

Service and Support Administration

Delaware County Board of Developmental Disabilities

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Reviewing Department: Support Administration

*As people gain control of decision making and resources
their lives will improve and costs will go down.*

Purpose:

To provide consistent guidelines that promotes an equitable system of supports for all of the individuals served by Delaware County Board of Developmental Disabilities (DCBDD).

Service and Support:

Individuals who are eligible for services through Delaware County Board of Developmental Disabilities shall be assigned a service and support administrator (SSA) or an Early Intervention Specialist (EIS) as the single point of contact for DCBDD services, upon request. The SSA/EIS is responsible to assist with system coordination and development based on need.

Accessing Services:

Individuals must meet eligibility criteria prior to accessing services for the funding sources listed below. All services are individual/family directed through the development of a Family Support or Individual Support Plan.

Funding:

There are various funding sources available to acquire needed service and supports. Each funding source has its own eligibility process, funding limits, and availability.

- Local levy funds provide 100% of the cost for Early Intervention, Family Support Services, Individual Supports and Joint Funding agreements.
- Medicaid: Provided by matched Federal funds including but not limited to, Medicaid card and waiver services. The local match for Medicaid waiver services administered through DCBDD comes from local and state funds.
- Individuals receiving supports through Medicaid waiver services other than IO and Level One Waivers will be limited to \$2,500 in local funds annually. The only exception is shared funding agreements for adult support plans.

Service and support are designed to assist individuals in homes of their choice, participate in their community, and earn a living with the supports needed to be successful. In addition to locally funded supports, unpaid, natural supports such as family, friends, and neighbors, and generic service system must be sought to broaden the range and scope of available services as required by the individual. All services (e.g. therapies, respite, community classes, equipment, etc.) paid for through Delaware County Board of Developmental Disabilities must have pre-authorization in writing by the assigned Support Administrator. Pre-authorization is a multi-step process ending with a "Payment Authorization for Services" (PAS) entered in Gatekeeper by DCBDD staff. **Receipt of the PAS is the verification that services are approved for funding.**

DCBDD is the payer of last resort; individuals/families must access other public funded resources such as Medicaid, waiver, school, and shared funding for covered services before accessing local funds. Natural supports are also encouraged, such as private insurance, family, friends, and other community resources

in combination with local funding in order to maximize services for the individual.

DCBDD funds the local match and administers the Individual Options (IO) and Level One (L1) Medicaid waivers. Prior to enrollment the individual will have up to 90 days to access interim supports/funding through DCBDD while attempting to secure supports through waiver and Medicaid services. Once enrolled on those waivers the individual must access waiver/Medicaid for covered services and supports.

Individuals enrolled on Medicaid/Waivers not funded by DCBDD may continue to access interim supports/funding through DCBDD for a period of 90 days when the individual is on a waiting list with a Medicaid/ Waiver provider for Medicaid covered services.

Once the individual is approaching the end of the initial 90 day interim period and still does not have a Medicaid/Waiver provider, Director approval must be sought for additional supports with an update from the individual/family. Directors may continue to approve the service for an additional 90 days. After 180 days, the Medicaid/Waiver Provider must be contacted for waiting list status. The Director will then determine if additional supports/services will be approved for good cause. Interim supports may not exceed one year. Individuals enrolling on a Level One or Individual Options Waiver are not eligible for Interim supports/services once the waiver starts.

For Early Intervention Services the EI Specialists do not require but encourage families to access private insurance and Medicaid when available. All families with a Medicaid card who anticipate needing services at age three are encouraged to get on wait lists for Medicaid therapy providers as soon as possible.

When the individual has formally requested a service from Medicaid/Waiver and has received a denial the request may be considered for funding through DCBDD. Please refer to the following websites for a list of covered services through each of the listed funding options:

- Individual Option and Level One Waivers
<https://doddportal.dodd.ohio.gov/INF/WaiverSer/Pages/default.aspx>
- Ohio Home Care Waiver – <http://codes.ohio.gov/oac/5101%3A3-46-04>
- Medicaid – <http://jfs.ohio.gov/OHP/consumers/benefits.stm>

Services provided:

Delaware County Board services are not intended to supplant educational services as outlined in IDEA or other public funding. Payment for services/supports as outlined in the individual plan shall not exceed the Board established rate in the master contract for the same or similar service. Service payment balances exceeding the contracted rate are not the responsibility of DCBDD.

