
5. Verification the individual was involved in the selection of all items.
6. The individual's signature to verify receipt of the service.

This service may only be provided by a certified provider which means the provider must pay for/provide the service before being able to bill for the service. (A family member may not purchase the items as they are not a certified provider) One unit of community transition is one completed job per individual which includes all the expenses authorized by the care manager/assessor and does not exceed the maximum allowable rate.



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Feel free to contact AAA3 Provider Relations staff with any questions regarding the Assisted Living Waiver or Community Transition service requirements. We can be reached by emailing [providercert@psa3.org](mailto:providercert@psa3.org) or by using the contact information for our listed specialists.



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