Warren County Board of
Developmental Disabilities

Provider

Handbook / Reference

Guide

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www.warrencountydd.org

WELCOME!

The Warren County Board of Developmental Disabilities would like to welcome you as a new Provider in the County.

Providers play a crucial role in fulfilling the needs of the Individuals we serve. Thank you for choosing to be a part of this essential group of people. We hope that you find this career choice as fulfilling as we do. Our hope is that this document will provide you with a general overview of the topics you need to be aware of as a certified Provider.

An Agency Provider is an entity who must be certified by the Department of Developmental Disabilities to provide supported living services in accordance with section 5123.161 of the Revised Code.

An Independent Provider is a self-employed person who provides services for which he or she must be certified in accordance with the administrative rule 5123-2-09 and who shall not employ, either directly or through contract, anyone else to provide the services. That means it is the Independent Providers responsibility to make sure that they understand what is required of them, complete all job duties and maintain/retain necessary paperwork.

WCBDD offers free training in CPR/First Aid and Medication Administration and Annual training for independent providers serving individuals in Warren County. Our scheduled class dates can be found on our website: www.warrencountydd.org under the Provider Toolkit section. Please do not hesitate to contact WCBDD regarding any questions you may have.

We look forward to working with you in the future, and are excited to see the impact you will have on individuals and their families throughout the course of their lives.

Kind Regards,

Warren County Board of Developmental Disabilities

Support Services Division

Important Contact Information

Warren County Board of Development Disabilities

Provider Development Coordinators:

Angela Mason - angela.mason@warrencountydd.org

Lindsay Graves - lindsay.graves@warrencountydd.org

providerdevelopment@warrencountydd.org

Compliance and Nursing:

Kim Posey, Provider Compliance Coordinator - kim.posey@warrencountydd.org

Darlene Snapp, Support Services RN - darlene.snapp@warrencountydd.org

Investigative Agents and 24-Hour Emergency Contact:

Melissa Hefelfinger; Chris Bunting; Rick Teubner - MUI@warrencountydd.org

Phone – 1.800.800.6847

Support Services Manager:

Melissa Stall- melissa.stall@warrencountydd.org

DODD

1.800.617.6733

Provider Payment Information- Option 2

Provider Billing Questions- Option 3

Provider Certification Questions- Option 5

Listen to the prompts in case the options have changed.

Electronic Visit Verification (EVV)

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

1.800.686.1516 – Ohio Medicaid Provider Hotline

For general questions about the EVV program- EVV@medicaid.ohio.gov

EVV is only applicable for providers of routine HPC, Participant Directed HPC and/or IO waiver nursing

Ohio Pays - Supplier ID

1.877.644.6771

I Have My Approval Letter, Now What?

☐   If an individual is waiting for your approval to begin services, contact the SSA (Service Coordinator) and provide a copy of your approval letter. This will be emailed to you from DODD upon your approval

☐   Notify Provider Development Coordinators, Angie Mason and Lindsay Graves, as well as Melissa Thompson, SSA Division Secretary, to be added to the Warren County database. Angie and Lindsay can be notified at providerdevelopment@warrencountydd.org and Melissa can be notified at Melissa.Thompson@warrencountydd.org.

☐   Review the rule(s) for the services you plan to provide. These can be found at: https://dodd.ohio.gov/forms-and-rules/rules-in-effect/administrative-rules-list

☐   Subscribe to email lists from DODD that will be of benefit and/or interest to you: https://dodd.ohio.gov/your-family/all-family-resources/Subscribe

These lists include:

Abuser Registry, alerts about registry updates; Blueprint Workgroup updates; Director's Corner, updates from DODD Director; Disability Connection - News for People with Developmental Disabilities; DODD Pipeline, department news and resources; DSP Connection, news for direct support professionals; Early Intervention, program updates; Family Connection, news for families; Health and Welfare Alerts, **required reading for providers**; Memo Monday, DODD guidance and training; Ohio ISP Workgroup updates; Rules Notifications – **required for providers**; Tech First Update

☐   Sign up for emails from WCBDD about requests for providers, DODD updates/changes, trainings, and provider meetings. Visit the Warren County website Provider Toolkit: https://www.warrencountydd.org/provider-toolkit and sign up at the bottom of the page.

