

INDIVIDUAL SUPPORTS POLICY

This policy establishes that the Individual Supports administered through the Erie County Board of Developmental Disabilities (Board) are community based support options designed to assist eligible individuals to live in homes of their choice, participate in their community, and earn a living with the supports needed to be successful. Individual Supports must provide control and choice to individuals and families to direct the support services they need and receive. The Board recognizes that there are limited resources but is committed to offering individual supports to as many individuals as possible. This policy aligns to the Department of Justice American with Disabilities Act (ADA) law, Department of Development Disabilities Employment First Rule 5123:3-3-05, Centers for Medicare and Medicaid Services (CMS) law and Workforce Innovation and Opportunity Act (WIOA).

The Superintendent shall establish, revise, and keep current the procedures to be utilized for implementation of this policy. The Superintendent/ designee shall ensure compliance with these procedures. All revisions and changes will be shared with the Board when made.

Superintendent Signature: _____

Carrie Biera

Date: _____

12/21/17

Implemented: 03/07

Board Approval: 03/07, 3/20/08, 12/18/08, 4/19/12, 8/16/12, 1/1/13, 9/17/15, 8/17/17, 12/21/17

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Reviewed: 3/20/08, 11/20/08, 12/18/08, 4/19/12, 7/19/12 (tabled), 8/16/12, 12/20/12, 9/17/15, 6/6/17, 12/12/17

Cross Reference: Employment First Policy, Family Directed Resources Policy

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I. INDIVIDUAL BUDGET ELIGIBILITY

To be eligible for Individual Supports, an individual must be:

- A. A resident of Erie County;
- B. Eligible for services from the Board according to Ohio Revised Code (ORC) 5126;
- C. An individual may be eligible beginning at age 14;
- D. Transition students (age 14 to graduation) are eligible for Individual Supports that focus on employment outcomes;
- E. Adults and children who are enrolled on a Community Based Waiver may choose to utilize their local match allocation for individual support services when:
 - 1. Service is not available by the waiver; or
 - 2. Cannot find a certified waiver provider available and willing;
- F. Not receiving Board funding of Family Directed Resources or Funding for Comprehensive Needs.

II. DEVELOPMENT OF MY VISION PLAN (MVP) (formerly known as Individualized Service Plan –ISP)

- A. When developing an MVP and Budget:
 - 1. Individual Supports do not replace the services provided by other agencies or schools.
 - 2. The individual/ family will direct how funds are used for approved supports.
 - 3. The individual/ family shall hire and fire providers.
 - 4. The service delivery system shall make use of unpaid, natural supports such as family, friends, and neighbors. The greater the use of governmental funding, the more intrusive and complex the supports will be for the individual.
 - 5. Individuals will use the most cost-effective ways and resources to meet their needs.
 - 6. The Board's Service and Support Administration will authorize budgets and approve expenditures.
 - 7. Individual support funding will go toward community employment opportunities before other support needs.
 - 8. Children who are transitioning (age 14 to graduation) shall focus on skills training, developing employment options, benefit analysis, volunteer work, internship or apprenticeship.
- B. The MVP process must be person-centered, directed and include guardians, family, friends, and support staff. The MVP must reflect the following:
 - 1. Individual Supports shall be developed with the active participation of those receiving the services to promote self-direction, participation and independence.
 - 2. Each MVP shall include the participation of non-paid and natural supports.
 - 3. Identified outcomes as described by the individual and/or advocate.
 - 4. Reporting of current successes, abilities and resources.
 - 5. The individual and their team must determine how services will be evaluated, monitored, and updated ongoing throughout the MVP plan year.
 - 6. Providers of support must include a description of action steps, and/or formal methodology of the supports they will provide as part of the MVP. This includes the documentation of the services.

