



Ohio Administrative Code

Rule 5123-9-20 Home and community-based services waivers - money management under the individual options and level one waivers.

Effective: January 1, 2024

(A) Purpose

This rule defines money management and sets forth provider qualifications, requirements for service delivery and documentation of services, and payment standards for the service.

(B) Definitions

For the purposes of this rule, the following definitions apply:

(1) "Agency provider" means an entity that employs at least one person in addition to a director of operations for the purpose of providing services for which the entity is certified in accordance with rule 5123-2-08 of the Administrative Code.

(2) "Authorized representative" means a person or an organization appointed by an individual to discuss and negotiate benefits (e.g., medicaid, social security, or veterans' administration) on behalf of an individual who needs assistance to manage or direct the management of benefits for which the individual is eligible or may be eligible.

(3) "County board" means a county board of developmental disabilities.

(4) "Department" means the Ohio department of developmental disabilities.

(5) "Fifteen-minute billing unit" means a billing unit that equals fifteen minutes of service delivery time or is greater or equal to eight minutes and less than or equal to twenty-two minutes of service delivery time. Minutes of service delivery time accrued throughout a day will be added together for the purpose of calculating the number of fifteen-minute billing units for the day.

(6) "Homemaker/personal care" has the same meaning as in rule 5123-9-30 of the Administrative



Code.

(7) "Independent provider" means a self-employed person who provides services for which the person is certified in accordance with rule 5123-2-09 of the Administrative Code and does not employ, either directly or through contract, anyone else to provide the services.

(8) "Individual" means a person with a developmental disability or for purposes of giving, refusing to give, or withdrawing consent for services, the person's guardian in accordance with section 5126.043 of the Revised Code or other person authorized to give consent.

(9) "Individual service plan" means the written description of services, supports, and activities to be provided to an individual.

(10) "Money management" means services that provide assistance to individuals who need support managing personal and financial affairs, including training to assist an individual to acquire, retain, or improve related skills. The services meet a continuum of individualized needs, from organizing and keeping track of financial records and health insurance documentation, to assisting with bill-paying and maintaining bank accounts. Money management does not take the place of services provided by professionals in the accounting, investment, or social services fields. Money management complements the work of other professionals by facilitating the completion of the day-to-day tasks rather than determining or executing long-term plans. Money management includes a broad range of tasks determined necessary in the individual service plan. Examples of supports that may be provided as a component of money management include:

(a) Bill-paying and preparing checks for individuals to sign;

(b) Balancing checkbooks, reconciling bank account statements, and maintaining or organizing bank records;

(c) Preparing and delivering bank account deposits;

(d) Assisting an individual with applying for benefits such as medicaid buy-in for workers with disabilities and other resources as appropriate;



- (e) Assisting an individual with maintaining eligibility for benefits such as food stamps;
 - (f) Consulting or making referrals for consultation regarding available benefits;
 - (g) Making referrals as appropriate for establishment of special needs accounts (e.g., a qualified income trust or an account established in accordance with the Achieving a Better Life Experience Act program and section 529A of the Internal Revenue Code);
 - (h) Organizing tax documents and other paperwork;
 - (i) Negotiating with creditors;
 - (j) Deciphering medical insurance papers and verifying proper processing of claims;
 - (k) Providing general organization assistance;
 - (l) Providing referrals to legal, tax, and investment professionals;
 - (m) Notarizing documents;
 - (n) Providing assistance associated with financial tasks when an individual relocates (e.g., transferring bank accounts or updating address with creditors); and
 - (o) Acting as power-of-attorney or authorized representative, when so designated by the individual.
- (11) "Participant-directed homemaker/personal care" has the same meaning as in rule 5123-9-32 of the Administrative Code.
- (12) "Payee" means a person, agency, organization, or institution appointed by the social security administration to receive and manage benefits (e.g., medicaid, social security, or supplemental security income) on behalf of an individual who needs assistance to manage or direct the management of benefits. A payee has legal authority to manage the benefits, uses the benefits to pay



for the current and future needs of the individual, and properly saves any benefits not needed to meet current needs. A payee is required to keep records of expenses and provide an accounting of how the payee used or saved the benefits. A payee will adhere to the standards and regulations set forth by the social security administration.

(13) "Service and support administrator" means a person, regardless of title, employed by or under contract with a county board to perform the functions of service and support administration and who holds the appropriate certification in accordance with rule 5123-5-02 of the Administrative Code.

(14) "Service documentation" means all records and information on one or more documents, including documents that may be created or maintained in electronic software programs, created and maintained contemporaneously with the delivery of services, and kept in a manner as to fully disclose the nature and extent of services delivered that includes the items delineated in paragraph (E) of this rule to validate payment for medicaid services.

(15) "Shared living" has the same meaning as in rule 5123-9-33 of the Administrative Code.

(16) "Team" means the group of persons chosen by an individual with the core responsibility to support the individual in directing development of the individual service plan. The team includes the individual's guardian or adult whom the individual has identified, as applicable, the service and support administrator, direct support professionals, providers, licensed or certified professionals, and any other persons chosen by the individual to help the individual consider possibilities and make decisions.