☐   Once you have your ISP, you will need to create documentation. Be sure to include all required elements listed in the service rule. If you have questions or need assistance, you can find samples on the Warren County website Provider Toolkit: https://www.warrencountydd.org/provider-toolkit or contact one of the Provider Development Coordinators

Free Choice of Provider

Under Section 5126.046, Right to community-based services; list of providers, of the Ohio Revised Code, "an individual with a developmental disability who is eligible for home and community-based services has the right to obtain the services from any provider of the services that is qualified to furnish the services and is willing to furnish the services to the individual".

Under the Ohio Administrative Code 5123-9-11, Home and community-based services waivers – free choice of providers, section (C) notification of free choice of providers, "assistance with the provider selection process, and procedural safeguards, the county board shall notify each individual at the time of

enrollment in a home and community-based services waiver and at least annually thereafter, of the individual's right to choose any qualified and willing provider of home and community-based services".

Individuals served have the right to choose an able and willing provider they would like to the provide the services they are assessed to need.

Your Role and the ISP

•   As a provider, you should be invited to and attend all ISP meetings. The ISP is the authorizing document, meaning that it tells you what you are being paid to provide. The services you provide to an individual, and the frequency of these services, must line up with the individual's ISP, and therefore reflect what is important to and for them.

•   As an Independent Provider, you will need to be trained on the ISP by the Service Coordinator, and sign an agreement to the services before you can start providing services. As an Agency, you will need to review the plan with the Service Coordinator, sign an agreement to the services before beginning, and ensure staff are trained before starting.

•   You must keep a copy of the current ISP with your records. You should receive an emailed copy of the ISP at least 15 days prior to the plan start date, as well as with any revisions. All ISP's will be sent by email at this time. They most often come to your email encrypted so you will need to ensure you are able to open them as you are required to open and review every one of them.

•   These emails are encrypted for confidentiality reasons, so you will need to follow the steps in the email to set up an account to open the ISP attachments if you have not set up an account prior. **Note**: all encrypted emails automatically delete after 30 days so save anything necessary.

•   If you have not received a copy of the ISP prior to the individual's start of their plan, you will need to contact the individual's Service Coordinator to follow-up.

•   When you receive the ISP, to remain in compliance, you must promptly update your service documentation to reflect any changes to the services you are responsible for.

•   You are an important team member and you have valuable input to share in the planning process. If something in the ISP is not accurate, you need to let the Service Coordinator know.

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 documentation form can appear any way you want it to, but it MUST contain all the required elements. WCBDD and DODD have some templates available for commonly provided services.

Form templates can be found on:

DODD: http://dodd.ohio.gov/Providers/Billing/Pages/Documentation.aspx

WCBDD: https://www.warrencountydd.org/provider-toolkit

It remains the responsibility of the provider to be familiar with all applicable rules, including those covering service delivery and documentation. Services must be provided before claims are submitted for reimbursement.
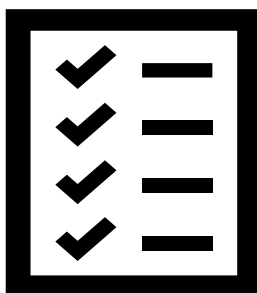
Things to Remember

Documentation should be maintained in an accessible location.

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

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

You are not required to submit documentation to anyone. You keep it and provide it when requested for review.

Commonly Used Documentation Requirements

Homemaker Personal Care – 15 Minute Unit HPC	HPC Transportation	Ohio Shared Living
• Type of Service • Date of Service • Place of Service • Name of Individual Receiving Service • Medicaid Number of Individual • Name of Provider • Provider Identifier/Contract Number • Written or electronic signature of the person delivering the service; initials if the provider has corresponding signature and initials on file • Group size in which the service was provided • Description and details of the service delivered that directly relate to the services specified in the approved service plan • Number of units of the delivered service or continuous amount of uninterrupted time the service was provided • Times the delivered service started and stopped	• Type of Service • Date 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 • Origination and destination points of transportation provided • Total number of miles of transportation provided • Group size in which transportation is provided • Written or electronic signature of the person delivering service, or initials if provider has corresponding signature and initials on file • Description and details of the services delivered that directly relate to services specified in the approved service plan	• Type of Service • Date of Service • Place of Service • Name of Individual Receiving Service • Medicaid Number of Individual • Name of Provider • Provider Identifier/Contract Number • Written or electronic signature of the person delivering the service; initials if the provider has corresponding signature and initials on file • Group size in which the service was provided • Description and details of the service delivered that directly relate to the services specified in the approved service plan

Incident Reporting and MUI/UI Requirements

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

To report an incident, you will need to complete an Incident Report Form (UIR) that can be found at https://dodd.ohio.gov/health-and-welfare/toolkit/incident-report-form. You can also find the form on the Warren County Board of DD website under the Provider Toolkit.

