



Administration

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Dr. Kevin Davis, Superintendent
athenscbdd.org

Updated Policies for Review

Batch 5
First Read

Administrative Policies

- Policy 24 – Utilizing Local Funding for Sustainable Services – Updated to change name to something that is more accurate, to incorporate Policy 28 Supported Living and Waiver Services and Policy 45 Refinancing Medicaid HCBS, and minor edits throughout.
- Policy 28 – Supported Living and Waiver Services – Consider abolishing, as this is now incorporated into Policy 24.
- Policy 31 – Affirmative Action Policy – Consider abolishing policy, as the policy content is covered in Personnel Policy 1-4 Equal Employment Opportunity. The separate Affirmative Action Plan is in development and will be updated annually as required by Department of Labor- Office of Federal Contract Compliance Programs (OFCCP).
- Policy 39 – Medical and Health Emergencies – Minor updates throughout.
- Policy 40 – Communicable Diseases – Updated to remove unnecessary details.
- Policy 45 – Supported Living and Waiver Services – Consider abolishing, as this is now incorporated into Policy 24.
- Policy 46 – Administrative Organization – Reviewed for updates; none needed other than minor edits throughout.
- Policy 52 – Attendance: EI, School Age – Minor updates throughout to match current practice.
- Policy 63 – Budget Management Review – Reviewed for updates; none needed other than minor edits throughout.
- Policy 79 – Service & Support Administration – Updated again to account for latest changes from the state. Updates incorporate OAC 5123-4-02 and ORC 5126.15.



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- Policy 86 – Family Support Services – Updated to remove unnecessary details, other minor edits throughout.
- Policy 87 – Fee for Services – Updated to remove outdated language and to separate policy from procedure.

Personnel Policies

- Policy 1-4 – Equal Employment Opportunity – Updated to clarify our Affirmative Action Policy and obligation to have an Affirmative Action Plan.



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24. UTILIZING LOCAL FUNDING FOR SUSTAINABLE SERVICES

Adopted	5/25/10
Status	Draft – pending approval
Historical Versions	5/25/10, 6/23/15
Initiated by	Steve Kramer, Director of Finance & Operations
Approved by	Pending

The ACBDD is committed to maximizing resources available to serve eligible individuals and is committed to maximizing the flow of federal tax dollars back to the citizens of Athens County, ensuring that local tax dollars are stretched further and additional tax burden is not placed on county residents. The ACBDD further supports the provision of services to as many eligible individuals as possible within the constraints of available resources. It is the intent of the ACBDD to utilize all available sources of funding in order to maximize services for the greatest number of eligible individuals.

Individualized Services and Supports

It is the ACBDD's mission to serve our community with compassion, innovation and transparency. The ACBDD accomplishes this mission by providing services, coordinating services, and providing information about resources available within our community.

To achieve this, the ACBDD must:

1. Facilitate individualized assessments to determine what is important to the individual to promote the achievement of desired outcomes, and what is important for the individual to maintain their health and welfare. The assessment shall take into consideration known and likely risks, the individual's place on the path to community employment and what is working and not working in the individual's life.
2. Establish a budget for services based on the individual's assessed needs and preferred ways of meeting those needs, taking into consideration all available resources. The efficient utilization of available resources is necessary to maximize the number of individuals served by ACBDD.
3. Facilitate person-centered planning that ensures that individuals and families have choice and control in planning services to meet their assessed needs while maintaining the health and welfare of the individuals being served. Assist the individual to engage in meaningful and productive activities, supporting community connections and networking with persons or groups including persons with disabilities and others. Assist individuals to improve self-advocacy skills and increase the individual's opportunity to participate in advocacy activities. Ensure the achievement of outcomes that are important to the individual and the outcomes that are important for the individual, and addressing identified risks and supports to prevent or minimize those risks.
4. Services must be developed from a thorough assessment process to ensure that only the level of service necessary is delivered.
5. The planning process is most effective and efficient when the individual/family and the planning team integrates all sources of services and supports, including natural supports and alternative services available to meet the individual's needs and desired outcomes.
6. This process will consider the ACBDD's fiscal responsibility to local taxpayers who make these services and supports possible.

The ACBDD has various resources available to coordinate these supports and services. The resources must be reviewed and considered carefully during the planning process. These resources include, but are not limited to:

1. Natural supports: natural supports are those supports provided by people with whom the person has a relationship with, and who can provide unpaid supports to the person in their home, at their work, or in the community;
2. Medicaid State Plan Services;

3. Private insurance;
4. Home and Community Based Service (HCBS) waivers;
5. Local levy funding through Supported Living;
6. Other public funds as they might become available.

The ACBDD will assist individuals to access all available resources as needed. All of the above are funding streams and resources and should not be thought of as services. These resources are the “mechanisms” that may be utilized to support or fund the planned services of the individual. No funding stream or resource is guaranteed, nor is there an entitlement to any of the above resources.

Crisis Care

When it is determined that an individual needs crisis care due to their own personal health and welfare being at risk, the ACBDD will utilize a fair and equitable method to meet emergency needs. This method will include timelines, detailed assessments and plans to resolve the situation with a cost effective and person-centered approach. This method will be developed and maintained by the affected individual’s IEP/ISP team in collaboration with the Cost Review Committee. The determination of needs is to be decided strictly based upon the individual’s health and welfare needs.

For those individuals without Medicaid waiver services experiencing crisis care needs, an assessment will be completed per OAC 5123-9-04 (Waiting List Assessment).

Supported Living and Waiver Services

The ACBDD is committed to working in partnership with eligible individuals and their families in identifying and accessing needed supports and services, which enable people to live in safe and secure surroundings of their choosing. To that end, services should be geared towards assisting individuals in gaining more control, competence, and confidence over their lives.

The central objective of Supported Living and Home and Community Based Services (waivers) is to coordinate the provision of a variety of services, supports and supervision necessary for the health, safety, and welfare of an individual, which enables the individual to live in the community.

Supported Living and Home and Community Based Services includes the provision of staff support, and related support services necessary for the health, safety, and welfare of an individual with developmental disabilities receiving supports. The ACBDD will establish procedures in accordance with the rules and regulations of the Ohio Department of Developmental Disabilities governing Supported Living and Home and Community Based Services (waivers) to assure the appropriate utilization of existing resources and funding.

When Non-Medicaid adult services are provided, they will be done so under the identical rules of adult services provided under Home and Community Based Waivers.

When individuals receiving services through ACBDD are Medicaid eligible (as set forth by the Ohio Department of Medicaid) but not enrolled on Medicaid, ACBDD shall encourage, assist and support the individual in applying for the benefit. ACBDD will encourage enrollment in Medicaid to maximize reimbursement through Targeted Case Management (TCM) and any other available Medicaid funded billing. If an individual chooses not to participate in Medicaid when an opportunity is offered to the individual or does not maintain Medicaid eligibility, the individual/family will be asked to contribute a portion of funds towards these services. The final determination regarding contributions will be made by the Superintendent.

It is the policy of the ACBDD to support individuals or their guardian as they access alternate programs, services and supports regardless of funding source. Each individual who requests a “waiver service” i.e. supported living, adult day supports, vocational habilitation, supported employment, non-medical transportation etc. shall apply

for a Medicaid Home and Community Based Services Waiver. Assistance for the application process shall be provided by the ACBDD Service and Support Administration Department.

If the individual refuses to apply for a Medicaid HCBS waiver but still wants one or more of the aforementioned services, one of the following will apply:

1. The individual will be required to pay the federal Medicaid share (currently about 60%) of the total cost of the requested service, or
2. The services received from ACBDD will be the equivalent to that which can be provided for the cost of the non-federal share (currently about 40%).

DRAFT

24. Utilizing County Tax Dollars For Sustainable Services in Crisis Intervention

The Athens County Board of Developmental Disabilities (ACBDD) is committed to maximizing resources available to serve individuals with developmental disabilities who are eligible for services from the Board and is committed to maximizing the flow of federal tax dollars back to the citizens of Athens County, ensuring that local tax dollars are stretched further and additional tax burden is not placed on county residents. The ACBDD further supports the provision of services to as many eligible individuals as possible and the ACBDD's available resources. It is the intent of the ACBDD to ensure that all available sources of funding are used in order to maximize the use of available resources for services to the greatest number of eligible individuals.

When individuals receiving services through ACBDD are Medicaid eligible (as set forth by the Ohio Department of Medicaid) but not enrolled on Medicaid. It is the ACBDD plan to assist individuals to enroll in Medicaid to enhance ACBDDs opportunity to maximize reimbursement through Targeted Case Management (TCM) and other Medicaid billing.

It is the ACBDD's mission to enhance the quality of life for individuals with developmental disabilities through an array of individualized services and supports. The ACBDD accomplishes the mission by providing services, coordinating services, or providing information about resources available within their community.

To achieve this, the ACBDD must:

1. Facilitate individualized assessment to determine what is important to the individual to promote achievement of desired outcomes; and what is important for the individual to maintain their health and welfare. The assessment shall take into consideration of known and likely risks, the individual's place on the path to community employment and what is working and not working in the individual's life.
2. Establish a budget for services based on the individual's assessed needs and preferred ways of meeting those needs taking into consideration the available resources. The efficient utilization of available resources is necessary to maximize the number of individuals served by ACBDD.
3. Facilitate person-centered planning that ensures that individuals and families have choice and control in planning services to meet their assessed needs while maintaining the health and welfare of the individuals being served. Assist the individual to engage in meaningful and productive activities, supporting community connections and networking with persons or groups including persons with disabilities and others. Assist individuals to improve self-advocacy skills and increase the individual's opportunity to participate in advocacy activities. Ensure the achievement of outcomes that are important to the

individual and the outcomes that are important for the individual. Addressing identified risks and including supports to prevent or minimize those risks.

4. Services must be developed on a thorough assessment to ensure that only the level of service necessary is delivered.
5. The planning process is most effective and efficient when the individual/family and the planning team integrates all sources of services and supports, including natural supports and alternative services available to meet the individual's needs and desired outcomes.
6. This process will consider our fiscal responsibility to local taxpayers who make these services and supports possible.

The ACBDD has various resources available to coordinate these supports and services. The resources must be reviewed and considered carefully during the planning process. These resources include, but are not limited to:

1. Natural supports: natural supports are those supports provided by people with whom the person has a relationship with, and who can provide unpaid supports to the person in their home, at their work, or in the community;
2. Medicaid State Plan Services;
3. Private insurance;
4. Home and Community Based Service (HCBS) waivers;
5. Local levy funding through Supported Living;
6. Other public funds as they might become available.

The ACBDD will assist individuals to access all available resources as needed. All of the above are funding streams and resources and should not be thought of as services. These resources are the "mechanisms" that may be utilized to support or fund the planned services of the individual. No funding stream or resource is guaranteed, nor is there an entitlement to any of the above resources.

When it is determined that an individual needs crisis¹ care due to their own personal health and welfare being at risk, the Board will utilize a fair and equitable method to meet emergency needs. This method will include timelines, detailed assessments and plans to resolve the situation with a cost effective and person-centered approach. This method will be developed and maintained by the Emergency Task Force and the affected individual's IEP/ISP team. The determination of needs is to be decided strictly on the individual's health and welfare needs.

The ACBDD supports the enrollment of any individual eligible for enrollment on Medicaid who currently is not receiving Medicaid or funding through the Title XX program. If an individual chooses not to participate in Medicaid when an opportunity is offered to the individual or does not maintain Medicaid eligibility the individual/family will be asked to contribute a portion of funds towards these services. The final determination regarding contributions will be made by the Superintendent.

1. "Crisis" refers to "Emergency Status" as referred to in the 5123:2-1-08 rule. "Emergency status" means an individual is facing a situation that creates for the individual a risk of substantial self-harm or substantial harm to others if action is not taken within thirty days. Emergency status may result from, but is not limited to, one or more of the following:
(a) Loss of present residence for any reason, including legal action;

(b) Loss of present caretaker for any reason, including serious illness of the caretaker, change in the caretaker's status, or inability of the caretaker to perform effectively for the individual;

(c) Abuse, neglect, or exploitation of the individual;

[(d) Health and safety conditions that pose a serious risk to the individual or others of immediate harm or death; or

(e) Change in emotional or physical condition of the individual that necessitates substantial accommodation that cannot be reasonably provided by the individual's existing caretaker.

ORIGINAL

28. SUPPORTED LIVING AND WAIVER SERVICES

1. The Board is committed to working in partnership with eligible individuals and their families in identifying and accessing needed supports and services, which enable people to live in safe and secure surroundings of their choosing. To that end, services should be geared towards assisting individuals in gaining more control, competence, and confidence over their lives.
2. The central objective of Supported Living and Home and Community Based Services (waivers) is to coordinate the provision of a variety of services, supports and supervision necessary for the health, safety, and welfare of an individual which enables the individual to live in the community.

Supported Living and Home and Community Based Services includes the provision of staff support, and related support services necessary for the health, safety, and welfare of an individual with developmental disabilities receiving supports. The Board will establish procedures in accordance with the rules and regulations of the Ohio Department of DD governing Supported Living and Home and Community Based Services (waivers) to assure the appropriate utilization of existing resources and funding.

When Non-Medicaid adult services are provided, they will be done so under the identical rules of adult services provided under Home and Community Based Waivers.

