

PICKAWAY COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

CHAPTER 4

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PICKAWAY COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

CHAPTER 4

ELIGIBLE INDIVIDUALS' POLICIES

4.0 SERVICES TO OUT-OF-COUNTY RESIDENTS

No Pickaway County funds, regardless of source, can be used to provide early intervention, school-age service, service and support administration, respite, or residential services to out-of-county residents. Any Pickaway County resident receiving services from the Board whose county of residence changes shall no longer be eligible for Board services.

4.1 INFORMATION AND REFERRAL TO INDIVIDUALS WITHOUT REGARD TO ELIGIBILITY

Information and referral services to any individual shall be made available without regard to eligibility for Board services. The Supervisor of the department of Service and Support Administration may assign a service and support administrator to any individual seeking such information whether or not the individual seeks enrollment and eligibility determination. Any Board employee who has the responsibility and authority for intake shall be authorized and required to assure information and referral services are made available if requested. An individual determined to be ineligible shall be offered information and referral assistance in addition to being informed of the appeal process and the administration resolution of complaints process. The offer of information and referral assistance shall be in writing.

The provision of direct services to an ineligible individual is prohibited unless authorized through board policy and approved by the superintendent.

4.2 PROGRAMS

4.2.1 EARLY INTERVENTION

A. Description of Services

- (1) The County Board provides specialized instruction based upon the Board's Descriptions of Services and Supports, priorities, and available funds.
- (2) The County Board actively participates in the local Ohio Early Intervention system by:

- a. Completing evaluations to determine eligibility and ongoing assessments; and
- b. Utilizing Board staff to provide specialized instruction in everyday routines, activities, and places.
- c. Distributing and discussing procedural safeguards with families.
- d. Participating in the Individual Family Service Plan (IFSP) development, implementation, and review.

B. Personnel Qualifications

Employees of the Board or contracting entities who are hired to work as developmental specialists or supervisors, shall hold applicable registration or certification in accordance with rule 5123:10-04 of the Administrative Code.

C. Eligibility for children with developmental delays or disabilities

Eligibility and need for Early Intervention services are determined by the Early Intervention Team through:

- 1) Documentation of a diagnosed physical or mental condition associated with developmental disabilities or with a high probability of resulting in a developmental delay or disability
- 2) Developmental delay documented by evaluator(s) representing two or more separate disciplines, conducting the eligibility evaluation and need for Early Intervention, or
- 3) Informed clinical opinion

D. Ongoing Child and Family Assessments

- (1) Within 45 calendar days of the initial referral to Ohio Early Intervention, the first family and child assessment shall be completed to gather information on the strengths, needs, and choices of the child and family for the purpose of program planning.
- (2) Ongoing assessments for program planning shall be completed by qualified personnel and shall be summarized, documented, and provide detailed strength-oriented information on the child's abilities and recommended approaches for future interventions. This information shall be provided to parents and other team members as parental consent allows. The family shall be provided every opportunity to take an active role in the assessment process. For children receiving ongoing Board services, the team members must review all current developmental and family information so that duplication of information gathering does not occur.

E. Intake and Referral

Upon receipt of a referral from the family or other source, the Board shall provide the contact information to Ohio Help Me Grow Central Intake for a referral to the Early Intervention system.

F. Child Records

- (1) For each childbirth to age three enrolled in the Board's Early Intervention program, the following information shall be compiled and kept on file.
 - (a) Documents used to determine eligibility.
 - (b) Any ongoing assessments of the child and family.
 - (c) Unusual incident and major unusual incident forms.
 - (d) Home and other community-based visitation records, and ongoing, systematic program data. Documentation by each Board provider shall include date, duration, frequency, intensity, and specific type of service provided, and outcomes in accordance with the IFSP.
 - (e) Current IFSP, subsequent reviews, written notices regarding meetings, and other related correspondence with the family.
 - (f) Signed written consents and releases including, but not limited to, informed written consent for the developmental screening, developmental evaluation, family assessments, and ongoing services.
 - (g) Documentation of request for a copy of any required information was made, but the information was not available.
 - (h) Prior Written Notice.

