

**CARROLL COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

Policy Reference: Waiting List

Ohio Revised Code Reference: 5126.042

Ohio Administrative Code Reference: 5123:2-1-08

WAITING LIST

I. Purpose:

The purpose of this policy is to specify requirements for establishing, maintaining and communicating waiting lists, service substitution lists and long-term planning registries and associated due process protections.

II. Definitions:

- A. "Board" means the Carroll County Board of and Developmental Disabilities.
- B. "COEDI" means the Children's Ohio Eligibility Determination Instrument.
- C. "Date of Request" means the date and time of any written or other documented request for service. The request, including the date and time of request, shall be included in the individual's record maintained by the Board. "Date of request" is the controlling date for placement on a waiting list or service substitution list and shall be documented at the time of any such request.
- D. "Department" means the Ohio Department of Developmental Disabilities.
- E. "Emergency" means any situation that creates for an individual a risk of substantial self-harm or substantial harm to others if action is not taken within 30 days. An "emergency" may include one or more of the following situations:
 - 1. Loss of present residence for any reason, including legal action;
 - 2. 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;
 - 3. Abuse, neglect or exploitation of the individual;
 - 4. Health and safety conditions that pose a serious risk of immediate harm or death

to the individual or others;

5. Change in the emotional or physical conditions of the individual that necessitates substantial accommodation that cannot be provided reasonably by the individual's existing caretaker.
- F. "HCBS" means Home and Community Based Services.
- G. "ICF/MR" means Intermediate Care Facility for the Mentally Retarded.
- H. "IO" means the Individual Options Waiver.
- I. "OEDI" means the Ohio Eligibility Determination Instrument.
- J. "Priority" means any situation that would constitute an emergency except that action to resolve the situation may be taken in more than 30 days, but less than 90 days, without creating a risk of substantial harm to the individual or others.
- K. "SSA" means "Service and Support Administrator" means the same as "Service Facilitation Specialists". The SSAs provides the Board Service Coordination.
- L. "Waiting List" means a list of individuals of which there is reasonable indication that the individual desires and would use a requested service or support if it were offered.
- M. "ODDP" means the Ohio Developmental Disabilities Profile, the current instrument used to assign funding levels for individuals enrolled on the Individual Options Waiver.
- N. "PICT" means Preliminary Implementation Component Tool, the tool used to request waiver enrollment opportunities from Department.

III. Policy:

A. General Administration

1. The Board shall establish and maintain waiting for services if it is determined that available resources are not sufficient to meet the needs of all eligible persons who request programs and services. The Board may establish priorities for making placements on its waiting list for services according to the emergency status of the individual and shall establish priorities in accordance with Ohio Revised Code (ORC) section 5126.042.
2. Individuals who may be placed on a waiting list include individuals with a need for services on an emergency basis and individuals who have requested services for which resources are not available.

3. Separate waiting lists may be established for each of the following categories or sub-categories of Medicaid and non-Medicaid funded services, programs or supports provided or arranged by the Board for which available resources are inadequate to meet the needs of individuals who have a current need for services. The particular categories or sub-categories includes:
 - a. Early Childhood Services
 - b. Educational Programs for Preschool and School Age Children
 - c. Adult Services
 - d. Service and Support Administration
 - e. Transportation Services
 - f. Family Resource Services provided under section 5126.11 of the ORC.
 - g. Individual Options Waiver and Level One waiver
 - h. Other services determined necessary and appropriate for persons with disabilities to receive according to their needs and preferences reflected in their service plans.
4. The Board may establish additional waiting lists for all categories of services, which are determined necessary and appropriate for individuals according to their plan.
5. When an application is made for a waiver, the individual shall be placed on the waiting list for waivers appropriate to the individual's need based on the individual's assessment. The date of original request shall be the date of placement on the waiting list, except when the individual can show written proof of requesting services in another county or is listed on the DODD waiting list site, then the earliest date will be used.
6. The Board may determine other service categories and sub-categories for waiting lists as appropriate. Waiting lists may be established to address unique needs of the Board.
7. The Board does not discriminate based on an individual's race, color, sex, creed, national origin, disability or inability to pay. The Board shall not give service enrollment preference to individuals based on their abilities to pay for services from private pay sources. Individuals with private pay sources shall be given services for which there is a waiting list only if doing so will not affect others on the waiting list (i.e., private pay individual is at the top of the waiting list.)