31. AFFIRMATIVE ACTION

1. Introduction

The Athens County Board of Developmental Disabilities reaffirms its continuing commitment to provide all individuals who have the necessary qualifications an equal opportunity to compete for employment and advancement with the agency and activities sponsored by it. To assure equal employment opportunity and participation, there shall be no discrimination or preferred treatment regarding any individual or group because of race, color, religion, sex, age, national origin, or disability. This philosophy is affirmed by the Board's Equal Employment Opportunity and Reasonable Accommodations Policies.

The Affirmative Action Plan has been developed to assure the effective application of the Board's Equal Employment Opportunity and Reasonable Accommodations Policies, compliance with applicable government regulations, and to serve as a guide for the development and administration of meaningful affirmative action within the agency.

The Plan includes mandatory steps to be taken by the Board to maintain the existence of equal employment opportunity and the continued absence of discrimination throughout the agency.

All personnel are expected to carry forward the Board's policy of equal employment opportunity and affirmative action within their assigned areas of responsibility. To assist in this regard, the Equal Employment Opportunity Coordinator is assigned to provide necessary guidance and coordination in implementing and administering this Affirmative Action Plan.

2. Communication

A. Internal

1. Copies of this Affirmative Action Plan shall be distributed to all supervisory personnel and a copy of the Equal Employment Opportunity and Reasonable Accommodations Policies shall be included in the Administrative Policies Manual.
2. A copy of this Affirmative Action Plan shall be maintained in each of the Board's buildings and shall be available for review by personnel assigned thereto upon their reasonable request.

3. It is expected that supervisory personnel will communicate to those employees in their areas of assigned responsibility regarding the Affirmative Action Plan and Equal Employment Opportunity and Reasonable Accommodations Policies.
4. It is expected that staff orientation meetings will include discussion of the Affirmative Action Plan and Equal Employment Opportunity and Reasonable Accommodations Policies.
5. All notices required to be posted by law will continue to be posted on bulletin boards and/or in other conspicuous places available to the employees.
6. It is the policy of the Board to provide reasonable accommodation for the known physical or mental handicaps of otherwise qualified applicants for employment and employees, unless the accommodation would cause undue hardship to the Board.

B. External

1. The Board will communicate its employment policy in writing to all sources of recruitment including community agencies, organizations, schools, and others as may be appropriate. The Board will seek new sources of recruitment if existing sources prove inadequate.
2. All advertisements seeking applicants for employment will identify the Board as an Equal Employment Opportunity employer. When selecting media used for employment advertisements, the recruitment of applications from minority groups, women and persons with disabilities will be considered.
3. The Board will ensure that job opportunity information is made equally available to minority and non-minority men and women, as well as to persons with and without disabilities.
4. The Board will ensure that all employees are given equal opportunity to participate in any training and education programs that are provided to assist them in their professional development.

3. Implementation

A. Responsibility

1. The Superintendent and Department Directors shall ensure that all supervisory personnel understand that:
 - a. Maintenance of Equal Employment Opportunity is an integral part of their job duties and a part of their performance evaluation;

- b. Appropriate corrective action is expected, should any harassment occur to minority, women or persons with disabilities who are employees.
2. It shall be the responsibility of the personnel office to provide the Superintendent with such information as may be necessary to measure progress toward attainment of goals and to assure good faith efforts to carry out the Affirmative Action Plan.

B. Utilization Analysis

1. The Board will conduct an analysis of minority, persons with disabilities and female representation in major job categories of the work force.
2. In determining the job categories in which minorities, women and persons with disabilities are being under-utilized, the following factors must be considered:
 - a. The percentage of the minority, female and persons with disabilities in the work force as compared to the total work force in Athens County. Based on the information supplied by the U.S. Census Bureau, the percentage of the minority, ~~and~~ female and individuals with disabilities in the work force as compared to the total work force in Athens County is: minority 7% ~~2.4%~~, female ~~51.6%~~ 53.4%, and disabilities 5%.
 - b. The general availability of minorities, women and persons with disabilities having requisite skills in Athens County.
3. The Board's work force analysis indicates that 68% of the work force is made up of women, 5% is made up of minorities, and 5% have disabilities. Women are not under-utilized in any job category.

C. Goals

1. The Board's long-range goal is to recruit more minorities and persons with disabilities.
2. The Board's short-range goal is to fill one of every 30 vacancies occurring in the agency with a qualified African-American, Asian, Hispanic, American Indian, or person with a disability.

4. General

- A. The Board will not permit discrimination based on race, religion, color, or national origin or disabilities in facilities under its control. The term “facilities” will include, but is not limited to, such areas as waiting rooms, work areas, eating areas, parking lots, recreation areas, and transportation facilities. Rest rooms/wash rooms will be provided on a separate but comparable basis for both sexes wherever applicable.
- B. The Board will not sponsor, endorse, contract with or contribute to any group or establishment that follows a policy of excluding minority groups, or women or persons with disabilities.
- C. The objectives and performance of the Affirmative Action Plan will be reviewed and amended, as necessary, to assure the continued implementation of the Board’s policy of Equal Employment Opportunity.

39. MEDICAL AND HEALTH EMERGENCIES

Adopted	4/20/1998
Status	Pending approval
Historical Versions	4/20/1998, 6/26/2012
Initiated by	Megan Stack, Health Services Coordinator
Approved by	Pending

The ACBDD is committed to providing all enrollees with quality and consistent emergency medical treatment consistent with applicable laws, rules and regulations. The Superintendent or designee shall ensure that appropriate procedures are developed including adequate staff training, the provision of proper equipment and setting forth expectations that all staff will work to assure the health and safety of all individuals and to respond appropriately in medical/health emergency situations.

Manual: Admin
Adopted: 4/20/98
Revised: 6/26/12
Effective: 4/20/98, 6/26/12

39. MEDICAL AND HEALTH EMERGENCIES

The Board is committed to providing all enrollees with quality and consistent emergency medical treatment consistent with applicable laws, rules and regulations. The Superintendent or designee shall ensure that appropriate procedures are developed including adequate staff training, the provision of proper equipment and setting forth expectations that all staff will work to assure the health and safety of all individuals and to respond appropriately in medical/health emergency situations.

40. COMMUNICABLE DISEASE POLICY

Adopted	4/20/1998
Status	Pending approval
Historical Versions	4/20/1998, 10/15/2001; 2/17/2004; 12/22/2009; 9/24/2013
Initiated by	Megan Stack, Health Services Coordinator
Approved by	Pending

The ACBDD recognizes that staff and individuals may be at increased risk of exposure to communicable diseases. It is the intent of the ACBDD to provide training, personal protective equipment (PPE) and an environment designed and maintained to reduce the spread of communicable diseases and protect the rights and safety of all individuals.

Communicable diseases are infectious diseases that spread from one person to another through a variety of ways that include: contact with blood and bodily fluids; breathing in an airborne virus; or by being bitten by an insect. They include, but are not limited to, measles, influenza, viral Hepatitis-B (serum hepatitis), human immunodeficiency virus (HIV infection), and tuberculosis. Communicable diseases brought into the school or work environment may have a serious impact on the health of other individuals in the program.

Management of Communicable Disease

When an individual served or a staff member has been identified as having a communicable disease or symptoms indicative of such, the Health Services Coordinator or his/her designee will determine if isolation is warranted. When isolation is necessary, the individual served or the staff member will be required to leave ACBDD property to reduce the risk of exposure to others. Transportation will be arranged if needed. The Health Services Coordinator or designee will provide educational information as needed. Prior to returning to work or school/program, a physician statement may be required depending on the illness, as the Health Services Coordinator deems necessary. The Health Services Coordinator will consult the Ohio Department of Health (ODH), Centers for Disease Control and Prevention (CDC), and other trusted sources as needed.

The Health Services Coordinator will provide an ongoing program to ensure a healthy environment for enrollees of the ACBDD's program. The Health Services Coordinator will:

- A. Work with other health agencies to obtain accurate information on health conditions.
- B. Provide pediculosis (head lice) screening on an ongoing basis and as needed to maintain control.
- C. Ensure new employee tuberculin skin test is performed.
- D. Provide training on Universal Precautions to all employees of the ACBDD and will provide all direct care in accordance with Universal Precautions.
- E. Provide or arrange for ongoing training to personnel related to health topics.
- F. Maintain a current guidelines document in ACBDD procedures based upon current medical advice and best practices from trusted sources such as ODH and CDC.

In the event of any confirmed cases or widespread suspected or probable cases of contagious illness/disease the ACBDD will make notifications of any program or building closure. In addition, staff

may need to assess individuals for symptoms prior to entering our facilities or allowing transportation to ACBDD programs on buses or vans.

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40. COMMUNICABLE DISEASE POLICY

The Board recognizes that staff and individuals may be at increased risk of exposure to communicable diseases. It is the intent of the Board to provide training, personal protective equipment (PPE) and an environment aimed at reducing the spread of communicable diseases and protecting the rights of all individuals.

Communicable diseases include, but are not limited to, measles, influenza, viral Hepatitis-B (serum hepatitis), human immunodeficiency virus (HIV infection), and tuberculosis. Communicable diseases brought into the school or work environment may have a serious impact on the health of other individuals in the program.

Management of Communicable Disease

Once an individual served or a staff member has been identified as having a communicable disease, the nurse will determine if isolation is indicated and the parent/guardian/provider will be notified to pick up the individual, or the staff member will be advised to go home per the Board Sick Leave Policy 6.3. When the parent/guardian/provider arrives, the nurse or designated personnel will provide information to educate the parent/guardian/provider about this particular illness as needed. The student/consumer may return to school/program after the nurse is given a statement from the physician stating that the individual is well. If the individual is absent for more than three days consecutively due to a communicable disease, a note from the physician may be required. This will be determined by nursing staff and/or school administration.

Recommendation for Exclusion from the Program Due to Health Reasons

The following conditions represent a sampling of possible communicable diseases. Other conditions will be assessed by the program nurse to determine communicability using the guidelines set forth as defined in Chapter 3701-3 of the Ohio Administrative Code.

The illness prevents the individual from participating comfortably in program activities.

The illness results in a greater care need than staff can provide.

The adult/child has a fever that is 100 degrees or over and must be fever free for 24 hours before returning to school/work.

Diarrhea, defined as frequent, liquid stools with a noxious odor. Student/adult should be free of diarrhea for 24 hours before returning to school/work.

Vomiting two or more times in the previous 24 hours unless the vomiting is determined to be due to another condition unrelated to communicable disease.

Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge), until examined by a physician and approved for readmission.

Impetigo, until 24 hours after treatment has been initiated.

Streptococcal pharyngitis, until 24 hours after treatment has been initiated.

Pediculosis or head lice, until after the child/adult has been seen by the nurse or other designated personnel and it has been determined that he/she is free of lice. After being out of school/work with head lice, the student/adult must be brought to the school/work via their own transportation. See Administrative Policy # 83 Pediculosis Infestation .

Evidence of scabies or other parasitic infection until the child/adult is determined to be free of infection.

Rash with fever or behavioral change until the physician has determined the illness is not a communicable disease.

Chicken Pox, until the sixth day after onset of rash or sooner if all lesions have crusted over and dried.

The program nurse will provide an ongoing program to ensure a healthy environment for enrollees of the Board program.

- A. Will work with other health agencies to obtain accurate information on health conditions.
- B. Will provide pediculosis screening on an ongoing basis and as needed to maintain control
- C. Will ensure new employee tuberculin skin test is performed.
- D. Will provide training on Universal Precautions to all employees of the Board program and will provide all direct care in accordance with Universal Precautions.
- E. Will provide ongoing training or arrange for training for personnel related to health topics.

The Athens County Board of DD encourages all parents/guardians/providers to communicate with nursing staff about any medicines being given at home for any illness. This information can be valuable and will help us care for enrollees more effectively.

In the event of any confirmed cases or widespread suspected or probable cases of contagious illness/disease the Board will make notifications if any program or building would need to be closed. In addition, staff may need to assess individuals for symptoms prior to allowing transportation to County Board programs on our buses/vans.

45. Refinancing Medicaid Home and Community-Based Services:

The Athens County Board of Developmental Disabilities (ACBDD) is committed to maximizing resources available to serve individuals with developmental disabilities who are eligible for services from the Board and is committed to maximizing the flow of federal tax dollars back to the citizens of Athens County, ensuring that local tax dollars are stretched further and additional tax burden is not placed on county residents. The ACBDD further supports the provision of services to as many eligible individuals as possible within the constraints of available resources.

Funds, programs and services administered by ACBDD are public funds or resources. These include Transportation Services, Family Support Services funding, Adult Services programming, Service and Support Administration, etc. Medicaid funds are also public funds. Individuals who are eligible for Medicaid are often also eligible for Medicaid Home and Community-Based Services (HCBS).

HCBS waivers allow ACBDD to support more individuals with services. When an individual is enrolled on a HCBS waiver, local resources pay for only a portion of the cost of the services. At this time, approximately 60% of the cost of waiver services is reimbursed by federal Medicaid funds. When ACBDD services are provided to an individual who is not enrolled on a Medicaid HCBS waiver 100% of the cost is funded from local levy funds. When ACBDD services are provided to an individual who is enrolled on a Medicaid HCBS waiver only 40% of the cost is funded from local funds.

It is the policy of the ACBDD to allow individuals or their guardian to select alternate programs, services and supports regardless of funding source. Each individual who requests a “waiver service” i.e. supported living, adult day supports, vocational habilitation, supported employment, non-medical transportation etc. shall apply for a Medicaid Home and Community Based Services Waiver. Assistance for the application process shall be provided by ACBDD Service and Support Administration Department.

