



PREBLE COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

**Tuesday, February 19, 2019
PCBDD Administrative Offices
200 Eaton Lewisburg Road
Suite 201
Eaton, Ohio
6:00 p.m.**

AGENDA

- I. Call to Order**
- II. Roll Call**
- III. Approval of Board Member Absence**
- IV. Pledge of Allegiance**
- V. Reading of the Vision and Mission Statement**
 - The **VISION** of the Preble County Board of DD is to provide the best possible opportunity for individuals with developmental disabilities to have the kind and quality of life he or she chooses.
 - The **MISSION** of the Preble County Board of DD is to support individuals with developmental disabilities to live, learn, work, and socialize as they choose.
- VI. Introduction of Guests**
- VII. Approval and Note Receipt of Minutes**
 - January 23, 2019 Regular Board and Organizational Meeting Minutes
- VIII. Financial Report**
 - December 2018 Board Financial Statement
- IX. Board Committees**
- X. Superintendent Report**
- XI. Hearing of the Public**
- XII. Adjournment**
 - Next Board Meeting – March 19, 2019 @ 6:00 p.m.

Board Motion Agenda
February 19, 2019

I. Call the meeting to order at _____ p.m.

II. Roll Call

Attendance

Dixie Gabbard _____ Stephanie Garrett _____ Eva Howard _____
Lisa Hoying _____ Steve Hurd _____ Jodi Long _____ Allie Shafer _____

III. Approval of Board member absence (if necessary)

A motion was made by _____ and seconded by _____ to
excuse _____ from the meeting with prior notice.

Roll Call:

Dixie Gabbard _____ Stephanie Garrett _____ Eva Howard _____
Lisa Hoying _____ Steve Hurd _____ Jodi Long _____ Allie Shafer _____

IV. Pledge of Allegiance

V. Reading of Vision and Mission Statement

VI. Introduction of Guests

VII. Approval of Minutes

A motion was made by _____ and seconded by _____ to
approve the January 2019 Regular Board and Organizational Meeting Minutes, (as
presented/or with the following changes):

Roll Call:

Dixie Gabbard _____ Stephanie Garrett _____ Eva Howard _____
Lisa Hoying _____ Steve Hurd _____ Jodi Long _____ Allie Shafer _____

VIII. Financial Report

A motion was made by _____ and seconded by _____ to
approve the December 2018 financial report as presented (or with the following
changes):

Roll Call:

Dixie Gabbard _____ Stephanie Garrett _____ Eva Howard _____
Lisa Hoying _____ Steve Hurd _____ Jodi Long _____ Allie Shafer _____

IX. Superintendent Report:

○ Discussion Items/ Informational Items

- Early Intervention Update
- Community Outreach Update
- SSA Team Update

○ Action Items

Policy Revisions

A motion was made by _____ and seconded by _____ to approve the following polices as noted below as presented (or with the following changes).

Policy Section 3.5	Waiting List Policy
Policy Section 3.6	Major Unusual Incident Policy
Policy Section 3.8	Support & Funding Resource Guidelines
Policy Section 4.1	Early Intervention Service System of Payments Policy
Policy Section 4.10	Employment First Policy

Roll Call:

Dixie Gabbard _____ Stephanie Garrett _____ Eva Howard _____
Lisa Hoying _____ Steve Hurd _____ Jodi Long _____ Allie Shafer _____

IX. Hearing of the Public

XI. Adjournment

A motion was made by _____ and seconded by _____ to adjourn the meeting at _____ pm.

Roll Call:

Dixie Gabbard _____ Stephanie Garrett _____ Eva Howard _____
Lisa Hoying _____ Steve Hurd _____ Jodi Long _____ Allie Shafer _____

**Superintendent's Report
February 19, 2019**

Discussion/Informational Items

Events and Activities (Superintendent/SSA Director)

- 1/11 SEC & Westcon Board Meeting
- 1/15 DODD training, Daily Billing Unit
- 1/31 All Team Meeting
- 2/1 Presented at Crisis Intervention Training

Action Item:

Policy Revisions

Due to rule changes, the following policies are in need of update:

Policy Section 3.5	Waiting List Policy
Policy Section 3.6	Major Unusual Incident Policy
Policy Section 3.8	Support & Funding Resource Guidelines
Policy Section 4.1	Early Intervention Service System of Payments Policy
Policy Section 4.10	Employment First Policy

Early Intervention Update

Submitted by, Kristen Gardner, Becky Hampton

There were thirty children served by the Early Intervention Primary Service provider. There was a total caseload of thirty-five children for Help Me Grow and they received three new referrals. The evaluation team completed three Bayley Evaluations. There was one new enrollment and one exit. We attended two Individual Family Service Plan meetings and one Transition Planning meeting for a child turning three soon. We completed twenty-five visits and had seventeen cancellations.

Community Outreach Update

Respectfully submitted by Amanda Kopf

We have started submitting information to John Young with Shout It Out Design for our new website. We will continue to keep moving forward with the process. We hope to be able to launch the new website in April.

Preble DD was present at the Homeless Resource Fair on January 22nd and we participated in the Point in Time count. The Point in Time (PIT) is a night where volunteers count both sheltered and unsheltered homeless persons in Preble County. This is done every year in our community and is a HUD requirement. The HIT Foundation is the lead agency.

We attended 2019 Spirit Day where the Preble County Cougar Cheerleaders once again kicked off the event. It is a very special day for them every year and they do a wonderful job getting the crowd excited. There are lots of pictures on our Preble DD Facebook page.