8. The following shall take precedent over the applicable provisions of the Board policy and procedures:
 - a. Medicaid rules and regulations,
 - b. Any specific requirements that may be contained within the Medicaid state plan amendment or waiver program that the Board has authority to administer or with respect to which in has authority to provide services, programs, or supports.

B. Assigning Priorities and the Assessment Component of the Board Medicaid Expansion Plan

1. The Board shall do, as priorities, all of the following in accordance with the assessment component, approved under section 5123.046 of the ORC, of the Board's plan developed under section 5126.054 of the ORC:
2. For the purpose of obtaining additional federal Medicaid funds for home and community-based services, Targeted case management services, and Adult Day services/Vocational Habilitation services, do the following:
 - a. Give an individual who is eligible for home and community-based services and meets both of the following requirements priority over any other individual on the Board's established waiting list for home and community-based services including Supported Living, residential services, or Family Support Services.
 - i. Is 22 years of age or older;
 - ii. Receives Supported Living or Family Support Services.
 - b. Give an individual who is eligible for home and community-based services and meets both of the following requirements priority over any other individual on the Board's established waiting list for home and community-based services that include Adult Services:
 - i. Resides in the individual's own home or the home of the individual's family and will continue to reside in that home after enrollment in home and community-based services;
 - ii. Receives Adult Services from the Board.
 - c. As federal Medicaid funds become available, give an individual who is eligible for home and community-based services and meets any of the

following requirements priority for such services, over any other individual on the Board's established waiting list for home and community-based services:

- i. Does not receive residential services or Supported Living, either needs services in the individual's current living arrangement or will need services in a new living arrangement, and has a primary caregiver who is 60 years of age or older;
 - ii. Is less than 22 years of age and has at least one of the following service needs that are unusual in scope or intensity:
 1. Severe behavior problems for which a behavior support plan is needed;
 2. An emotional disorder for which anti-psychotic medication is needed;
 3. A medical condition that leaves the individual dependent on life-support medical technology;
 4. A condition affecting multiple body systems for which a combination of specialized medical, psychological, educational, or habilitation services are needed;
 5. A condition the Board determines to be comparable in severity to any conditions listed above and places the individual at risk of institutionalization.
 - iii. Is 22 years of age or older, does not receive residential services or supported living, and is determined by the Board to have intensive needs for home and community-based services on an in-home or out-of-home basis.
3. The Board's establishment of priorities for services shall to the greatest extent possible, achieve the following objectives:
- a. Maximization of federal funding;
 - b. Accomplish a mix between the number of individuals described in this policy and corresponding procedures;
 - c. Make a reasonable contribution by increasing enrollment into home and community-based services to assist the state in its initiative of enrolling at least 500 individuals during each fiscal year of who did

not receive residential services, Supported Living, or home and community-based services in the prior state fiscal year.

4. In dealing with living arrangements the Board shall try to address the following objectives:
 - a. Promotion of the individual's ability to choose other individual's with priority, as described in this policy and corresponding procedures, with whom to live if the individuals have existing relationships.
 - b. Filling of vacancies in living arrangements with individuals who have priorities described in this policy and corresponding procedures.
 - c. Promotion of shared living arrangements that assist in the individuals receiving needed services within their assigned funding ranges as determined by their corresponding ODDPs.
5. Otherwise, the Board shall offer the home and community-based services to such individuals in the order they are placed on the waiting list.
6. An individual with emergency status shall receive priority for services. No individual may receive priority for services over an individual placed on an established waiting list due to emergency status.
7. The Board Medicaid expansion plan shall be consistent with the policies and procedures adopted by the Board.

C. Establishment of Waiting List

1. Waiting lists are only for individuals with a current need for services and/or supports. Current need of service is determined by the reasonable indication that the individual desires and would use the service and/or support if offered. The Board annually reassesses the service needs of individuals on waiting lists in accordance with written procedures.

D. Eligibility Determination

1. When individuals request services from the Board, for purposes of establishing a date of application, the Board will presume the individual to be eligible for Board services and supports on the date of the request. This date shall be established as the date of application to the Board for services, programs, and supports for purposes of the waiting lists.
2. The Board shall complete eligibility determination for requested services and

supports within 45 days of an individual's request for service, or after all necessary information has been received from the referring party or the applicant. An individual determined to be eligible to receive Board services will either receive the needed services or be placed on a waiting list maintained by the Board.