If the individual refuses to apply for a Medicaid HCBS waiver but still wants one or more of the aforementioned services, one of the following will apply:

1. The individual will be required to pay the federal Medicaid share (currently about 60%) of the total cost of the requested service, or
2. The services received from ACBDD will be the equivalent to that which can be provided for the cost of the non-federal share (currently about 40%).

52. ATTENDANCE POLICY: EARLY INTERVENTION, PRESCHOOL AND SCHOOL AGE

Adopted	10/28/98
Status	Draft – pending approval
Historical Versions	10/28/98, 3/26/13
Initiated by	Becky Martin, Director of Education
Approved by	pending

1. Program Requirements

- a. The interdisciplinary team, including the parent, shall determine the frequency of attendance, which shall be indicated on the IFSP (Individualized Family Service Plan) for Early Intervention, or the IEP (Individualized Education Plan) for students ages 3-21. This determination shall be based on the individual student's age, emotional needs, physical stamina, and needs. For children placed by the LEA, the procedures as outlined in Rule 3301-51-02 or 3301-31-02 of the Administrative Code shall be followed.

2. Early Intervention

- a. It shall be the Developmental Specialist's responsibility to maintain attendance of the students in his/her charge documenting on the Service Documentation Forms and in Gatekeeper.
- b. If no home visits have occurred in a two (2) month period and there has been a minimum of 3 family contacts with no response, then an IFSP review meeting will be requested by the Developmental Specialist to review missed visits and determine if Early Intervention services should continue.
- c. Recommendation for disenrollment shall be submitted to the Sr. Developmental Specialist who will inform the Director of Education.
- d. A written notice of disenrollment and Parent Rights shall be sent to the family per the Due Process Policy by the Director of Education or designee. The family has the right to pursue an appeal and the child shall remain enrolled in the program on "stay put" status, pending outcome of the appeal.
- e. The Developmental Specialist shall send disenrollment student information to the ACBDD's IT Manager and to the family's assigned Help Me Grow Service Coordinator who will send a disenrollment letter, Prior Written Notice and Parent Rights to the family.

3. Preschool and School Age

- a. When an unreported absence occurs, the Administrative Assistant shall attempt to contact the parent or guardian in order to verify the absence, in accordance with the ACBDD's Missing Child Policy. An electronic record of attendance shall be maintained in the school's data base.
- b. When an unexcused absence occurs five days in a row, the Director of Special Education for the appropriate district may be notified by the Director of Education. Accumulations of frequent tardiness and absences can result in more serious consequences by the district, including referral to Athens County Juvenile Court.

Manual: Admin.
Adopted: 10/28/98
Revised: 3/26/13
Effective: 10/28/98, 3/26/13

52. ATTENDANCE POLICY: EARLY INTERVENTION, PRESCHOOL AND SCHOOL AGE

1. Program Requirements

- A. The interdisciplinary team shall determine the frequency of attendance, which shall be indicated on the IFSP (Individualized Family Service Plan) or IEP (Individualized Education Plan). This determination shall be based on the individual child's age, emotional needs, physical stamina, and needs. For children placed by the LEA, the procedures as outlined in Rule 3301-51-02 or 3301-31-02 of the Administrative Code shall be followed.

2. Early Intervention

- A. It shall be the EI Specialist's responsibility to maintain attendance of the students in his/her charge documenting on the home visit planning sheets and computer notes.
- B. If no home visits have occurred in a two (2) month period, then an IFSP review meeting will be requested by the Early Intervention Specialist to review missed visits and determine if Early Intervention services should continue.
- C. Recommendation for disenrollment shall be submitted to the Coordinator of Early Intervention who will inform the Education Coordinator.
- D. A written notice of disenrollment shall be sent to the family per the Due Process Policy by the Education Coordinator or designee. The family has the right to pursue an appeal and the child shall remain on the rolls in "stay put" status, pending outcome of appeal.
- E. The Early Intervention Specialist shall send disenrollment student information to the family's assigned Help Me Grow Service Coordinator.

3. Preschool and School Age

- A. When an unreported absence occurs, the Coordinator of Education or designee shall attempt to contact the parent or guardian in order to verify the absence, in accordance with this Board's Missing Child Policy. A record of attendance shall be maintained in the student's permanent record.
- B. When an unexcused absence occurs five days in a row, the Local District Coordinator may be notified by the Education Coordinator. Accumulations of frequent tardiness and absences can result in more serious consequences, including referral to Athens County Juvenile Court.

63. BUDGET MANAGEMENT REVIEW

Adopted	4/24/12
Status	Draft – pending approval
Historical Versions	4/24/12
Initiated by	Steve Kramer, Director of Finance & Operations
Approved by	pending

1. Basic Funding Principles

- a. Of primary concern to the ACBDD is the ability, in a fair and equitable manner, to meet the needs of the maximum number of consumers who request and need the ACBDD's services. The intent of reviewing the budget is not for the purpose of cutting costs for "cost cutting sake." Rather, it is to maximize the use of the ACBDD's resources to benefit the maximum number of consumers within the context of established funding parameters.
- b. Though transfer of funds between line items may need to occur, all expenditures and services/supports funded by the ACBDD will be maintained within established budgetary parameters which may be modified from time to time by the ACBDD. This includes maintaining the integrity of minimum fund balance and the consumers served or needing services.
- c. Local tax dollars will be considered dollars of last resort for service funding. Providers, consumers and families will be required to first utilize all other eligible funding resources including but not limited to Medicaid funding and private insurance where applicable. Eligibility for other funding streams will be determined as part of the intake process and the annual review process. Families and individuals as a condition of receiving the ACBDD's services will be required to provide private insurance information and/or apply for Medicaid when it appears that they might be eligible.
- d. It is the ACBDD's policy to ensure that consumers and their families have a choice relative to the providers of their services and supports. Choice, however, is not unlimited because resources are finite. Choice must be afforded and shall occur within the context of available dollars and other resources.
- e. Future services and supports expansion will occur only when the source of funding has been identified and priority established.
- f. Stakeholders will be included in service prioritization and funding discussions.

2. Criteria for Prioritizing the Funding of Services and Supports:

- a. The service or support is mandated by Federal, State, or Local law.
- b. The service or support primarily ensures an individual's health and safety.
- c. The service or support is an emergency need that if gone unmet would result in a health and safety issue.
- d. The service and support is primarily funded by revenue other than local tax dollars.
- e. The service or support is intended to meet an individual/family need versus a want. Needs hold a higher priority than wants.
- f. The service or support satisfies some combination of 1.a.-e.

3. Criteria for Staffing and Expenditure Decisions:

- a. The position or expenditure is required to ensure health and safety of individuals served.
- b. The position or expenditure is required to staff mandated services and supports.
- c. The position or expenditure serves in a critical support function for the agency.
- d. The position or expenditure satisfies some combination of 2.a.-c.

4. The ACBDD Board authorizes the Superintendent to take such actions as may be required to maintain expenditures within the ACBDD's approved operating budget(s).

5. Without Board approval, the Superintendent may approve expenditures up to \$10,000 within the guiding principles of this policy.
6. The Superintendent is authorized to carry out budget management initiatives within the context of the application of the above principles and will keep the ACBDD Board informed of such actions or as appropriate, will submit budget management recommendations to the ACBDD Board for approval.

DRAFT

79 – SERVICE AND SUPPORT ADMINISTRATION

Adopted	4/20/03
Status	Approved
Historical Versions	4/20/03, 7/05/07, 6/24/14, 2/24/15, 1/28/20
Initiated by	Richard Suehrstedt, Director of Service and Support Administration
Approved by	ACBDD Board

Purpose

This policy defines the responsibilities of the Athens County Board of Developmental Disabilities for service and support administration and establishes a process for individuals who receive service and support administration to have an identified service and support administrator who is the primary point of coordination. (OAC 5123-4-02)

Definitions

"Alternative services" has the same meaning as in rule 5123-9-04 of the Administrative Code.

"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.

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

"County board" means a county board of developmental disabilities.

"Department" means the Ohio department of developmental disabilities.

"Home and community-based services waiver" means a Medicaid waiver administered by the department in accordance with section 5166.21 of the Revised Code.

"Individual" means a person with a developmental disability.

"Individual service plan" means the written description of services, supports, and activities to be provided to an individual.

"Intermediate care facility" means an intermediate care facility for individuals with intellectual disabilities as defined in section 5124.01 of the Revised Code.

"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, and others in the community or organizations that serve the general public who provide voluntary support to help an individual achieve agreed upon outcomes through the individual service plan development.

"Person-centered planning" means an ongoing process directed by an individual and others chosen by the individual to identify the individual's unique strengths, interests, abilities, preferences, resources, and desired outcomes as they relate to the individual's support needs.

"Primary point of coordination" means the identified service and support administrator who is responsible to an individual for the effective development, implementation, and coordination of the individual service plan.

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

"Team" means the group of persons chosen by the individual with the core responsibility to support the individual in directing development of his or her individual service plan. The team includes the individual's guardian or adult whom the individual has identified, as applicable, the service and support administrator, direct support professionals, providers, licensed or certified professionals, and any other persons chosen by the individual to help the individual consider possibilities and make decisions.

Service and Support Administration Provided (ORC 5126.15)

The ACBDD shall provide service and support administration to each individual three years of age or older who is eligible for service and support administration if the individual requests, or a person on the individual's behalf requests, service and support administration. The ACBDD shall provide service and support administration to each individual receiving home and community-based services. The ACBDD may provide, in accordance with the service coordination requirements of 34 C.F.R. 303.23, service and support administration to an individual under three years of age eligible for early intervention services under 34 C.F.R. part 303. The ACBDD may provide service and support administration to an individual who is not eligible for other services of the board. Service and support administration shall be provided in accordance with rules adopted under section 5126.08 of the Revised Code.

The ACBDD may provide service and support administration by directly employing service and support administrators or by contracting with entities (per memorandum, as needed) for the performance of service and support administration. Individuals employed or under contract as service and support administrators shall not be in the same collective bargaining unit as employees who perform duties that are not administrative.

A service and support administrator shall perform only the duties specified below. While employed by or under contract with a board, a service and support administrator shall neither be employed by or serve in a decision-making or policy-making capacity for any other entity that provides programs or services to individuals with developmental disabilities nor provide programs or services to individuals with developmental disabilities through self-employment.

A service and support administrator shall do all of the following:

- Establish an individual's eligibility for the services of the county board of developmental disabilities;

- Assess individual needs for services;
- Develop individual service plans with the active participation of the individual to be served, other persons selected by the individual, and, when applicable, the provider selected by the individual, and recommend the plans for approval by the department of developmental disabilities when services included in the plans are funded through Medicaid;
- Establish budgets for services based on the individual's assessed needs and preferred ways of meeting those needs;
- Assist individuals in making selections from among the providers they have chosen;
- Ensure that services are effectively coordinated and provided by appropriate providers;
- Establish and implement an ongoing system of monitoring the implementation of individual service plans to achieve consistent implementation and the desired outcomes for the individual;
- Incorporate identified trends and patterns of unusual incidents and major unusual incidents into amendments of an individual's service plan for the purpose of improving and enhancing the quality and appropriateness of services rendered to the individual.

Service and Support

Decision-making responsibility

Individuals, including individuals who have been adjudicated incompetent pursuant to Chapter 2111 of the Revised Code, have the right to participate in decisions that affect their lives and to have their needs, desires, and preferences considered.

An individual for whom a guardian has not been appointed shall make decisions regarding receipt of a service or support or participation in a program provided for or funded under Chapter 5123 or 5126 of the Revised Code. The individual may obtain support and guidance from another person; doing so does not affect the right of the individual to make decisions.

An individual for whom a guardian has not been appointed may, in accordance with section 5126.043 of the Revised Code, authorize an adult (who may be referred to as a "chosen representative") to make a decision on behalf of the individual as long as the adult does not have a financial interest in the decision. The authorization shall be made in writing.

When a guardian has been appointed for an individual, the guardian shall make a decision on behalf of the individual within the scope of the guardian's authority. This paragraph shall not be construed to require appointment of a guardian.

An adult or guardian who makes a decision shall make a decision that is in the best interest of the individual on whose behalf the decision is made and that is consistent with ~~5123:2-1-11-2~~ the individual's needs, desires, and preferences.

Provision of service and support administration

The ACBDD shall provide service and support administration to:

- An individual, regardless of age or eligibility for county board services, who is applying for or enrolled in a home and community-based services waiver;
- An individual three years of age or older who is eligible for county board services and requests, or a person on the individual's behalf, requests service and support administration; and
- An individual residing in an intermediate care facility for individuals with intellectual disabilities who requests, or a person on the individual's behalf requests, assistance to move from the intermediate care facility to a community setting.

The ACBDD shall provide service and support administration in accordance with the requirements of section 5126.15 of the Revised Code.

An individual who is eligible for service and support administration and requests, or a person on the individual's behalf requests, service and support administration shall receive service and support administration and shall not be placed on a waiting list for service and support administration.

Determination of eligibility for county board services

Service and support administrators shall, in accordance with rules adopted by the department, determine individuals' eligibility for county board services. The ACBDD may assign responsibility for eligibility determination to a service and support administrator who does not perform other service and support administration functions; in such a case, results of the eligibility determination shall be shared with the service and support administrator who is the primary point of coordination for the individual in order to ensure coordination of services and supports. Results of the eligibility determination shall be shared in a timely manner with the individual and the individual's guardian, and/or the adult whom the individual has identified, as applicable.