As an Independent Provider, you are always required to send your Incident Reports to the County Board, regardless of if the incident is an Unusual Incident or a Major Unusual Incident.

As an Agency Provider, you are required to send an incident to the County Board if the incident is a Major Unusual Incident or is suspected to be a Major Unusual Incident.

Reports regarding all major unusual incidents involving an individual who resides in an intermediate care facility for individuals with intellectual disabilities or who receives round-the-clock waiver services shall be filed and the requirements of the rule followed regardless of where the incident occurred.

Incident reports can be emailed to MUI@warrencountydd.org and questions can be answered 24 hours per day at 1-800-800-6847.

All Providers are required to maintain a monthly UI Log – even if you have 0 incidents. Monthly UI logs will be requested by Kim Posey on a quarterly basis.

A UI Log Form can be found at https://dodd.ohio.gov/health-and-welfare/all-health-and-welfare-resources/unusual-incident-report-log

Additional forms and information can be found at:

DODD – http://dodd.ohio.gov/HealthandSafety/Pages/Tool-Kits.aspx

WCBDD – https://www.warrencountydd.org/provider-toolkit - under the MUI/UI section

MUI Annual Analysis

This is completed Annually for January through December of each year.

Annual MUI Analysis – Must be completed by 1/31 and submitted to the County Board by 2/28 even if there are no MUIs.

In Warren County, we send out a courtesy email reminder to Providers on our email distribution list about the analysis and its due date, as well as a form that you can use to fill out. However, it remains the Providers responsibility to complete these forms and submit them, regardless of receiving any reminders.

The template form is available on the DODD and Warren County Board of DD websites. You can also email Melissa Stall at melissa.stall@warrencountydd.org with questions regarding the Annual MUI analysis.

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

Incident Reporting Guidelines

Required Notifications: must be made the same day	MUI Reporting:
☐ Guardian, advocate, or person identified ☐ SSA for individual ☐ Licensed or certified residential provider ☐ Staff or family in the home	24-hour reporting availability: Call: 1-800-800-6847 Email: MUI@warrencountydd.org Fax: 513-932-1352

MUI = Major Unusual Incident (Category A)	All MUIs	UI = Unusual Incident

The provider shall immediately, but no later than **four** hours after discovery of the major unusual incident, notify the county board of:
 	
o Accidental or suspicious death
o Exploitation
o Misappropriation
o Neglect
o Peer-to-peer act
o Physical abuse
o Prohibited sexual relations
o Sexual abuse
o Verbal abuse
o When the provider has received an inquiry from the media regarding a major unusual incident.
	o Immediately upon identification or notification of a major unusual incident, the provider shall take all reasonable measures to ensure the health and welfare of at-risk individuals. Such measures shall include:
	  • Immediate and ongoing medical attention, as appropriate
	  • Removal of an employee from direct contact with any individual when the employee is alleged to have been involved in physical abuse or sexual abuse until such time as the provider has reasonably determined that such removal is no longer necessary
	  • Other necessary measures to protect the health and welfare of at-risk individuals.
	o For all major unusual incidents, a provider shall submit a written incident report to the county board contact or designee by **three p.m.** on the first working day following the day the provider becomes aware of a potential or determined major unusual incident.
		o Reports shall be made no later than **twenty-four hours** after the occurrence of the unusual incident
		o The provider providing services when an unusual incident occurs shall notify other providers of services as necessary to ensure continuity of care and support for the individual.
		o Each agency provider and independent provider shall review all unusual incidents as necessary, but no less than monthly, to ensure appropriate preventive measures have been implemented and trends and patterns identified and addressed as appropriate.

Billing

All billing is submitted through the DODD application, EMBS. You can only bill for services that you have provided, that are identified in an approved service plan, and that have been documented.

All claims are run on Wednesdays at 12 noon. Any claims submitted after 12 noon on a Wednesday will reflect on the following weeks billing.

A review of your billing submissions for the current week will be available on the EMBS application on Friday. This total can still change as once billing has been submitted, it generally takes 14 days to process to payment.

You can access payment records through Ohio Shared Services/Ohio Pays Site (the site where you received your Supplier ID/Ohio Pays number).

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

If your claim is denied, or there was an error; you can adjust your billing and resubmit it for processing. You have 350 days from the date of service to submit your claims.