Save the date for the 2019 Preble County Cougars vs Generals game. It is on March 16th at Eaton High School. The game starts at 10am! Go Cougars!

March is DD Awareness Month. We are using the Celebrate Community theme along with art created by our individuals. The art will be on display at the Eaton Library for the month of March and we will be featuring all pieces on our social media. Each week in March has been designated a focus area. The first week focuses on education, the second week on employment, and the third week on community living. We have collaborated with the Eaton Library and the Council on Aging for our education and community living theme. Our individuals will be passing out popcorn at the library and at the council on aging in March. We are still working on identifying a local business to work with to highlight employment. We want to thank our community for their ongoing support as well as show them how awesome our individuals are. If you see us out in the community in March, make sure you stop and say hello and enjoy a bag of popcorn!



SSA Update

Respectfully submitted by Hollie Morgan

Active Individuals

Children: 193

83

Ages: 0-2 30

3-5 25

6-21 138

Adults: 219

Ages: 22-30 61

31-40 42

41-50 35

51-64 49

65+ 32

Total Active Individuals 412*

*The above number reflects 72 people living in an ICF/DD

SSA Services

Children: 174

Adults: 166

Total: 340

Waiver Services

Individual Options Waiver:

Level 1: 60

Transition Waiver (TDD): 0

SELF Waiver: 2

Total Waivers: 145

We have approximately 40 individuals who work in Community

All SSA's had the opportunity to attend Charting the Life Course and Person Centered Thinking Training this past month. Charting the Life Course is a framework that was developed to help individuals and families of all abilities and at any age or stage of life develop a vision for a good

life, think about what they need to know and do, identify how to find or develop supports, and discover what it takes to live the lives they want to live. Individuals and families may focus on their current situation and stage of life but may also find it helpful to look ahead to start thinking about life experiences now that will help move them toward an inclusive, productive life in the future.

Team members will be participating in Crisis Intervention Training, held locally and coordinated by Amy Raynes (MHRB), through grant dollars. This is a three day training for team members who have never taken the training, team members who have previously taken CIT, take a 1 day refresher course. Crisis Interventions is a collaborative efforts with law enforcement and social service agencies coming together to learn about each other's roles and how to best serve our community members in need of supports.

Respectfully submitted by Brooke Warren

The SSA Department continues to provide training and guidance to three new team members. All three have completed their required trainings and are learning about their assigned individuals, as well as what it means to be person-centered so they can help individuals live the lives they want.

The Transition SSA, Ashley Hausmann, is working on a program collaboration with OCALI (Ohio Centers for Autism and Low Incidence) and Opportunities for Ohioans with Developmental Disabilities to build and help improve the existing transition program. She, along with Superintendent, Bethany Schultz, and SSA Team Lead, Brooke Warren, will be meeting with Chris Filler, Program Director with OCALI, and Keith Banner, Employment and Community Life Engagement Project Manager with DODD, to learn about how to connect with resources in our community to help support our transition youth as they enter adulthood.

The SSA Department recently attended the Monthly Rate Calculator (MRC) training and will be preparing to transition the existing Daily Rate Application (DRA) billing system to the MRC billing system. The MRC creates a monthly breakdown of the hours and costs projected for a person's waiver span. The purpose of the MRC billing system is to reduce the amount of time county boards and providers spend on creating and updating costs. The team has 1 year to complete this transition. During this transition time, SSA's will be working collaboratively with agency providers to make this transition successful. The team feels positively about this change and looks forward to having more time to serve our individuals.

Success Stories:

Two individuals on SSA, Danielle Pieratt's, caseload have recently advocated for themselves, requesting a new provider and a change in residence. Danielle has successfully assisted one of these individuals with her transition where she is expressing much happiness and contentment in her new home with her new roommates. Danielle will be assisting the other individual with a transition to a new provider and a new home as well.

An individual on SSA, Leah Watkins, caseload has chosen to move into a shared living situation to help better meet their needs. The provider will actually be moving in to the individual's home as he expressed that he would like to stay in his current home. Fortunately, the transition is able to happen quickly, which both parties are very excited about!

2019 Board Member Training Topics & Dates

- Budget Forecasting
- New MUI/UI Rule and responsibilities of Board members as mandated reporters
- Current Status of Vocational Habilitation
- Proposed changes to Non-medical transportation

At 5:46 p.m. the 2018 Annual Organizational Meeting of the Preble County Board of DD held Tuesday, January 9, 2018, was called to order. Upon roll call: Dixie Gabbard, aye; Stephanie Garrett, aye; Eva Howard, aye; Lisa Hoying, absent; Steve Hurd, aye; Jodi Long, aye; Allie Shafer, aye.

Motion to elect a President protem to preside over the Annual Organizational Meeting and election of Officers.

A motion was made by Steve Hurd and seconded by Allie Shafer to elect Eva Howard as the President protem to preside over the 2019 Preble County Board of DD Annual Organizational Meeting. Upon roll call: Dixie Gabbard, aye; Stephanie Garrett, aye; Eva Howard, aye; Lisa Hoying, absent; Steve Hurd, aye; Jodi Long, aye; Allie Shafer, aye.

Appointment of Officers

Nominations for President

The following nomination was made for President:

Nomination: Eva Howard; Made by: Steve Hurd

A motion was made by Stephanie Garrett and seconded by Jodi Long to close the nominations. Upon roll call: Dixie Gabbard, aye; Stephanie Garrett, aye; Eva Howard, aye; Lisa Hoying, absent; Steve Hurd, aye; Jodi Long, aye; Allie Shafer, aye.