Primary point of coordination

The ACBDD shall identify a service and support administrator for each individual receiving service and support administration who shall be the primary point of coordination for the individual. An individual shall be given the opportunity to request a different service and support administrator from the county board.

With the active participation of the individual and members of the team, the service and support administrator shall perform the following duties:

- Initially, and at least every twelve months thereafter, coordinate assessment of the individual.
- The assessment shall take into consideration:
 - What is important to the individual to promote satisfaction and achievement of desired outcomes;
 - What is important for the individual to maintain health and welfare;
 - Known and likely risks;
 - The individual's place on the path to community employment; and
 - What is working and not working in the individual's life.

- The assessment shall identify supports that promote the individual's:
 - Rights (e.g., equality, citizenship, access, due process, and responsibility);
 - Self-determination (e.g., choices, opportunities, personal control, and self-advocacy);
 - Physical well-being (e.g., routine and preventative health care and daily living skills appropriate to age);
 - Emotional well-being (e.g., self-worth, self-esteem, satisfaction with life, and spirituality);
 - Material well-being (e.g., employment, money, education, and housing);
 - Personal development (e.g., achievement, success, and personal competence);
 - Interpersonal relationships (e.g., social contacts, relationships, and emotional supports); and
 - Social inclusion (e.g., community participation and social supports).
- Using person-centered planning, develop, review, and revise the individual service plan and ensure that the individual service plan:
 - Reflects results of the assessment.
 - Includes services and supports that:
 - Ensure 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;
 - Integrates all sources of services and supports, including natural supports and alternative services, available to meet the individual's needs and desired outcomes;
 - Reflects services and supports that are consistent with efficiency, economy, and quality of care; and
 - Is updated throughout the year.
- Establish a recommendation for and obtain approval of the budget for services based on the individual's assessed needs and preferred ways of meeting those needs.
- Through objective facilitation, assist the individual in choosing providers by:
 - Ensuring that the individual is given the opportunity to select providers from all willing and qualified providers in accordance with applicable federal and state laws and regulations including rule 5123:2-9-11 of the Administrative Code; and

- Assisting the individual as necessary to work with providers to resolve concerns involving a provider or direct support staff who are assigned to work with the individual.
- Secure commitments from providers to support the individual in the achievement of his or her desired outcomes.
- Verify by signature and date that prior to implementation each individual service plan:
 - Indicates the provider, frequency, and funding source for each service and support; and
 - Specifies which provider will deliver each service or support across all settings.
- Establish and maintain contact with providers as frequently as necessary to ensure that each provider is trained on the individual service plan and has a clear understanding of the expectations and desired outcomes of the supports being provided.
- Establish and maintain contact with natural supports as frequently as necessary to ensure that natural supports are available and meeting desired outcomes as indicated in the individual service plan.
- Facilitate effective communication and coordination among the individual and members of the team by ensuring that the individual and each member of the team has a copy of the current individual service plan unless otherwise directed by the individual, the individual's guardian, or the adult whom the individual has identified, as applicable. The individual and his or her providers shall receive a copy of the individual service plan at least fifteen calendar days in advance of implementation unless extenuating circumstances make fifteen-day advance copy impractical and with agreement by the individual and his or her providers.
- A member of the team who becomes aware that revisions to the individual service plan are indicated shall notify the service and support administrator.
- A member of the team may disagree with any provision in the individual service plan at any time. All dissenting opinions shall be specifically noted in writing and attached to the individual service plan.
- Provide ongoing individual service plan coordination to ensure services and supports are provided in accordance with the individual service plan and to the benefit and satisfaction of the individual. Ongoing individual service plan coordination shall:
 - Occur with the active participation of the individual and members of the team;
 - Focus on achievement of the desired outcomes of the individual;
 - Balance what is important to the individual and what is important for the individual;
 - Examine service satisfaction (i.e., what is working for the individual and what is not working); and
 - Use the individual service plan as the fundamental tool to ensure the health and welfare of the individual.
- Review and revise the individual service plan at least every twelve months and more frequently under the following circumstances:
 - At the request of the individual or a member of the team, in which case revisions to the individual service plan shall occur within thirty calendar days of the request;

- Whenever the individual's assessed needs, situation, circumstances, or status changes;
- If the individual chooses a new provider or type of service or support;
- As a result of reviews conducted;
- Identified trends and patterns of unusual incidents or major unusual incidents; and
- When services are reduced, denied, or terminated by the department or the Ohio Department of Medicaid.
- Take the following actions with regard to Medicaid services:
 - Explain to the individual, in conjunction with the process of recommending eligibility and/or assisting the individual in making application for enrollment in a home and community-based services waiver or any other medicaid service, and in accordance with rules adopted by the department:
 - Alternative services available to the individual;
 - The individual's due process and appeal rights; and
 - The individual's right to choose any qualified and willing provider.
 - Explain to the individual, at the time the individual is being recommended for enrollment in a home and community-based services waiver:
 - Choice of enrollment in a home and community-based services waiver as an alternative to intermediate care facility placement; and
 - Services and supports funded by a home and community-based services waiver.
 - 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 home and community-based services waiver. Notice shall be provided in accordance with section 5101.35 of the Revised Code.
 - Make a recommendation to the department, in accordance with rule 5123-8-01 of the Administrative Code, as to whether the individual meets the criteria for a developmental disabilities level of care.
 - Explain to an individual whose individual service plan includes services funded by a home and community-based services waiver or other Medicaid services that the services are subject to approval by the department and the Ohio department of Medicaid. If the department or the Ohio department of Medicaid approves, reduces, denies, or terminates services funded by a home and community-based services waiver or other Medicaid services included in an individual service plan, the service and support administrator shall communicate with the individual about this action.
- Provide an individual with written notification and explanation of the individual's right to use the administrative resolution of complaint process set forth in rule 5123-4-04 of the Administrative Code if the individual service plan process results in the reduction, denial, or termination of a service other than a service funded by a home and community-based services waiver or targeted case management services. Such written notice and explanation shall also be provided to an individual if the individual service plan process results in an approved service that the individual does not want to receive, but is necessary to ensure the individual's health,

safety, and welfare. Notice shall be provided in accordance with rule 5123-4-04 of the Administrative Code.

- Advise members of the team of their right to file a complaint in accordance with rule 5123-4-04 of the Administrative Code.
- Retain responsibility for all decision-making regarding service and support administration functions and the communication of any such decisions to the individual.
- Take actions necessary to remediate any immediate concerns regarding the individual's health and welfare.
- Implement a continuous review process to ensure that individual service plans are developed and implemented in accordance with this rule.
- The continuous review process shall be tailored to the individual and based on information provided by the individual and the team.
- The scope, type, and frequency of reviews shall be specified in the individual service plan 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 needed by the individual; and
 - Contact via phone, email, or other appropriate means as needed.
- The frequency of reviews may be increased when:
 - The individual has intensive behavioral or medical needs;
 - The individual has an interruption of services of 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 or participant directed homemaker personal care within the past twelve months;
 - The individual receives services from a provider that has been notified of the department'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 applicable.
- The service and support administrator shall share results of reviews in a timely manner with the individual, the individual's guardian, and/or the adult whom the individual has identified, as applicable, and the individual's providers, as appropriate.
- If the continuous review process indicates areas of non-compliance with standards for providers of services funded by a home and community-based services waiver, the county board shall conduct a provider compliance review in accordance with rule 5123:2-2-04 of the Administrative Code.

Emergency response system

The ACBDD shall, in coordination with the provision of service and support administration, make 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:

- 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;
- 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;
- Notify the providers and the service and support administrator who is the primary point of coordination for the individual to ensure adequate follow-up;
- Notify the county board's investigative agent as determined necessary by the nature of the emergency; and
- Document the emergency in accordance with county board procedures.

Records

Paper or electronic records shall be maintained for individuals receiving service and support administration and shall include, at a minimum:

- Identifying data;
- Information identifying guardianship, other adult whom the individual has identified, trusteeship, or protectorship;
- Date of request for services from the county board;
- Evidence of eligibility for county board services;
- Assessment information relevant for services and the individual service plan process for supports and services;
- Current individual service plan;
- Current budget for services;
- Documentation that the individual exercised freedom of choice in the provider selection process;
- Documentation of unusual incidents;
- Major unusual incident investigation summary reports;
- The name of the service and support administrator;
- Emergency information;
- Personal financial information, when appropriate;
- Release of information and consent forms;
- Case notes which include coordination of services and supports and continuous review process activities; and

- Documentation that the individual was afforded due process, including but not limited to, appropriate prior notice of any action to deny, reduce, or terminate services and an opportunity for a hearing.

When the county board uses electronic record keeping and electronic signatures, the ACBDD shall establish policies and procedures for verifying and maintaining such records.

Due process

Due process shall be afforded to each individual receiving service and support administration pursuant to section 5101.35 of the Revised Code for services funded by a home and community-based services waiver and targeted case management services or pursuant to rule 5123-4-04 of the Administrative Code for services other than services funded by a home and community-based services waiver and targeted case management services.

Department monitoring and technical assistance

The department shall monitor compliance with this rule by county boards. Technical assistance, as determined necessary by the department, shall be provided upon request and through regional and statewide trainings.

Ohio department of Medicaid monitoring of targeted case management services

The Ohio department of Medicaid retains final authority to monitor the provision of targeted case management services in accordance with rule 5160-48-01 of the Administrative Code.

79 – SERVICE AND SUPPORT ADMINISTRATION

Adopted	4/20/03
Status	Approved
Historical Versions	4/20/03, 7/05/07, 6/24/14, 2/24/15, 1/28/20
Initiated by	Richard Suehrstedt, Director of Service and Support Administration
Approved by	ACBDD Board

Purpose

It is the policy of the ACBDD to establish procedures for the delivery of Service and Support Administration services, in accordance with ORC 5126.15 and OAC 5123:2-1-11.

Definitions

"Alternative services" has the same meaning as in rule 5123:2-1-08 of the Administrative Code.

"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.

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

"County board" means a county board of developmental disabilities.

"Department" means the Ohio department of developmental disabilities.

"Home and community-based services waiver" means a Medicaid waiver administered by the department in accordance with section 5166.21 of the Revised Code.

"Individual" means a person with a developmental disability.

"Individual service plan" means the written description of services, supports, and activities to be provided to an individual.

"Intermediate care facility" means an intermediate care facility for individuals with intellectual disabilities as defined in rule 5123:2-7-01 of the Administrative Code.

"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, and others in the community or organizations that serve the general public who provide voluntary support to help an individual achieve agreed upon outcomes through the individual service plan development.

"Person-centered planning" means an ongoing process directed by an individual and others chosen by the individual to identify the individual's unique strengths, interests, abilities, preferences, resources, and desired outcomes as they relate to the individual's support needs.

"Primary point of coordination" means the identified service and support administrator who is responsible to an individual for the effective development, implementation, and coordination of the individual service plan.

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

"Team" means the group of persons chosen by the individual with the core responsibility to support the individual in directing development of his or her individual service plan. The team includes the individual's guardian or adult whom the individual has identified, as applicable, the service and support administrator, direct support staff, providers, licensed or certified professionals, and any other persons chosen by the individual to help the individual consider possibilities and make decisions.

Service and Support Administration Provided

The ACBDD shall provide service and support administration to each individual three years of age or older who is eligible for service and support administration if the individual requests, or a person on the individual's behalf requests, service and support administration. The ACBDD shall provide service and support administration to each individual receiving home and community-based services. The ACBDD may provide, in accordance with the service coordination requirements of 34 C.F.R. 303.23, service and support administration to an individual under three years of age eligible for early intervention services under 34 C.F.R. part 303. The ACBDD may provide service and support administration to an individual who is not eligible for other services of the board. Service and support administration shall be provided in accordance with rules adopted under section 5126.08 of the Revised Code.

The ACBDD may provide service and support administration by directly employing service and support administrators or by contracting with entities (per memorandum, as needed) for the performance of service and support administration. Individuals employed or under contract as service and support administrators shall not be in the same collective bargaining unit as employees who perform duties that are not administrative.

A service and support administrator shall perform only the duties specified below. While employed by or under contract with a board, a service and support administrator shall neither be employed by or serve in a decision-making or policy-making capacity for any other entity that provides programs or services to individuals with developmental disabilities nor provide programs or services to individuals with developmental disabilities through self-employment.

A service and support administrator shall do all of the following:

- Establish an individual's eligibility for the services of the county board of developmental disabilities;
- Assess individual needs for services;
- Develop individual service plans with the active participation of the individual to be served, other persons selected by the individual, and, when applicable, the provider selected by the

individual, and recommend the plans for approval by the department of developmental disabilities when services included in the plans are funded through Medicaid;

- Establish budgets for services based on the individual's assessed needs and preferred ways of meeting those needs;
- Assist individuals in making selections from among the providers they have chosen;
- Ensure that services are effectively coordinated and provided by appropriate providers;
- Establish and implement an ongoing system of monitoring the implementation of individual service plans to achieve consistent implementation and the desired outcomes for the individual;
- Incorporate identified trends and patterns of unusual incidents and major unusual incidents into amendments of an individual's service plan for the purpose of improving and enhancing the quality and appropriateness of services rendered to the individual.