G. Individual Family Service Plan

Early Intervention personnel shall participate in the development, implementation, review, and monitoring of the IFSP and its timelines. The Board shall:

- (1) Use the statewide IFSP form made available through the Ohio Department of Developmental Disabilities.
- (2) Participate with the parent and other service providers in the development of an IFSP, including attending the initial review, and IFSP meetings as requested by the service coordinator or family.
- (3) Provide information related to the IFSP process to the child's service coordinator, IFSP team, or the parent (as defined in OAC 5123-10-02(B)(24)), as appropriate, including evaluation or assessment information if the provider is directly involved and unable to attend the meeting.
- (4) Supply required information for the IFSP when the Board or contract agency is requested to provide or fund a service or support leading to accomplishment of a child or family outcome. The Board must consent to the provision or funding of that service or support before it is

listed on and obligated by the IFSP.

- (5) Participate in data collection and ongoing assessment related to the accomplishment of child and family outcomes for the IFSP review at least every 180 days and for the annual meeting to evaluate the IFSP

H. Parents Rights and Procedural Safeguards

- (1) For all infants and toddlers served by the Board, the Board shall:

Give annual notification of the availability of a procedure based on the resolution of complaints and due process under rule 5123-4-04 of the Ohio Administrative Code. The procedure must include timelines that ensure the process is completed within 30 days as stipulated by the lead agency.

- (2) For all Part C eligible infants and toddlers served by the Board, the Board shall:

- (a) Comply with the Ohio Department of Developmental Disabilities procedural safeguards under OAC 5123-10-1.

- (b) Ensure parents are informed of these procedural safeguards afforded under the lead agency, provide a copy upon receipt of a complaint, and, upon request, ensure that families are aware that they may file a complaint with the lead agency at any time.

- (c) Ensure parents are afforded all requirements under section 5123.63 of the Revised Code, distribution of the “Bill of Rights.”

- (3) The Board shall ensure that parents of all eligible children served by the Board are annually informed of the complaint resolution process through the Board.

I. Staffing Ratios

The Board shall ensure a reasonable developmental specialist and support staff ratio based on the resources available to the Board.

J. Calendar

The County Board shall ensure and make available Early Intervention services and supports on a year-round basis for a minimum of 240 days.

K. Reporting and Monitoring Requirements

To establish and maintain standards for Early Intervention services and supports the Board shall:

- (1) Participate in the Department’s monitoring system through the accreditation process established pursuant to section 5126.081 of the Ohio Revised Code and rule 5123-4-01 of the Ohio Administrative Code; and

- (2) Provide information requested for the purpose of monitoring for compliance with Ohio Department of Developmental Disabilities rules and Part C federal regulations.

L. In-Person Early Intervention Visits

- (1) EI service coordinators and service providers must comply with all state mandates/orders, local Public Health guidelines, and agency policy and procedures first when considering in-person visits.
- (2) Virtual visits, in-person visits, or a combination of both are an option that should be presented to all EI families as a part of the IFSP meeting when determining service method. The IFSP team needs to ensure the following when making this determination:
 - a. The child and family's IFSP outcomes can be met with tele-visits, in-person visits OR a combination of both.
 - b. Parents understand what it means to have each method of service delivery listed on the IFSP and consent to what services will look like under each circumstance.
 - c. EI service coordinators and service providers must document clearly in case notes the conversation held during the IFSP meeting regarding service delivery.
- (3) One business day prior to all in-person visits, the EI service coordinator/provider will contact the family to remind them of the visit and to complete a health check for anyone living in the home. All CDC guidance is followed for anyone in a household that has tested positive for or has been in contact with a confirmed COVID-19 positive person, or other signs of illness, to determine if an in-person visit will not be able to be offered. Alternatives such as a virtual visit or rescheduling the visit to a later date will be offered.
- (4) If on the day of an in-person visit, an EI service coordinator/provider has tested positive for or has been in contact with a confirmed COVID-19 positive person in the past 10 days (OR most recent CDC guidance), OR if they are currently running a fever, have flu like symptoms (cough, sore throat, congestion, diarrhea, etc.), or new loss of taste or smell, then an in-person visit will not be offered for that visit. Alternatives will be offered to the family which could include a virtual visit or rescheduling the visit to a later date.

