Hardin County Board of Developmental Disabilities
POLICY

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Title: Eligibility, Primary Point of Coordination, Emergency Response System		
Regulatory Authority: ORC 5123:2-1-11(A),(B), (F)(1), (2), (E), (G)		
Annual Review Date: May 20, 2025		

Effective Date: 5/18/21

Reviewer/Job Title: Support Services Director or designee

SERVICE AND SUPPORT ADMINISTRATION
DETERMINATION OF ELIGIBILITY, PRIMARY POINT OF COORDINATION,
EMERGENCY RESPONSE SYSTEM

(A) PURPOSE

(1) The purpose of Service and Support Administration Policy is to define the responsibilities of the Hardin County Board of Developmental Disabilities (HCBDD) for service and support administration and establishes a process for eligible individuals to receive service and support administration and have an identified service and support administrator (SSA) who is the primary point of coordination for each individual.

(B) DETERMINATION OF ELIGIBILITY FOR HCBDD SERVICES

(1) Service and support administrators (SSA) shall determine an individual's eligibility for HCBDD services. HCBDD may assign responsibility for eligibility determination to a service and support administrator (SSA) who does not perform other service and support administration functions; and in such a cases, the results of eligibility will be shared with the SSA who will be the primary point of coordination for the individual.

(C) ELIGIBILITY CRITERIA

(1) To be eligible to receive services and supports from the HCBDD, an individual must be a resident of Hardin County as defined in the Ohio Revised Code and meet eligibility criteria of developmental disability as defined in the Ohio Administrative Code.

(2) In addition to requirements in (B)(2) above, the following requirements must be met based on the age of the individual:

(a) <u>For children birth through age 2</u>. Eligibility is determined through the local Help Me Grow Central Intake & Referral. If moving within Ohio from one county of developmental disabilities to another, the process should be coordinated

through the exiting county's Help Me Grow system. Once residency is established in Hardin County, the records can be transferred and arrangements made to coordinate services;

(b) For children ages 3 through 6. A child is eligible for Service and Support Administration through the HCBDD if one of the following criteria is met:

(i) Eligible for special education services based on an Evaluation Team Report (ETR) completed by the local school district;

(ii) A professional diagnosis of a condition known to cause developmental delays listed in the C/OEDI Users Guide as acceptable diagnosis; or

(iii) Standardized testing which shows documented delay(s) of a standard deviation of -2.0 in one area or a -1.5 in two areas.

(c) When an individual is no longer on an Individualized Education Plan (IEP), services will be terminated unless there is an independent evaluation indicating eligibility based on a diagnosis or standard deviations (See above criteria ((ii), (iii)). Termination will occur 30 days after being discharged from an IEP.

(d) For individuals ages 6 through 16. An individual is eligible for Service and Support Administration services if the following criteria are met:

(i) Meets the developmental disability criteria based on the results of the Children's Ohio Eligibility Determination Instrument (COEDI) with documentation that verifies:

One or more developmental disabilities

A disability that is known to last throughout the lifetime and

Substantial limitations in three of the following **six** areas:
mobility, capacity for independent living, self care, self direction, receptive and expressive language and learning

(e) For individuals ages 16 through adult. An individual is eligible for Service and Support Administration services if the following criteria are met:

(i) Meets developmental disability criteria based on the results of the Ohio Eligibility Determination Instrument (OEDI) with documentation that verifies:

One or more developmental disabilities;

A disability that is known to last throughout the lifetime; and

Substantial limitations in three of the following **seven** areas: mobility, capacity for independent living, self care, self direction, receptive and expressive language, learning and economic self-sufficiency.

(C) PRIMARY POINT OF COORDINATION

(1) The HCBDD shall identify a SSA for each eligible individual receiving service and support administration who will be the primary point of coordination. All eligible individuals will be given the opportunity to request a different SSA.

(2) With the active participation of the individual and members of the individual's team, the SSA shall perform the following duties:

(a) Initially, and at least every twelve months thereafter, coordinate an assessment of the individual. The assessment shall take into consideration:

(i) What is important to the individual to promote satisfaction and achievement of desired outcomes;

(ii) What is important for the individual to maintain health and welfare;

(iii) Known and likely risks;

(iv) The individual's place on the path to community employment; and

(v) What is working and not working in the individual's life.