Service and Support

Decision-making responsibility

Individuals, including individuals who have been adjudicated incompetent pursuant to Chapter 2111 of the Revised Code, have the right to participate in decisions that affect their lives and to have their needs, desires, and preferences considered.

An individual for whom a guardian has not been appointed shall make decisions regarding receipt of a service or support or participation in a program provided for or funded under Chapter 5123 or 5126 of the Revised Code. The individual may obtain support and guidance from another person; doing so does not affect the right of the individual to make decisions.

An individual for whom a guardian has not been appointed may, in accordance with section 5126.043 of the Revised Code, authorize an adult (who may be referred to as a "chosen representative") to make a decision on behalf of the individual as long as the adult does not have a financial interest in the decision. The authorization shall be made in writing.

When a guardian has been appointed for an individual, the guardian shall make a decision on behalf of the individual within the scope of the guardian's authority. This paragraph shall not be construed to require appointment of a guardian.

An adult or guardian who makes a decision shall make a decision that is in the best interest of the individual on whose behalf the decision is made and that is consistent with 5123:2-1-11 2 the individual's needs, desires, and preferences.

Provision of service and support administration

The ACBDD shall provide service and support administration to:

- An individual, regardless of age or eligibility for county board services, who is applying for or enrolled in a home and community-based services waiver;

- An individual three years of age or older who is eligible for county board services and requests, or a person on the individual's behalf, service and support administration; and
- An individual residing in an intermediate care facility who requests, or a person on the individual's behalf requests, assistance to move from the intermediate care facility to a community setting.

The ACBDD shall provide service and support administration in accordance with the requirements of section 5126.15 of the Revised Code.

An individual who is eligible for service and support administration and requests, or a person on the individual's behalf requests, service and support administration shall receive service and support administration and shall not be placed on a waiting list for service and support administration.

Determination of eligibility for county board services

Service and support administrators shall, in accordance with rules adopted by the department, determine individuals' eligibility for county board services. The ACBDD may assign responsibility for eligibility determination to a service and support administrator who does not perform other service and support administration functions; in such a case, results of the eligibility determination shall be shared with the service and support administrator who is the primary point of coordination for the individual in order to ensure coordination of services and supports. Results of the eligibility determination shall be shared in a timely manner with the individual and the individual's guardian, and/or the adult whom the individual has identified, as applicable.

Primary point of coordination

The ACBDD shall identify a service and support administrator for each individual receiving service and support administration who shall be the primary point of coordination for the individual. An individual shall be given the opportunity to request a different service and support administrator from the county board.

With the active participation of the individual and members of the team, the service and support administrator shall perform the following duties:

- Initially, and at least every twelve months thereafter, coordinate assessment of the individual.
- The assessment shall take into consideration:
 - What is important to the individual to promote satisfaction and achievement of desired outcomes;
 - What is important for the individual to maintain health and welfare;
 - Known and likely risks;
 - The individual's place on the path to community employment; and
 - What is working and not working in the individual's life.
 - The assessment shall identify supports that promote the individual's:
 - Rights (e.g., equality, citizenship, access, due process, and responsibility);

- Self-determination (e.g., choices, opportunities, personal control, and self-advocacy);
 - Physical well-being (e.g., routine and preventative health care and daily living skills appropriate to age);
 - Emotional well-being (e.g., self-worth, self-esteem, satisfaction with life, and spirituality);
 - Material well-being (e.g., employment, money, education, and housing);
 - Personal development (e.g., achievement, success, and personal competence);
 - Interpersonal relationships (e.g., social contacts, relationships, and emotional supports); and
 - Social inclusion (e.g., community participation and social supports).
- Using person-centered planning, develop, review, and revise the individual service plan and ensure that the individual service plan:
 - Reflects results of the assessment.
 - Includes services and supports that:
 - Ensure 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;
 - Integrates all sources of services and supports, including natural supports and alternative services, available to meet the individual's needs and desired outcomes;
 - Reflects services and supports that are consistent with efficiency, economy, and quality of care; and
 - Is updated throughout the year.
- Establish a recommendation for and obtain approval of the budget for services based on the individual's assessed needs and preferred ways of meeting those needs.
- Through objective facilitation, assist the individual in choosing providers by:
 - Ensuring that the individual is given the opportunity to select providers from all willing and qualified providers in accordance with applicable federal and state laws and regulations including rule 5123:2-9-11 of the Administrative Code; and
 - Assisting the individual as necessary to work with providers to resolve concerns involving a provider or direct support staff who are assigned to work with the individual.

- Secure commitments from providers to support the individual in the achievement of his or her desired outcomes.
- Verify by signature and date that prior to implementation each individual service plan:
 - Indicates the provider, frequency, and funding source for each service and support; and
 - Specifies which provider will deliver each service or support across all settings.
- Establish and maintain contact with providers as frequently as necessary to ensure that each provider is trained on the individual service plan and has a clear understanding of the expectations and desired outcomes of the supports being provided.
- Establish and maintain contact with natural supports as frequently as necessary to ensure that natural supports are available and meeting desired outcomes as indicated in the individual service plan.
- Facilitate effective communication and coordination among the individual and members of the team by ensuring that the individual and each member of the team has a copy of the current individual service plan unless otherwise directed by the individual, the individual's guardian, or the adult whom the individual has identified, as applicable. The individual and his or her providers shall receive a copy of the individual service plan at least fifteen calendar days in advance of implementation unless extenuating circumstances make fifteen-day advance copy impractical and with agreement by the individual and his or her providers.
- A member of the team who becomes aware that revisions to the individual service plan are indicated shall notify the service and support administrator.
- A member of the team may disagree with any provision in the individual service plan at any time. All dissenting opinions shall be specifically noted in writing and attached to the individual service plan.
- Provide ongoing individual service plan coordination to ensure services and supports are provided in accordance with the individual service plan and to the benefit and satisfaction of the individual. Ongoing individual service plan coordination shall:
 - Occur with the active participation of the individual and members of the team;
 - Focus on achievement of the desired outcomes of the individual;
 - Balance what is important to the individual and what is important for the individual;
 - Examine service satisfaction (i.e., what is working for the individual and what is not working); and
 - Use the individual service plan as the fundamental tool to ensure the health and welfare of the individual.
- Review and revise the individual service plan at least every twelve months and more frequently under the following circumstances:
 - At the request of the individual or a member of the team, in which case revisions to the individual service plan shall occur within thirty calendar days of the request;
 - Whenever the individual's assessed needs, situation, circumstances, or status changes;
 - If the individual chooses a new provider or type of service or support;

- As a result of reviews conducted;
- Identified trends and patterns of unusual incidents or major unusual incidents; and
- When services are reduced, denied, or terminated by the department or the Ohio Department of Medicaid.
- Take the following actions with regard to Medicaid services:
 - Explain to the individual, in conjunction with the process of recommending eligibility and/or assisting the individual in making application for enrollment in a home and community-based services waiver or any other medicaid service, and in accordance with rules adopted by the department:
 - Alternative services available to the individual;
 - The individual's due process and appeal rights; and
 - The individual's right to choose any qualified and willing provider.
 - Explain to the individual, at the time the individual is being recommended for enrollment in a home and community-based services waiver:
 - Choice of enrollment in a home and community-based services waiver as an alternative to intermediate care facility placement; and
 - Services and supports funded by a home and community-based services waiver.
 - 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 home and community-based services waiver. Notice shall be provided in accordance with section 5101.35 of the Revised Code.
 - Make a recommendation to the Ohio department of medicaid or its designee, in accordance with rule 5101:3-3-15.3 of the Administrative Code, as to whether the individual meets the criteria for an intermediate care facility level of care in accordance with rule 5101:3-3-07 of the Administrative Code.
 - Explain to an individual whose individual service plan includes services funded by a home and community-based services waiver or other Medicaid services that the services are subject to approval by the department and the Ohio department of Medicaid. If the department or the Ohio department of Medicaid approves, reduces, denies, or terminates services funded by a home and community-based services waiver or other Medicaid services included in an individual service plan, the service and support administrator shall communicate with the individual about this 5123:2-1-11 8 action.
- Provide an individual with written notification and explanation of the individual's right to use the administrative resolution of complaint process set forth in rule 5123:2-1-12 of the Administrative Code if the individual service plan process results in the reduction, denial, or termination of a service other than a service funded by a home and community-based services waiver or targeted case management services. Such written notice and explanation shall also be provided to an individual if the individual service plan process results in an approved service that the individual does not want to receive, but is necessary to ensure the individual's health,

safety, and welfare. Notice shall be provided in accordance with rule 5123:2-1-12 of the Administrative Code.

- Advise members of the team of their right to file a complaint in accordance with rule 5123:2-1-12 of the Administrative Code.
- Retain responsibility for all decision-making regarding service and support administration functions and the communication of any such decisions to the individual.
- Take actions necessary to remediate any immediate concerns regarding the individual's health and welfare.
- Implement a continuous review process to ensure that individual service plans are developed and implemented in accordance with this rule.
- The continuous review process shall be tailored to the individual and based on information provided by the individual and the team.
- The scope, type, and frequency of reviews shall be specified in the individual service plan 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 needed by the individual; and
 - Contact via phone, email, or other appropriate means as needed.
- The frequency of reviews may be increased when:
 - The individual has intensive behavioral or medical needs;
 - The individual has an interruption of services of 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 the department'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 applicable.
- The service and support administrator shall share results of reviews in a timely manner with the individual, the individual's guardian, and/or the adult whom the individual has identified, as applicable, and the individual's providers, as appropriate.
- If the continuous review process indicates areas of non-compliance with standards for providers of services funded by a home and community-based services waiver, the county board shall conduct a provider compliance review in accordance with rule 5123:2-2-04 of the Administrative Code.

Emergency response system

The ACBDD shall, in coordination with the provision of service and support administration, make 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:

- 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;
- 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;
- Notify the providers and the service and support administrator who is the primary point of coordination for the individual to ensure adequate follow-up;
- Notify the county board's investigative agent as determined necessary by the nature of the emergency; and
- Document the emergency in accordance with county board procedures.

Records

Paper or electronic records shall be maintained for individuals receiving service and support administration and shall include, at a minimum:

- Identifying data;
- Information identifying guardianship, other adult whom the individual has identified, trusteeship, or protectorship;
- Date of request for services from the county board;
- Evidence of eligibility for county board services;
- Assessment information relevant for services and the individual service plan process for supports and services;
- Current individual service plan;
- Current budget for services;
- Documentation that the individual exercised freedom of choice in the provider selection process;
- Documentation of unusual incidents;
- Major unusual incident investigation summary reports;
- The name of the service and support administrator;
- Emergency information;
- Personal financial information, when appropriate;
- Release of information and consent forms;
- Case notes which include coordination of services and supports and continuous review process activities; and

- Documentation that the individual was afforded due process, including but not limited to, appropriate prior notice of any action to deny, reduce, or terminate services and an opportunity for a hearing.

When the county board uses electronic record keeping and electronic signatures, the ACBDD shall establish policies and procedures for verifying and maintaining such records.

Due process

Due process shall be afforded to each individual receiving service and support administration pursuant to section 5101.35 of the Revised Code for services funded by a home and community-based services waiver and targeted case management services or pursuant to rule 5123:2-1-12 of the Administrative Code for services other than services funded by a home and community-based services waiver and targeted case management services.

Department monitoring and technical assistance

The department shall monitor compliance with this rule by county boards. Technical assistance, as determined necessary by the department, shall be provided upon request and through regional and statewide trainings.

Ohio department of Medicaid monitoring of targeted case management services

The Ohio department of Medicaid retains final authority to monitor the provision of targeted case management services in accordance with rule 5101:3-48-01 of the Administrative Code.

86. Family Support Services

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Initiated by	Steve Kramer, Director of Finance & Operations
Approved by	pending

I. Purpose

The Family Support Services (FSS) program is based on the premise that all individuals with developmental disabilities have a right to live a stable home, enjoy membership in a family, have access to supports needed to enable them to participate in their community, and experience enduring relationships with family and friends.

The program is intended to provide relief to families and caregivers, promote unity of the family, provide assistance towards self-sufficiency, and prevent or reduce institutionalization. Funding or reimbursement of services and/or items through FSS shall be tailored to the unique needs of the individual with developmental disabilities and their families in accordance with ORC 5126.11.

II. Funding Family Support Services

Each year the ACBDD will set a total budget for FSS, the maximum amount that can be awarded per family or individual, and a sliding income scale to determine how much of the maximum award to award to each family and/or individual.

Initial award approvals are based on a first-come, first-serve basis and will be made until the budget cap has been reached. Distribution and spending of award dollars by families and/or individuals is also first-come, first-serve until the maximum budget cap has been spent.

FSS funds are available each calendar year. Each calendar year is considered a new eligibility and distribution period. Families and/or individuals must apply and be approved each year. If funds and/or resources are not available, FSS services will not be available until the next calendar.

As payer of last resort, the ACBDD will work with families to find alternative resources before spending FSS dollars.

In extreme emergency situations, a family or individual may request to be allowed exceed their annual award amount. The ACBDD must grant prior approval before additional funds are spent.

No more than 7% of the ACBDD's allocation may be utilized for administrative costs.

III. Eligibility and Application

Referrals for FSS may be made by the individual, his/her family, or any interested party by submitting an application.

