

Funding Options in Delaware County

Children and adults who qualify for Delaware County Board of Developmental Disabilities services have several options with which to meet current needs. Below are tables outlining the most common funding options available to people served by the board. The table on page one outlines the funding options that are supported through local funding and administration. The table on page two details the options that are funded through a combination of local, state & federal funding and administration. Use these in discussion with your SSA or EI Specialist to determine which funding option best meets the needs and supports the qualifying disability of the person eligible for services. **Each funding option is exclusive of the others which means eligible individuals only may access the services that the selected funding option provides.** This is because our local levy dollars either fund 100% of local services or 40% of the budget as match for state Medicaid waiver services.

Local Funding Options

	Early Intervention Services	Family Support Services	Transition and Adult Individual Supports
Who is eligible to receive this funding?	-Children birth through 2 years old with a documented developmental delay or medical condition known to result in a delay	-Board eligible children age 3 through 11	-Board eligible transition students age 12 through high school -Board eligible adults
What services are covered?	-Initial and ongoing assessments -EI Specialist Home Visits -Therapy based on Triage level(see limits below) -Community Support and adaptation/modification funding -Specialty Groups – limited to 3 per plan year	-Respite -Therapy -Non-traditional Therapy -Community Activities -Special Diets -Therapy Equipment -Adaptation and Modification Grant	-Based on individual's need -Almost anything that is related to the individual's disability and is a needed support can be covered by local dollars
What are the funding limits for these services?	Based on Triage of Levels: Extraordinary Need: -Up to \$6000 in therapy annually Significant Need: -Up to \$5000 in therapy annually Low Need: -Up to \$2500 in therapy annually -Community Support up to \$500 annually -Adaptation/modification up to \$2500annually	-\$3500 in FSS funds -\$3500 Adaptation and Modification Grant	-Transition funding not to exceed \$7000per plan year + up to \$4000 adaptation/modification grant -Adult individual support funding not to exceed \$10,000 per plan year without shared alternative funding and/or approval through authorization levels - There are funding limits for specific services and goods
What is the funding source?	-100% of these services are paid with local tax dollars which allows for more flexibility in services offered	-100% of these services are paid with local tax dollars which allows for more flexibility in services offered	-100% of these services are paid with local tax dollars which allows for more flexibility in services offered
Who oversees these services?	-Delaware County Board (DCBDD) oversees all early intervention services which are part of Help Me Grow (Ohio Department of Health)	-Delaware County Board (DCBDD) oversees all family directed resource services	-Delaware County Board (DCBDD) oversees all supported living services
Who provides the services?	-Board employees provide EI Specialist services; other services are provided through DCBDD contracts with family selected providers	-Parents chose providers and negotiate rates which allows for more flexibility.	-Providers contract with DCBDD to provide various services and are monitored by DCBDD and DODD -Families may use to use a Family Secured Provider.
Other	-Providers bill for services through DCBDD	-Providers bill for services through DCBDD	-Providers bill for services through DCBDD or through Ohio MRDD
How do I appeal a decision I do not agree with?	-Refer to DCBDD Guidelines for Resolving Concerns and Administrative Resolution of Complaints -Appeal unresolved issues by contacting HMG at ODH	-Refer to DCBDD Guidelines for Resolving Concerns and Administrative Resolution of Complaints	-Refer to DCBDD Guidelines for Resolving Concerns and Administrative Resolution of Complaints

