

# What Is A County Board and What Do They Offer?

# Creation of County Boards

- Common institutionalization
- Ohio Senate Bill 169 passed in 1967 creating county boards in Ohio
  - Can operate schools
  - Can have commissioners put a tax levy on the ballot
  - Initially within the Ohio Department of Hygiene and Corrections
  - Later created its own division-no DODD

# Key Issues

- Aging caregivers
- Institutionalization versus living at home
- Mainstreaming students in schools
- Over capacity
- Funding
- Multi System Youth

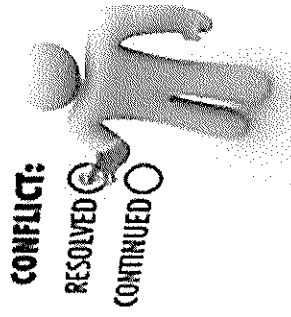
# CHANGE

- Olmstead-1999 US Supreme Court decision determined that unnecessary institutionalization of people with disabilities was a violation of ADA-Americas with Disabilities Act
- DRO-Disability Rights Ohio-non-profit organization changed by federal government to advocate for people with disabilities. They filed suit, Ball Vs Kasich claiming Ohio was not doing enough to prevent institutionalization

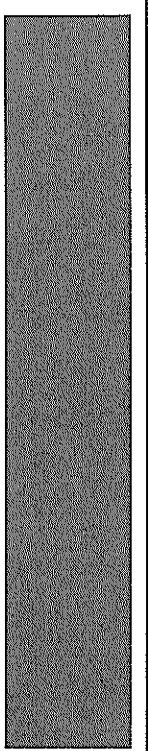
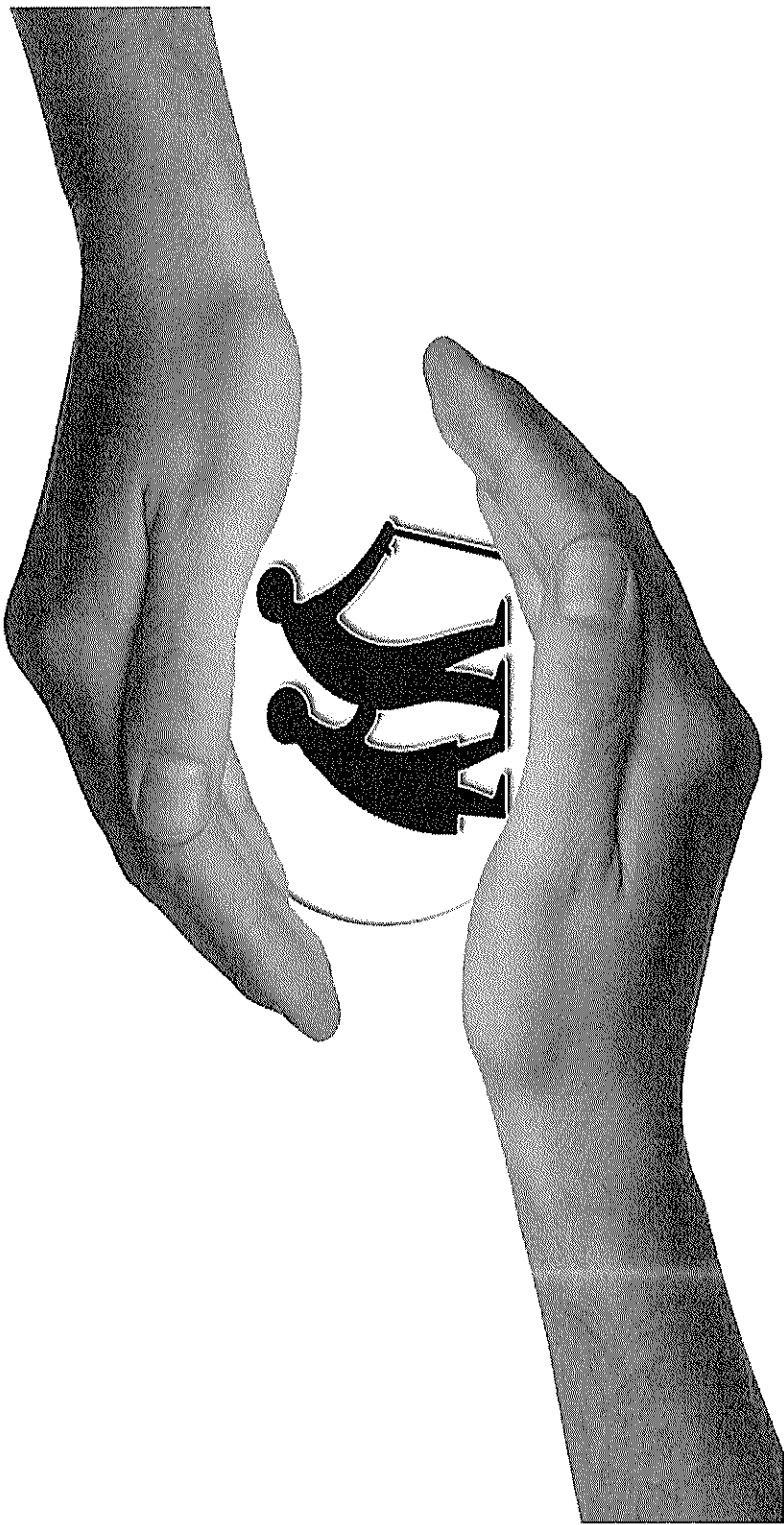
# CMS