4.2.2. SCHOOL SERVICES

The School Program serves individuals who have developmental disabilities.

Eligibility

To be eligible for the School-age services, an individual shall be:

1. Eligible for inclusion programming in general education classrooms:
 - a. Need at least 3 students within the classroom to have an IEP, FBA, Title services, trauma behavior or other additional support needs, or
 - b. At least one student in the grade level must be eligible for DD services,
2. Eligible for direct student supports (Registered Behavior Technician, evidence-based practices, small group interventions, discrete trial instruction)

- a. Individual student must be county board of DD eligible, or 60 percent of an instructional group should be board of DD eligible.
3. Eligibility for school transition services
 - a. Student must be receiving services through transition programming in their school district and/or board of DD eligible. At least 60 percent of an instructional transition group must be eligible for DD services.

4.3 INDIVIDUAL SERVICE PLANS

- A. The purpose of this policy is to establish guidelines for the development of Individual Service Plans (ISPs). All individuals in any program operated by the Board will receive an ISP specifying the types of services/supports to be provided. This plan will be a single, unified document encompassing services provided across all programs in which the individual is enrolled.
- B. All ISPs will be based upon the individual's preferences as expressed directly by the individual, parent or custodian, if a minor, or the individual's guardian. The ISP will support the individual's choices, meet the individual's needs, enhance the individual's options, and assist the individual in expanding and developing competencies that will lead to a more independent, secure, and responsible life.
- C. Coordination of ISPs
 - a. For these purposes, a Service and Support Administrator (SSA) is assigned by the Superintendent or designee. The SSA will gather input from the individual, parent or custodian, if the individual is a minor, guardian, and others as requested by the individual.
 - b. The SSA will schedule a meeting to develop the initial ISP within 30 days of enrollment in Adult Services and prior to service delivery for residential services. The SSA will also schedule a meeting to review the ISP at least annually. The ISP meeting will include the individual, parent/custodian (if the individual is a minor), guardian, and others as requested by the individual.
 - c. The SSA shall advise and present options in an appropriate manner to the individual so that he/she may have a voice in matters pertaining to his/her life.
 - d. The SSA shall develop the written ISP and ensure that services, goals, and objectives implemented are not conflicting with each other.
 - e. The SSA will provide copies of the ISP to the individual, parent/custodian if the individual is a minor, and the guardian at least 15 days prior to the start of the ISP. Relevant portions of the ISP will be given to service providers with consent of the individual, parent/custodian, or guardian within the same timeframe specified above.
 - f. The SSA will arrange subsequent meetings, document addendums to the ISP, and ensure that all relevant providers receive copies of addendums whenever an individual experiences significant changes in need for training, education, services, supports, employment, housing, medical status, etc.
- D. Required ISP elements

- a. Initially, and at least every twelve months thereafter, the SSA shall coordinate an assessment of the individual. The assessment shall take into consideration:
 - i. What is important to the individual to promote satisfaction and achievement of desired outcomes;
 - ii. What is important for the individual to maintain health and welfare;
 - iii. Known and likely risks;
 - iv. The individual's place on the path to community employment; and
 - v. Individual's skills and abilities;
- b. The assessment shall identify supports that promote the individual's:
 - i. Communication (expressing oneself and understanding others);
 - ii. Advocacy and Engagement (valued roles and making choices, responsibility, leadership)
 - iii. Safety and Security (safety and emergency skills, behavioral well-being, emotional well-being, supervision considerations)
 - iv. Social and Spirituality (personal networks, activities, faith, friends, and relationships)
 - v. Daily Life and Employment (school and education, employment, finance)
 - vi. Community Living (life at home, getting around)
 - vii. Healthy Living (medical and dental care, nutrition, wellness)
- c. Using person-centered planning, develop, review, and revise the individual service plan and ensure that the individual service plan:
 - i. Reflects results of the assessment;
 - ii. Includes services that:
 - 1. Ensure health and welfare;
 - 2. Assist the individual to engage in meaningful and productive activities;
 - 3. Support community connections and networking.
 - 4. 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;
 - 5. 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;
 - 6. Address identified risks and include supports to prevent or minimize risks.
 - iii. Integrates all sources of services and supports, including natural supports and alternative services, available to meet the individual's needs and desired outcomes;
 - iv. Reflects services and supports that are consistent with efficiency, economy, and quality of care; and
 - v. Is updated throughout the year.
- d. Through objective facilitation, assist the individual in choosing providers by utilizing the Provider Freedom of Choice process, as outlined in OAC 5123-9-11:
- c. For each service provided, the ISP will specify the following:
 - i. Type of service
 - ii. Frequency
 - iii. Duration
 - iv. Type of provider
 - v. Cost of the service (HCBS waivers, supported living)
 - vi. Funding source
 - vii. Frequency of review of the service to assess effectiveness

