

**Funding Waiting Lists & Long Term Planning Registries Policy & Procedures
Delaware County Board of Developmental Disabilities**

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No one who needs a service shall have to wait for service.

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Review of Regulation

This policy is based on Ohio Department of Developmental Disabilities Rule (DODD), 5123: 2-1-08. The Delaware County Board of Developmental Disabilities (DCBDD) policy is reviewed annually and submitted to the Board for approval.

Purpose

The purpose of the policy is two fold. First, to establish accurate waiting lists of Board eligible individuals that currently need unavailable funding, within one year of application. Second, to establish long term planning registries that provide the Board with a planning tool for future funding needs.

The policy also provides a fair and consistent method by which to track the funding needs of those whom apply.

General Statement of Policy

No one who needs service shall have to wait for service.

The Board provides individuals, families and their legal representatives with information regarding all available funding sources, programs, and service and supports at the various times. These times include but not limited to: intake, scheduled meetings, and at the individuals request.

The Board maintains waiting lists and long term planning registries for funding. Individuals on these lists are not waiting for services they are merely waiting for funding.

The Board determines when available local resources and state funding are insufficient to meet the needs of all eligible individuals. Should this determination occur the Board may choose to implement waiting lists and /or institute a general reduction in funding to provide equitable treatment of all board eligible individuals.

The Board maintains waiting lists and long term planning registries for DD Medicaid Waiver funding. This includes;

- Level One Waiver Waiting List
- Individual Options Waiver Waiting List
- Level One Waiver Long Term Planning Registry
- Individual Options Waiver Long Term Planning Registry

Request for Funding

When a request for funding is made and it has been determined by the Board that a waiting list/planning registry exists, the Board shall place the individual on the appropriate waiting list/planning registry. Appropriateness of waiting list/planning registry is based on the individual's, family and or their legal representative assessment. The original date and time of request for funding shall be the date and time of placement on the list/registry.

Individuals will be informed that funding can only be received by one waiver at a time. For example, if an individual is receiving funding from the Ohio Home Care Waiver and the option becomes available to enroll on an Individual Options Waiver, a choice must be made between the two waivers. The individual must disenroll from one waiver prior to enrolling onto another.

Review of Waiting List and Long Term Planning Registries

At least annually the Board shall review the waiting list and long term planning registries and provide the individual with the following information;

- Type of each list/registry the individual is on,
- Date and time of placement on each list/registry,
- Individuals rank on each list/registry according to priority score and date on the list/registry, and
- DCBDD Due Process Rights, and
- Ohio Department of Jobs and Family Services (ODJFS) Explanation of State Hearing procedures

When Funding is Available

The Board shall promptly provide individuals/families written notification when the Board approves additional slots to be requested from DODD. Notification will provide guidelines for individuals/families of how to proceed should a slot be offered.

DCBDD Due Process/ODJF State Hearing Appeal Rights

The Board shall provide individuals with a copy of DCBDD Guidelines for Resolving Concerns and Administrative Resolution of Complaints and ODJFS Explanation of State Hearing Procedures when the individual is denied funding, experiences a change in status, removal from a waiting list or planning registry, and when the individual is in disagreement with the Boards decision. Disagreements include priority status or date and time of application.

Future Planning

Annually the Board shall review the waiting lists and planning registries and consider adjustments to resources to better address unmet funding needs.

Confidentiality

The Board shall maintain confidentiality of information related to individuals on waiting list/planning registries in accordance with HIPAA regulations and section 5126.44 of the Ohio Revised Code.

Procedures

Alternative services

The Board provides individuals, families and legal guardians with information regarding all available funding sources, programs, and services and supports at various times. These times include but are not limited to; intake, scheduled meetings, and at the request of the individual.

Eligibility Requirements

To be eligible to be placed on a funding waiting list: The Board must authorize the implementation of a waiting list, and an individual must meet the following criteria:

- A. Resident of Delaware County; or have a sponsoring family residing in Delaware County. Family is defined as “immediate family” in ORC 5126.02.01.
- B. Eligible for DD services as determined by the OEDI or COEDI;
- C. Meet age requirements and service eligibility requirements for the funding requested;

Application Process

The individual must meet the criteria for the category of funding for which a request to be placed on a list /registry is made prior to being placed on list/registry.