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7. The MVP must include the effective dates of services, the support provider, unpaid support providers and cost of services, signatures of individual and team members, budget pages (Payment Authorization for Services (PAS) / Payment Authorization for Waiver Services (PAWS)) and Board approval.
 8. The MVP shall include a budget page that contains the following: the provider(s) of each service, the support needed, the frequency and duration of each service, the service cost and the funding source.
 9. All individuals will have documented in the MVP their place on the path to community employment as defined in Ohio Administrative Code (OAC) 5123:2-2-05.
 10. The Board will collaborate with school districts, Opportunities for Ohioans with Disabilities (OOD), and Mental Health agencies, to support individuals in employment and decrease the duplication of services.
 11. All work incentive programs will be explored such as Workforce Investment Opportunity Act (WIOA), Medicaid Buy-in for Workers with Disabilities, and Plan for Achieving Self Support (PASS).
- C. Community Employment is the desired outcome for every individual of working age regardless of ability level, before any other option.
- D. The Board will pay for community-based integrated services. Individuals who need specialized services need to show justification why they need these services.
- E. **The Board is the payer of last resort for all funding.** The Board does not pay for services that should or could be paid for by local school districts, Opportunities for Ohioans with Disabilities (OOD), children services, mental health, private insurance, Medicaid, Medicare and other agencies.
- F. Family members residing in the home with the individual are prohibited from providing paid supports to their immediate family member. As an exception, it may be appropriate to reimburse immediate family members residing with the individual for items that have been previously identified in the MVP. For example, one-time cost such as adaptive equipment, individual items for the individual.
- G. All Individual Supports contracts shall be approved by the Superintendent or his/her designee. Most Valuable Person Plan (MVPs) (previously known as Individual Support Plans – ISPs) developed with/for an individual that include paid supports for specific named providers are considered attachments to the named provider's master contract with the Board.
- H. If an individual is dissatisfied with an aspect of the individual supports plan they may at any time exercise their Administrative Resolution of Complaints per our County Board Policy.

III. PROVIDER REQUIREMENTS/ CONTRACTS

- A. All agencies, Limited Liability Companies (LLCs), and businesses providing individual support services must have a current contract with the Board. Notable exceptions to this may be payment for generic community resources such as one-time community classes, equipment vendors, landlords, etc..
- B. The Erie County Board of DD will not pay providers more than their usual and customary rate for services, rates typically charged for identified service, or rates above the Medicaid state rate.

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- C. All proposals are sent to the Individual and Family Supports Manager or designee for review and a Master Contract is developed and approved by the Board or its designee. All Master Contracts for Individual Supports shall be in effect for no more than one year, unless otherwise authorized by Board Resolution. Contracts are reviewed at least annually to determine continued desire and ability to provide ongoing support services.
- D. The Board's Ethics Council (Board Members) shall review all contracts where direct payment for supports, other than reimbursements, are made to eligible individuals, members of an individual's immediate family, guardian, or a Board member or employee or their respective immediate family as defined by the Board Ethics Policy /Procedures.
- E. Provider Selection: The Department of Individual and Family Supports shall maintain an approved electronic provider selection tool for Individual Supports.
- F. Service and Support Administrators will follow specific guidelines for selecting providers as outlined in the Erie County Board of Developmental Disabilities Service and Support Administration Policy.

IV. SUPPORT CONSIDERATIONS

- A. All costs cannot and should not be paid for by the Board.
- B. As a general rule, the individual is responsible for their room, board and individual needs. Wages, benefits and private funds will be used toward these expenses first. For children under the age 18, receiving individual supports which are not employment focused, the family's financial contribution will be based on the Federal Poverty Guidelines and the Family Directed Resources (FDR) policy.
- C. The individual must apply and utilize alternative funding including personal insurance, Medicaid, and other public funding to assist in covering the costs of services and items provided.
- D. The individual must first apply and be denied from alternative funding sources before an expense can be paid by the Board.
- E. Funding levels are determined by available resources, funding, and authorization levels that are defined later in this policy.
- F. Individual support funding must be tied to an MVP outcome.
- G. The individual's personal income will be taken into consideration before accessing County Board money. If the individual is not working/employed, the first step in the planning process is discussion about employment.

V. APPROVED SERVICES

For all services listed below whenever available, individual insurance coverage, including Medicaid and Medicare, must be applied for, accessed or denied to cover the cost of professional service.

- A. **Employment: The Board's first priority is to fund employment services that will integrate individuals into the community.** Direct services that evaluate, support, and promote skill acquisition enabling the individual to earn income in the least intrusive manner and least restrictive environment. Options include supports to gain and maintain community employment, sheltered workshops, and self-employment. Assistance may be available to the individual to develop a business plan, startup costs, and operate their own business as self-employment; however, ongoing business supplies are not included. All individuals must identify their path to employment.