- A. Early Intervention (EI)** – DCBDD provides EI services for eligible children birth through age two. Families will be assigned an EI specialist, who is responsible for coordination of board services and the provision of early intervention support related to enhancing their child’s development.

Funding levels are for therapies, initial assessments, Specialty Groups, and \$500 annual limit for Community Support (respite, community classes, and equipment).

Annual local funding based on individual need and identified through a triage assessment:

Level 1- Extraordinary Need: up to \$7,600 (up to \$6,000 for therapies*)

Level 2- Significant Need: up to \$6,600 (up to \$5,000 for therapies)

Level 3- Low Need: up to \$4,100 (up to \$2,500 for therapies)

Families may also access up \$2,500 for modification/adaptations.

* If a child is utilizing over \$5,000 in local funding for therapies, child is placed on Level One Waiver waiting list at child's first IFSP review, or moved to Triage Level 2 with corresponding funding levels. When child is offered a Level One Waiver slot, family must accept slot or be moved to Triage Level 2 with corresponding funding levels (prorated for rest of budget year).

B. Family Support Services (FSS) – Family Support Services are provided by the DCBDD for eligible children in preschool and elementary school (ages 3-8) living in their family home.

Family Support Services are locally funded and authorized based on the child's needs.

Family Support Services are intended to:

- Support the family to increase their capacity to care for the eligible individual in the family home.
- Support the individual to be more independent and remove barriers at home and in community.

Funding levels:

See Family Support Procedures for specific service descriptions and funding limits for the following funding options:

Family Support Services: up to \$3,500

Adaptation Modification Grant Services: up to \$3,500

C. Transition Supports (TS): These services are intended to support young adults in middle school through high school (ages 8-21 or graduation) living in their family home and eligible for Delaware County Board Services by:

- Increasing independence and beginning to plan for services after high school.
- Exploring supports through technology, employment, and independent living to focus on functional skills that will carry over into adulthood.

Funding levels:

For children 8-12 the total budget is up to \$3500 per plan year. All services should be included in the \$3500 per plan year to encompass behavior supports, respite, traditional and non traditional therapies, tutoring, memberships, medical costs, and typical and specialized classes. The additional funding is for adaptation and modification and is subject to co-pay. Should needs not be met alternate funding must be explored and a proposal can be made to the department supervisor for discussion.

For children 12 through graduation the total budget is up to \$7000 per plan year to include funding for home maker personal care and employment supports. All services should be included in the \$7000 per plan year to encompass behavior supports, respite, traditional and non traditional therapies, tutoring, memberships, medical costs, and typical and specialized classes. The additional funding for adaptation and modification is subject to co-pay. Should needs not be met alternate funding must be explored and a proposal can be made to the department supervisor for discussion.

D. Adult Supports (AS): These services support eligible adults (18 years of age or older and no longer receiving public school services) in his/her community as outlined in the Individual Support Plan. Supports are based on individual needs with the purpose to promote independence and community participation. Supports may include but are not limited to direct care at home, in the community, transportation, employment support, adaptive equipment, etc.

Funding Levels:

Individual budgets are developed as part of the Individual Support Plan. All available resources are considered when establishing individual budgets.

Adult Support Administrators may authorize up to \$10,000 per plan year of local funds. Total Annualized Individual Budgets may be higher as waiver services include Federal and matching Local funds. Requests to exceed \$10,000 annual budget of local funds must include alternative-funding sources, when available, to help offset the board's expense for supports. Alternative funding sources may include joint funding agreements with other public agencies, Medicaid funding through direct payment, Title XX funding, private pay, or Medicaid Waiver supports.

