MANAGING COST EFFECTIVE RESIDENTIAL SUPPORT SERVICES

POLICY

Stark County Board of Developmental Disabilities is hereinafter referred to as "the Board."

The Board is committed to assuring its sustainability for as long as the developmental disabilities community relies on it for connection to services.

In order to faithfully pursue its mission, the Board must make operational decisions that allow for delivery of needed services to the greatest number of individuals and families within the limits of available resources. In the absence of resources that are sufficient to deliver all desirable services, there must be some agreed upon guiding principles that determine how services can be coordinated in the most cost effective manner.

Of all the services financially supported by the Board, the most costly is residential supports. Therefore, this policy is created to provide a framework for applying a consistent set of guiding principles to be considered in coordinating residential support services. These services are administered by Service and Support Administrators (SSAs). SSAs, in turn, are responsible for assuring that individuals' teams are aware of these guiding principles.

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PROCEDURE

This procedure establishes how Stark County Board of Developmental Disabilities (the Board) will comply with its mandated responsibilities related to assessing, developing and authorizing cost effective services set forth in 5123-4-04 of the Ohio Administrative Code (OAC).

1. Application

   Service and Support Administrators (SSAs) are responsible for assessing the need for services, developing individual service plans (ISPs) and authorizing services (when appropriate). SSAs shall consider the most cost effective services configuration(s) as they coordinate services.

2. Definitions

   a. "Assessment" means the individualized process of gathering comprehensive information concerning the individual's preferences, desired outcomes, needs, interests, abilities, health status, and other available supports.

   b. "Budget for services" means the projected cost of implementing the individual service plan regardless of funding source.

   c. "Funding range" means one of the dollar ranges contained in appendix A to rule 5123:2-9-06 of the Administrative Code to which individuals enrolled in the individual options waiver have been assigned for the purpose of funding services other than adult day support, career planning, group employment support, individual employment support, non-medical transportation, vocational habilitation, waiver nursing delegation, and waiver nursing services. The funding range applicable to an individual is determined by the score derived from the Ohio Developmental Disabilities Profile (ODDP) that has been completed by a county board employee qualified to administer the tool.

   d. "Home and Community-Based Services (HCBS) waiver" means a Medicaid waiver administered by the Ohio Department of Disabilities (DODD) in accordance with section 5166.21 of the Revised Code.

   e. "Individual funding level" means the total funds, calculated on a twelve month basis, that result from applying the payment rates in service-specific rules in Chapters 5123-9 and 5123:2-9 of the Administrative Code to the units of all

waiver services other than adult day support, career planning, group employment support, individual employment support, non-medical transportation, vocational habilitation, waiver nursing delegation, and waiver nursing services established by the individual service plan development process to be sufficient in frequency, duration, and scope to meet the health and welfare needs of an individual enrolled in the individual options waiver.

f. "Individual Service Plan" (ISP) means the written description of services, supports, and activities to be provided to an individual.

g. "Natural supports" means the personal associations and relationships typically developed in the community that enhance the quality of life for individuals. Natural supports may include family members, friends, neighbors, organizations and others in the community who provide voluntary support to help an individual achieve agreed upon outcomes through the ISP development process.

h. "Ohio Developmental Disabilities Profile" (ODDP) means the standardized instrument utilized to assess the relative needs and circumstances of an individual enrolled in the individual options waiver.

i. "Prior authorization" means the process, utilized to authorize a funding level for an individual enrolled in the individual options waiver, which exceeds the maximum value of the individual's funding range.

j. ""Remote support" means the provision of supports by staff of an agency provider at a remote location who are engaged with an individual through equipment with the capability for live two-way communication. Equipment used to meet this requirement shall include one or more of the following components: live video feed, live audio feed, motion sensing system, radio frequency identification, web-based monitoring system, or other device that facilitates two-way communication.

k. "Service and support administration" means the duties performed by a service and support administrator pursuant to section 5126.15 of the Revised Code.