Note: Lisa Hoying arrived to the meeting at 5:49 pm.

A motion was made by Dixie Gabbard and seconded by Allie Shafer to elect Eva Howard as President. Upon roll call: Dixie Gabbard, aye; Stephanie Garrett, aye; Eva Howard, aye; Lisa Hoying, aye; Steve Hurd, aye; Jodi Long, aye; Allie Shafer, aye.

Nominations for Vice President

The following nomination was made for Vice President:

Nomination: Stephanie Garrett; Made by: Steve Hurd and Allie Shafer

A motion was made by Allie Shafer and seconded by Lisa Hoying to close the nominations. Upon roll call: Dixie Gabbard, aye; Stephanie Garrett, aye; Eva Howard, aye; Lisa Hoying, aye; Steve Hurd, aye; Jodi Long, aye; Allie Shafer, aye.

A motion was made by Dixie Gabbard and seconded by Jodi Long to elect Stephanie Garrett as Vice President. Upon roll call: Dixie Gabbard, aye; Stephanie Garrett, aye; Eva Howard, aye; Lisa Hoying, aye; Steve Hurd, aye; Jodi Long, aye; Allie Shafer, aye.

Nominations for Secretary

The following nomination was made for Secretary:

Nomination: Dixie Gabbard; Made by: Allie Shafer and Stephanie Garrett

A motion was made by Lisa Hoying and seconded by Steve Hurd to close the nominations. Upon roll call: Dixie Gabbard, aye; Stephanie Garrett, aye; Eva Howard, aye; Lisa Hoying, aye; Steve Hurd, aye; Jodi Long, aye; Allie Shafer, aye.

A motion was made by Stephanie Garrett and seconded by Allie Shafer to elect Dixie Gabbard as Secretary. Upon roll call: Dixie Gabbard, aye; Stephanie Garrett, aye; Eva Howard, aye; Lisa Hoying, aye; Steve Hurd, aye; Jodi Long, aye; Allie Shafer, aye.

Committee Appointments:

- **Finance/ Personnel Committee:**
 - President: Eva Howard
 - Vice President: Stephanie Garrett
 - Secretary: Dixie Gabbard
- **Ethics Council:**
 - Allie Shafer
 - Steve Hurd
 - Jodi Long
- **Policy Review Committee:**

- Lisa Hoying
- Eve Howard
- Dixie Gabbard

Meeting Dates/Time/Location

A motion was made by Lisa Hoying and seconded by Allie Shafer to hold the regular meetings of the Preble County Board of DD on the third Tuesday of the month at 6:00 p.m. at Preble County Board of DD, 200 Eaton Lewisburg Road, Eaton, Ohio. Upon roll call: Dixie Gabbard, aye; Stephanie Garrett, aye; Eva Howard, aye; Lisa Hoying, aye; Steve Hurd, aye; Jodi Long, aye; Allie Shafer, aye.

Adjournment

A motion was made by Stephanie Garrett and seconded by Steve Hurd to adjourn the annual organizational meeting at 5:54 p.m. Upon roll call: Dixie Gabbard, aye; Stephanie Garrett, aye; Eva Howard, aye; Lisa Hoying, aye; Steve Hurd, aye; Jodi Long, aye; Allie Shafer, aye.

At 6:00 p.m. the Regular Meeting of the Preble County Board of DD held Tuesday, January 29, 2019, was called to order. Upon roll call: Dixie Gabbard, aye; Stephanie Garrett, aye; Eva Howard, aye; Lisa Hoying, aye; Steve Hurd, aye; Jodi Long, aye; Allie Shafer, aye.

Introduction of Guests

Guests included new employees: Paula Burke, Ashley Hausmann, and Leah Watkins

Approval of Minutes

A motion was made by Stephanie Garrett and seconded by Lisa Hoying to approve the November 2018 Regular Board Meeting Minutes as presented. Upon roll call: Dixie Gabbard, abstain; Stephanie Garrett, aye; Eva Howard, aye; Lisa Hoying, aye; Steve Hurd, aye; Jodi Long, aye; Allie Shafer, aye.

Financial Report

A motion was made by Dixie Gabbard and seconded by Jodi Long to approve the October and November 2018 financial reports as presented. Upon roll call: Dixie Gabbard, aye; Stephanie Garrett, aye; Eva Howard, aye; Lisa Hoying, aye; Steve Hurd, aye; Jodi Long, aye; Allie Shafer, aye.

Finance and Personnel Director, Lauran Franklin reviewed the financial report for the months of October and November 2018. The beginning fund balance for October was \$4,764,167. The ending fund balance for November was \$4,452,782. Revenue received included the CY2014 Cost Report Settlement. In October, there was a transfer made from Waiver Match to Other Expenses in the amount of \$67,000. Expenditures also included the second quarter FY2019 Waiver Match bill, and a payment to the HRA.

Events and Activities – Superintendent/SSA Director

Superintendent/SSA Director Bethany Schultz gave an overview of the events and activities in which she was involved from November 16, 2018 – December 11, 2018..

Early Intervention

There were thirty-two children served in the months of November and December. We received nine new referrals. The evaluation team completed three Bayley evaluations. We participated in eight Individual Family Service Plan meetings, five transition planning meetings for children getting ready to turn three, three Evaluation Team Reviews and Individual Education Plan meetings for children entering preschool. We completed forty-five visits with nineteen cancellations.

We attended the Early Intervention Regional meeting and the OACB conference. We participated in SOYA and PAUSE and helped with the distribution for Christmas for Kids.