E. Authorization Levels: When proposed budgets exceed support administrator authorization level, the director may provide approval to increase budgets to their level of authorization based on, but not limited to:

- Extenuating circumstances specific to the needs of the individual's disability that are not being met with current level resources.
- One time, non-reoccurring requests
- Emergency or short term intense therapeutic interventions
- Use of alternative strategies and resources such as; Title XX, Medicaid Waiver, joint funding with other agencies, Medicaid State Plan, private/personal resources, etc

If an individual refuses to apply for or accept alternative funding when available for supports, the board will limit the funding available to the Support Administrator's level of authorization

The Director of Early Intervention may approve increased individual budgets (prorated for current plan year only) based on the following triage levels: extraordinary need up to \$1,000, significant need up to \$750, and low need up to \$500.

The Directors of Support Administration may approve individual budgets up to \$20,000 of local funds. Budgets requiring director level approval are for current plan year only and require approval annually.

The Superintendent may approve individual budgets up to \$25,000 of local funds

The Board may approve individual budgets above \$25,000 of local funds, with written proposal. Requests for budget increases which amount to less than \$1,000 of local funds may be approved by the Superintendent or designee

F. Level One Waiver (LV1) – A home and community based waiver to let people receive services they need in their own home. This waiver offers seven different services with set spending limits. Eligibility requires meeting ICF/DD level of care, Medicaid eligibility, and individual health and welfare can be met within benefit limitations. Funding levels and rules in effect for administering the Level One Waiver may be reviewed at:

<https://doddportal.dodd.ohio.gov/rules/ineffect/Pages/default.aspx>

Individual Options Waiver (IOW) – A home and community based waiver to let people receive services they need in their own home. Eligibility requires meeting ICF/DD level of care, Medicaid eligibility, and ensuring services meet health and safety. Funding levels and rules in effect for administering the Individual Options Waiver may be reviewed at:

<https://doddportal.dodd.ohio.gov/rules/ineffect/Pages/default.aspx>

G. Other

1. **Payment Rates and Standards** – Payment rates for services as outlined in the individual/family plan shall not exceed the rate structure outlined in the Master Contract. The DCBDD will make payment for delivered services up to the Board's contracted rate for the same or similar service. Any remaining balances are not the responsibility of DCBDD.

2. **Family Reimbursement for Respite** - Authorizations for services and plan re-determinations for family reimbursement for respite will be limited to \$500 per plan year per individual. Family reimbursement for respite requires, as verification of payment to the provider, a copy (front and back) of cancelled checks to be attached to the invoice.
3. **Typical Items** - Funding will not cover expenditures that are typical expenses for an individual. Examples of typical items might include but not limited to the following: computers, mobile electronic devices, cable television, vacations, video games, age appropriate items, etc. Adaptations to a typical item (i.e. switches, hand controls, etc.) could be a request that relates to the individual's disability.

(reference supporting guidelines from DODD)



4. **Fencing** - Authorization for fencing (ages 3 years and up) may be approved based on health and safety needs of the eligible child/adult. This is a one time authorization up to \$2,000 of local funding per family/per lifetime. The fence must be at least 6 feet tall, wood fencing material unless there are deed or association restrictions. The family must own the residence or get landlord approval. Supervisor approval is needed when deed or association restrictions exist. *For Waiver the cost of the fence must be covered entirely by the waiver no supplemental payments.*
5. **Joint Funding** – Funding agreements with other public service agencies partnering to support individuals served in common. One example of such an agreement is Cluster which assists children and families by developing partnerships among families and other community resources.
6. **Active & Inactive Status** – For eligible individuals active status means a Support Administrator is assigned to them. Inactive status means the individual remains eligible through DCBDD but is not currently requesting services or assigned a Support Administrator. (see eligibility policy for further details)
7. **Behavior Specialist Supports** – Individual budgets will be held harmless up to \$2,500 for the development, implementation, and monitoring of a formal behavior support plan addressing health and safety needs. Supervisor review/approval is required for behavior support services that exceed this amount.
8. **Housing** - Specialized housing is available to meet specific housing needs through community and DCBDD options. Community options include rental, home ownership, Metropolitan Housing assistance, Habitat for Humanity and private resources. DCBDD may provide rent subsidy to eligible individuals under specific circumstances. All rent subsidies must be pre-approved by the assigned SSA and re-evaluated at least annually and prior to any moves or change in residence or rent amount. Rent subsidies are not guaranteed. Factors such as personal income, rent changes, and DCBDD local dollars will impact availability ongoing. To receive a Rent subsidy through DCBDD the following criteria must be met:
 1. At least 18 years of age,
 2. Eligible for adult supports through DCBDD, and living in a home/apartment they own or lease in their name.
 3. A resident of Delaware County for at least one year or a previous resident of the County in the last five years who had met the residence criteria at that time.
 4. Engaged in day habilitation, approved volunteer activity at community site, or paid employment of 15 hours or more per week. An individual may receive an exemption

from work based on age (60 and above) or medical/psychological needs verified by licensed physician or licensed psychologist.

