

Waiver Service	Service Agreement Requirements	Service Coordinator Responsibility	Area Agency (OHCD) Responsibility	Documentation Requirements
Respite- Family arranged Respite (this is only for respite providers arranged by Individual or families (neighbor, family member, etc..))	Description of respite services needs identified.	<p>In the ISA identify the need and pass-through provider.</p> <p>Verifying provider qualifications (If applicable)</p>	<p>Sign Provider Acknowledgement Form</p> <p>Coordinates with individual or family on invoice and payment process</p> <p>Receive invoice and processes payment</p> <p>Verifying provider qualifications (If applicable)</p>	Invoice for respite from individual or family. Standard Pass Through invoice.
Assistive Technology	Individual service agreement (ISA) will specify the following: 1) The item; 2) The name of the healthcare practitioner recommending the item; 3) An evaluation or assessment regarding the appropriateness of the item; 4) A goal related to the use of the item; 5) The anticipated environment that the item will be used; 6) Current modifications to item/product and anticipated future modifications and anticipated cost.	<p>Service Animal Training - Coordination</p> <p>Receive Recommendations as needed</p> <p>Collect other supporting documentation (If applicable)</p> <p>Identify rendering provider, service or item.</p> <p>In the ISA identify the need, rendering provider, pass-through provider, goal(s), and other waiver requirements as outlined.</p> <p>Verifying provider qualifications (If applicable)</p>	<p>Sign Provider Acknowledgement Form</p> <p>Coordinates with rendering provider, individual, or family on invoice and payment process</p> <p>Receive invoice and processes payment.</p> <p>Verifying provider qualifications (If applicable)</p>	Pass-Through invoice for item, receipt, documentation in monthly progress notes as applicable.
Community Integration Services	Individual service agreement (ISA) will specify the following: 1) The service; 2) The name of the healthcare practitioner recommending the item (for single services \$2,000 and over); 3) An evaluation or assessment regarding the appropriateness of the service; 4) A goal related to the use of the service; Community Based Campership is outlined in the Individualized Service Agreement and based on an assessed need as determined by the individual's disability.	<p>Receive recommendations as needed</p> <p>Collect other supporting documentation (If applicable)</p> <p>Identify the rendering provider, or activity</p> <p>In the ISA identify the need, rendering provider (If applicable), pass-through provider, goal(s), and other waiver requirements.</p> <p>Verifying provider qualifications (If applicable)</p>	<p>Sign Provider Acknowledgement Form</p> <p>Coordinates with rendering provider, individual, or family on invoice and payment process</p> <p>Receive invoice and process payment</p> <p>Verifying provider qualifications (If applicable)</p>	Pass-Through invoice for item/activity, receipt, documentation in monthly progress notes as applicable.
Crisis Response Services- only for indirect costs	Detailed description of the individuals circumstances and needs.	<p>Collect other supporting documentation (If applicable)</p> <p>Identify the Med Flight provider and schedule Med flight.</p> <p>In the ISA identify the need, rendering provider and pass-through provider.</p>	<p>Sign Provider Acknowledgement Form</p> <p>Coordinates with rendering provider on invoice and payment process</p> <p>Receive invoice and processes payment</p> <p>Verifying provider qualifications (If applicable)</p>	Pass Through invoice for item/activity, and receipt.