Community Outreach Update

Preble County Christmas for Kids was a huge success. We were able to serve 290 families in Preble County which meant 806 children received gifts this year who may not have otherwise. This program continues to be successful due to the generosity of our community. Thank you to everyone who donated gifts or volunteered their time in order to make Christmas a little more special this year.

SSA Team

Bethany Schultz gave an overview of the SSA report including 412 active individuals and 40 individuals who work in the community. We welcome new SSA team members, Ashley Hausmann, SSA Transition, Paula Burke, SSA Adults, and Leah Watkins, SSA Adults.

We also welcome Ohio Department of Developmental Disabilities director, Jeff Davis. Director Davis's primary focus is simplification of systems that can be overly cumbersome and challenging for Individual and families to navigation. He shared at a training this week "our system is all about direct care professionals and case management". We continue to fight against shortage of direct care support staff to work with Individuals, and as a system there is more and more placed on the SSA to manage and stay on top of. I am encouraged by his motivation to put these areas in the forefront of his work. We also said, goodbye to Director Martin, who did so many thing to spur our field forward, he was extremely helpful to Preble County and will be greatly missed.

We continue to work with Game Time and DNR to finalize the grant agreement. We would like to install an inclusive Whirl along with the poured rubber surface. (Pictures attached) The Whirl provides access for all abilities with its zero entry design. It includes bench seating and a large platform surface that exceed the ADA requirement for turnaround space and hand rails for users to grasp while spinning.

Contract Renewals

A motion was made by Steve Hurd and seconded by Stephanie Garrett to approve the following contract renewals: Primary Solutions, and L&M Products as presented. Upon roll call: Dixie Gabbard, aye; Stephanie Garrett, aye; Eva Howard, aye; Lisa Hoying, aye; Steve Hurd, aye; Jodi Long, aye; Allie Shafer, aye.

Hearing of the Public

There were no requests for hearing of the public.

Adjournment to Executive Session

A motion was made by Allie Shafer and seconded by Dixie Gabbard to adjourn into executive session at 6:17 pm for the purpose of personnel matters according to ORC 121.22 G1. Upon roll call: Dixie Gabbard, aye; Stephanie Garrett, aye; Eva Howard, aye; Lisa Hoying, aye; Steve Hurd, aye; Jodi Long, aye; Allie Shafer, aye.

Adjournment from Executive Session

A motion was made by Lisa Hoying and seconded by Allie Shafer to adjourn out of executive session at 6:43 pm for the purpose of personnel matters according to ORC 121.22 G1. Upon roll call: Dixie Gabbard, aye; Stephanie Garrett, aye; Eva Howard, aye; Lisa Hoying, aye; Steve Hurd, aye; Jodi Long, aye; Allie Shafer, aye.

Adjournment

A motion was made by Dixie Gabbard and seconded by Stephanie Garrett to adjourn the meeting at 6:47 pm. Upon roll call: Dixie Gabbard, aye; Stephanie Garrett, aye; Eva Howard, aye; Lisa Hoying, aye; Steve Hurd, aye; Jodi Long, aye; Allie Shafer, aye.

Preble CBDD
General Fund - Cash Flow Statement
CY2018 - As of 12.31.18

	Actual 1st Quarter	Actual 2nd Quarter	Actual 3rd Quarter	Actual October	Actual November	Actual December	Actual 4th Quarter	Actual Year to Date	Budgeted Annual Total
Beginning Fund Balance	\$ 2,183,777.95	\$ 3,833,357.81	\$ 3,635,608.83	\$ 4,764,167.08	\$ 4,563,790.72	\$ 4,452,782.19	\$ 4,764,167.08	\$ 2,183,777.95	\$ 2,183,777.95
Revenue	2,070,010.55	274,034.12	1,788,010.75	235,537.65	13,170.94	73,663.82	322,372.41	4,454,427.83	2,536,904.69
Expenditures	420,430.69	471,783.10	659,452.50	435,914.01	124,179.47	181,611.36	741,704.84	2,293,371.13	3,356,995.69
Ending Fund Balance	\$ 3,833,357.81	\$ 3,635,608.83	\$ 4,764,167.08	\$ 4,563,790.72	\$ 4,452,782.19	\$ 4,344,834.65	\$ 4,344,834.65	\$ 4,344,834.65	\$ 1,363,686.95

01.23.18

These financial statements are presented in accordance with the requirements of the Preble County Board of DD which may differ from generally accepted accounting principles. Accordingly, these financial statements are not designed for those who are not informed about such differences.