(b) The assessment shall identify supports that promote the individual's;

(i) Rights (e.g., equality, citizenship, access, due process, and responsibility;

(ii) Self-determination (e.g., choices, opportunities, personal control, and self-advocacy);

(iii) Physical well-being (e.g., routine and preventative health care and daily living skills appropriate to an individual's age);

(iv) Emotional well-being (e.g., self-worth, self-esteem, satisfaction with life, and spirituality);

(v) Material well-being (e.g., employment, money, education, and housing);

(vi) Personal development (e.g., achievement, success, and personal competence);

(vii) Interpersonal relationships (e.g., social contacts, relationships, and emotional supports); and

(viii) Social inclusion (e.g., community participation and social supports).

(c) Using person-centered planning, develop, review, and revise the individual service plan (ISP) and ensure that the ISP:

(i) Reflects the results of the assessment;

(ii) Includes services and supports that;

Ensures health and welfare;

Assist the individual to engage in meaningful and productive activities;

Support community connections and networking with persons or groups including persons with disabilities and others;

Assist the individual to improve self-advocacy skills and increase the individual's opportunities to participate in advocacy activities, to the extent desired by the individual;

Ensure achievement of outcomes that are important to the individual and outcomes that are important for the individual and address the balance of and any conflicts between what is important to the individual and what is important for the individual.

Address identified risks and include supports to prevent or minimize risks;

(iii) Incorporates all sources of services and supports that are available to meet the individual's needs and desired outcomes;

(iv) Reflects services and supports that are consistent with efficiency, economy, and quality of care; and

(v) Is updated throughout the year, as needed, to reflect the changing needs of what is important to the individual and what is important for the individual.

(d) Establish a recommendation for and obtain the approval of the budget for services and supports based on the individual's assessed needs and preferred ways of meeting those needs.

(e) Objectively assist the individual in choosing providers by:

(i) Ensuring the individual is given the opportunity to select providers from all willing and qualified providers in accordance with all applicable state and federal laws and the Ohio Administrative Code; and

(ii) Assisting the individual, as necessary, to resolve any concerns with a provider or direct support staff who work with the individual.

(f) Secure commitments from providers to support the individual in achieving the individual's desired outcomes;

(g) Verify by signature and date that prior to the implementation each ISP:

(i) Indicates the provider, frequency, and funding source for each service and support; and

(ii) Specifies which provider will deliver each service or support across all settings.

(h) Establish and maintain contact with providers as frequently as necessary to ensure that each provider is trained on the ISP and has a clear understanding of the expectations and desired outcomes of the supports or services being provided.

(i) Establish and maintain contact with natural supports as frequently as necessary to ensure that natural supports are available and are meeting desired outcomes as indicated in the ISP.

(j) Facilitate effective communication and coordination amount the individual and the members of the team by ensuring that the individual and each team member has a copy of the current ISP unless otherwise directed by the individual, the individual's guardian, or the adult whom the individual has identified as an advocate. All members of team, which includes the individual, will receive a copy of the ISP at least fifteen days prior to implementation unless there are extenuating circumstances and there is agreement by the individual and the individual's providers.

A member of the team who becomes aware that revisions to the ISP are indicated shall notify the SSA.

A member of the team may disagree with any provision in the ISP at any time. All dissenting opinions shall be noted in writing and attached to the ISP.

(i) Provide ongoing ISP coordination to ensure services and supports are provided in accordance with the ISP and to the benefit and satisfaction of the individual. Ongoing ISP coordination shall:

(i) Occur with the active participation of all team members, which includes the individual;

(ii) Focus on the achievement of the desired outcomes of the individual;

(iii) Balance what is important to and for the individual;

(iv) Examine service satisfaction (i.e., what is working and not working for the individual); and

(v) Use the ISP as the fundamental tool to ensure the health and welfare of the individual.