You are responsible for the accuracy of your billing, regardless of whether you utilize the assistance of a billing agent or not. You can choose to use a billing agent and the request form can be found here: https://dodd.ohio.gov/forms-and-rules/forms/provider-request-for-association-with-billing-agent

Electronic Verification Visit Information (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.

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

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.

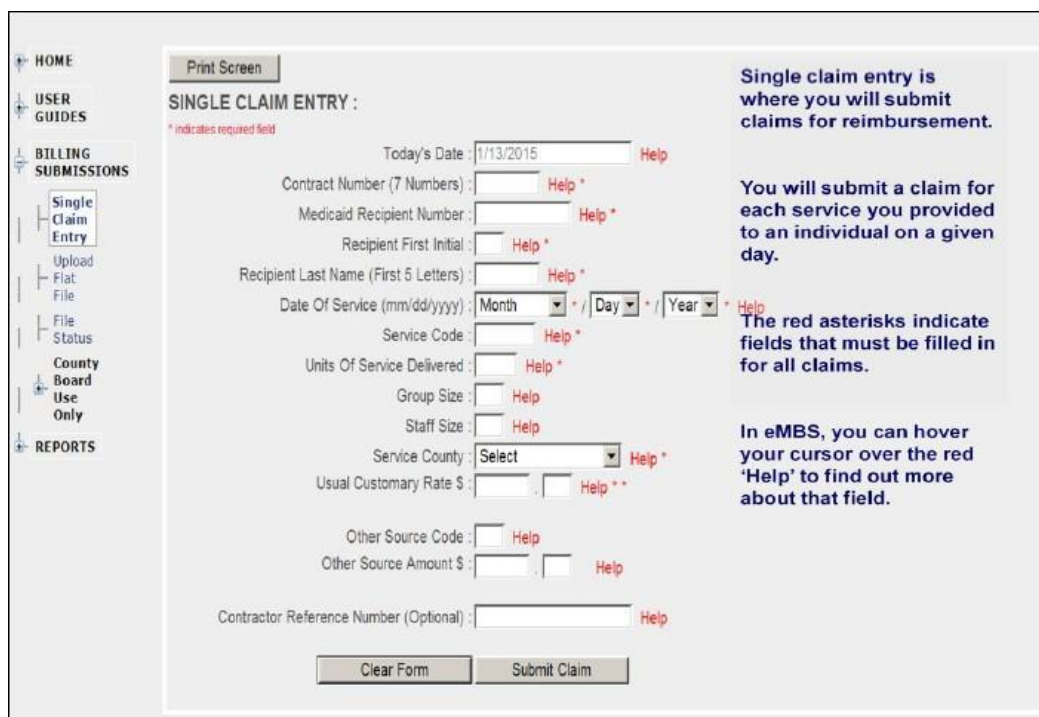More Information about EVV can be found here:

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

Submitting Single Claims

When you are ready to bill, sign in to 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 following for each claim you are making, billing codes and usual customary rate information can be found in the Appendix for the rule of each service.

If you have questions regarding submission of daily rate or MRC claims, please contact the Provider Development Coordinators and assistance with be provided.

Tax Information – Independent Providers

Independent Providers receive a 1099 from Ohio Pays instead of a W2. It is the Independent Providers responsibility to speak to a tax professional or accountant to determine what is needed to do for taxes each year. If the provider lives with the person, the provider 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