DODD State Waiver Options

	Level One	Individual Options Waiver
Who is eligible to receive this funding?	-Adults and children who meet ICF/MR level of care, meet Medicaid financial criteria and qualify for priority status per ORC 5123:2-1-08 -Meet DCBDD priority scoring criteria for application for waiver services	-Adults and children who meet ICF/MR level of care, meet Medicaid financial criteria and qualify for priority status per ORC 5123:2-1-08 -Meet DCBDD priority scoring criteria for application for waiver services
What services are covered?	-Homemaker/Personal Care -Respite -Transportation -Personal Emergency Response Systems -Specialized Medical Equipment and Supplies -Environmental Accessibility Adaptations -Emergency Assistance -Medicaid card -Adult Day Services	-Homemaker Personal Care -Transportation -Environmental accessibility modifications -Adaptive & Assistive equipment -Social work -Interpreter -Home delivered meals -Nutritional services -Adult Day services
What are the funding limits for these services?	-Homemaker/Personal Care, Respite, and Transportation combined cannot exceed \$5,000 per year -Personal Emergency Response Systems, Specialized Medical Equipment and Supplies, and Environmental Accessibility Adaptations combined cannot exceed \$6,000 every three years -Emergency Assistance cannot exceed \$8,000 every three years -Adult Day Services are limited by the Acuity Assessment Instrument(AAI)	-All services, excluding Adult Day Services, are limited by the Ohio Developmental Disability Profile (ODDP) -Adult Day Services are limited by the Acuity Assessment Instrument (AAI)
What is the funding source?	-40% of these services are paid with local tax dollars -60% are paid with federal dollars -State Plan Services are provided through the Medicaid Card	-40% of these services are paid with local tax dollars -60% are paid with federal dollars -State Plan Services are provided through the Medicaid Card
Who oversees these services?	-Delaware County Board and Ohio Department of DD (DODD) oversee all waiver services. -Job and Family Services manages Medicaid eligibility	-Delaware County Board and Ohio Department of DD (DODD) oversee all waiver services. -Job and Family Services manages Medicaid eligibility
Who provides the services?	-Providers are required to be certified through DODD and are monitored by DCBDD and DODD	-Providers are required to be certified through DODD and are monitored by DCBDD and DODD
Other	-There is a waiting list for this funding -A Medicaid card is part of the waiver package -Children (age 20 and under) are able to access therapy through the Medicaid card. DCBDD will not fund traditional therapies for children on a Level One Waiver. -Adults have access to limited Rent Subsidy and therapy funding -Providers bill for services through DODD	-There is a waiting list for this funding -A Medicaid card is part of the waiver package -Children (age 20 and under) are able to access therapy through the Medicaid card. DCBDD will not fund traditional therapies for children on an Individual Options Waiver. -Adults have access to limited Rent Subsidy and therapy funding -Providers bill for services through DODD
How do I appeal a decision I do not agree with?	-Refer to DCBDD Guidelines for Resolving Concerns and Administrative Resolution of Complaints -Appeal unresolved issues by contacting The State Hearing office at Ohio Department of Job & Family Services	-Refer to DCBDD Guidelines for Resolving Concerns and Administrative Resolution of Complaints -Appeal unresolved issues by contacting The State Hearing office at Ohio Department of Job & Family Services

For more information:

Delaware County Board of DD at www.dcbdd.org or 740-201-3600

Ohio Department of DD at www.dodd.ohio.gov

DCBDD Waiver Coordinator, Melinda Draper by phone: 740-201-5808 or email: Melinda.Draper@dcbdd.org

Level One and Individual Options Waiver Services

(Provided by state-certified waiver
providers & agencies)

*** Must be included in waiver plan*

*** Providers are certified by the Ohio Dept of
DD (DODD)*

*** Providers bill DODD directly*

WAIVER SERVICES INCLUDE:

- o **Homemaker/Personal Care**
(teaching age appropriate home skills i.e.
making bed, putting belongings away/ oral
hygiene)
- o **Out of Home Respite** (at a camp or licensed
residential facility)
- o **Transportation**
(to appointments, community settings, etc.)
- o **Specialized Equipment and Modifications
not covered by the Medicaid Card**
(e.g. ramps, widening doors, utensils, etc.)
- o **Informal Respite**
(general supervision to allow the caregiver a
break from providing support)
- o **Social Work, Nutritional Services, Meals,
Interpreter, Remote Monitoring and
Equipment (IO Waiver Only)**
- o **Adult Day Waiver Services**

HOW TO FIND A PROVIDER

Go to: www.dcbdd.org

Click [For Individuals and Families \ Provider
Book](#) – Here, you will find links to the DCBDD
provider database as well as the DODD
statewide provider database.

*** You are also able to compose a Request for
Provider (RFP) from this link which DCBDD will
send out to the appropriate providers.
Providers who are interested and able to
meet your needs will respond and you may
decide who you'd like to interview.*

Medicaid Card Services

(Provided by certified Medicare providers & agencies)

*** Providers are certified by the Ohio Dept of
Job and Family Services (ODJFS)*

*** Providers bill ODJFS directly*

MEDICAID SERVICES INCLUDE:

- **Home Health Services** (Authorized up to 14 hours
per week with Dr's prescription, services are provided
by a Home Health Agency are deemed medically
necessary and are included in the ISP)
 - o **Home Health Aide**
 - o **Home Health Nursing**
 - o **Home Health Therapies**
- ** # of hours of service may be increased with
Dr's Rx if under 21 or more care is medically
necessary*
- ** Services must be provided in the home, no
stacking of similar services, no respite and no
longer than 4 hour shifts.*
- **Private Duty Nursing**
(nursing services in excess of 14 hours per week
as authorized by ODJFS)
*** Requires a Dr's Rx / SSA will complete the
paperwork*
*** Services may be provided by a certified home
health agency or independent provider*
*** Shifts are 4 hours +. May be provided in the
home or community and may be used as
respite.*
 - **Pharmacy, Clinic, or Hospital Services**
 - o Rx - Generic-free, Named-\$2, PA meds-\$3
 - o Durable Medical Equipment
 - o Doctor visits - 24 per year
 - o Dental Visits – Adults 1/ Children 2 per year
 - o PT/OT – 30 visits per rolling 12 mo., combined
 - o SLP – 30 visits per rolling 12 month
 - o Vision Exam / Glasses – Adults 1/2 years/Child 1/ year
 - o Mental Health – 25 visits per year