A family's or individual's application for Family Support Services shall be reviewed based only on the following criteria:

- a. Family means parents, brothers, sisters, spouses, sons, daughters, grandparents, aunts, uncles, cousins or guardians of the individual with developmental disabilities and include the individual with developmental disabilities. Family also means person(s) acting in a role similar to those specified in this paragraph even if no legal or blood relationship exists if the individual, with developmental disabilities, lives with the person and is dependent on the person to the extent that if the supports were withdrawn another living arrangement would have to be found i.e. foster home placement. The person(s) shall verify the relationship by signature. (*No public funds are utilized for said supports except Athens County Children's Services.)
- b. The family includes a member living at home who is eligible for ACBDD services; and
- c. They are residents of Athens County; and
- d. Funds are available;
- e. The requested service is directly related to improving the living environment or facilitating the care of the individual with developmental disabilities.

Individuals living in foster homes through Athens County Children's Services are not eligible for respite but are eligible for all other FSS services.

Individuals living in a residential facility that is providing services that are funded according to Ohio Revised Code 5124, Title XIX of the Social Security Act or by the ACBDD are not eligible for FSS.

Individuals enrolled on a home and community based Medicaid waiver are not eligible for FSS.

An application is required each calendar year to determine eligibility.

IV. Services/Items Funded

- a. In/Out-of-home Respite Care: Respite care is a temporary care that is provided to an individual who has a developmental disability to sustain the family structure or to meet planned or emergency needs of the family. Respite care services may be provided in the family's own home by an approved respite provider, or a family-solicited provider.

- b. Adaptive Equipment: Purchase or lease of equipment that is recommended by a licensed professional to address a therapeutic objective in an identified area of developmental delay or disability.
- c. Home Modifications: A modification may be made to the home if it is necessary to facilitate the care of the family member who has a developmental disability. (Examples include, but are not limited to widening doorways, modifying bathrooms, ramps, etc.)
- d. Special Diets: Purchase of specialty food or a food supplement approved by a physician or graduate of an approved dietary program.
- e. Counseling, Training and Education: This service may be provided to the individual, the individual's caregivers, and to all members of the family, including children.
- f. Other: Items and Services not funded under the 5 categories above but are needed by the family to improve and facilitate the care of the individual and providing support necessary for the individual's continued skill development. (Examples may include, but are not limited to: Daycare, incontinence supplies, orthopedic shoes, special summer programs, etc.)

Some items or services may require additional justification from the family, individual or other professional.

The ACBDD carefully considers each purchase request to assist eligible individuals and families in making wise purchase choices from the FSS program. Items must be age appropriate and safe for the recipient.

The ACBDD will not purchase items such as trampolines, motorized vehicles, or anything that may be dangerous for the recipient.

V. Award Determination

The ACBDD will use a sliding scale of income to determine the amount of the maximum award available to the family or individual according to the following schedules:

Income Scale	
Income range	Percent of maximum award
\$0 - \$27,258	100%
\$27,259 - \$37,759	90%
\$37,761 - \$48,260	70%
\$48,261 - \$62,261	50%
\$62,262 - \$79,762	25%
\$79,763 – above	0%

Proof of income

The ACBDD will base where a family or individual falls on the Income Schedule based on Taxable Income. Taxable Income is defined as: the amount of income used to calculate how much tax an individual or a company owes to the government (gross wages less deductions and credits) in a given tax year.

In the event that a family or individual has not earned enough income to file a tax return, other types of proof of income can be accepted, such as:

- SSI
- TANF
- Paystubs/W-9

A W2 can only be accepted as proof of income when no other proof of income, as described above, exists.

Due Diligence

It is the responsibility of the family or individual to provide accurate and current proof of income. In the event that the ACBDD becomes aware that the proof of income provided was incomplete or inaccurate, the ACBDD reserves the right to request corrected information and/or reduce or rescind an award allocation.

VI. Award Cycle

An initial award amount for eligible applicants will be determined in the beginning of each calendar year. Families/individuals will be notified via mailed letter. Requests for items/services will be accepted through November 1. The board will notify individuals and families via a mailed letter if they have an unspent award amount prior to November 1.

After November 1, any unspent funds will be used for a second round of awards through the end of the calendar year.

VII. Reimbursement and Payment of Requests for Funds

Families and individuals can request that items or services be purchased directly by the ACBDD or pay for them out of pocket and request reimbursement. Request for reimbursement or payment should come after the family or individual has received an award letter.

Requests for Purchase of Item or Services (Not Including Respite)

Items or services purchased directly by the ACBDD must be submitted to the ACBDD and fall within the guidelines of accepted items or services. If necessary, additional justification may be requested before a purchase can be made.

Request for Reimbursement of Expense (Not Including Respite)

Families or individuals must get prior approval of items or services they intend to purchase out of pocket and request reimbursement. If necessary, additional justification may be requested before a purchase can be made. Failure to get prior approval could result in denial of the request for reimbursement.

After approval, requests for reimbursement of expenses must be submitted to the ACBDD and include a receipt or proof of purchase showing the final cost.

Respite

A family has the option to select a friend, neighbor, or relative NOT residing in the family home as a family-chosen respite provider. Families have the choice to have the family-chosen provider be paid directly by the ACBDD or request reimbursement for paying the family-chosen provider out-of-pocket.

In order to utilize FSS funds for respite, the family must notify the ACBDD of the name of the family-chosen provider. Family-chosen providers will need to be set up as a vendor in order to receive payment directly from the ACBDD. Family member requesting reimbursement will need to be set up as a vendor in order to receive reimbursement from the ACBDD.

VIII. Denial of Services:

The ACBDD shall provide written response to a family's request for reimbursement or use of funds if the service or item is being denied, including the reason for denial. The denial shall be based on one or more of the following criteria:

- The family is ineligible for FSS;
- Funds are not available or the family has already utilized their maximum award;
- The requested service or item does not fall with the guidelines of accepted services or items.

IX. Appeal Rights

If a request for FSS is denied for one of the reasons listed above, or the family has been determined ineligible for FSS, the family can request an appeal following the process outlined in the ACBDD's policy #18, Administrative Review of Complaints.

86. Family Support Services Policy

Policy, Purpose, and Objectives of the Program

I. Policy

The Board's Family Support Services program is based on the same premise that all individuals with developmental disabilities have a right to live in a stable home, enjoy membership in a family, have access to the array and quantity of supports needed to enable them to participate in the life of their communities to the degree they choose, and experience enduring relationships with brothers, sisters, other family members and friends committed to their welfare.

Reimbursement for services and supports through Family Support Services program shall be tailored to the unique needs of individuals with developmental disabilities and their families and shall be defined in accordance with Section 5126.11 of the Ohio Revised Code.

Family support services should seek and nurture partnerships between family members, other supportive people and the professionals who serve both these individuals and their families; build on the unique strengths and characteristics of each family; utilize the resources in each family's social network and home community; and respect the beliefs, values, and structures of each family.

No reimbursement will be made on behalf of an individual who is living in a residential facility that is providing services that are funded according to Ohio Revised Code 5124.18, Title XIX of the Social Security Act or by a county board.

II. Intent/Purpose

A. It is the intent of the Board to provide financial support to eligible individuals, not direct services by County Board employees, to individuals with developmental disabilities in accordance with guidelines established by the Ohio Department of DD, Administrative Rule 5123.2-1-09. The services provided through FSS include:

1. In/Out-of-home Respite Care

- Respite care is a temporary care that is provided to an individual who has a developmental disability to sustain the family structure or to meet planned or emergency needs of the family. Respite care services may be provided in the family's own home by an approved respite provider, or a family-solicited provider.

2. Adaptive Equipment

- Purchase or lease of equipment that is recommended by a licensed professional to address a therapeutic objective in an identified area of developmental delay or disability.

3. Home Modifications

- A modification may be made to the home if it is necessary to facilitate the care of the family member who has a developmental disability. (Examples include, but are not limited to widening doorways, modifying bathrooms, ramps, etc.)

4. Special Diets

- Purchase of specialty food or a food supplement approved by a physician or graduate of an approved dietary program.

5. Counseling, Training and Education

- This service may be provided to the individual, the individual's caregivers, and to all members of the family, including children.

6. Other

- Items and Services not funded under the 5 categories above but are needed by the family to improve and facilitate the care of the individual and providing support necessary for the individual's continued skill development. (Examples may include, but are not limited to: Daycare, incontinence supplies, orthopedic shoes, special summer programs, etc.)

We carefully consider each purchase request to assist you in making wise purchase choices from the Family Support Services program. Items must be age appropriate and safe for the recipient. We will not purchase items such as trampolines, motorized vehicles, or anything that we feel may be dangerous for the recipient. Final determination will be approved by the ACBDD Superintendent.

- B. The purpose of the Family Support Services program is to relieve the stresses of caring for a family member with a disability at home, to promote the unity of the family by assisting in understanding and meeting the special needs of the person with developmental disabilities. The program also assists the person toward self-sufficiency and prevents or reduces inappropriate institutionalization.

III. Collaborative Funding

The Board will seek to identify other sources of funding to support a request to FSS for all services, with the exception of respite (i.e. Medicaid funding). Upon receipt for a non-respite request, the Director of Finance and Operations will identify other potential sources of funding and refer it to the appropriate agency or department.

FAMILY SUPPORT SERVICES PROCEDURES:

I. Eligibility

A. Referral Process:

1. Referrals for Family Support Services may be made by the individual, his/her family, or any interested party by contacting the FSS Coordinator.
2. Any family interested in receiving Family Support Services is required to complete an eligibility application. Proof of the family's taxable income for the prior year must be provided in order to determine the family's co-payment responsibility.

B. Family/Individual

A family's request for Family Support Services shall be reviewed based only on the following criteria:

1. Family means parents, brothers, sisters, spouses, sons, daughters, grandparents, aunts, uncles, cousins or guardians of the individual with developmental disabilities and include the individual with developmental disabilities. "Family also means person(s) acting in a role similar to those specified in this paragraph even if no legal or blood relationship exists if the individual, with developmental disabilities, lives with the person and is dependent on the person to the extent that if the supports* were withdrawn another living arrangement would have to be found i.e. foster home placement. The person(s) shall verify the relationship by signature. (*No public funds are utilized for said supports except Athens County Children's Services.)
2. The family includes a member living at home who is eligible for ACBDD services; and
3. They are residents of Athens County; and
4. Funds are available according to the County Board's plan; and
5. The requested service is directly related to improving the living environment or facilitating the care of the individual with developmental disabilities.
6. Individuals living in foster homes through Athens County Children's Services are not eligible for respite but are eligible for all other FSS services.

If funds and/or resources are not available, FSS services will not be available until the next calendar.

An individual who is living in a residential facility or receiving supports through Supported Living or all Waiver Options in accordance with Ohio Revised Code 5123.18 or Title XIX of the Social Security Act, shall not be eligible for FSS except in life threatening situations requests will be considered when accompanied with a qualified professional's or physician's order and denial letters from all other funding sources.

FSS funds shall not be used to reimburse families for respite care or other family support services that are provided in a bed facility if that bed facility is funded according to ORC 5123:18 or Title XX of the Social Security Act.

C. Services:

1. Planned Services: Families that have gone through the eligibility determination process.
2. Emergency Services: Families that are receiving no services from the Board but it is determined by the Superintendent or designee that the individual shall receive FSS funding on a one time emergency basis, with the eligibility determination to be made within thirty (30) days.

II. Reimbursable Services:

Services that are reimbursable under this program are:

- A. Respite: Respite Services can be provided in the family's home or the family member who has a disability can receive services at the home of a Certified Provider or in the home of a Family Chosen Provider. The intent is to provide parents/guardians with some time away from the constant attention often required by their family member and to allow families the opportunity to meet planned and emergency needs. Parents may request to use a Certified Provider or ask the Coordinator for Family Supports to approve a friend, neighbor or relative as a provider. It is the intention of Family Support Services to allow families to plan an annual vacation which might involve the respite provider accompanying the family on the vacation to provide respite or, alternatively, the respite provider remaining at home with the individual with the disability while the family vacations. Approval of requests for respite care is always contingent on the availability of funds awarded to each family.
- B. Education, Training, and Counseling: These services may be provided to all members of the family, including other children, but not the individual with DD. The counseling, training, or education being provided should strengthen the family's ability and resolve to care for the individual with DD. This service may help the family address medical, emotional, behavioral, or personal needs of the family member with DD.
- C. Purchase or lease of equipment: Purchase or lease of equipment that is supported or recommended by licensed a professional, to address a therapeutic objective in an identified area of developmental delay or disability, and which will facilitate personal care. The requested equipment must best meet the identified need and can only be requested through Family Support Services, once all other financial resources have been exhausted or it is commonly known not to be covered by other third party payers.
- D. Special Diets: Purchase of food or a food supplement if recommended by a physician or dietary specialist, as deemed medically necessary for the continued care of the individual when Medicaid or other insurance will not cover the expense.
- E. Home Modifications: Modifications to the home that are necessary to facilitate the care of the family member who is developmentally disabled. (i.e. widening doorways, modifying bathrooms, ramps, etc.)
- F. Other Unique Requests: Items and services not funded under the five categories above, but are needed by the family to improve and facilitate the care of the individual with DD. (i.e. may include but is not limited to: incontinent supplies, orthopedic shoes, etc.)

III. Obtaining Services:

A. Requests for All Services Except Respite:

Upon receiving a request for counseling, education, and training; adaptive equipment; home modifications; special diets; and other unique requests the Coordinator of Family Support Services or designee will implement the following procedure.