1. The eligible individual or their legal representative assesses the individual’s need and must complete and submit:
 - A. A Funding Waiting List/Planning Registry Application;
 - B. As applicable a priority score sheet (Level One and Individual Options Waiver Waiting list only);

Applications for waiting list/registries from other counties will be accepted and the original date and time will be maintained. Individual/Family will be asked to complete a priority score sheet if requesting placement onto a waiting list.

2. The Board shall accept:
 - A. Completed application, review, and if needed call applicant for clarity;
 - B. Completed priority score sheet, review, and if needed call applicant for clarity;
 - C. A signed ODJFS 2399 form and assist families in completing an application and priority score sheet.
 - D. Enter data into an electronic file. Data will include but not limited to;
 - Name,
 - Original date and time of request which is the date of placement on the waiting list,
 - Priority score, if applicable, and
 - Request status

3. Application updates

Any time during the year an individual/family or their legal representative with or without the assistance of a DCBDD representative may change their status of the waiting list/long term planning registry. Changes may be requested by a variety of communication modes; phone call, fax, e-mail or written.

Request for change will be documented and entered into an electronic file. The original date and time of request will be maintained.

DCBDD Authorized Waiting Lists/Long Term Planning Registries

DD Medicaid waivers do not provide a service, rather it is for Medicaid funding for services. Waivers must be cost effective, meaning the provision of services in the community must cost less than the care in a Medicaid funded facility (nursing home, ICF/MR, or hospital care).

Criteria for DD Medicaid Waivers: Individual must be able to meet ICF/MR level of care, and be Medicaid eligible for waiver services.

Waiting lists

When an individual is placed on a waiting list this is notification to DCBDD that funding will be needed within the next 12 months. Individuals placed on a waiting list will have the potential to be offered funding when it becomes available.

Level One Waiver Waiting List

The Level One Waiver is a DD Medicaid waiver. This waiver provides a minimal amount of funding based on individuals' needs.

To be placed on this waiting list Individuals must need this funding within the next 12 months and be willing to accept this funding should the option be available.

Individual Options Waiver Waiting List

The Individual Options Waiver is a DD Medicaid Waiver. This waiver provides funding based on individual's need and an assessment tool called the Ohio Developmental Disabilities Profile.

To be placed on this waiting list Individuals must need this funding within the next 12 months and be willing to accept this funding should the option be available.

Planning Registries

When an individual is placed on a planning registry, it notifies the Board that sometime in the future (beyond 12 months) the individual may need funding. Individuals placed on a planning registry will not have an opportunity to be offered funding when it becomes available.

Level One Waiver Long Term Planning Registry

Individuals placed on this registry will not need this funding within the next 12 months. Placement on this registry simply provides the Board with information to be used as a planning tool.

Individual Options Waiver Long Term Planning Registry

Individuals placed on this registry will not need this funding within the next 12 months. Placement on this registry simply provides the Board with information to be used as a planning tool.

Review of waiting lists/planning registries

- A. At least annually the Board will provide the individual with the following information;
- Type of list/registry the individual is on,
 - Date and time of placement on list/registry,
 - Individuals rank on list/registry according to priority score and date on the list/registry, and
 - DCBDD Due Process Rights and ODJFS State Hearing Rights
- B. The Board may review the waiting lists/planning registries more often than annually based on changes in rule and at the discretion of the Board.
- C. The individual/family or their legal representative may be asked to provide the Board with a response to the information received. Responses may include but not limited to;
- Verification of accuracy of information,
 - Change in status of list/registry, and
 - Addition or deletion of list/registry

Priority Scoring for Level One and Individual Options Waivers Waiting Lists

The following criteria shall be used to move an individual ahead of another on the waiting list or to provide funding to individuals not on the waiting list:

- A. Emergency—Any situation that creates a risk of substantial self-harm or substantial harm to others if action is not taken within thirty days of one of the following situations for an eligible individual:
1. Loss of present residence for any reason, including legal action;
 2. Loss of present caretaker for any reason, including serious illness of the caretaker, change in caretaker's status, or inability of the caretaker to perform effectively for the individual;
 3. Abuse, neglect, or exploitation of the individual;
 4. Health and safety conditions that pose a serious risk to the individual or others of immediate harm or death; and
 5. Change in the emotional or physical condition of the individual that necessitates substantial accommodations that cannot be reasonably provided by the individual's existing caretaker.