Preble County Board of DD
General Fund Revenue Report
CY2018 - As of 12.31.18

Acct #	Description	Appropriations										Total Received to Date	% Received	Balance to Receive
		CY2018												
		\$	1ST QTR	2ND QTR	3RD QTR	Recvd 10/18	Recvd 11/18	Recvd 12/18	4TH QTR	\$				
400-010011	Levy-General Prop.	1,599,027.71	1,872,732.65	-	\$ 1,410,711.82	-	-	-	-	\$ 3,283,444.47	205.3%	(1,684,416.76)		
400-012061	Levy- Rollback	230,951.81	-	144,493.34	144,814.25	-	-	-	-	289,307.59	125.3%	(58,355.78)		
400-010021	Tangible Personal Property	-	-	-	-	-	-	-	-	-	n/a	-		
400-021357	State DD Payments	212,082.00	53,091.76	53,376.92	52,276.92	52,561.10	-	-	52,561.10	211,306.70	99.6%	775.30		
400-021367	Title XX	17,000.00	2,465.76	2,395.71	2,942.10	-	2,465.76	-	2,465.76	10,269.33	60.4%	6,730.67		
400-021362	Title XIX - Case Management	275,000.00	17,586.93	23,283.90	91,070.96	16,136.50	-	34,425.11	50,561.61	182,503.40	66.4%	92,496.60		
400-010018	Public Utilities Reimbursement	-	-	-	-	-	-	-	-	-	n/a	-		
400-010023	TPP Tax Replacement	-	-	-	-	-	-	-	-	-	n/a	-		
400-025467	Gifts and Donations	190.00	1,000.00	51.49	158.58	-	250.00	-	250.00	1,460.07	768.5%	(1,270.07)		
400-025486	Other State Receipts	30,000.00	1,500.00	1,500.00	31,500.00	161,137.32	1,500.00	-	162,637.32	197,137.32	657.1%	(167,137.32)		
400-010025	Trailer Tax Settlement	1,998.17	2,537.91	-	1,052.94	1,121.01	-	-	1,121.01	4,711.86	235.8%	(2,713.69)		
400-015121	Title XIX - Day Hab/Transportation	-	-	-	-	-	-	-	-	-	n/a	-		
400-015144	ICF/MR Reimbursement	-	50,050.08	-	-	-	-	-	-	50,050.08	n/a	(50,050.08)		
400-021388	Waiver Administration	115,000.00	26,908.42	30,810.14	26,348.64	-	-	39,238.71	39,238.71	123,305.91	107.2%	(8,305.91)		
400-024452	HMG Part C	54,155.00	13,003.98	13,856.70	13,375.43	4,581.72	8,955.18	-	13,536.90	53,773.01	99.3%	381.99		
450-025489	Refunds	500.00	29,133.06	2,539.21	13,759.11	-	-	-	-	45,431.38	9086.3%	(44,931.38)		
450-024444	Paybacks	-	-	-	-	-	-	-	-	-	n/a	-		
450-025491	Rent	-	-	-	-	-	-	-	-	-	n/a	-		
450-025486	Local Other Receipts	1,000.00	-	1,226.71	-	-	-	-	-	1,226.71	122.7%	(226.71)		
400-025500	Special Olympics	-	-	-	-	-	-	-	-	-	n/a	-		
400-025499	SOYA	-	-	500.00	-	-	-	-	-	500.00	n/a	(500.00)		
Total Revenue		\$ 2,536,904.69	\$ 2,070,010.55	\$ 274,034.12	\$ 1,788,010.75	\$ 235,537.65	\$ 13,170.94	\$ 73,663.82	\$ 322,372.41	\$ 4,454,427.83	175.6%	\$ (1,917,523.14)		
										foot	100.0%	Target		

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Preble County Board of DD
General Fund Expenditures Report
CY2018 - As of 12.31.18

Acct #	Description	Appropriations CY2018	Line Item Adjustments	Appropriations as of 10.31.18	1ST QTR	2ND QTR	3RD QTR	Spent 10/18	Spent 11/18	Spent 12/18	4TH QTR	Total Spent to Date	% Spent	Balance Remaining
101002	Salaries - Employees	699,240.03		699,240.03	\$ 139,227.25	\$ 171,177.10	\$ 137,250.88	42,422.38	63,573.54	46,864.36	\$ 152,860.28	\$ 600,315.51	85.9%	\$ 98,924.52
102020	PERS	142,810.00		142,810.00	30,587.08	32,432.68	26,826.31	9,446.02	11,241.92	8,789.90	29,477.84	119,323.91	83.6%	23,486.09
103030	Medicare	10,139.00		10,139.00	1,908.71	2,367.54	1,881.07	578.94	885.65	640.38	2,104.97	8,262.29	81.5%	1,876.71
104040	Workers' Comp.	14,473.00		14,473.00	-	-	-	-	-	6,590.05	6,590.05	6,590.05	45.5%	7,882.95
105050	Unemployment	1,000.00		1,000.00	-	-	-	-	-	-	-	-	0.0%	1,000.00
106060	Health Insurance	313,469.00		313,469.00	66,925.91	73,144.64	72,281.73	17,158.09	37,158.09	38,305.01	92,621.19	304,973.47	97.3%	8,495.53
108061	Dental Insurance	14,849.00		14,849.00	2,947.60	2,959.70	2,820.12	863.84	863.84	863.84	2,591.52	11,318.94	76.2%	3,530.06
112170	Supplies	12,000.00		12,000.00	812.39	1,234.30	2,633.30	417.33	237.49	581.08	1,235.90	5,915.89	49.3%	6,084.11
112182	Materials	-		-	-	-	-	-	-	-	-	-	n/a	-
122640	Equipment	7,500.00		7,500.00	-	-	-	225.00	-	5,595.92	5,820.92	5,820.92	77.6%	1,679.08
113204	Contract - Repairs	5,000.00		5,000.00	-	250.00	-	-	-	-	-	250.00	5.0%	4,750.00
113200	Contract - Services	226,198.00	20,000.00	246,198.00	55,963.39	69,586.19	53,578.53	24,397.84	8,064.71	26,006.12	58,468.67	237,596.78	96.5%	8,601.22
113337	Rental Expenses	51,965.00		51,965.00	12,396.25	12,266.25	12,201.25	12,201.24	-	-	12,201.24	49,064.99	94.4%	2,900.01
116510	Advertising	1,000.00		1,000.00	251.64	236.94	120.00	-	-	-	-	608.58	60.9%	391.42
115500	Travel & Expense	30,000.00		30,000.00	2,927.68	2,606.94	2,725.68	1,165.20	861.10	2,633.82	4,660.12	12,920.42	43.1%	17,079.58
113483	Transportation	5,000.00		5,000.00	300.94	1,111.50	2,294.75	13.19	-	-	13.19	3,720.38	74.4%	1,279.62
123660	Capital Improvements	-		-	-	-	-	-	-	-	-	-	n/a	-
121551	Other Expenses	280,170.00	67,000.00	347,170.00	95,280.98	96,774.97	49,918.04	36,090.86	95.00	43,710.00	79,895.86	321,869.85	92.7%	25,300.15
119530	Gasoline	2,000.00		2,000.00	101.75	211.71	167.52	62.95	30.00	62.75	155.70	636.68	31.8%	1,363.32
121588	Special Olympics	-		-	-	-	-	-	-	-	-	-	n/a	-
121587	SOYA	-		-	-	-	-	-	-	-	-	-	n/a	-
113276	Housing Management	41,900.00		41,900.00	10,799.12	5,422.64	5,165.32	1,283.13	1,168.13	1,168.13	3,619.39	25,006.47	59.7%	16,893.53
113371	Waiver Match	1,498,282.66	(87,000.00)	1,411,282.66	-	-	289,588.00	289,588.00	-	-	289,588.00	579,176.00	41.0%	832,106.66
Total Expenditures		\$ 3,356,995.69	\$ -	\$ 3,356,995.69	\$ 420,430.69	\$ 471,783.10	\$ 659,452.50	\$ 435,914.01	\$ 124,179.47	\$ 181,611.36	\$ 741,704.84	\$ 2,293,371.13	68.3%	\$ 1,063,624.56
												fool \$	2,293,371.13	Target

