

Accessing Developmental Disability Services

Eligibility, Waivers and
Waiver Waiting Lists for
Children with
Developmental
Disabilities



**Disability
Rights** OHIO

We have the
legal right of way.

Presenters



- Virginia Wilson, Attorney
- vwilson@disabilityrightsohio.org

- Kevin Truitt, Attorney
- ktruitt@disabilityrightsohio.org

Who We Are



- Disability Rights Ohio (DRO) is a non-profit corporation
- Ohio's designated Protection and Advocacy System and Client Assistance Program
- To advocate for the human, civil and legal rights of people with disabilities in Ohio

Eligibility for our Services



- People with disabilities
- No income requirement
- Clients are not charged for services
- Contact our intake department to request help

Contact Information



- Disability Rights Ohio
- 200 Civic Center Drive, Suite 300
- Columbus, Ohio 43215
- 614-466-7264
- 800-282-9181
- Disabilityrightsohio.org

Today's topics



- We will be talking today about services for children in the developmental disabilities system, including eligibility criteria, Medicaid waiver programs, and waiting lists for Medicaid waiver programs.

Eligibility for Services through the County Board of DD



- Every county in Ohio has a designated County Board of DD.
- County Board of DD services are provided to eligible kids and adults with developmental disabilities.
- To access services available for individuals with developmental disabilities, you must apply to the County Board of DD in the county where you live.

What kinds of Services can County Boards of DD provide?



- County boards of DD provide assessments, service planning and coordination to adults and children with developmental disabilities
- They also provide oversight and assistance to the entities that provide services to people with developmental disabilities.
- Contact information for all the county boards in the State:
- <https://dodd.ohio.gov/wps/portal/gov/dodd/your-family/all-family-resources/4-find-your-county-board>

Who is eligible for DD services?



- In order to be eligible for county board of DD services you must:
 - Live in the county where you are applying for services
 - Have a qualifying developmental disability (other than a sole diagnosis of mental illness)
 - The disability must manifest before age 22 and must be likely to continue indefinitely.

What is a Qualifying Developmental Disability?



- Acceptable diagnoses made by a qualified professional include, but are not limited to :
 - AIDS, Amputation, Aphasia or Dysphasia, Asperger's Disorder, Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder, Autism, Cancer, Cerebral Palsy, Circulatory Conditions, Clubfoot, Cystic Fibrosis, Down Syndrome, Epilepsy or Seizure Disorder, Fetal Alcohol Spectrum Disorders (FASD), Hemiparesis, Hemophilia, Huntington's, Hydrocephalus, Juvenile Arthritis, Learning Disability, Lesh-Nyhan, Lung Disease, Developmental Disability (specify level), Muscular Dystrophy, ...

Developmental Disabilities



- ... Nonverbal Learning Disability, Osteogenesis Imperfecta, Pervasive Developmental Disorder, Prader-Willi, Rett’s Syndrome, Severe Cardiac Conditions, Sickle Cell Anemia, Speech/Language Disorders (Aphasia, Dysphasia, Dysfluency, Expressive Language Disorder, Mixed Receptive-Expressive Language Disorder, Phonological Disorder and Stuttering), Spina Bifida, Spinal Cord Injury, Stroke, Tourette’s Syndrome, Traumatic Brain Injury, Tuberos Sclerosis, Usher’s Syndrome, [or other degenerative or neurological conditions often associated with a developmental disability.](#)

Eligibility requirements



- Individuals age 6 to adult must also have substantial functional limitations in at least 3 of the following 7 areas of functioning:
 - Mobility (walking, transitioning, positioning)
 - Self care (bathroom, grooming, eating, toileting)
 - Self direction (decision making, judgment)
 - Capacity for independent living (household tasks)
 - Economic self sufficiency (for age 16 to adult money management)
 - Learning
 - Receptive and expressive language

Eligibility for young children



- Children under age 3 may be eligible for DD early intervention services:
<https://dodd.ohio.gov/wps/portal/gov/dodd/your-family/daily-life-employment/5-things-early-intervention>
- Parents can also contact Children with Medical Handicaps(CMH) which links families of children with special health care needs to a network of quality providers and helps families obtain payment for the services their children need.
- <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/children-with-medical-handicaps/welcome-to>

3 to 5 year Olds



- County Board uses a different standard
 - Verifies diagnoses- doctor form
 - Assesses whether the child has a substantial developmental delay or a diagnosed congenital or acquired condition
 - Determines if the delay or condition is likely to result in a substantial functional limitation in any of the 7 areas if the child doesn't get appropriate services/supports.
- Parents can also contact the school district where they live to see if child eligible for special education services through the school district.