Situations that are intentionally created by an individual, their caretaker or others to create an emergency shall not be considered an emergency and may be referred to law enforcement or adult protective services. This is not a process to identify and resolve every need an individual or family encounters.

Boards Response to Emergency Status

1. Upon Notification of an “emergency” status, the Board shall ask the individual/family/guardian for their assessment. The assessment of emergency status will include a review of the individual’s current circumstances based on the situations outlined above. Reviews may include case notes, team meeting minutes, involvement with other community agencies (i.e. Children Services, Adult Protective Services), MUI and incident reports, hospitalizations, police involvement, etc.
2. Situations that do not create a risk of substantial harm if action is not taken within 30 days are not emergencies. Upon request the individual’s team shall review the information and complete a “Reassessment” of the “emergency” situation once the 30 days have elapsed and no action has been taken nor has residential placement been secured. This will allow the County Board to reassess the criteria used to determine such status and affirm whether or not the emergency exists.
3. When individuals meet the definition of emergency status, supports will be coordinated to address the emergency. If they are enrolled on the waiver ahead of others due to the emergency status, the Board will keep accurate documentation of the facts that justify these individuals receiving waiver funding. This documentation may include the individuals own assessment, case notes, team meeting minutes, incident reports, hospitalizations etc.
4. Additionally, DCBDD will consider alternatives other than waiver enrollments when responding to such situations. Some alternatives may include:
 - a. Additional locally funded supports
 - b. Home modifications or adaptive equipment.
 - c. Linking with supportive and other professional services including counseling.
 - d. Other natural supports
5. DCBDD will verify that the situation, if action is not taken within 30 days, may create a risk of substantial self-harm or substantial harm to others. A refusal to accept alternative funding for services that are offered to reduce or eliminate the risk of substantial harm to self or others may indicate that the situation is not an emergency.

- B. Non Emergency Priorities-Situations that do not meet emergency criteria but may still result in one individual being served before others but do not take precedence over an individual with an "emergency" status.

Priority score will be used to rank individuals based on greatest need and benefit to the Board. Priority scores must have at least 2 points for individuals to be considered a priority.

Priority scoring is two tiered.

Section 1-For the purpose of obtaining additional Federal Medicaid funds for: Home and Community Based Services, Medicaid Administration, and/or Habilitation Center Services through refinancing of any locally funded service (s). Refinancing means that after enrollment on the waiver locally funded services will then be covered by the waiver or Medicaid card.

Point Values for section 1

- a. (1 pt) Eligibility for DCBDD;
- b. (5 pts) 22 years of age or older;
- c. . Locally funded service refinancing, except vocational services
 - (5 pts) \$5,000-\$14,999;
 - (10 pts) \$15,000-19,999;
 - (15 pts.) \$20,000 and above
- d. Vocational service refinancing;
 - (5 pts) \$5,000-\$14,999;
 - (10 pts) \$15,000 and above
 - (15 pts.) \$20,000 and above

*The two refinancing priority categories (Locally-funded services and Vocational services) may be combined to total between \$5,000 - \$10,000 for 5 points

- e. (5 pts) Primary Caregiver 60 years old and above;

Section 2-Extraordinary service needs that are unusual in scope or intensity

Point Values for section 2

- a. (1pt) Severe behavior problem for which a behavior support plan is needed;
- b. (1pt) An emotional disorder for which anti-psychotic medication is needed;
- c. (2pts) A medical condition that leaves the individual dependent on life support medical technology. (Ex. ventilator, dialysis, feeding tube for primary nutrition, etc.);

- d. (2pts) A condition affecting multiple body systems for which a combination of specialized medical, psychological, educational or habilitation services are needed.
- e. (3pts) Any condition that places the individual at significant risk of institutionalization (Removed from home). Out of home residential criteria includes a referral to an ICFMR for residential placement in a MR/DD facility i.e. Heinzerling, Raintree Program, Hattie Larlham.

Note: See current Priority Score Sheet/Instruction for further information.