3. Assessment

a. SSAs, with active participation of the individual and members of the team, shall coordinate assessment(s) of the individual, initially and at least every twelve months thereafter. The About Me, For Me (AMFM) assessment is a comprehensive, person- centered tool used by the Board's SSAs to gather

information about the individual. It may be used to determine the strengths, abilities, likes, dislikes, and needs of the individual.

b. Assessment(s) shall identify services that promote the individual's rights, self-determination, physical well-being, emotional well-being, material well-being, personal development, interpersonal relationships and social inclusion. The assessment shall also incorporate what is important to and for a person, and known and likely risks. The assessment is a component of the Individual Service Plan.

c. The assessment process is used to determine the individual's need for services.

d. SSAs may a consult a utilization report as part of the planning process to help determine the amount of services to initially authorize.

4. <u>ISP Development</u>

a. Using the AMFM assessment for person-centered planning, the SSA will develop the individual's ISP. The ISP will:

i. Reflect the results of the assessment(s), Integrate all sources of services and supports, including natural supports and alternative services, available to meet the individual's needs and desired outcomes,

ii. Reflect services and supports that are consistent with efficiency, economy, and quality of care; and

iii. Be updated throughout the year as necessary.

b. ISPs shall be developed with consideration of the following hierarchy of services, with the authorization of HCBS waiver services as a last resource after all other resources have been explored and exhausted;

(a) Natural Supports

(b) Community Resources or Alternative Services

(c) Commercial or Private Insurance

(d) Medicaid State Plan Services

(e) HCBS Waiver Services

c. SSAs shall recommend and obtain approval of the budget for services based on the individual's assessed needs and preferred ways of meeting those needs. HCBS waiver services are planned with the obligation to consider the following cost effective approaches;

(a) Optimizing day service participation;

(b) Sharing services;

(c) Authorizing unsupervised time;

(d) Utilizing remote supports;

(e) Authorizing modified night time services (On-site/On-call);

(f) Utilizing public transportation;

(g) Authorizing equipment or environmental modifications;

(h) Authorizing Home Delivered Meals;

(i) Reviewing rate modifications as appropriate;

(j) Other

d. Individuals who are not Medicaid eligible will require customized services planning and, in general, private pay arrangements will be considered after all other publicly and privately funded benefits have been authorized, but before HCBS waiver services are approved.

5. Approval of Services

a. SSAs seeking approval for services (via a proposed ISP) shall complete the Hierarchy of Services Form. This form provides a summary of alternative services and cost effective approaches the team has considered prior to requesting approval of the ISP.

b. Supervisors regularly audit ISPs to assure the services meet the individual's needs, integrate all sources of services and supports, and are the most cost effective configuration. The waiver utilization committee may recommend audits based on the total percentage of cost/service utilization during a specified period of time.

c. SSA supervisors may request additional information as needed to assist in the decision making process.

d. SSA supervisors may redirect the individual (and team) to consider alternative approaches before HCBS waiver services are approved. SSA supervisors may take into consideration future plans for modifications to services or a goal(s) the individual is working toward that improves optimization of resources.

Quarterly authorization may occur for plans identified with significant needs/risk.

6. Resolution for Service Disputes

When an individual or guardian does not agree with the services recommended by service and support administration, further action may be taken.

a. The Administrative Resolution of Complaint process will be offered if the individual or guardian disagrees with or has a complaint that involves the programs, services, policies, or administrative practices of the Board.

b. Due Process (Medicaid State Hearing) will be offered if the individual or guardian disagrees with a decision by the Board about Medicaid services.

c. Prior Authorization, in accordance with OAC 5123-9-07, will be offered whenever development or proposed revision of an ISP results in an individual funding level that exceeds the funding range assigned to the individual. (The Prior Authorization process is followed regardless of whether the Board supports the requested funding level modification. Support of the process by the Board will depend on an assessment by service and support administration that the individual, guardian and team have been compliant with the principles of this procedure.)