- d. The ISP will reflect if the recommended services will be provided by paid supports or natural, unpaid supports. If the service will not be provided, the ISP must specify the reason.
 - e. The name of the individual's SSA will be specified.
 - f. The signatures of all participants in the ISP process will be included.
 - g. The signature of the Superintendent or designee indicating approval of the ISP.
- E. Reviews and Revisions of the ISP
- a. Review and revision of the ISP must occur at least every twelve months and more frequently under the following circumstances:
 - i. At the request of the individual or a member of the team, in which case revisions to the ISP shall occur within thirty calendar days of the request;
 - ii. Whenever the individual's assessed needs, situation, circumstances, or status changes;
 - iii. If the individual chooses a new provider or type of service or support;
 - iv. As a result of reviews conducted in accordance with OAC 5123:4-02 (F)(2)(q);
 - v. Identified trends and patterns of unusual incidents or major unusual incidents; and
 - vi. When services are reduced, denied, or terminated by the DODD or Ohio Department of Medicaid.
- F. Service delivery will be reviewed through a continuous process by the SSA to ensure that services are provided in accordance with the ISP. This process will be tailored to the individual and based on information provided by the individual and the team.

4.4 CONFIDENTIALITY

Confidentiality of individuals' records is protected by the Board (see HIPAA Policy, Chapter 9).

4.5 COMMUNICABLE DISEASES POLICY

The Board recognizes that employees and participants may come in contact with minor or serious illnesses as a condition of enrollment or working in the Board programs. The Board is concerned that infection from a communicable disease can present a significant medical problem. The Board has an obligation to provide a safe work and program environment. The Board desires to protect the health of non-infected employees and participants as well as ensure the right of individuals who may be infected with either a short-term or life-threatening communicable disease.

Consistent with this health concern, the Board has established the following:

- A. Education
- (1) Initial orientation and continuing education shall be scheduled for employees concerning epidemiology, modes of transportation, and prevention of common and uncommon communicable disease to which they may be exposed during their employment (i.e. Hepatitis B, CMV, AIDS, lice, etc.).
 - (2) Education shall be scheduled to review current knowledge of laws, practices, and policies regarding communicable disease contact.

- (3) Annual training will be conducted for all staff on the need for routine use of precautions to control the spread of communicable diseases.

B. Infection Control

- A. The Board recognizes that control of communicable diseases is the legally mandated responsibility of the state and local health authorities. Employees of the Board will cooperate with these health authorities by following current Ohio laws and state and local regulations and order pertaining to communicable disease control and reporting.
- B. Adequate immunizations are fundamental to communicable disease prevention and control. The Board will comply with Ohio laws.
- C. Staff will use infection control procedures when working with participants to prevent spread of infection. Although additional precautions may be necessary which are specific to the disease/condition, the following minimal procedures will be used:
 - i. Disposable non-latex gloves should be worn when assisting participants with toileting and when changing soiled diaper/undergarments; for situations which require touching blood and body fluids or for handling items or surfaces soiled with blood or body fluids. Gloves should be changed after contact with each participant.
 - ii. Hands and other skin surfaces should be washed immediately and thoroughly after changing a participant's soiled diapers/undergarments or if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed. Hands should be washed periodically throughout the day using soap and running water. A germicidal soap product may be used.
 - iii. To prevent saliva transmission and to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, and other ventilation devices will be available for use. It is expected that emergency techniques be implemented whether or not the emergency device is available.
 - iv. Pregnant employees should be especially familiar with and strictly adhere to infection control procedures, because many infections which develop during pregnancy can be transmitted to the infant.