5. Must have an income.
6. Up to date in paying their portion of the rent amount to remain eligible for subsidy

The individual is expected to pay at least 30% of their total monthly income toward rent. Rent subsidies from DCBDD will be based on fair market rent values and the number of eligible individuals residing in the residence (see procedures for current values). DCBDD will maintain an overall rent subsidy cap of \$500.00 per eligible individual per month. Properties owned and managed by DCH may exceed this cap as needed due to providing specialized housing that includes all utilities. Additional fees, for items such as garages, storage units, pets, etc. will not be covered as part of the rent subsidy. When the person is living with other non-eligible adults, subsidy is applied to the eligible person's share of rent. In situations where the eligible person is identified as the head of household the entire household income will be used to determine the subsidy for the entire rent amount.

Specialized and accessible housing is funded by DCBDD and operated by Delaware Creative Housing (DCH). The following is criteria for eligibility for specialized housing:

1. Current Delaware County resident and
2. At least 18 years old or under the custody of Delaware County Children's Services and one of the following:
 - Requires specially designed/modified housing for handicapped accessibility or health support systems or;
 - Requires housing to accommodate behavioral needs, behavioral interventions, (Prader-Willi Syndrome, and DD offender) or;
 - Service needs and cost of services requires congregated setting or;
 - Individuals with a record of evictions who cannot find community rent opportunities.

9. Persons living in a Nursing Home - Annual contact with an assigned support administrator if the individual has an established personal advocate and/or guardian

- Quarterly contact if there is no identified personal advocate or guardian
- Adult services if funded in part by alternate funds (Title XX)
- Individual supports only if planning to move out of the nursing home within 180 days

10. Persons living in an ICF/DD - Individuals originally from Delaware are eligible for support administration as requested.

I. Termination of Provider Services

When services to either an individual or provider are terminated the following procedures must be followed and identified in the ISP:

- Sites with twenty four hour supervision require a minimum of 30 days but preferably 60 days written notice.
- Sites with less than twenty four hour supervision require written notice with no less than 30 days
- An individual or family may terminate services with less than 30 days written notice.
- DCBDD may terminate services with 30 days notice when the individual is no longer eligible for County Board services
- DCBDD may terminate the local contract with a provider without written notice when individuals are in immediate danger of physical/psychological harm, or a failure to provide services with no notice
- Should DODD revoke a provider's certification, DCBDD will notify all involved parties in writing and assist the individual/family and or guardian with obtaining new support

providers.

J. Quality Assurance Standards:

The Delaware County Board shall conduct Quality Assurance reviews of individual supports received, and review providers of services regarding the provision of supports along with DCBDD administration of those services. Please refer to DODD rule 5123:2-12-01.

Monitoring levels are based on service needs. Documentation is through the monitoring form and/or TCM. Monitoring may also include the use of the financial audit form, provider transition form, etc. For further details see Monitoring procedures.

K. Complaint Procedure:

Individuals and their family, friends, or advocates having concerns or suggestions regarding individual supports should first address their issue with the team including the support administrator. If issues are not satisfactorily addressed the team may put their issues and concerns in writing to the department director. It is expected that issues will be resolved within thirty (30) days from the date on the letter. We recommend that written complaints address the following criteria:

1. Start with the right person
2. Address issues in a timely manner
3. Be specific as to what you want
4. Address one issue at a time

A formal Administrative Resolution of Complaints Process pamphlet is available per request and should be shared with the team yearly to address local appeals. See also Board Policy “Administrative Resolution of Complaints and Due Process.” For Board administered Medicaid Waiver Services, recipients will receive their right to a state hearing at least annually as part of the ISP development and/or addendums.