1. Verify that the requested service is available and provided for in the ACBDD annual plan;
2. verify the eligibility of both the family and the individual;
3. determine the appropriateness of the service, i.e. whether or not the requested service will facilitate the care of the individual, or if appropriate obtain a recommendation for the service from a physician, therapist, etc.;
4. identify other resources that the family could use to pay for the requested service;
5. determine the family has exhausted all other sources;
6. establish the family's share of the cost, if any (Co-payment);
7. responds to purchase requests with 7 (seven) working days;
8. assist the family in choosing an appropriate provider for the service needed or;
9. notify the family of denial of service (See IX Denial of Services).

B. Respite: Requests for respite shall be initiated by an eligible family. Requests for respite shall be honored if funds and services are available and consistent with the County Board Plan. To schedule respite:

1. Eligible Providers: Board Certified Providers: Services shall be provided by agencies or persons other than the county board including, but not limited to, present providers in the community. All certified respite service providers must be approved by the Board. All contracts for respite providers will be reviewed by the Ethics Council. Providers, who hold a license or certification appropriate to their discipline, will be recognized as certified for purposes of FSS. The Board will recognize as certified providers any provider who has been certified as an FSS provider by another county board of DD.
2. Family Chosen Provider: A family has the option to select a friend, neighbor, or relative NOT residing in the family home as a respite provider.

Family chosen providers are not required to receive 40 hours of training or Red Cross/CPR certification. However they will undergo a BCI check. Training regarding the specific needs of the individual(s) receiving care will be provided by the family in areas as identified in writing and signed by both parties indicating the training occurred. Family Chosen Provider will sign ACBDD's assurance/liability release form.

In order for a family chosen provider to receive payment, the family must notify the Coordinator of FSS or designee.

If the family chosen provider provides respite in their home, there shall be written assurance by the requesting family that the respite home is acceptable and shall provide for the needs and safety of the family member with DD.

Respite providers are not permitted to bring children or other family members to the respite site unless agreed upon in advance by the family receiving respite.

IV. FISCAL

A. Family Allocations:

1. Prior to the beginning of each calendar year, the Athens County Board of DD shall determine the annual allocation for each family. This allocation will be based on the utilization of services, the number of families enrolled, and the grant allocation.
2. The Athens County Board of DD may limit a family's utilization to an amount less than the maximum allowed if funds are not available.
3. In extreme emergency situations, a family may request to be allowed exceed their annual allocation. The Coordinator of FSS and the review committee must grant prior approval.

B. Family Co-Pay:

1. The family's responsibility toward the cost of services shall be based on a co-payment schedule. The DODD shall establish an income schedule, which shall be updated periodically by the department and shall be disseminated to the county boards at the beginning of each fiscal year.
2. The co-payment schedule for a family shall be based on the family's federal taxable income. The family is responsible for reporting any changes in income. The FSS program will require income verification annually from families applying for FSS.
3. In the event the family is not required to file a tax return, the family's income will be confirmed using a W-9, Social Security award letter, or any document that reflects the previous year's income.
4. The income of an individual with disabilities shall not be taken into consideration when determining co-payment responsibility.
5. In the event of divorce or legal separation by the parents/guardians, the income of the custodial parent shall be taken into consideration when determining the family's co-payment responsibilities. In addition, the custodial parent is the only family member who may request Family Support Services.
6. In the event of joint custody, income of the parent claiming the individual as a dependent for tax purposes shall be taken into consideration.

C. Payer of Last Resort:

1. It is the intent of the Family Support Services Program to assure that all other sources of funding have been exhausted in order to maximize the use of the funds for the needs of our families. The Family Support Services Coordinator and FSS Business Clerk attempt to remain informed regarding other potential private and community sources including, but not limited to Medicaid, private insurance, civic groups, churches, etc.

2. Depending upon the requested service or item, staff may identify with the family alternative sources to be explored. Approval of Family Support Services requests may remain pending until denial of funding from the alternative source is denied.

THE PERCENTAGE OF EACH FAMILY SUPPORT SERVICE THAT THE FAMILY PAYS SHALL BE DETERMINED ACCORDING TO THE FOLLOWING INCOME SCHEDULE:

*INCOME	PERCENTAGE OF CONTRIBUTION
\$ 27, 258 OR LESS	0%
\$ 27, 259 TO \$ 37, 759	10%
\$ 37, 760 TO \$ 48, 260	30%
\$ 48, 261 TO \$ 62, 261	50%
\$ 62, 262 TO \$ 79, 762	75%
\$ 79, 763 AND OVER	100%

- To facilitate access to a families' FSS allocation, the Board has chosen to allocate based upon the families required co-pay, rather than having the family pay a portion of each bill. For example, if the annual allocation is \$500.00 and the percentage of contribution required by the family is 50%, the family will receive 50% or \$250.00 as their annual allocation. Families with more than one child eligible for services shall be reimbursed by the following schedule. A family with two eligible children shall be eligible for 200% reimbursement, three children 300%, and four children 400%.

D. Administrative Cost

No more than 7% of the Board's allocation may be utilized for administrative costs.

E. Reimbursement Process:

Each family will receive an allocation and a purchase order (P.O.) number and each provider will be assigned a vendor number. The provider is to submit the invoice for services, along with the vendor number and the family's P.O. number.

F. Reimbursement:

In order to receive reimbursement in a timely manner, an eligible family or provider must submit invoices by the first working day of the month for respite services rendered the previous month.

G. Payments:

Except in the case of respite, the family shall obtain prior approval, from the board office, before making a purchase to submit for reimbursement. Reimbursements will be made within 45 days after receipt of invoice.

Failure to follow the above procedures may result in requests for payment being denied and the family will assume the full responsibility for payment of services.

Expenditures beyond the family allocation will not be paid by the Board

H. Denial of Services:

The Board shall provide written response to a family's request for reimbursement within seven (7) working days after receiving the request. If the Board denies a request for any reason, the family shall be provided, in writing, reasons for the denial. The denial shall be based on one or more of the following criteria:

1. The family is ineligible according to Section 3 of this manual;
2. Funds are not available, in which case the family shall be placed on the FRS waiting list;
3. The requested service is not directly related to improving the living environment or facilitating the family's ability to care for the individual who has developmental disabilities;
4. The request does not adhere to the ACBDD annual plan.
5. The provider is not an approved provider.

V. Appeal Process

If a request for a Family Support Service is denied for one of the reasons listed above, or the family has been determined ineligible for Family Support Services, the family can then utilize the following appeal process:

A. Administrative Review:

1. The Family Support Service Coordinator, must give the family a reason for the denial in writing with in seven (7) working days. Verbal denial will be given for requests for respite.

2. If the family objects to the response, it may request, in writing, an administrative review of the decision. The review is to be conducted by a If the Family Resource Services Department denies a request for a Family person not involved in the initial denial.
3. The administrative review must take place within seven (7) working days of the request. The person conducting the review shall review the circumstances related to the decision, and provide the party initiating the request the opportunity to present reasons as to why the decision should be reconsidered.
4. Within five (5) working days of the administrative review, the Superintendent's decision shall be made known, in writing, to all parties, including the County board, and shall include a rationale for such decision.

B. Board Review

Upon receipt of a request to appeal, the County Board shall, no sooner later than seven (7) calendar days, and at a time and place convenient to all parties, conduct a hearing.

1. At a reasonable time prior to the hearing, the individual or the parent of a minor or guardian shall be provided access to County Board records pertaining to the individual, including any evaluative results or reports upon which the proposed action or refusal to act may be based.
2. The hearing shall be a closed meeting, unless the individual or the parent of a minor or guardian requests an open meeting.
3. The Superintendent shall show why the action taken regarding the denial of initial or continued enrollment or other decision is appropriate.
4. The appellant shall be afforded the right to be represented by legal counsel or by such other representative of the appellant's choice and at the appellant's expense.
5. The appellant shall be afforded the right to have in attendance and question any official, employee, or agent of the Athens County Board of Developmental Disabilities who may have evidence upon which the proposed action is based; and to present evidence including expert medical, psychological, or other testimony.
6. The decision of the Athens County Board of Developmental Disabilities shall be based solely upon evidence presented at the hearing.
7. Evidence presented at the hearing shall be recorded by stenographic means or by use of audio-electronic recording devices, as the Athens County Board of Developmental Disabilities determines at the time of the hearing. Such record shall be made at the expense of the Athens County Board of Developmental Disabilities and, upon request; one copy of the verbatim transcript shall be provided the appellant at no cost.
8. Pending final resolution to the complaint raised, the Superintendent shall take no action if the individual or the parent of a minor or guardian objects to such action, in writing, and postmarked within five (5) days of receipt of notification of proposed action from the Superintendent.
9. Decision (this paragraph should probably be number nine (9) of the above section. Within five (5) calendar days of the hearing, notification of the County Board's decision shall be given to all parties and shall include a rationale for such decision. Such notification shall be made in writing and by certified mail.

C. State Level Review Request

After all efforts have been exhausted at the Board program level, the complaint may be referred, by any affected party, to the Ohio Department of Developmental Disabilities for a state level review. The request for a state level review shall be made in writing within fifteen (15) calendar days of receipt of the County Board's decision resulting from the hearing. Such request shall include copies of the verbatim transcript of the hearing, any exhibits incorporated into the transcript, and the County Board's decision. The party initiating the request for the state level review shall send such request by registered or certified mail to the Director of the Ohio Department of Developmental Disabilities. Copies of the letter requesting the state level review shall also be sent to the Board Superintendent, the Board Chairperson, and the legal counsel or other person representing either or both parties.

D. State Level Review

The state level review shall be conducted by the Director or designee and shall take place within thirty (30) days of receipt of such request. The Department shall determine, at the state level review, if the decision of the County Board is based upon appropriate interpretation of the Revised Code and administrative rule. At the state level review, the Department shall:

1. Review the verbatim transcript made by the Athens County Board of Developmental Disabilities of evidence presented at the hearing;
2. Review the written decision of the Athens County Board of Developmental Disabilities; and
3. Afford, at the discretion of the Department, the parties an opportunity for written argument.

E. DODD Decision

Within ten (10) working days following the state level review, the Department's decision shall be made known, in writing, to all parties and shall include a rationale for such a decision. The decision of the Director shall be final and shall be based on evidence presented at the hearing and the resulting decision of the Board.

F. Determinations shall be made in accordance with these rules.

G. Time lines may be extended if mutually agreeable to all involved parties.

H. The due process procedures provided by the policy are in addition to any other rights which an individual or the parent of a minor or guardian may otherwise have pursuant to the Ohio Revised Code.

VI. Provisions of Respite Care Providers

It is the intent of the Board to make available, to families, qualified and competent certified respite care providers to care for the family member who has a substantial developmental

disability in the absence of the usual caregiver. Respite providers shall be recruited as needed through advertisements in local newspapers, in-house postings, by word of mouth, and through activities that will make Family Chosen Providers aware that they can provide services to as many families that choose them.

A. Board Certified Providers

An updated list of certified respite care providers who are qualified to provide respite services to individuals with substantial developmental disabilities shall be maintained.

1. Application:

The application process for Board Certified Providers shall include, but not be limited to, determining the potential provider's qualification to deliver the service(s), agreement to allow periodic monitoring of service delivery and information on income tax reporting requirements of the county board.

2. Training:

Forty (40) hours of training are required over the following areas:

- a. Practicum (supervised); (10 hrs. adult, 10 hrs. childrens service)
- b. Time spent with individuals with developmental disabilities and their families; (4 hrs. community inclusion)
- c. First Aid; (8 hours) and
- d. CPR (8 hours)

All, or portions, of the training may be waived by the Superintendent or designee if the provider has experience* with individuals with developmental disabilities or if they currently hold valid CPR and First Aid certificates. Providers currently certified or licensed (SL, IO, OBRA, POS, ICFMR) shall affirm that staff selected to provide services will meet the training requirements. *(Worked for an agency serving individuals with DD)

3. Background Checks:

The county board shall perform a criminal background check on all non-family selected, certified respite providers. Certified providers shall affirm that they have conducted background checks. The provider is responsible for the cost of the check.

4. Quality Assurance Providers:

County board certified providers of out-of-home respite shall be subject to the provisions of rule 5123:2-12-01 ("Supported Living Quality Assurance Standards") of the Administrative Code as follows to promote conditions that consider the health and safety of the individual:

- a. Housing. The individual will have housing that meets local requirements for residential homes, is secure, and has adequate heating, water, and electricity. The individual has the basic furnishings necessary for daily living including, but not limited to, a bed, chairs, table, kitchen facilities, and lighting.

- b. Health. The individual's health is maintained through adequate hygiene, nutrition, exercise, safe behavior, medical and dental monitoring, and appropriate medications when needed. The individual receives prompt and up-to-date treatment for physical problems.
- c. Safety. Potential dangers in the environment are minimized. The individual has access to prompt and appropriate emergency services, when needed, such as police, fire department, ambulance, and crisis line.
- d. Major unusual incidents shall be reported in compliance with rule 5123:2-17-02 of the Ohio Revised Code.

B. Family Chosen Providers:

These are respite providers selected by families and do not need to be county board certified. When using a family selected provider, the family shall sign an assurance/*liability release form* assuming responsibility that the health and safety needs of the individual will be met and that no liability shall be incurred by the county board.