- (4) Good sanitation is the obligation of all employees. Attention will be given to facilities, grounds, and surroundings for environmental factors that may affect health. Maintenance/custodial staff will give buildings close scrutiny, including equipment, floors, walls, and ceiling. Routine housekeeping procedures will incorporate the use of disinfectants. The restrooms will be periodically checked. Problems will be brought to the attention of the Superintendent for resolution.

4.5.1 EMPLOYEE GUIDELINES

- A. If an employee is suspected of having a communicable disease, the Superintendent or designee will request the employee seek medical attention. The employee can return to work when the employee's attending physician states that continued presence at work will

not pose a threat to the employee, co-worker, or eligible individuals. The Superintendent reserves the right to require an examination by a medical doctor chosen by the Board.

- B. An employee who has been diagnosed as having an infectious disease must inform his/her supervisor of the condition. An employee's health condition is personal and confidential. Precautions shall be followed to protect information regarding an employee's health condition.
- C. An employee may have or be a carrier of an infectious disease which is of life-long duration and he/she will not be symptom-free. If there is evidence that the disease cannot be transmitted by normal, casual contact in the work environment, and the condition is not a threat to self or others, the employee will continue to work in a regular manner. The employee is expected to meet acceptable performance standards and will be treated in a manner consistent with other employees.
- D. .
- E. The Superintendent will determine the admissibility to the work place by an individual whose condition is in question. The Superintendent will convene a meeting of the employee, the employee's physician, and others as the Superintendent deems necessary. Based on evidence presented at the meeting, the Superintendent may decide:
 - (1) to return the employee to his/her usual place of employment unconditionally,
 - (2) to place the employee on a work assignment with reasonable accommodations or
 - (3) to seek to have the employee utilize sick leave and be placed on a leave of absence.

In making a decision, the Superintendent will consider:

- (1) the nature of the risk and how the disease is transmitted,
- (2) the duration of the risk
- (3) the severity of the risk and the potential harm to others, and
- (4) the individual's physical condition.

4.6 RESEARCH

All staff and persons external to the program wishing to utilize the enrollees, residents, staff, and/or facilities of the Board for research purposes, should direct a formal research proposal to the Superintendent. Such proposals shall include a detailed description of the intended research, including:

- A. A statement of purpose, indicating the anticipated contribution to current knowledge in the field of developmental disabilities.
- B. A description of all procedures and methodology pertaining to direct or indirect contact with program clients.

- C. Criteria for selection of subject population: Age range, disability qualifications, levels of functioning, preferred location, etc.
- D. Specification of the time involvement of each staff member, enrollee, and/or resident participating in the research.
- E. Specification of provision for enrollee/resident's rights regarding confidentiality and informed consent to participate.
- F. An indication of any college or university course number for which credit hours will be accumulated as a result of the project.
- G. Parental/guardian permission and/or self-signed adult permission forms, which must be completed for all enrollees-prior to their participation.
- H. Recommendations from the University Human Subjects Committee if the proposal originated at the university level.

The Superintendent will obtain counsel regarding HIPAA procedures regarding research contained in 45 CFR 164 Part E. All proposals will be evaluated for their assurance of participants' rights, feasibility of implementation, value to the Board's programs, and contribution to the field of developmental disabilities. If the proposal is approved, arrangements will be made to implement the proposed project.

The researcher may be requested to make progress reports to the Superintendent.

A brief abstract of the project's final report summarizing the research findings shall be submitted to the Superintendent. In some cases, a copy of the entire final report from the project may be requested.