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Environmental and Vehicle Modification Services	Individual's service plan should describe how the EMOD is necessary to ensure the health, welfare and safety of the individual, or how it will enable the individual to function with greater independence in the home and community, and without which, the individual would require institutionalization.	Identify the rendering provider Get required estimates and complete EMOD packet. Submit to AA for review prior to the submission of EMOD packet to BDS. Make sure assessments are done. Collect other supporting documentation (If applicable) In the ISA identify the need, rendering provider and pass-through provider.	Review EMOD Packet prior to BDS submission Sign Provider Acknowledgement Form Coordinates with rendering provider on invoice and payment process AA completes initial review to release 50% of the payment and final review before final payment is made. Verifying Provider Qualifications (If applicable)	Approved EMOD packet, invoice, receipt, proof of initial review and final review of modification
Individual Goods and Services	The item or service must be identified as necessary in the individual service agreement. A goal related to the use of the item or service should be available in the individual service agreement, amendments to the service agreement should indicate this item if it wasn't in the original service agreement. Documentation related to the use of the item should be available for review in monthly notes. This item should have an anticipated shelf life. The frequency of purchase	Collect other supporting documentation (If applicable) Identify the rendering provider, item, or service. In the ISA identify the need, rendering provider (If applicable), pass-through provider, goal(s), and other waiver requirements. Verifying provider qualifications (If applicable)	Sign Provider Acknowledgement Form Coordinates with rendering provider, individual, or family on invoice and payment process Receive invoice and process payment. Verifying provider qualifications (If applicable)	Pass-Through invoice for item/activity, receipt, documentation in monthly progress notes as applicable.
Non-Medical Transportation	Description of Non-Medical Transportation services needs identified.	Collect other supporting documentation (If applicable) Identify rendering provider In the ISA identify the need, rendering provider (if applicable) and pass-through provider. Verifying Provider Qualifications.	Sign Provider Acknowledgement Form Coordinates with rendering provider, individual, or family on invoice and payment process Receive invoice and processes payment Verifying Provider Qualifications.	Pass-Through invoice for item/activity, and receipt.
Individual Goods and Services	The item or service must be identified as necessary in the individual service agreement. A goal related to the use of the item or service should be available in the individual service agreement, amendments to the service agreement should indicate this item if it wasn't in the original service agreement. Documentation related to the use of the item should be available for review in monthly notes. This item should have an anticipated shelf life. The frequency of purchase	Collect other supporting documentation (If applicable) Identify the rendering provider, item, or service. In the ISA identify the need, rendering provider (If applicable), pass-through provider, goal(s), and other waiver requirements. Verifying provider qualifications (If applicable)	Sign Provider Acknowledgement Form Coordinates with rendering provider, individual, or family on invoice and payment process Receive invoice and process payment. Verifying provider qualifications (If applicable)	Pass-Through invoice for item/activity, receipt, documentation in monthly progress notes as applicable.

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Non-Medical Transportation	Description of Non-Medical Transportation services needs identified.	Collect other supporting documentation (If applicable) Identify rendering provider In the ISA identify the need, rendering provider (if applicable) and pass-through provider. Verifying Provider Qualifications.	Sign Provider Acknowledgement Form Coordinates with rendering provider, individual, or family on invoice and payment process Receive invoice and processes payment Verifying Provider Qualifications.	Pass-Through invoice for item/activity, and receipt.
Personal Emergency Response Services	Description of Personal Emergency Responce services needs identified.	Receive Recommendations as needed Collect other supporting documentation (If applicable) Identfy rendering provider, item or service. In the ISA identify the need, rendering provider (if applicable), pass-through provider. Verifying Provider Qualifications.	Sign Provider Acknowledgement Form Coordinates with rendering provider, individual, or family on invoice and payment process Receive invoice and processes payment Verifying Provider Qualifications.	Pass-Through invoice for item/activity, and receipt.
Specialty Services-only for indirect specialty service costs One and done - Assessment, Behaviour Plan, initial training on the plan (Product - do not have to enroll); Consultation & training On-going (these individuals will enroll).	Description of specialty services needs identified.	Collect other supporting documentation (If applicable). Identify the rendering provider. In the ISA identify the need rendering provider, and pass-through provider . Verifying Provider Qualifications	Sign Provider Acknowledgement Form Coordinates with rendering provider on invoice and payment process Receive invoice and process payment Verifying Provider Qualifications.	Pass-Through invoice for item/activity, and receipt.
Wellness Coaching	Identifies the desired wellness goals and outcomes for the individual over the coming year.	Receive recommendations as needed Collect other supporting documentation (If applicable) Identify rendering provider In the ISA identify the need, rendering provider, pass-through provider, goal(s), and other waiver requirements . Verifying Provider Qualifications.	Sign Provider Acknowledgement Form Coordinates with rendering provider, individual, or family on invoice and payment process. Receive invoice and processes payment Verifying Provider Qualifications.	Pass-through invoice for item/activity, receipt, documentation in monthly progress notes as applicable.