(j) Review and revise the ISP at least every twelve months and more frequently under the following circumstances:

(i) At the request of a member of the team, which includes the individual, in which case revisions to the ISP shall occur within thirty calendar days of the request;

(ii) Whenever the individual's assessed needs, situation, circumstances, or status changes;

(iii) If the individual chooses a new provider or type of service or support;

(iv) As a result of reviews conducted by DODD;

(v) Identified trends and patterns of unusual incidents or major unusual incidents; and

(vi) When services are reduced, denied, or terminated by DODD or the Ohio Department of Medicaid.

(k) take the following actions with regard to Medicaid services:

(i) Explain to the individual, within the eligibility process and/or within the waiver process, any alternative service available to the individual, the individual's due process and appeal rights, and the individual's right to choose any qualified and willing provider; and

(ii) Explain to the individual, at the time the individual is being recommended for enrollment in a waiver, the individual's choice of enrollment in a waiver as an alternative to being placed in an intermediate care facility and the services and supports that are funded by a waiver.

(l) Provide an individual with written notification and explanation of the individual's right to a Medicaid state hearing if the individual service plan process results in a recommendation for the approval, reduction, denial, or termination of services funded by a waiver.

(m) Make a recommendation to the Ohio department of Medicaid as to whether the individual meets the criteria for an intermediate care facility level of care.

(n) Explain to an individual whose ISP includes services funded by a waiver or other Medicaid services that the services are subject to approval by DODD of the Ohio department of Medicaid. If DODD or the Ohio department of Medicaid approves, reduces, denies, or terminates services funded by a waiver included in an individual's ISP, the SSA shall communicate such action with the individual.

(o) Provide an individual with written notification and explanation of the individual's right to use the administrative resolution of complaint process if:

(i) The ISP process results in the reduction, denial, or termination of a service other than a waiver service or targeted case management (SSA) services; and

(ii) The ISP process results in the approved service that the individual does not want to receive, but is recommended to ensure the individual's health, safety, and welfare.

(p) Advise members of the team, including the individual, of their right to file a complaint.

(q) Retain responsibility for all decision-making regarding service and support administration functions and the communication of any such decisions to the individual.

(r) Take actions necessary to remediate any immediate concerns regarding the individual's health and welfare.

(s) Implement a continuous review process, tailored to the individual and based on the information provided by the team, to ensure that ISPs are developed and implemented in accordance with this policy.

(i) The scope, type, and frequency of reviews shall be specified in the ISP and shall include, but are not limited to:

Face-to-face visits, occurring at a time and place convenient for the individual, at least annually or more frequently as need by the individual; and Contact via phone, email, or other appropriate means as needed.

(ii) The frequency of reviews may be increased when:

The individual has intensive behavioral or medical needs;

The individual has an interruption of services or more than thirty calendar days;

The individual encounters a crisis or multiple less serious but destabilizing events within a three-month period;

The individual has transitioned from an intermediate care facility to a community setting within the past twelve months;

The individual has transitioned to a new provider of homemaker/personal care within the past twelve months;

The individual receives services from a provider that has been notified of DODD's intent to suspend or revoke the provider's certification or license; or

Requested by the individual, the individual's guardian, or the adult whom the individual has identified as an advocate.

(iii) The SSA shall share results of reviews in a timely manner with the team, which includes the individual.

(t) If the continuous review process indicates areas of non-compliance with standards for providers of services funded by a waiver, HCBDD shall conduct a provider compliance review.

(C) EMERGENCY RESPONSE SYSTEM

(1) The HCBDD shall, in coordination with the provision of service and support administration, create an on-call emergency response system available twenty-four-hours per day, seven days per week to provide immediate response to an unanticipated event that requires an immediate change in an individual's existing situation and/or individual service plan to ensure health and safety. Persons who are available for the on-call emergency response system shall:

(a) Provide emergency response directly or through immediate linkage with the service and support administrator who is the primary point of coordination for the individual or with the primary provider;

(b) Be trained and have the skills to identify the problem, determine what immediate response is needed to alleviate the emergency and ensure health and welfare, and identify and contact persons to take the needed action;

(c) Notify the providers and the SSA who is the primary point of coordination for the individual to ensure adequate follow-up;

(d) Notify the HCBDD investigative agent as determined necessary by the nature of the emergency; and

(e) Document the emergency in accordance with HCBDD procedures.