4.7 INCIDENT, ILLNESS, ACCIDENT, AND SEIZURE RESPONSE

Employees who possess a First Aid Certificate may administer treatment following an incident, illness, or accident. No employee shall administer treatment for which they are not certified to perform.

Whenever First Aid treatment is administered, reporting forms must indicate as such and the employee must report such action to their supervisor.

Reference Chapter 3, Section 3.3 and MUI procedures for specific documentation and reporting requirements.

4.8 FIRE, TORNADO, AND OTHER EMERGENCIES CALLING FOR EVACUATION

- A. Each facility operated by the Board by contractual agreement will have written procedures for fire and tornado emergencies. This plan will be available to and communicated to all persons assigned to the facility, including volunteers.
- B. Evacuation plans will be posted in strategic locations throughout each facility.
- J. The Board shall develop procedures for each facility covering fire, tornado, bomb threat, chemical or other possible emergencies calling for evacuation or other actions to protect the health and safety of persons in the facilities.
- K. Local procedures for building use/regulations are on file at each Board location.

4.9 OPENING AND CLOSING OF BUILDINGS

The Superintendent or designee shall have the responsibility for ensuring that the Board facilities are routinely opened for routine operations and securely locked at the conclusion of those operations

4.10 FACILITY USE

The Superintendent shall have the authority to approve building use requests.

4.11 EMERGENCY CLOSING OF FACILITIES

The Superintendent or designee shall have the responsibility of closing the office should it be determined that an emergency condition exists, such as inclement weather, natural disaster, or maintenance problems of a potentially harmful nature.

4.12 HOME AND COMMUNITY-BASED SERVICES WAIVERS - WAITING LIST

1. Purpose: This policy sets forth requirements for the waiting list established pursuant to R.C. § 5126.042 and O.A.C. § 5123:9-04 when a county board determines that available resources are insufficient to enroll individuals who are assessed to need and who choose home and community-based services (HCBS) in department-administered HCBS waivers.
2. Definitions: The terms contained herein shall have the same meaning as set forth in R.C. § 5126.042 and O.A.C. § 5123:9-04.

3. Policy Planning for locally-funded HCBS waivers, the Board shall, in conjunction with development of its strategic plan, identify how many individuals it plans to enroll in each type of locally-funded home and community-based services waiver during each calendar year, based on projected funds available to the Board to pay the nonfederal share of Medicaid expenditures and the assessed needs of the county's residents on the waiting list for home and community-based services, and establish a waiting list when resources are not available.
4. Waiting list for home and community-based services
 - a. An individual or the individual's guardian, as applicable, who thinks the individual has an immediate need or a current need may contact the Board to request an assessment of the individual using the waiting list assessment tool. The Board shall initiate an assessment of the individual using the waiting list assessment tool within thirty calendar days. An individual or the individual's guardian, as applicable, shall have access to the individual's completed waiting list assessment tool maintained in the department's web-based waiting list management system and upon request, shall be provided a copy by the Board
 - b. The Board shall place an individual's name on the waiting list for HCBS when, based on assessment of the individual using the waiting list assessment tool, the individual:
 - i. Is eligible for Board services;
 - ii. Has a current need which cannot be met by HCBS alternatives available in the county. (Including a situation in which an individual has a current need despite the individual's enrollment in a HCBS waiver).
 - c. The Board shall not place an individual's name on the waiting list for HCBS services when the individual:
 - i. Is a child who is subject to a determination under section 121.38 of the Revised Code (the court has ordered the Board to enroll the child in a HCBS waiver) and requires home and community-based services; or
 - ii. Has an immediate need, in which case the Board shall take action necessary to ensure the immediate need is met. Such action may include assisting the individual or the individual's guardian, as applicable, in identifying and accessing alternative services that are available to meet the individual's needs. If an individual who has an immediate need or the individual's guardian, as applicable, chooses to decline services available at an intermediate care facility for individuals with intellectual disabilities, the Board shall take action to ensure the individual's immediate need is met through HCBS and/or enrollment in a HCBS services waiver.
 - d. When a county board places an individual's name on the waiting list for HCBS, the Board shall:
 - i. Enter the individual's information in the department's web-based waiting list management system.
 - ii. Notify the individual or the individual's guardian, as applicable, that the individual's name has been placed on the waiting list for HCBS.
 - iii. Provide contact information to the individual or the individual's guardian, as applicable, for a person at the Board who can assist in identifying and accessing alternative services that address, to the extent possible, the individual's needs.
5. Annual Review