VII. Monitoring of Provider Services

- A. Respite Evaluation. Respite care providers affiliated with an established program (SL, Waiver, ICFM, POS, etc.) will be supervised and monitored by that program. Periodic review by the Family Support Services Program will include:
 - Annual reviews of training content;
 - Random evaluation from families receiving service;
 - Random evaluation from caregivers;
 - An initial on-site visit before providing certification of out-of-home respite providers; and
 - An on-site visit at least annually to each out-of-home provider in the county-by-county board personnel.
- B. The Family Support Services Program shall annually survey eligible families to determine projected funding needs and satisfaction with current services, which shall be considered in the development of the county's Annual Plan. The Family Support Services Program's Annual Plan shall be developed in accordance with 5123:2-1-09 of the Administrative Rule.

VIII. Reports:

Athens County Board of DD shall submit written semi-annual reports to the department on forms provided by the department following the department's timelines.

87. FEES FOR SERVICES TO ELIGIBLE INDIVIDUALS

Adopted	7/20/2004
Status	Draft – pending approval
Historical Versions	7/20/2004; 4/18/2006
Initiated by	Steve Kramer, Director of Finance & Operations
Approved by	pending

The ACBDD adopts a usual and customary rate structure and sliding fee scale for services for persons who are eligible for services from the ACBDD. The ACBDD will make reasonable efforts to identify individuals or third party payors who may be available to provide payment for services provided to individuals by the ACBDD and to collect payment from such individuals or third party payors in accordance with the rate structure. Procedures for implementing this Policy are updated as necessary and may be provided upon request.

87. FEES FOR SERVICES TO ELIGIBLE INDIVIDUALS

POLICY

The Athens County Board of DD Board adopts a usual and customary rate structure and sliding fee scale for services, effective July 1, 2005, for persons who are eligible for services from the ACBDD Board. The DD Board will make reasonable efforts to identify individuals or third party payors who may be available to provide payment for services provided to individuals by the DD Board and to collect payment from such individuals or third party payors in accordance with the rate structure. Procedures for implementing this Policy are set forth below.

PROCEDURES

1.1 Fees from third party payors for services provided by the DD Board

Except as stated in these procedures, the DD Board will make reasonable efforts to identify third party payors who may be available to provide payment (usual and customary rates) for services defined in Attachment 1 provided to individuals by the MRDD Board and to collect payment from such third party payors in accordance with the rate structure defined in Attachment 1.

1.2 Third Party Rate Structure

The Rate Structure attached as Attachment 1 shall be used for billing third party payors which provide coverage to individuals receiving services from the ACBDD Board.

1.3 Determination of available Third Party Payors

1.3.1 Determinations of Third Party Payors which may be available for coverage of services provided by the DD Board shall be made at the time of initial enrollment and repeated at least once per year thereafter at the time of the ISP team meeting.

1.3.2 All individuals or their families shall be instructed to notify the DD Board of any change in such third party payor.

1.4 Reasonable Efforts to Seek Reimbursement

The DD Board will be deemed to have made reasonable efforts to seek reimbursement if the DD Board submits claims to third party payors identified as available to the individual in accordance with procedures adopted by such payors. If the claim is denied, an appeal is not required if the DD Board determines that there is no reasonable likelihood of success if an appeal were filed.

2.0. Individual Responsibility For Fees:

At enrollment or annual re-determination an income and third party survey shall be completed using the Individual Application and Responsibility Form (Attachment 3). The individual, parent or guardian shall acknowledge the responsibility of payment for services.

2.0.1 Family means parents, brothers, sisters, spouses, sons, daughters, grandparents, aunts, uncles, cousins or guardians of the individual with mental retardation or developmental disabilities and include the individual with mental retardation and developmental disabilities. "Family also means person(s) acting in a role similar to those specified in this paragraph even if no legal or blood relationship exists if the individual, with mental retardation or developmental disabilities, lives with the person and is dependent on the person to the extent that if the supports were withdrawn another living arrangement would have to be found i.e. foster home placement. The person(s) shall verify the relationship by signature.

2.1 An individual's responsibility toward the cost of services shall be based on the income schedule attached (Attachment 2) based upon the individual's or family's (in the case of a minor) ability to pay. The ACBDD shall establish an income schedule, which shall be updated periodically.

2.2 The fee for a service for an individual shall be based on the family's federal taxable income as reported on the most recent tax return. The family is responsible for reporting any changes in income. Income will be verified annually at the plan (IP, IFP, IEP or ISP) anniversary date.

2.3 In the event the family is not required to file a tax return, the family's income will be confirmed using a W-9, Social Security award letter, or any document that reflects the previous year's income.

2.4 The income of an individual with disabilities shall not be taken into consideration when determining co-payment responsibility.

2.5 In the event of divorce or legal separation by the parents/guardians, the income of the custodial parent shall be taken into consideration when determining the family's ~~co-~~ payment responsibilities.

2.6 In the event of joint custody, income of the parent claiming the individual as a dependent for tax purposes shall be taken into consideration.

3.0 Rule by ODDD

These procedures are subject to rules promulgated by ODDD pursuant to O.R.C. 5126.045. In the event that ODDD adopts rules under O.R.C. 5126.045 and any part of this policy is inconsistent with such rules, the provisions of such rules shall apply.

Attachment 1

CHILD	Service	UCR	
		rate	unit
	Day Habilitation	109.00	day
	Supported Employment	10.00	15 minutes
	Targeted Case Management	14.00	15 minutes

ADULT	Service	rate	
		rate	unit
	Day Habilitation	109.00	day
	Supported Employment	10.00	15 minutes
	Targeted Case Management	14.00	15 minutes

Attachment 2

Income Schedule

Income Percentage of Contribution

Greater than	Less than	payment responsibility
0	27,258	0%
27,259	37,759	10%
37,760	48,260	30%
48,261	62,261	50%
62,262	79,762	75%
79,763		100%

Service	unit	rate	10%	30%	50%	75%	100%
Day Habilitation	day +						
Day Habilitation	trip	109.00	10.90	32.70	54.50	81.75	109.00
Targeted Case Management	15 minutes	14.00	1.40	4.20	7.00	10.50	14.00
Supported Employment	15 minutes	10.00	1.00	3.00	5.00	7.50	10.00

minutes

Individual Application and Responsibility Form Sliding Fee Scale

Individual: _____

Parent or Guardian: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Prior Year Taxable Income: _____ Per return

Other Income Source: _____ Monthly Amount: _____

_____ Monthly Amount: _____

_____ Monthly Amount: _____

Insurance Company: _____

Address: _____

Policy: _____ Group: _____

The above information is true and correct to the best of my knowledge.

I accept responsibility for fees arising from the services delivered to the above named individual.

Signed: _____ Date: _____

1-4 EQUAL EMPLOYMENT OPPORTUNITY

Adopted	9/17/1996
Status	Approved; draft pending approval
Historical Versions	9/16/1997, 12/20/2005, 7/27/2010, 8/11/2015; 4/24/2018
Initiated by	Gwen Brooks, Director of Human Resources
Approved by	Board of the ACBDD

Overview

The ACBDD will assure equal opportunity in its employment policies and practices to prohibit discrimination in all personnel decisions because of race, color, religion, sex, gender identity or expression, sexual orientation, national origin, age, protected veteran status, or mental or physical disability. Positive steps will be taken to address any under-utilization of minorities, women and persons with disabilities occurring in the agency's work force.

ACBDD staff or volunteers may not retaliate against a person who has made a protected disclosure under this policy.

Prohibited Conduct Defined

1. **Discrimination:** Discrimination occurs when a person or group of people are denied benefits, equitable treatment, or access to programs or facilities available to others because of membership or perceived membership in a protected class. Discrimination against protected groups as defined above in employment actions and program participation will not be tolerated.
2. **Harassment:** Harassment is unconsented conduct that is directed towards a person or a group of persons on the basis of any protected class listed above that is:
 - a. Severe enough to deny or limit participation in or full benefit of employment or program participation at ACBDD; or
 - b. Severe or pervasive enough to create a work or program environment that a reasonable person would consider intimidating, hostile, or abusive.

ACBDD recognizes harassment as a form of unlawful discrimination that can be a barrier to access to employment or program participation opportunity.

3. **Sexual Misconduct:** Sexual misconduct includes sexual harassment, non-consensual sexual contact, non-consensual sexual intercourse, domestic and dating violence, stalking, and retaliatory harassment as defined in Policy 1.8 Anti-Harassment Policy.
4. **Retaliation:** Retaliation is adverse action or threat of an adverse action taken by the ACBDD or any member thereof, in response to a person who, in good faith, makes a protected disclosure under this policy by:
 - a. reporting suspected discriminatory or harassing conduct to a supervisor or appropriate ACBDD official;
 - b. filing a complaint under federal or state law or ACBDD policy that prohibits discrimination or harassment;
 - c. participating in an investigation or proceeding under this policy; or

- d. opposing employment or program management practices that the person reasonably believes discriminate against persons or groups in violation of policy.

ACBDD staff and volunteers may not directly or indirectly use or attempt to use their official authority or influence of their positions for the purpose of interfering with the right of a person to make a protected disclosure to the ACBDD or its officials about matters within the scope of this policy.

Responsibility

It is the responsibility of all staff members of ACBDD to create and maintain an employment environment that is free of discrimination. Responsibility of overseeing compliance with this policy is the Superintendent's or his/her designee. The Superintendent or designee shall investigate all complaints of discrimination and harassment that are based on any status protected by federal or state law, or ACBDD policy and for complaints of retaliation as it relates to this policy.

Right to File a Complaint

Any employee or applicant who feels that he or she has been discriminated against or harassed on the basis of any status protected by federal or state law or ACBDD policy may file a complaint by contacting the Superintendent or his or her designee to obtain information concerning complaint procedures.

Affirmative Action Plan

The ACBDD shall take affirmative action to promote equal opportunity for employment for minorities and women, for persons with disabilities, and for covered veterans. In conformance with its obligations as a federal contractor, the ACBDD shall maintain a written Affirmative Action Plan describing its goals and methods for the provision of equal employment opportunities for all persons under its authority. This plan shall be reviewed and updated annually and made available for public view.

1-4 EQUAL EMPLOYMENT OPPORTUNITY

Adopted	9/17/1996
Status	Approved 4/24/2018
Historical Versions	9/16/1997, 12/20/2005, 7/27/2010, 8/11/2015
Initiated by	Gwen Brooks, Director of Human Resources
Approved by	Board of the ACBDD

Overview

The Athens County Board of Developmental Disabilities (ACBDD) will assure equal opportunity in its employment policies and practices to prohibit discrimination in all personnel decisions because of race, color, religion, sex, gender identity or expression, sexual orientation, national origin, age, protected veteran status, or mental or physical disability. Positive steps will be taken to address any under-utilization of minorities, women and persons with disabilities occurring in the agency's work force.

ACBDD staff or volunteers may not retaliate against a person who has made a protected disclosure under this policy.

Prohibited Conduct Defined

1. **Discrimination:** Discrimination occurs when a person or group of people are denied benefits, equitable treatment, or access to programs or facilities available to others because of membership or perceived membership in a protected class. Discrimination against protected groups as defined above in employment actions and program participation will not be tolerated.
2. **Harassment:** Harassment is unwanted conduct that is directed towards a person or a group of persons on the basis of any protected class listed above that is:
 - a. Severe enough to deny or limit participation in or full benefit of employment or program participation at ACBDD; or
 - b. Severe or pervasive enough to create a work or program environment that a reasonable person would consider intimidating, hostile, or abusive.

ACBDD recognizes harassment as a form of unlawful discrimination that can be a barrier to access to employment or program participation opportunity.

3. **Sexual Misconduct:** Sexual misconduct includes sexual harassment, non-consensual sexual contact, non-consensual sexual intercourse, domestic and dating violence, stalking, and retaliatory harassment as defined in Policy 1.8 Anti-Harassment Policy.
4. **Retaliation:** Retaliation is adverse action or threat of an adverse action taken by the ACBDD or any member thereof, in response to a person who, in good faith, makes a protected disclosure under this policy by:
 - a. reporting suspected discriminatory or harassing conduct to a supervisor or appropriate ACBDD official;
 - b. filing a complaint under federal or state law or ACBDD policy that prohibits discrimination or harassment;
 - c. participating in an investigation or proceeding under this policy; or

- d. opposing employment or program management practices that the person reasonably believes discriminate against persons or groups in violation of policy.

ACBDD staff and volunteers may not directly or indirectly use or attempt to use their official authority or influence of their positions for the purpose of interfering with the right of a person to make a protected disclosure to the ACBDD or its officials about matters within the scope of this policy.

Responsibility

It is the responsibility of all staff members of ACBDD to create and maintain an employment environment that is free of discrimination. Responsibility of overseeing compliance with this policy is the Superintendent's or his/her designee. The Superintendent or designee shall investigate all complaints of discrimination and harassment that are based on any status protected by federal or state law, or ACBDD policy and for complaints of retaliation as it relates to this policy.

Right to File a Complaint

Any employee or applicant who feels that he or she has been discriminated against or harassed on the basis of any status protected by federal or state law or ACBDD policy may file a complaint by contacting the Superintendent or his or her designee to obtain information concerning complaint procedures.

Affirmative Action Plan

The ACBDD shall maintain an Affirmative Action Plan describing our goals and methods for the provision of equal employment opportunities for all persons under its authority. A copy of this plan shall be available in each facility where employees are assigned to work and shall be available for review upon reasonable request.