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- B. Transportation: **The Board's second priority is to fund transportation for employment activities.** Mileage reimbursement for providers when transporting an eligible individual as a part of their support services.
 - 1. Individuals that have a valid driver's license may be eligible for reimbursement up to \$50 monthly for gas expense.
 - 2. Family member or friend may receive reimbursement in the form of a gas card for out of town medical appointments and disability related transportation expenses with documentation of the visit from the professional.
 - 3. Co-worker transportation stipends may be appropriate.
 - 4. It is the expectation of the Board that the individual will use the most cost-effective form of transportation. The individual will need to contribute towards the cost of their transportation.
- C. Basic Support: **The Board's third priority is to fund services that are integrated in the community.** Basic support services are routine and based on need which include daily living activities and community access.
- D. Rent Subsidies: Individual Support funds may be used to subsidize rent for individuals eligible for Board services who live on their own and meets the adult individual supports guidelines.
 - 1. Rent must be divided evenly between all individuals residing at the residence (roommates and support staff).
 - 2. Individuals receiving a rent subsidy must work, volunteer, or participate in day activities at least 20 hours per week unless they are determined to be exempt.
 - 3. To be exempt, an individual needs a medical/psychological exemption or has reached the age of retirement and would like to retire.
 - 4. Individuals receiving rent subsidies must verify that they have applied for available public assistance and are willing to accept when available.
 - 5. Rent subsidies are based on the individual paying the Section 8 Fair Market Rent Standard (a percentage of their gross income will go toward their rent). Approval to exceed the monthly limit of \$400.00 may be given by the Director of Individual and Family Supports.
 - 6. Rent subsidies must be reviewed every six months.
- E. Maintenance / Housekeeping Service: Eligible adults living on their own are expected to do their own housekeeping and ground maintenance based on their ability. Cleaning services may be authorized for carpets, walls or other cleaning beyond the individual's ability. Likewise, grounds keeping services may be authorized if clearly beyond the individual's capability.
- F. Traditional Therapy Assessment Services: Professional therapy services including speech, physical, occupational, counseling and psychological/ behavioral.
- G. Non-Traditional Therapy Services: Professional therapy services including massage, reiki, music, art, swim, or equine.
- H. Staff Expenses: These are costs incurred by independent direct care staff while assisting individuals for approved activities such as movie passes, concert tickets, parking cost, etc. will be limited to \$500 for the plan year. Staff food costs are prohibited.
- I. Adaptive Equipment, Modifications and Specialized Materials: The purchase of adaptive equipment or the modification of a typical item purchased for the individual such as but not limited to installation of ramps, lifts, hand controls, etc.

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- J. Technology: The use of various technological supports that replace and/or reduce the need and cost for direct care services and increase independence. When available and appropriate three estimates must be provided as well as therapist recommendation when appropriate. Technology options may include computer based skill development and prompting systems, emergency response systems, video monitoring, communication devices, etc. The cost of repair and maintenance of such supports may also be covered as part of an MVP.
- K. Nutrition / Home Delivered Meals: To address specific dietary needs or fulfill meal preparation needs. Nutritional supplements must be prescribed by a licensed physician or a dietician.
- L. Home Improvements/ Home Repairs: Homes owned by an adult individual or family with an adult individual living with them that has at least \$5,000 of repairs/improvements done to it and results in an increase in value of the home, the county board shall require a property lien to ensure the recovery of funds in the event the title of the property is transferred within a given time period.
- M. Interpreter Services: To assist with communication barriers in community settings for persons with hearing impairments or English as a second language.
- N. Respite: Non-routine breaks in caregiving for an individual. Respite is intermittent and does not exceed thirty continuous days.
- O. Nursing: This would be nursing services not otherwise provided through insurance.
- P. Integrated Sheltered Workshop/Day Activity Program: Services that are provided separate from any home, facility or residence and part of the person's community and focuses on activities that include personal care, skill reinforcement, training in self-determination and recreation and leisure.
- Q. Camps, Community Classes, Memberships and Conferençes and Trainings: These classes, memberships, conferences, and trainings are to promote independence and lead to promotion of skill acquisition. The individual's personal income will be taken in consideration before accessing.
- R. Payee Services: For agencies to act as representative and manage Social Security benefits up to the federal reimbursement rate determined by the Social Security Administration annually.