Medication Administration

Ohio | Department of Developmental Disabilities

Effective November 6, 2017

Authority of DD Personnel to Perform Services by Type - Medication Administration Reference Grid (ORC 5123.41-.47 and OAC 5123:2-6-3)					
	County Board (CB) responsibility for Quality Assessment (QA) by RN. See outlined boxes				
	Certification 1	Certification 1	Certification 2	Certification 3	Delegable Nursing Tasks
Applicable Setting	13-HRAs (Health-Related Activities) (HRAs may be delegable without certification per OAC 4723-13)	Medication Administation (Prescribed Oral, Topical, O2 and Inhalers)	G / J Tube Prescribed Medication Administration	Insulin by Sub-Q Injection & Pump and injectable treatments for metabolic glycemic disorders	Including 13 HRAs & Administration of Nutrition by G/J Tube
Adult Services Settings up to 16 people	Without nursing delegation	Without nursing delegation	With nursing delegation	With nursing delegation	With nursing delegation
Family Support Services	Without nursing delegation	Without nursing delegation	With nursing delegation	With nursing delegation	With nursing delegation
Certified Supported Living Services (1-4 individuals per living arrangements)	Without nursing delegation	Without nursing delegation	With nursing delegation	With nursing delegation	With nursing delegation
Certified Home and Community Based Services (1-4 individuals per living arrangements)	Without nursing delegation	Without nursing delegation	With nursing delegation	With nursing delegation	With nursing delegation
Residential Facilities : 1-5 Beds	Without nursing delegation	Without nursing delegation	With nursing delegation	With nursing delegation	With nursing delegation
Early Intervention, Pre-School, School Age	With nursing delegation	With nursing delegation	With nursing delegation	With nursing delegation	With nursing delegation
Adult Services Settings with 17 or more people	With nursing delegation	With nursing delegation	With nursing delegation	With nursing delegation	With nursing delegation
Residential Facilities : 6 or more Beds	With nursing delegation	With nursing delegation	With nursing delegation	With nursing delegation	With nursing delegation
Other Services by DD Boards or by Ohio Dept of DD	With nursing delegation	With nursing delegation	With nursing delegation	With nursing delegation	With nursing delegation

As per OBN's Administrative Code Chapter 4723-13, an RN may delegate specific NURSING TASKS to uncertified personnel (following all provisions in OAC 4723-13) . Delegation of MEDICATION requires DODD Certification(s).

Medication Administration by Family Members, Family Delegation, and Ohio Shared Living

<u>Family members administering medication:</u>

• Whenever an individual resides with a family member(s), the family member is authorized to administer medications without having to have Medication Administration Certification.

• Family members who live with an individual and are providing Ohio Shared Living (as an independent provider or through an agency) are authorized to administer medication as a family member and do not need to have Medication Administration Certification or nurse delegation.

• When a family member DOES NOT LIVE with the individual, is a paid provider, and works for an agency, that family member MUST have Medication Administration certification.

• A family member who DOES NOT LIVE with an individual, is a paid provider, and is an Independent Provider may receive delegation from the family who does live with the individual, or must a have Medication Administration Certification and nurse delegation as applicable to provide medications or treatments.

<u>Family delegation under Ohio Revised Code 5123.47:</u>

• Family members living with an individual may delegate medication administration to independent providers who come into the home under the family delegation law (Ohio Revised Code 5123.47). In that case the responsibility for the training and supervision of the independent provider rests with the family and the independent provider does not have to have Medication Administration Certification.

• Family members living with an individual DO NOT have authority under the family delegation law to delegate medication administration responsibilities to AGENCY STAFF WHO DO NOT LIVE WITH THE INDIVIDUAL, whether that staff person is related to the individual or not.

• When an individual does not live with family, all providers, including family members, are required to have Medication Administration Certification.

<u>Ohio Shared Living with Non-Family members:</u>

• Persons who are not "related to" an individual {as defined in OAC 5123:2-9-33 (B) (12)} and are providing shared living under the individual options waiver must have Medication Administration Certification and nurse delegation as applicable to provide medications and treatments.

If you have questions about medication administration, please email Darlene Snapp at Darlene.Snapp@warrencountydd.org or reference rule Chapter 5123:2-6

If you are interested in obtaining Medication Administration, please email Lindsay Graves at Lindsay.Graves@warrencountydd.org or check the training calendar for classes on the Warren County Board of DD Website and sign up with Lindsay.

Training/Ongoing Training

ANNUAL TRAINING REQUIREMENTS

Training Requirements can be found in the Appendices for Rule 5123-2-08 (Agency Provider Certification) and Rule 5123-2-09 (Independent Provider Certification)

Agency Provider Training Annual Training Requirements for <u>DSPs</u>	Independent Provider Annual Training Requirements
1) Two hours of training provided by the department or by an entity using department-provided curriculum in topics relevant to the direct support professional's duties including: • "National Alliance for Direct Support Professionals" code of ethics • Rights of individuals set forth in section 5123.62 of the Revised Code • Empathy-based care 2) Six hours of training provided or arranged by the agency provider in: • Recognizing and reporting major unusual incidents and unusual incidents, agency-specific data regarding major unusual incidents, and strategies for preventing major unusual incidents • Review of health and welfare alerts issued by the department since previous year's training • Topics selected from the following list that are relevant to services provided and people served by the agency provider: 　o 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; or empathy-based care) 　o Health and safety (examples include but are not limited to: signs and symptoms of illness or injury and procedure for response; or transportation safety) 　o Positive behavioral support (examples include but are not limited to: creating positive culture; general requirements for intervention and behavioral support strategies and role of the direct support professional including documentation; or crisis intervention techniques)	1) Two 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 including a review of health and welfare alerts issued by the department since previous year's training 2) Six 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; or empathy-based care) • Health and safety (examples include but are not limited to: signs and symptoms of illness or injury and procedure for response; or transportation safety) • Positive behavioral support (examples include but are not limited to: creating a positive culture; general requirements for intervention and behavioral support strategies and role of independent provider including documentation; or crisis intervention techniques)