HOW TO FIND A PROVIDER

Go to: <http://www.ohiohcp.org>

Click [Provider Directory \ Delaware County \
Certified Medicare Home Health Provider](#)

Medicaid Consumer Hotline
1-800-324-8680

Delaware County Board of Developmental Disabilities

Comparison of Waiver Funding and EI Local Funding

	Waiver Funding – LV1	Local EI Funding *
Therapy	Must use Medicaid Card to fund all PT, OT, SLP, psychological services, etc (State Plan Services)	Triage level based on child's need- \$6,000 extraordinary \$5,000 significant \$2,500 low
Respite	\$5000 annual cap for homemaker/personal care, respite, waiver-funded camps and transportation	Community Support- \$500 respite, community classes, equipment)
Environmental Modifications	\$6000 cap over a 3 year period for all modifications and equipment. Must support the disability and not covered with the Medicaid Card. (State Plan)	\$2,500 Adaptation/Modification- may include home modifications
Specialized Medical Equipment and Supplies	\$6000 cap over a 3 year period for all modifications and equipment. Must support the disability and not covered with the Medicaid Card. (State Plan)	N/A
Other Category	\$500 available annually for conferences, limited medical costs, memberships, non-traditional therapies, nutritional support and non-waiver camp	Any portion of the therapy budget (see first box) may be used toward insurance co-pays for therapies
Specialty Groups	Up to three per plan year (N/A if child turns 3 during Specialty Group term)	Up to three per plan year (N/A if child turns 3 during Specialty Group term)
Early Intervention Specialist/Service and Support Administration	Early Intervention Specialist to provide specialized instruction and SSA to manage individual budget	Early Intervention Specialist to provide specialized instruction and manage individual budget
Medicaid Card	Medicaid Card is part of the waiver service package. Financial guidelines are based on child's income and assets.	Not included as part of EI local funding, however families may use their card (if eligible) for therapy in addition to DCBDD funding

01/1/12

Early Intervention: Ages birth thru 2

*prorated during year child turns 3

Delaware County Board of Developmental Disabilities Comparison of Waiver Funding and FSS Local Funding

	Waiver Funding – LV1	Local FSS Funding *
Therapy	Must use Medicaid Card to fund all PT, OT, SLP, psychological services, etc. (State Plan Services)	FSS can cover OT, PT, Speech, non-traditional services and therapy equip.
Respite	\$5000 annual cap for homemaker/personal care, respite, waiver-funded camps and transportation	FSS can cover Respite and Homemaker/personal care
Environmental Modifications	\$6000 cap over a 3 year period for all modifications and equipment. Must support the disability and not covered with the Medicaid Card. (State Plan)	Adaptation Modification Grant (AMG) Services must remove barrier or increase independence in the child's home and/or community. There is a co-pay based on income
Specialized Medical Equipment and Supplies	\$6000 cap over a 3 year period for all modifications and equipment. Must support the disability and not covered with the Medicaid Card. (State Plan)	Adaptation Modification Grant (AMG) Services must remove barrier or increase independence in the child's home and/or community.
Other Category	\$500 available annually for conferences, limited medical costs, memberships, non-traditional therapies, nutritional support and non-waiver camp	FSS can cover Summer tutoring, medical cost not covered by insurance, special diets, specialized & community activities
Service and Support Administration	SSA assigned to manage individual budget	SSA assigned to manage individual budget
Medicaid Card	Medicaid Card is part of the waiver service package. Financial guidelines are based on child's income and assets.	Not included as part of FSS local funding, however families must use their Medicaid card (if eligible) for services prior to FSS funding

*Family Support Services (FSS) Ages 3 through 11
Funding Limits: \$3,500 FSS Funds \$3,500 AMG

Delaware County Board of Developmental Disabilities Comparison of Waiver Funding and Transition Local Funding