Tools used by DODD to assess
Eligibility for DD services: age 6 to
Adult:



- COEDI-Assessment for children age 6-15 years old
 - <https://dodd.ohio.gov/wps/portal/gov/dodd/forms-and-rules/forms/coedi-answer-sheet>
- OEDI- Assessment for people 16 years old and older.
 - <https://dodd.ohio.gov/wps/portal/gov/dodd/forms-and-rules/forms/oedi-answer-sheet>

TIPS



- Review the guidance documents before having your child or adult with DD assessed by the county Board of DD
 - <https://dodd.ohio.gov/wps/portal/gov/dodd/about-us/resources/COEDI-and-OEDI-User-Guide>
- Although as parents we usually focus on what our kids can do, the assessment is designed to determine what they are unable to do to establish the need for services.

TIPS



- Be thoughtful and consider acronym FEAST when answering questions about the person's abilities: (See p. 13 of the C/OEDI user guide)

Frequency ... of the functional limitation.

Effort ... needed to complete the task.

Adequacy ... of task completion.

Safety ... in completing the task.

Time ... needed to complete the task.

FEAST



- Frequency of the functional limitation.
- If the limitations are frequent enough to interfere significantly with the person's overall ability to accomplish a task consistently over a long period of time, the evaluator should consider the person unable to accomplish that task)

FEAST



- How much effort is needed to Complete the Task?
- If the effort exerted far exceeds the amount of effort a person without a disability would exert to complete the task, should consider person unable to do the task
- Example: Person is able to walk up stairs but it takes them a significantly longer time to do it than others and they are exhausted afterwards.

FEAST



Adequacy or how well they do the task?

- If the person can do the task but is unable to do it well, should say they cannot do the task.
- Example: If person can feed themselves but in doing so spills food all over themselves whenever they do, it should be determined they are unable to do the task.

FEAST



- Safety in completing the task.
- Can the person do the task without unusual risk of harm to themselves or others?
- Example: If a person can use a stove to cook, but will often burn themselves or forget to turn off the burners, it can be determined they are unable to independently perform that task

FEAST



- Time ... needed to complete the task.
- Is the person able to do the task in a reasonable amount of time?
- Example: If a person can bathe themselves but it takes an inordinately long time for them to do so, they should be determined to be unable to do that task.

TIPS



- Provide adequate/appropriate documentation to the county board
 - If available, provide evaluations, reports, diagnoses with evaluation dates and qualifications of the diagnosing dr
 - For adults, locate any documents you have that can show the person's disability manifest before age 22 such as school records, doctor diagnoses before age 22, etc.

What if the county board determines my child is ineligible for DD services?



- You can appeal a denial of eligibility with the county board
 - Have the right to be told why denied, have an attorney assist in your appeal, question county board staff, examine your records, including getting a copy of the completed C/OEDI form to see how it was scored, and to offer additional documentation to support eligibility

https://www.disabilityrightsohio.org/assets/documents/faq_filing_a_complaint_with_a_county_board_of_dd.pdf
[f?pdf=Filing a complaint county board of DD](#)

Medicaid waiver programs



- In Ohio, there are three waiver programs for people with developmental disabilities:
 - Individual Options waiver
 - Level One waiver
 - SELF waiver
- Waiver programs are alternatives to institutional care.
- Additionally, children under age 21 enrolled in the Medicaid program are entitled to services through the federal Early and Periodic Screening, Diagnostic, and Treatment (“EPSDT”) program, which in Ohio is called Healthchek.

Individual Options (IO) waiver: covered services



- Homemaker/Personal Care
- Participant-Directed Homemaker/Personal Care
- Shared Living
- Waiver Nursing
- Waiver Nursing Delegation
- Community and Residential Respite
- Remote Supports
- Transportation
- Specialized Medical Equipment and Supplies
- Home-Delivered Meals
- Community transition
- Social work
- Assistive technology
- Interpreter services
- Nutrition services
- Money Management
- Adult Day Supports
- Vocational Habilitation
- Group Employment Support
- Individual Employment Support
- Career Planning
- Environmental Accessibility Adaptations

IO waiver: ODDP and prior authorization



- The Ohio Developmental Disabilities Profile (“ODDP”) is an evaluation tool that determines a funding range of services for people enrolled in the IO waiver program. It collects information about the person by asking questions about his or her needs and circumstances. This guides development of waiver-funded services in a person’s individual service plan (“ISP”).
- If funding is needed for services that exceed the funding range established by the ODDP, one may request prior authorization.
- The Medicaid state hearing process is available for people who are denied prior authorization or whose questions on the ODDP were answered inaccurately.

Level One waiver: covered services



- Homemaker/personal care aide services
- Participant-directed homemaker/personal care aide services
- Remote support
- Home-delivered meals
- Community, residential, and informal respite
- Non-medical transportation
- Transportation
- Group employment support
- Adult day support
- Vocational habilitation
- Career planning
- Individual employment support
- Waiver nursing
- Specialized medical equipment
- Waiver nursing delegation
- Money management
- Assistive technology
- Environmental accessibility adaptations

Level One waiver



- There are limits on funding under the Level One waiver program:
- Payment for community, residential, informal respite; homemaker/personal care and participant-directed homemaker/personal care; money management; remote support; and transportation, alone or in combination, shall not exceed \$6,750 per waiver eligibility span (usually twelve months).
- Payment for assistive technology, environmental accessibility adaptations, home-delivered meals, and specialized medical equipment and supplies, alone or in combination, cannot exceed \$7,500 within a three-year period.
- Emergency assistance cannot exceed \$8,520 within a three-year period.