- In the past county boards were primarily funded through local level dollars
- CAFS
- Now Medicaid waivers-we have to follow CMS rules

# Conflict Free Case Management



# Person Centered Plannning



# LAWS

- Laws are passed by the Ohio General Assembly and are signed by the governor.
- Provide legal framework for DODD rules-MCBDD policies-internal procedures



# ORC

- Contains Ohio's laws
- Broken into 31 general titles dealing with individual topics
- Chapters then further divide into sections
- ORC-DODD chapter 5123

# OAC

- Rules for Ohio DD system are adopted by DODD to define how to carry out the policies and intent of laws passed.
- OAC is also broken out into sections, 5123
- Legal requirements may also be defined in executive order issues by governor-  
example Employment First

# Supports for a Lifetime

- Birth to 5-Early Childhood Services
- 5-14-school age
- 14-22 transition
- 22 and beyond adulthood, aging, retirement

# Eligibility

- Supervisor-Linda Reigelman

A developmental disability is a severe, chronic disability that meets all the following criteria

- Due to mental or physical impairment (not solely result of mental illness)
  - Observed and documented before age 22
  - Likely to continue indefinitely
  - Results in
    - Under age 3 at least one delay diagnosed and has a change of causing a developmental delay, in age 3-5 at least two delays and 6 or older a substantial functional limitation in at least three areas (as assessed)
- Causes person to need specialty care

# FSS

- Special services boards can choose to fund
- NEON-Northeast Ohio Network runs our program and dispenses funds
- Can be used for services and supports to help someone continue living in their family home—common examples are respite and home modifications
- Can't have waiver funding to use this

# Funding

- Levies
- Grants
- Medicaid
- other-
- TCM
- MAC
- Title XX (block grant for social service programs)
- IDEA Part B-federal funding through ODE for education
- Early childhood special education-funding-through ODE, kids 3-5
- National School Lunch program
- Help Me Grow-federal funding for EI

# Waivers, Waivers, Waivers

- They are not always the answer
- County boards pay 40% of the cost
- Have to be eligible
  - Level one
  - SELF
  - IO

# Level One

Homemaker/Personal Care

Participant-Directed Homemaker/Personal Care

Remote Support

Home Delivered Meals

Community Respite

Non-Medical Transportation

Transportation

Group Employment Support

Environmental Accessibility Adaptations

Clinical/Therapeutic Intervention

Functional Behavioral Assessment

Residential Respite

Adult Day Support

Vocational Habilitation

Career Planning

Individual Employment Support

Assistive Technology

Specialized Medical Equipment

Waiver Nursing Delegation

Money Management

Participant-Directed Goods and Services

Participant/Family Stability Assistance

Self-Directed Transportation



# Funding

- Listed in each person's service plan are the start and end dates for a waiver, or the waiver span. Waiver spans are usually 12 months long.
- The Level One Waiver has a limited amount of money that can be spent on needed services in a waiver span. For adults, the limit for services is \$45,000 in each waiver span. For children, the limit for services is \$30,000 in each waiver span.
- Some services have specific funding limits:
- One Functional Behavioral Assessment may be received per waiver span. It cannot cost more than \$1,500.
- Participant Directed Goods and Services costs are limited to \$2,500 per waiver span.
- Assistive Technology costs are limited to \$5,000 per waiver span.
- Specialized Medical Equipment and Supplies costs are limited to \$10,000/item.
- Environmental Accessibility Adaptations costs are limited to \$10,000/project.