	Waiver Funding – LV1	Local Transition Funding *
Therapy	Must use Medicaid Card to fund all PT, OT, SLP, psychological services, etc (State Plan Services)	Up to \$3500 for OT, PT, Speech, behavioral therapy, non traditional services (not covered by private insurance or Medicaid) and therapy equip & materials.
Respite	\$5000 annual cap for homemaker/personal care, respite, waiver-funded camps and transportation	Up to \$1500 for Respite Up to \$4000 for Homemaker personal care including Specialized camps/classes up to \$2000
Environmental Modifications	\$6000 cap over a 3 year period for all modifications and equipment. Must support the disability and not covered with the Medicaid Card. (State Plan)	Up to \$4000** for services not covered by private insurance or Medicaid. Services must remove barrier or increase independence in the child’s home and/or community. There may be a co-pay based on income
Specialized Medical Equipment and Supplies	\$6000 cap over a 3 year period for all modifications and equipment. Must support the disability and not covered with the Medicaid Card. (State Plan)	Up to \$2000 for medical supplies, and co-pays related to the disability, medical cost not covered by insurance, special diets Nutritional supplements up to \$3000
Other Category	\$500 available annually for conferences, limited medical costs, memberships, non-traditional therapies, nutritional support and non-waiver camp	Up to \$750 for summer tutoring Up to \$250 for Community activities related to the disability. Up to \$7000 for employment and related transportation until graduation from High School.
Service and Support Administration	SSA assigned to manage individual budget	SSA assigned to manage individual budget
Medicaid Card	Medicaid Card is part of the waiver service package. Financial guidelines are based on child’s income and assets.	Not included as part of Transition local funding, however families must use their Medicaid card (if eligible)for therapy in addition to DCDD funding

Ages 12 – High School

01/2012

*Total annual budget not to exceed \$7000

**Not included in the \$7000 budget cap

Delaware County Board of Developmental Disabilities Comparison of Waiver Funding and Adult Local Funding

	Waiver Funding – LV1	Local Adult Funding*
Therapy	Must use Medicaid Card to fund all PT, OT, SLP, psychological services, etc (State Plan Services)	Up to \$2,500 annually for OT, PT, Speech, Psychology. (Included in the \$10,000 annual budget)
Respite	\$5000 annual cap for homemaker/personal care, respite, waiver-funded camps and transportation	Provided as Home maker Personal Care up to \$10,000 annually
Environmental Modifications	\$6000 cap over a 3 year period for all modifications and equipment. Must support the disability and not covered with the Medicaid Card. (State Plan)	Included in \$10,000 annual budget. Modification must support the person's disability.
Specialized Medical Equipment and Supplies	\$6000 cap over a 3 year period for all modifications and equipment. Must support the disability and not covered with the Medicaid Card. (State Plan)	Included in \$10,000 annual budget. Equipment must support the person's disability.
Other Category	\$500 available annually for conferences, limited medical costs, memberships, non-traditional therapies, nutritional support and non-waiver camp	\$500 available annually for conferences, limited medical costs, memberships, non-traditional therapies, nutritional support and non-waiver camp(Included in the \$10,000 annual budget)
Service and Support Administration	SSA assigned to manage individual budget	SSA assigned to manage individual budget
Medicaid Card	Medicaid Card is part of the waiver service package. Financial guidelines are based on adult's income and assets, not the family's.	Not included as part of local funding, however individuals must use their Medicaid card (if eligible)for Medicaid- covered services

01/2012

Adult Supports are for individuals no longer attending school
*Total annual budget not to exceed \$10,000

Delaware County Board of Developmental Disabilities Comparison of Waiver Funding and Adult Local Funding

	Waiver Funding – IOW	Local Adult Funding*
Therapy	Must use Medicaid Card to fund all PT, OT, SLP, psychological services, etc (State Plan Services)	Up to \$2,500 annually for OT, PT, Speech, Psychology. (Included in the \$10,000 annual budget)
Respite	Annual cap for homemaker/personal care, respite, waiver-funded camps and transportation determined by ODDP assessment	Provided as Home maker Personal Care up to \$10,000 annually
Environmental Modifications	All cost for modifications and equipment must stay within limits of the ODDP. Must support the disability and not covered with the Medicaid Card. (State Plan)	Included in \$10,000 annual budget. Modification must support the person's disability.
Specialized Medical Equipment and Supplies	All cost for modifications and equipment must stay within limits of the ODDP. Must support the disability and not covered with the Medicaid Card. (State Plan)	Included in \$10,000 annual budget. Equipment must support the person's disability.
Other Category	\$500 available annually for conferences, limited medical costs, memberships, non-traditional therapies, nutritional support and non-waiver camp	\$500 available annually for conferences, limited medical costs, memberships, non-traditional therapies, nutritional support and non-waiver camp(Included in the \$10,000 annual budget)
Service and Support Administration	SSA assigned to manage individual budget	SSA assigned to manage individual budget
Medicaid Card	Medicaid Card is part of the waiver service package. Financial guidelines are based on adult's income and assets, not the family's.	Not included as part of local funding, however individuals must use their Medicaid card (if eligible)for Medicaid- covered services
Ohio Developmental Disabilities Profile (ODDP)	The ODDP is and assessment that determines which of the 9 funding ranges the individual has available to meet the person's needs.	Not Applicable with local funding

01/2012

Adult Supports are for individuals no longer attending school

*Total annual budget not to exceed \$10,000