- a. Review the waiting list assessment tool and service needs of each individual whose name is included on the waiting list for HCBS with the individual and the individual's guardian, as applicable; and
 - b. Assist the individual or the individual's guardian, as applicable, in identifying and accessing alternative services.
6. Due Process:
- a. Due process shall be afforded in accordance with section 5160.31 of the Revised Code and Chapters 5101:6-1 to 5101:6-9 of the Administrative Code to an individual aggrieved by an action of a county board related to:
 - i. The approval, denial, withholding, reduction, suspension, or termination of a service funded by the state Medicaid program;
 - ii. Placement on, denial of placement on, or removal from the waiting list for HCBS or the transitional list of individuals waiting for HCBS; or
 - iii. A dispute regarding an individual's original waiting list request or current waiting list tool assessment date.

4.13 EARLY INTERVENTION STAFF RATIOS

The Board has established the following ratio guidelines for staffing. This does not mean that the Board will automatically add positions when any of the ratios are at maximum levels. The Board will assure that consumers' and families' needs and services will not be compromised when the levels are near or reach maximum levels. The Board shall assess the ratio at regular intervals with regard to the expected duration and reasons for increased caseloads. If the expected duration is short term, then the Board may make appropriate adjustments in stated ratios through the temporary assignment of additional personnel or approval of additional time by staff to meet the needs of consumers and families.

Early Intervention will attempt to maintain a ratio of Developmental Specialist to enrolled eligible individuals at the FTE rate of 1: 18. For eligible individuals "Full-time" means that the individual requires through the ISFP personal visit by a specialist at least 2 times per month. Regardless of the FTE needs of eligible individuals a specialist will maintain a caseload of no more than 25 individuals.

4.14 POLICY ON PERSONAL FUNDS OF THE INDIVIDUAL

- (A) The Board shall not require an individual to use personal funds to make up the difference between the cost of goods and services and the amount of payment received by the Board from third party payers for the same goods and services.
- (B) Each individual has the right to manage his/her own personal financial affairs unless otherwise specified on the individual's plan. If the individual needs assistance with his/her own financial affairs then, based on formal or informal assessments, the individual's plan shall indicate the criteria, parameters, and

documentation necessary regarding the assistance to be provided to the individual.

- (C) If individual needs assistance with his/her own financial affairs—the individual shall be solely responsible for the payment of any fees associated with such management.
- (D) If the individual's plan specifies any provider is providing any assistance to an individual, the Board shall involve the individual as much as possible in the management of his/her financial affairs.
- (E) No Board employee will establish or manage a bank account or funds on behalf of an eligible individual.
- (F) The Board shall investigate the loss of funds and shall take any action necessary to recover the funds from any person who may have caused the loss of the individual's funds following MUI process. The Board may impose disciplinary action on a board employee if violation of Board policy is determined. Law enforcement agencies may be contacted for criminal investigation.
- (G) The Superintendent shall not authorize the opening of any account by Board employees for the purposes of Board business except for accounts required by law or statute.
- (H) No Board employee shall receive funds from eligible individuals or other resources from eligible individuals for personal use, of any kind, except in accordance with Board procedures. An eligible individual or an eligible individual's family may request a Board employee to assist with the safekeeping of money for an outing or field trip. A Board employee must notify his or her supervisor when assisting with an eligible individual's personal funds. A Board employee may assist an eligible individual in this way without being in violation of Board policy. Each Board employee shall clearly explain the restraints of this policy to any eligible individual or family making such a request. The Board employee shall provide an accounting of the funds to the eligible individual or the eligible individual's family.
- (I) No Board employee shall be a representative payee.

Approved: 5/26/2022, Board Action #22-27