VI. NON-ELIGIBLE SERVICES

Individual Support Funds will not be used for the following:

- A. Any residential setting that qualifies for an Intermediate Care Facility (ICF) or would otherwise be considered a nursing home.
- B. Any sheltered workshop or day program for individuals under the age of 24.
- C. Rent deposits, mortgages, full rent payments, utility bills, phone bills and cell phone monthly plan costs.
- D. Damages to property not related to behavior support strategies and/or regular maintenance and repair of housing.
- E. Insurance premiums including but not limited to: medical, dental, prescribed medications, hospital stays, surgery, inpatient treatment, homeowners, health, life, vehicle, renters, etc.
- F. Household furnishings.
- G. Household expenses related to non-eligible family members and/or roommates in the home including dependent children. This includes respite and memberships for non-eligible family members and roommates.

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- H. Individual and family vacation expenses including lodging and transportation cost of providers, subsidizing individual income, long distance telephone calls, cellphone monthly plan costs, or other non-essential services.
- I. Any classes or courses that lead to college credit.
- J. Items and activities such as alcohol, tobacco, firearms, gambling, pornography, drugs or other illegal articles/ activities.
- K. Court mandated fines.

VII. SPECIAL REQUESTS

- A. For requests not listed in Section V, the written request shall be submitted to the Individual and Family Support Manager. The written request shall include the following:
 - 1. Description of need;
 - 2. Outcome desired as it relates to the MVP;
 - 3. Alternatives considered to include other financial resources, natural supports and personal resources;
 - 4. Outcome of alternatives considered;
 - 5. Clear demonstration of how the outcome will decrease the cost or supports and increase the individual's Independence.
- B. The Committee shall meet within seven (7) business days and the outcome of the meeting will be provided to the individual in writing within five (5) business days following the meeting. The written correspondence shall include:
 - 1. Any requests for additional information;
 - 2. Alternatives to pursue;
 - 3. Appeal Rights;
 - 4. Outcome of the request.

VIII. FUNDING GUIDELINES FOR INDIVIDUAL BUDGETS

- A. Guidelines and Requirements for Approval of Individual Budgets:
 - 1. The Service Support Administrator will use an assessment to determine the individual's funding range.
 - 2. The Board shall establish planning amounts annually based upon available resources. The establishment of planning amounts does not guarantee funding to an individual.

IX. INDIVIDUAL BUDGET MAXIMUM PLANNING AMOUNTS

- A.

	Adults (graduation through the life span)	Children (age 14 to graduation)
Category I	\$12,573.00	\$1,800.00
Category II	\$15,770.00	\$4,153.00
Category III	\$20,444.00	\$10,000.00
- B. If a request to increase is greater than the planning amount, but less than 10%, the request must be submitted to Director of Individual and Family Supports for consideration of approval. Proposals should identify options considered and efforts to access additional resources.
- C. If a request exceeds 10% but is less than 40%, the request will be submitted first to the Director of Individual and Family Supports, then for consideration by the Superintendent.

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- D. Any request 40% or above, must go through the above process before being sent on to the Board for review and consideration of approval.
- E. Individual Budget planning amounts include accessing of alternative funding. If an individual refuses to access alternative funding, they may be required to stay within their allocated planning amount.

X. TERMINATION OF SERVICES

- A. An individual/family may terminate services from a provider with less than thirty (30) days written notice to Board and provider with reason for termination.
- B. The Board may terminate the provider's contract and/or the services provided to an individual with thirty days written notice to provider and the individual.
- C. The Board may immediately terminate the individual/family's contract with a provider without notice whenever individuals are in immediate danger of physical or psychological harm, or for failing to appear to provide services with no notice, lapse of contract credentials such as driver's license, car insurance, Bureau of Criminal Investigation (BCI).

XI. IMPLEMENTATION

- A. Service and Support Administrators (SSA's) will receive a department wide training on the policy and how it is to be implemented.
- B. SSA's will have monthly department meetings and monthly SSA talks to address questions or clarifications needed specific to individuals they serve or topics that may need clarification.
- C. The SSA Manager and Individual and Family Support (IFS) Manager will be available to SSA's for one on one/face to face technical assistance regarding unique or specific concerns an SSA may have.
- D. The SSA department is sensitive to meeting the needs of each individual and will work closely with the IFS management staff while striving to be fair and consistent. As with all systems and processes, individuals and families will have the right to address any concerns they may have with management and appeal and decisions should there not be an agreement on the needed supports or services that are allowable.