The Director of Operations for an Agency has different training requirements and they can be found in the same Appendices for Agency Provider Certification, Rule 5123-2-08

Annual Training is tracked by calendar year. This means trainings can be completed anytime between January 1 and December 31 each year.

Department provided curriculum can be found through DODD MyLearning

Further information regarding training and documentation of training can be found here:

https://dodd.ohio.gov/training

https://dodd.ohio.gov/forms-and-rules/forms/Training-Documentation-Template

WCBDD offers the Annual Training along with CPR/First Aid training and Medication Administration. You can view all scheduled trainings at: https://www.warrencountydd.org/training-calendar

COMPETENCEY/LONGEVITY ADD-ON

Independent providers and DSP's providing 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 required coursework equaling 60 hours or more of training may qualify to receive the Competency-Based Training and Longevity Add-On.

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

WCBDD offers training for the longevity add on or you can find the trainings through DODD Direct Course. Information on how to access Direct Course can be found here: https://dodd.ohio.gov/about-us/training/department-provided-training/dodd-online-training-directcourse. You must take the required curriculum trainings.

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

Detailed information can be found here:

https://dodd.ohio.gov/about-us/training/training-policies/competency-based-training-longevity-add-on

For Independent Providers: Once you have documentation verifying your experience and training, you add the add-on to your certificate to your DODD certification. Do this the same way you add a service. Contact Provider Support for assistance if needed.

For Agency Providers: Keep a copy of the staff certificates in personnel files for staff you will be billing the longevity add-on for.

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
- Keep your documentation easily accessible

UI / MUI

- Keep copies of all Incident Reports that are completed
- Maintain a monthly UI Log, even if you have 0 incidents you must indicate such each month
- Complete, submit and retain for your records the Annual MUI Analysis no later than 02/28 of each year

Your Training

- Maintain records of ALL trainings you complete and all certificates you receive
- It is your responsibility to ensure you follow all training requirements and have the documentation / certificates to prove you or your staff have completed all requirements

Timeline for Documentation and Records

Complete up to Daily:

- Service documentation
- Incident reports (if they occur)

Complete Monthly:

- Completed and signed service documentation
- UI Log and log review (even if there are 0 incidents)

Complete Annually:

- Annual MUI Analysis (send to melissa.stall@warrencountydd.org)
- Annual 8 Hour Training
- CPR-First Aid – usually good for 2 years

Recertification

Your initial 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. You will receive an email notifying you when you are 90 days out. BEST PRACTICE is to start the application as soon as you are able in order to prevent delays in reimbursement and/or service provision.

Your billing can be interrupted if your recertification is not complete prior to your expiration.

Information about recertification can be found here: **https://dodd.ohio.gov/providers/initial-renewal**

- At minimum, you will need the following documents when you apply for your recertification:
  - **Current report from the Bureau of Criminal Identification and Investigation (BCII):** *You will only need this if you are <u>NOT</u> enrolled in Rapback. You can see if you are enrolled by checking PNM or you can contact the County Board and they can let you know.*
  - **CPR and First Aid Certification:** *You must keep your First Aid and CPR Certification current*
  - **Completion of Annual Required Training:** *Evidence of completion of required annual trainings for services you provide*
  - **Additional Documents based on the services you are certified to provide:** *See the rule for each service*

Provider Development Coordinators with Warren County Board of Developmental Disabilities are available to assist with Recertification should you need it.
Contact providerdevelopment@warrencountydd.org

Resource List

DODD: https://dodd.ohio.gov/

Warren County Board of DD: https://www.warrencountydd.org/

Warren County Board of DD Provider Toolkit and sign up for provider updates: https://www.warrencountydd.org/provider-toolkit

Subscribe to email lists from DODD that will be of benefit and/or interest to you: https://dodd.ohio.gov/your-family/all-family-resources/Subscribe

EVV: https://medicaid.ohio.gov/resources-for-providers/special-programs-and-initiatives/electronic-visit-verification