Priority Score Verification

Prior to enrollment on a waiver, the individual's priority status will be reviewed by the Board and verification of priority status must be completed. Verification may include but not limited to;

1. Verification of Primary care giver age;
2. Verification of behavior plan;
3. Verification of anti-psychotic medication (through completion of Medical Assessment in the waiver enrollment packet);
4. Verification of life support (may be included on Medical Assessment);
5. Description of needs verifying risk for institutionalization;
 - a. 24 hour (age appropriate) physical total care
 - b. Behavioral issues that are self injurious and explanation of previous services (i.e. behavior plan, medications, therapy)
 - c. Referral to Children Services indicating the need for alternative placement of individual
 - d. Other verification may be completed by DCBDD records

When Funding is Available

When the Board makes a request to DODD for waiver slots, the service and support administrators will contact the potential individuals who may be offered the funding. Contact with individuals will be made 30 days prior to when it is expected that they will be offered the funding.

When funding becomes available, the Board will make notification to individuals that such funding is available. Notification will be based on priority score and date and time of placement on the list. Emergencies will take precedence over date and time and priority score.

When an individual is notified of available funding, the individual will be given 10 business days to either accept or decline the funding. Within 20 business days of the date of notification, requirements to complete the enrollment packet must be scheduled or in process. Any additional paper work must be completed within 20 business days of the request.

Individuals can only receive one waiver at a time. For example, if an individual is receiving funding from the Ohio Home Care Waiver and the option becomes available to

enroll on an Individual Options Waiver, a choice must be made between the two waivers. The individual must disenroll from one waiver prior to enrolling onto another.

Should an individual decline the waiver funding shall be offered to the next individual on the list.

Should an individual fail to meet the time frames because of lack of follow through or missed appointments the individual will be notified that they will be removed from the waiting list and funding shall be offered to the next individual on the list.

Should the Board take action and remove the individual from the waiting list the individual may contact the Board at anytime and request to be placed back on the waiting list with their original date and time. The priority score sheet will also be updated at that time. Individuals will be notified of their DCBDD due process rights and Ohio Department of Job and Family Services (ODJFS) state hearing rights.

Waiver Allocation

Quarterly, the Delaware County Board of Developmental Disabilities (DCBDD) requests Level One and IO waiver allocations from the Ohio Department of Developmental Disabilities (DODD). DCBDD typically receives notice of approved allocations during the first two weeks of January, April, July and October.

Once DODD releases the requested and approved allocation of waivers to DCBDD, the Waiting List Committee (WLC) freezes the Level One and IO waiver waiting lists with 24-48 hours notice given to the SSAs and EISs. This means no one may change their position or score on the list. **Due to the short notice given, it's important the SSAs and EISs ensure that all individuals on his or her caseload, who have expressed an interest in applying for a waiver, are on the appropriate waiting list with a current priority score at all times.** Priority scores are determined by point values given to priority groups as outlined in OAC 5123:2-1-08. Waiting list applications are incomplete without a current priority score sheet.

Individuals are listed on the waiting lists in order of priority score and then date and then time if two or more people on the same waiting list have the same priority score.

Once the lists are frozen, the WLC will send out letters requesting justification of the scores of all individuals who have a **priority score of 11 or higher on the IO waiver** waiting list and a **score of a 2 or higher on the Level One waiver** waiting list. Individuals will have 10 business days to submit the documentation required to justify scores. **(See priority score sheet/instruction for details)**

Because DCBDD typically enrolls no more than 10 – 15 individuals on the waiver each quarter, there are individuals with justified scores that may not be offered a waiver in the quarter their score was justified. The WLC will offer these individuals a waiver the following quarter ahead of the individuals who have newly justified scores for the current quarter. This ensures that every individual with a justified score of 2 or above will be

offered a Level One waiver and those with an 11 or above will be offered an IO waiver within 3 – 9 months of requesting application on the waiting list.

Removal from Waiting List/Registries

An individual will be removed from the waiting list/ registry when;

- A. The requested funding is received,
- B. The requested funding is declined by the individual,
- C. The individual fails to meet the time frame obligations when funding is offered,
- D. The individual receives a higher level of funding (i.e. receives IO Waiver, will be removed from Level One Waiting list/registry),
- E. The Board receives notification that the individual has moved out of county or state,
- F. The individual is no longer eligible for Board services,
- G. The U.S. Post office returns undeliverable mail to the Board,
- H. The Board has made three consecutive documented communication attempts that have failed to attain a response.
- I. When the Board receives verification that an individual is deceased.
- J. The Board reviews and determines the individual no longer meets criteria to be on the waiting list/registry.