These financial statements are presented in accordance with the requirements of the Preble County Board of DD which may differ from generally accepted accounting principles. Accordingly, these financial statements are not designed for those who are not informed about such differences.

Budgeted Waiver match allocations have been adjusted based on figures approved by commissioners.

Preble CBDD
REVENUE AND EXPENDITURE REPORTS – December 2018
Monthly Report

Revenues (Total CY2018 Budget \$2,536,904) (175.6% collected):

LEVY – General Property - Our budget this year is \$1,599,027 excluding the 1.9 mil additional that was voted in November 2017, after the budget was completed and approved by the County Commissioners. We received \$1,872,732 in March and received our second deposit of \$1,410,711 in August.

This is our share of the revenue collected from property owners in Preble County based on levies successfully passed in prior years. It is paid twice a year, typically in March and in August.

LEVY – Rollback – Our budget this year is \$230,951 and we received \$0 in December.

This is our share of the revenue collected from property owners in Preble County based on levies successfully passed in prior years

DODD SUBSIDIES – \$0 in revenue was received in December. For 2018, we projected \$212,082 in subsidy revenue.

The Ohio Department of Developmental Disabilities (DODD) pays Service and Support and 501 Subsidies that benefit adult services and adults receiving Case Management services; Tax equity payments which were a part of a Medicaid re-design per House Bills 405 and 94 that were passed in 2001 to aid tax poor counties.

TITLE XX – \$0 in revenue was received in December. Our budget this year for this line item is \$17,000.

This federal grant supports early intervention services for individuals in our program. We receive this payment quarterly.

Title XIX – TARGETED CASE MANAGEMENT – We received \$34,425 in revenue for the month of December. For 2018, we budgeted \$275,000 for this line item.

Medicaid reimburses us for the work performed by our Service & Support Administrator based on case notes detailing service delivery.

Gifts and Donations – We have received \$0 in miscellaneous revenue in December and budgeted only \$190 for this line item.

Other State Receipts – We've budgeted \$30,000 in miscellaneous revenue from DODD. We collected \$0 in December.

LEVY – Trailer Tax Settlement – We have received a total of \$0 in levy deposits for this line item this month. Our budget this year is \$1,998.

This is our share of the revenue collected from property owners in Preble County based on levies successfully passed in prior years

ICF/DD Reimbursement – We received \$0 in the month of December.

These are individuals with developmental disabilities who are employed at the workshop, but who live in one of the group homes owned by Community Concepts.

WAIVER ADMINISTRATION – This year we budgeted \$115,000 for this line item. We received \$39,238 in December.

The Ohio Department of Developmental Disability (DODD) pays Waiver Administration based on time studies prepared by staff to help defray the cost of Administering I/O and Level One waivers. We receive this payment quarterly.

HMG Part C – This year we budgeted \$54,155 for HMG Part C and we received \$0 in December.

This is revenue received as pass thru funds from the Preble County Health District to help fund our Early Intervention Service Coordinator.

Refunds – We received \$0 in refunds in December and budgeted \$500 for the year.

Local Other Receipts – We have received a total of \$0 for the month of December.

Expenditures (Target 100% - Total CY2018 Expenditures Budget \$3,356,995):

PAYROLL – There were \$46,664 in salaries posted in the month of December. We budgeted \$699,240 for CY2018 based on projected CY2018 staffing needs.

PERS – The amount contributed to the PERS pension plans in the month of December is \$8,789. Our budget for the year is \$142,810.

MEDICARE – Of the \$10,139 in budgeted in Medicare benefits, we spent \$640 this month.

WORKERS' COMPENSATION – We budgeted at \$14,473 for 2018. \$6,590 were spent this month.

UNEMPLOYMENT COMPENSATION – There were \$0 in payments made for Unemployment Compensation this month.

HEALTH INSURANCE – Of the \$313,469 in budgeted health care benefits, we spent \$38,305 in health insurance during the month of December. This includes a payment to the HRA.