# Participant Direction

- Although Participant direction is not a requirement of the Level One Waiver, participants have the option to direct some of their waiver services by exercising employer authority or budget authority.
- A Level One Waiver participant may use budget authority for these waiver services:
- Clinical/therapeutic intervention
- Participant-directed goods and services
- Participant-directed homemaker/personal care
- Self-directed transportation
- A Level One Waiver participant may use employer authority for these waiver services:
- Participant-directed homemaker/personal care
- Self-directed transportation

# SELF

Participant-Directed Goods and Services  
Participant-Directed Homemaker/Personal Care  
Remote Support  
Support Brokerage  
Community Respite  
Non-Medical Transportation  
Transportation  
Functional Behavioral Assessment  
Assistive Technology  
Residential Respite

Adult Day Support  
Vocational Habilitation  
Career Planning  
Individual Employment Support  
Clinical/Therapeutic Intervention  
Participant/Family Stability Assistance  
Group Employment Support  
Self-Directed Transportation  
Home Delivered Meals  
Waiver Nursing Delegation

# Funding

- Listed in each person's service plan are the start and end dates for a waiver, or the waiver span. Waiver spans are usually 12 months long.
- The SELF Waiver has a limited amount of money you can spend on needed services in a waiver span. For adults, the limit for services is \$45,000 in each waiver span. For children, the limit for services is \$30,000 in each waiver span.
- Some services have specific funding limits.
- Within 12 months, Support Brokerage costs cannot be more than \$8,000 of the total funding available in a waiver span.
- Through the SELF Waiver, you are eligible for one Functional Behavioral Assessment. It cannot cost more than \$1,500.
- Assistive Technology costs are limited to \$5,000 per waiver span.

# Participant Direction

- Participant-direction is a requirement of the SELF Waiver, and the person enrolled, or a representative they choose, must be willing and able to direct at least one service. A person exercises employer authority and/or budget authority when directing their services.
- A SELF Waiver participant may use budget authority for these waiver services:
  - Clinical/therapeutic intervention
  - Participant-directed goods and services
  - Participant-directed homemaker/personal care
  - Self-directed transportation
  - Support brokerage
- A SELF Waiver participant may use employer authority for these waiver services:
  - Participant-directed homemaker/personal care
  - Self-directed transportation
  - Support brokerage

# IO

Homemaker/Personal Care

Participant-Directed Homemaker/Personal Care

Remote Support and Equipment

Ohio Shared Living

Community Respite

Non-Medical Transportation

Transportation

Specialized Medical Equipment and Supplies

Environmental Accessibility Adaptations

Waiver Nursing Delegation

Money Management

Adult Day Support

Vocational Habilitation

Career Planning

Individual Employment Support

Waiver Nursing

Nutrition

Group Employment Support

Home Delivered Meals

Interpreter Services

Self-Directed Transportation

Residential Respite

# Funding

- Listed in each person's service plan are the start and end dates for a waiver, or the waiver span. Waiver spans are usually 12 months long.
- Each person enrolled in an IO Waiver is assigned a funding range, or an individual funding level, based on the results of their Ohio Developmental Disabilities Profile, or ODDP assessment, and the services in their service plan.
- Individual funding levels are calculated using
- the payment rates for each service as defined in rule,
- the units of service, or the amount of time the service will be performed over a 12-month period to meet the needs identified in the service plan as a result of the assessment,
- and the "cost-of-doing-business" category of the county where the person receives their services.
- OAC 5123-9-07 outlines how prior authorization may be obtained by the county board of developmental disabilities to exceed an assigned funding range.

# continued

- The ODDP assessment does not assign a funding range for all the services available through the IO Waiver. The Adult Acuity Instrument, or AAI assessment, establishes the need for services and funding range for Adult Day Support, Career Planning, Group Employment Support, Individual Employment Support, and Vocational Habilitation services.
- Waiver nursing services are authorized by DODD. Waiver Nursing Delegation includes an assessment every 60 days in the person's home or adult day service setting.
- A person may receive up to 10 hours of waiver nursing delegation or consultation each month, regardless of the number of providers delivering the service.
- Service Limitations
- Some services may have specific limitations related to number of units available per year, the cost of service per year, or the cost of service per unit.
- For example,
  - Ohio Shared Living daily rate is established by the results of the ODDP.
  - Community Respite is limited to 60 calendar days of service per waiver span.
  - Residential Respite is limited to 90 calendar days of service per waiver span.
  - Specialized Medical Equipment and Supplies cannot exceed \$10,000 per item.
  - Environmental Accessibility Adaptions cannot exceed \$10,000 per project.
  - Waiver nursing delegation or consultation may be available for up to 10 hours each month, regardless of the number of providers delivering the service.



# Current Needs Assessment

- Determines no need
- Current need-need must be met in one year-needs can be met in any way, not always a waiver
- Immediate need-have to meet needs right away

ENSURE YOUR CHILD HAS  
AN SSA