SELF waiver



- Self-Empowered Life Funding Waiver is often called the SELF waiver.
- For adults, the limit for services is \$45,000 in each waiver span (usually twelve months). For children, the limit for services is \$30,000 in each waiver span. Some services have specific funding limits (like support brokerage and functional behavioral assessments).

SELF waiver



- Participant-direction is a requirement of the SELF waiver (it is optional under the IO and Level One waiver programs). It is available for homemaker/personal care and most of the other covered services. A person can choose a representative to direct services on their behalf.
- Participant-direction includes:
 - budget authority: deciding which services one uses and the amount from the waiver budget he or she spends (in some cases, a person can negotiate the rate you pay your service providers; and
 - employer authority: the individual has the authority to recruit, hire, supervise, and direct the staff who furnish supports.

SELF waiver: covered services



- Participant-direct goods and services
- Participant-directed homemaker/personal care
- Waiver nursing delegation
- Support brokerage
- Community and residential respite
- Non-medical transportation
- Transportation
- Functional behavioral assessment
- Adult day support
- Vocational habilitation
- Career planning
- Individual employment support
- Clinical/therapeutic intervention
- Participant/family stability assistance
- Group employment support

Waiting list system for waiver programs



- The demand for waiver programs far exceeds the capacity of the system.
- The Ohio Department of Developmental Disabilities enacted a new rule governing waiting lists for waiver programs.
- The rule became effective September 1, 2018 and replaced a previous rule in which waiting lists were largely ordered by the dates on which people requested enrollment in a waiver program (in some situations, people could move up the waiting list by meeting the criteria for emergency status or several other priority categories).

Waiting list system



- The new rule is meant to determine, through assessments, whether people need waiver services immediately or within twelve months, and then order waiting lists on this basis.
- At one point, around 50,000 people were on waiting lists for waiver programs. DODD announced in April 2019 that 13,344 names have been cleared from previous waiting lists, and 6,839 waiting list assessments have been completed.

Waiting list assessments



- County boards must complete waiting list assessments for those on waiting lists under the old system, no later than December 31, 2020. For those who have a service and support administrator, the assessment must be completed at the next individual service plan (ISP) review. Also, upon request, county boards must complete assessments within 30 calendar days.
- People have a right to a copy of the completed waiting list assessment.
- County board personnel will use DODD's waiting list assessment tool to determine (1) whether a person has a developmental disability; (2) whether the person has an immediate need, a current need, or neither; or (3) if the person has an immediate or current need, how those needs will be met.

Definition of immediate need



- Immediate Need is “a situation that creates a risk of substantial harm to an individual, caregiver, or another person if action is not taken within 30 calendar days to reduce the risk.” The rule lists Immediate Need situations:
- You are a resident of an ICF or a nursing home and received a notice of discharge or adverse PASRR determination.
- You are an adult and are losing your primary caregiver due to unforeseen circumstances (such as the caregiver’s own medical problems), and no other caregivers are available.
- Your documented behaviors have been determined to put yourself or others at risk of harm.
- You have significant care needs or life-threatening medical needs.
- You are an adult and you have been subjected to abuse, neglect, or exploitation.

Definition of current need



- Current Need is “an unmet need” for waiver services within twelve months. The rule lists Current Need situations:
- Your primary caregivers’ “declining or chronic physical or psychiatric condition” limits their ability to care for you, or there are not enough caregivers available for you, and this means you are likely to be at risk of substantial harm.
- You have an ongoing need for limited or intermittent supports for your behavioral, physical, or medical needs in order to help your current caregivers and to stay in your chosen home.
- You have an ongoing need for support for significant behavioral, physical, or medical needs.
- You are aging out of or being emancipated from Children’s Services.
- You need funding for adult day services or employment services.
- You are living in an ICF or nursing home and have a viable discharge plan.

Assessment outcomes



- If a person is assessed to have an “immediate need,” the county board must “take action to ensure the immediate need is met.” This could mean enrollment in a waiver program or alternative services. The county board must also inform people found to have an immediate need about the option of receiving services in an ICF.
- If a person is assessed to have a “current need” that cannot be met by alternative services, the county board must place the person on a waiting list.
- If the county board determines non-waiver alternative services can meet one’s needs, these services must be actually available and must successfully meet the person’s needs.
- A person assessed to have neither an immediate or current need is not entitled to anything, not even placement on a waiting list.

Due process rights



- County boards must provide due process rights upon completion of the waiting list assessment.
- You may ask for a Medicaid state hearing for a number of reasons: (1) you disagree with the assessment of your needs; (2) you were not offered a waiver; (3) you were not offered the waiver you need; (4) you were not even placed on a waiting list for a waiver. There may be other reasons. Contact DRO for guidance!

Questions?