DENTAL INSURANCE – Of the \$14,849 in budgeted dental benefits, in December we spent \$863.

SUPPLIES – In December, we spent a total of \$581 of our annual budget of \$12,000. Supply costs are composed mostly of office supplies.

EQUIPMENT – Total equipment costs for this month were \$5,595. We budgeted \$7,500 for equipment purchases throughout the year.

CONTRACT REPAIRS – We budgeted \$5,000 for contract repairs this year and spent \$0 in December.

CONTRACT SERVICES – In December, we spent a total of \$26,006. Our 2018 annual projection for this line item is \$226,198. This line item pays for utilities and other contracted services. There was a line item adjustment in the amount of \$20,000 in 2018.

RENTALS – We budgeted \$51,965 for our 2018 rental payment for SSA and Administrative office space. A total of \$0 was distributed in December to comply with our rental agreement for 2018. Rental payments are made on a quarterly basis.

ADVERTISING & PRINTING – We expended \$0 from this line item in the month of December for misc. charges. Our budgeted total is \$1,000 for the year.

TRAVEL & EXPENSES – The \$2,633 in travel costs for December were primarily for employee mileage reimbursements and training / seminar registration costs. This year we budgeted \$30,000 for this line item.

TRANSPORTATION – We totaled \$0 in transportation costs this month. Our budget for the year is \$5,000. We use this line item to pay for repairs and materials for our transportation fleet.

OTHER EXPENSES – The \$280,170 budgeted for this account, is used primarily for Administration Fees, dues and memberships. We spent \$43,710 in December. This includes \$35,000 for Critical Needs and Room and Board Funding to Westcon for 2019. There was a line item adjustment in the amount of \$67,000 in 2018.

GASOLINE – Our annual budget for fuel in 2018 is \$2,000 and in December we spent \$62 from this line item.

SPECIAL OLYMPICS - Adult – We added this line item in 2013 to account for the expenditures associated with donations and other monies collected for Adult Special Olympics. We budgeted \$0 for 2018.

SOYA – We added this line item in 2014 to account for the expenditures associated with donations and other monies collected for SOYA. We budgeted \$0 for 2018.

HOUSING – We added this line item in 2016 to account for the expenditures associated with houses, including vacancies. We budgeted \$47,900 in 2018 and expended \$1,168 in December.

WAIVER MATCH – In 2017, waiver match was removed from the "Other Expenses" line and given its own line. We budgeted \$1,498,282 in Waiver Match for 2018, which includes an adjustment made by the commissioner due to

anticipated end of year 2017 funds, and expended \$0 in December. Waiver Match is paid on a quarterly basis. There were line item adjustments in the amount of (\$87,000) in 2018.

Preble County Board of Developmental Disabilities

Policy: Waiting List Policy

Board Approved: September 10, 2002
Revised: 5/13/03, 9/09/03, 2/10/09,
6/12/12, 1/08/13

Section: 3.5

Page 1 of 7

Reference: ORC ~~121.38, 5123.01 5123.04, 5124.01, 5126.04, 5126.042, 5126.044, 5126.054, 5126.055, 5126.059, 5126.0510, 5126.15, 5160.31~~
~~OAC 5101:6-1 to 5101:6-9, 5123:2-1-08, 5123:2-3-05, 5123:2-8-01, 5123:2-14-01, 5123-4-01, 5160-3, 5123-9-04~~

I. PURPOSE

The purpose of this rule is to set forth the requirements for waiting lists established by a county board under section 5126.042 of the Revised Code ~~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 in department-administered home and community-based services waivers.~~

II. DEFINITIONS

- A. "Adult" means an individual who is eighteen years of age or older.
- B. "Alternative services" means the various programs, ~~funding mechanisms, services, and supports, regardless of funding source,~~ other than home and community-based services, that exist as part of the developmental disabilities service system and other service systems. ~~including, but not limited to:~~
"Alternative services" includes, but is not limited to, services offered through Ohio's Medicaid state plan such as home health services and services available at an Intermediate Care Facility for Individuals with Intellectual Disabilities.
- ~~1. Services provided directly by a county board;~~
 - ~~2. Services funded by a county board through providers;~~
 - ~~3. Services provided and funded outside the developmental disabilities service system; and~~
 - ~~4. Services provided at the state level.~~
- C. "Community-based alternative services" means alternative services in a setting other than a hospital, an intermediate care facility for individuals with intellectual disabilities, or a nursing facility.
- D. "County board" means a county board of developmental disabilities.

- E. "Current need" means an unmet need for home and community-based services within twelve months, as determined by a county board based upon assessment of the individual using the waiting list assessment tool. Situations that give rise to current need include:
1. An individual is likely to be at risk of substantial harm due to:
 - a. The primary caregiver's declining or chronic physical or psychiatric condition that significantly limits his or her ability to care for the individual;
 - b. Insufficient availability of caregivers to provide necessary supports to the individual; or
 - c. The individual's declining skills resulting from a lack of supports.
 2. An individual has an ongoing need for limited or intermittent supports to address behavioral, physical, or medical needs, in order to sustain existing caregivers and maintain the viability of the individual's current living arrangement.
 3. An individual has an ongoing need for continuous supports to address significant behavioral, physical, or medical needs.
 4. An individual is aging out of or being emancipated from children's services and has needs that cannot be addressed through community-based alternative services.
 5. An individual requires waiver funding for adult day services or employment-related supports that are not otherwise available as vocational rehabilitation services funded under section 110 of the Rehabilitation Act of 1973, 29 U.S.C. 730, as in effect on the effective date of this rule, or as special education or related services as those terms are defined in section 602 of the Individuals with Disabilities Education Improvement Act of 2004, 20 U.S.C. 1401, as in effect on the effective date of this rule.
- F. "Date of request" means the earliest date and time of any written or otherwise documented request for home and community-based services made prior to the effective date of this rule. ~~other documented request for home and community-based services. The request, including the date and time of request, shall be included in an individual's record maintained by a county board. Documentation of the date of request may include the Ohio department of job and family services form 02399, "Request for Medicaid Home and Community-Based Services," signature date.~~
- G. "Department" means the Ohio department of developmental disabilities.
- H. "Home and community-based services" has the same meaning as in section 5123.01 of the revised Code.