Should the Board determine that the individual is not eligible for the waiting list/registry the Board shall assist the individual with contacting other agencies/programs for which the individual may be eligible.

Updating the Preliminary Implementation Component Tool (PICT)

The PICT is a planning tool developed by DODD that utilizes information provided by County Boards to determine the number of slots each county will be requesting in the future.

At least annually DCBDD will review local funding and priority needs of individuals on waiting lists and with approval from the Board will submit PICT information to DODD. This information will specify the number of slots needed for the specified time period (quarter, year, etc.).

Due Process/ Ohio Department of Job and Family Services Appeal Rights

The Board shall provide individuals with a copy of DCBDD Guidelines for Resolving Concerns and Administrative Resolution of Complaints and Ohio Department of Job and Family Services Explanation of State Hearing Procedures when the individual is denied funding, experiences a change in status, removal from a waiting list or planning registry, and when the individual is in disagreement with the Boards decision. Disagreements with priority status or date and time of application are included.

Waiting List Policy History

No one who needs service shall have to wait for service.

At the annual planning meeting in October 2001, the Delaware County Board of Developmental Disabilities committed to eliminate all waiting lists for services arranged and funded with local Board funds. The Board recruited parents to conduct interviews of those on the lists. The interviews started first with those on the Specialized Housing list, then the Adult Supported Living list and finally Children's Supported Living-Family Supports in 2004. The result is that the waiting lists have been drastically reduced. In March 2006 the remaining individuals on the supported living waiting list and long term planning registry were contacted and all have been removed from the list/registry. Individuals were able to be removed from the lists because they were already receiving supports, their need no longer existed, or their team was currently addressing their needs.

The effort to reduce the waiting lists was successful due to the following:

1. If the interviews identified a current unmet need, individuals received authorizations for the needed service through Individual Support Plans (ISP) or through Family Directed Supports. These self-determination approaches that use individual plans and budgets allow for very responsive and timely development of services.
2. There was a change in the philosophy and practice of DD professionals. Prior to the Board's commitment to eliminate waiting lists, professionals who help plan the services would routinely add individual's names to waiting lists to attempt to protect and safe guard the client's access to services in the future. The thought was, they do not need the service now but they may need it in the future. In our review of individuals on the lists, we found individuals on waiting lists for the same services they were already receiving. The rational of the waiting list approach was that that they may need something different in the future. This created the view of services as a scarce commodity that must be hoarded.
3. The Board established clear criteria for some of the waiting list services in order to give priority to those who really needed specialized services while providing alternatives to those whose needs could be met with less expensive and more community inclusive options. See the Specialized Housing criteria as an example.
4. Individuals and families were asked to remove their names from the lists if their current needs were being met. Having this request come from other parents who were assisting in this effort gave the request creditability.

The Delaware County Board of Developmental Disabilities (DCBDD) maintains a waiting list for Medicaid Waiver funding, which includes the Individual Options Waiver (I/O) and the Level One Waiver. It is important to note that this is not a waiting list for services, rather it is for Medicaid funding for services. This waiting list is required under Ohio's plan for Medicaid Waivers which operates as a state-wide system. Therefore, a person placed on the waiting list, as determined by the Priority Status Score and/or the date and time they requested Medicaid services, transfers their place on the state-wide list if they move from county to county.

The Board is concerned about the inaccurate reporting of information on the Medicaid Waiver waiting list by state officials, advocacy groups and even county boards of DD. The implication is that all of these individuals are not receiving any services when in fact many are receiving services. The Medicaid Waiver would simply change how the services could be paid for. This is part of a general state policy to expand Medicaid as the single funding source for all services for persons with DD. While Medicaid is an important funding source, this single stream funding policy ignores the consequence for those individuals who do not qualify for Medicaid. It also does not consider the loss of the locally provided non-Medicaid services if all local funds must be committed as Medicaid match.

No one who needs service shall have to wait for service.