(C) Provider qualifications

(1) Money management will be provided by an agency provider or an independent provider that meets the requirements of this rule and that has a medicaid provider agreement with the Ohio department of medicaid.

(2) Money management will not be provided by a county board or a regional council of governments formed under section 5126.13 of the Revised Code by two or more county boards.



(3) An applicant seeking approval to provide money management will complete and submit an application and adhere to the requirements of as applicable, rule 5123-2-08 or 5123-2-09 of the Administrative Code.

(4) Each person providing money management will:

(a) Achieve a score of at least eighty per cent on the department-administered money management competency test; or

(b) Hold a degree from an accredited college or university in accounting, business administration, finance, or public administration; or

(c) Be authorized by Chapter 4701. of the Revised Code to use the designation of certified public accountant.

(5) Failure to comply with this rule and as applicable, rule 5123-2-08 or 5123-2-09 of the Administrative Code, may result in denial, suspension, or revocation of the provider's certification.

(D) Requirements for service delivery

(1) Money management will be provided pursuant to an individual service plan that conforms to the requirements of rule 5123-4-02 of the Administrative Code. Providers of money management will participate in individual service plan development meetings when a request for their participation is made by the individual.

(2) The scope and intensity of money management services will be determined by the team based on the individual's needs. Money management will be authorized for no more than ten hours per month.

(3) Money management will not duplicate or include activities that help link eligible individuals with medical, social, or educational providers, programs, or services that are functions of targeted case management pursuant to rule 5160-48-01 of the Administrative Code.

(4) Money management will be provided at a ratio of one staff to one individual.



(5) Money management services may extend to those times when the individual is not physically present while the provider is performing money management activities on behalf of the individual.

(6) A provider of money management will:

(a) Comply with rule 5123-2-07 of the Administrative Code;

(b) Act in the best interest of and take all reasonable precautions to safeguard the interests and property of each individual the provider serves;

(c) Disclose in writing to each individual served and the individual's service and support administrator, any affiliations, associations, or interests that may pose a potential conflict of interest or create the appearance of impropriety;

(d) Keep current of issues related to the money management services provided (e.g., health insurance, consumer fraud, or banking fees) and public and private services available to individuals for use in resource referrals;

(e) Refer individuals to other service providers or consult with other service providers when additional knowledge and expertise are required; and

(f) Maintain detailed and accurate records, documentation, and information (e.g., bank statements, checking account transaction register, savings account balance, spending trends, or income statements) for each individual served which will be submitted to the individual in accordance with the individual service plan and upon request by the individual or the individual's team.

(7) A provider of money management who is also an individual's payee will:

(a) Obtain and maintain the individual's benefits;

(b) Pay all of the individual's living expenses prior to providing the individual with discretionary spending money;



- (c) Take all necessary measures to maintain the individual's eligibility for benefits such as ensuring bank account balances remain within established resource limitations; and
- (d) Maintain documentation, report information, and comply with all other requirements and standards, including audit protocols, established by the social security administration.
- (8) A provider of money management who is also the individual's payee will not request or accept reimbursement through more than one funding source for the services that fall under the responsibilities of a payee. Additional money management tasks beyond the responsibilities of a payee may be determined necessary through the person-centered planning process and authorized in the individual service plan.
- (9) A provider of money management will not also provide homemaker/personal care, participant-directed homemaker/personal care, or shared living to the same individual.
- (10) Providers of money management will not act or represent themselves as accountants, financial advisors, attorneys, or other licensed professionals unless licensed as such by the state of Ohio.

(E) Documentation of services

Service documentation for money management will include each of the following to validate payment for medicaid services:

- (1) Type of service.
- (2) Date of service.
- (3) Place of service.
- (4) Name of individual receiving service.
- (5) Medicaid identification number of individual receiving service.



(6) Name of provider.

(7) Provider identifier/contract number.

(8) 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.

(9) Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided.

(10) Number of units of the delivered service or continuous amount of uninterrupted time during which the service was provided.

(11) Times the delivered service started and stopped.

(F) Payment standards

(1) The billing unit, service codes, and payment rates for money management provided January 1, 2024 through June 30, 2024 are contained in appendix A to this rule. The billing unit, service codes, and payment rates for money management provided on or after July 1, 2024 are contained in appendix B to this rule. Payment rates are based on the county cost-of-doing-business category. The cost-of-doing-business category for an individual is the category assigned to the county in which the service is actually provided for the preponderance of time. The cost-of-doing-business categories are contained in appendix C to this rule.

(2) When services meeting the definition of money management in accordance with paragraph (B)(10) of this rule are the only supports provided to an individual by the provider, the services will be authorized and billed as money management.

(a) When assistance with personal finances is provided to an individual by the provider in conjunction with other components of homemaker/personal care, the services will be authorized and billed as homemaker/personal care.



(b) When assistance with personal finances is provided to an individual by the provider in conjunction with other components of participant-directed homemaker/personal care, the services will be authorized and billed as participant-directed homemaker/personal care.