3. If the individual is determined not to be eligible for Board services, programs and supports, they have the right to appeal the eligibility determination. The process for appeal of eligibility determination is the Board Administrative Resolution of Complaints Process.
4. Individuals found not to be eligible for Board services, programs and supports shall be referred, with their consent, to other agencies or sources of service that the Board identifies as being able to meet their needs.

E. Exclusions from Waiting Lists

1. The following individuals shall not be subject to waiting lists for the following specified services:
 - a. The following Medicaid eligible individuals shall receive services within 90 days of the date that the need for such services has been documented on the individual's individual plan in accordance with applicable law and the type of determination shall be included in the individual's record maintained by the Board:
 - i. Individuals who are assessed and who are determined to have a need for Medicaid state plan services, including Adult Day Services/Vocational Habilitation services and Targeted case management services;
 - ii. Individuals enrolled in a home and community-based services waiver for persons with an ICF/MR level of care who are assessed and who are determined to have a need for the services covered by the waiver.
 - b. Individuals enrolled in home care transition, or individual options or level one waivers who are being transferred to a different home and community-based services waiver for persons with an ICF/MR level of care. Such individuals may be transferred in accordance with rules of the Department and other applicable law to another ICF/MR level of care waiver for which the individuals are eligible.
 - c. Children who are subject to a determination under section 121.38 of the ORC.

- i. Such children who require the home and community-based services provided through the Medicaid component that the Department administers under section 5111.871 of the ORC shall receive services through that Medicaid component.
- ii. For all other services, such children shall be treated by the Board as having emergency status.

F. Medicaid Funded State Plan Services

1. Individuals on waiting lists for Medicaid funded State Plan services, Targeted Case Management, and Home and Community Based Services (HCBS) where a placement slot has been allocated, shall experience a minimal waiting period for services to begin. A minimal waiting period is defined as 45-90 days from the date eligibility for services was established.
2. Individuals expressing intent to relocate to Carroll County do not need to be living in Carroll County, in order to be placed on a waiting list, maintained by the Board when Medicaid funds are likely to be used to support the services being requested.
3. Due process protection pertaining to the denial of Medicaid funded services must be followed when an individual is removed from a waiting or service substitution list for a Medicaid state plan service (i.e., a HCBS Waiver Service). The Ohio Department of Job and Family Services Rules and due process procedures shall be followed related to the denial of Medicaid funded services.

G. Reciprocity for Non-County Residents

1. Individuals who are non-residents of Carroll County may request to be included on the Board waiting lists for services and supports. If another county board deems the individual eligible for services and supports the Board shall consider the individual eligible for services. In instances where the Board deems it necessary to conduct a separate eligibility evaluation, the county may do so; however, the individual will receive services or be placed on the waiting list during the re-evaluation process.
2. Individuals who are on the waiting list maintained by one county board will retain their date and time of request for the category of services assigned in the original county when they either:
 - a. Relocate to Carroll County;
 - b. Express a desire to relocate to Carroll County;

- c. Meet the criteria to be placed on a waiting list in Carroll County, as defined in written procedures.

H. Development of Procedures to Implement this Policy

- a. The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

I. Reports to the Department

1. The Board shall make available to the Director of the Department its recommendations for funding of services for individuals with mental retardation and developmental disabilities and its proposals for reducing waiting lists for services via utilization of the PICT.

J. Annual Policy Review

1. The Board shall conduct an annual review of the effectiveness of its waiting list policies and procedures.
2. The Board shall review the service, program and supports of the individuals listed on the waiting list as part of the annual planning process. The review shall be used to identify the type and extent of additional resources needed to meet those needs.

K. Supported Living and Waiver Providers

1. Activities of providers of Supported Living and HCBS waivers who are under contract with the Board or the Mid East Ohio Regional Council (MEORC) shall be governed by the Waiting List policy and procedures established by the Board.
2. Adherence to the Waiting List policy and procedures shall be included in Supported Living contracts.

L. Notice to Individuals

1. The Board shall provide full notice of the waiting policies and procedures to individuals and their legal guardians as defined in Board procedures.
2. The notice shall be clear and complete. Distribution of the notice shall not be limited to individuals enrolled in Board operated programs or served through entities under contract with the Board.