- I. "Immediate need" means a situation that creates a risk of substantial harm to an individual, caregiver, or another person if action is not taken within thirty calendar days to reduce the risk. Situations that give rise to immediate need include:
1. A resident of an intermediate care facility for individuals with intellectual disabilities has received notice of termination of services in accordance with rule 5123:2-3-05 of the Administrative Code.
 2. A resident of a nursing facility has received thirty-day notice of intent to discharge in accordance with Chapter 5160-3 of the Administrative Code.
 3. A resident of a nursing facility has received an adverse determination in accordance with rule 5123:2-14-01 of the Administrative Code.
 4. An adult is losing his or her primary caregiver due to the primary caregiver's declining or chronic physical or psychiatric condition or due to other unforeseen circumstances (such as military deployment or incarceration) that significantly limit the primary caregiver's ability to care for the individual when:
 - a. Impending loss of the caregiver creates a risk of substantial harm to the individual; and
 - b. There are no other caregivers available to provide necessary supports to the individual.
 5. An adult or child is engaging in documented behavior that creates a risk of substantial harm to the individual, caregiver, or another person.
 6. There is impending risk of substantial harm to the individual or caregiver as result of:
 - a. The individual's significant care needs (i.e., bathing, lifting, high-demand, or twenty-four-hour care); or
 - b. The individual's significant or life-threatening medical needs.
 7. An adult has been subjected to abuse, neglect, or exploitation and requires additional supports to reduce a risk of substantial harm to the individual.

~~"Emergency status" means an individual is facing a situation that creates for the individual a risk of substantial self-harm or substantial harm to others if action is not taken within thirty days. Emergency status may result from, but is not limited to, one or more of the following:~~

- ~~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 to the individual or others of immediate harm or death; or
5. Change in emotional or physical condition of the individual that necessitates substantial accommodation that cannot be reasonably provided by the individual's existing caretaker.

- J. "Individual" means a person with a developmental disability.
~~"Home and community-based services" means Medicaid-funded home and community-based services specified in division (B)(1) of section 5111.87 of the Revised Code and provided under the Medicaid components the department administers pursuant to section 5111.871 of the Revised Code.~~
- K. "Intermediate care facility for individuals with intellectual disabilities" has the same meaning as in section 5124.01 of the Revised Code. ~~ICFMR" means intermediate care facilities for the mentally retarded, including state-operated developmental centers.~~
- L. "Locally-funded home and community-based services waiver" means the county board pays the entire nonfederal share of Medicaid expenditures in accordance with sections 5126.059 and 5126.510 of the Revised Code." "Individual" means a person with a developmental disability or for purposes of giving, refusing to give, or withdrawing consent for services, his or her guardian in accordance with section 5126.043 of the Revised Code.
- M. "Nursing facility" has the same meaning as in section 5165.01 of the Revised Code. "Individual service plan" means the written description of services, supports, and activities to be provided to an individual.
- N. "Service and support administration" means the duties performed by a service and support administrator pursuant to section 5126.15 of the Revised Code. There shall be no waiting list for the following services:
- A. Medicaid state plan services;
 - B. ~~Home and community-based services for individuals already enrolled in a home and community-based services waiver administered by the department;~~
 - C. ~~Home and community-based services for children who are subject to a determination under section 121.38 of the Revised Code and require the services; and~~
 - D. ~~Home and community-based services for individuals who are transferred to a home and community-based services waiver pursuant to paragraph (H) of this rule.~~
- O. "State funded home and community-based services waiver" means the department pays, in whole, or in part, the nonfederal share of Medicaid expenditures associated with an individual's enrollment in the waiver. Waiting list for home and community-based services
- P. "Status date" means the date on which the individual is determined to have a current need based on completion of an assessment of the individual using the waiting list assessment tool. ~~If a county board determines that available resources~~

are not sufficient to meet the needs of all individuals who request home and community-based services, the board shall establish a waiting list for the services.

- Q. “Transitional list of individuals waiting for home and community-based services” means the list maintained in the department’s web-based individual data system which shall include the name and date of request for each individual on a list of individuals waiting for home and community-based services on the day immediately prior to the effective date of this rule established in accordance with rule 5123:2-10-08 of the Administrative Code as that rule existed on the day immediately prior to the effective date of this policy.

~~When an individual requests home and community-based services for which there is a waiting list, a county board shall:~~

- ~~1. With the agreement of the individual, place the individual's name on the waiting list;~~
 - ~~2. Inform the individual, the individual's guardian, and in accordance with section 5126.044 of the Revised Code, the individual's family, as applicable, of the individual's position on the waiting list and the individual's due process rights in accordance with Section X of this policy;~~
 - ~~3. Identify the individual's immediate needs; and~~
 - ~~4. Assist the individual in identifying and obtaining alternative services that are available to meet those needs, including applying for Medicaid. An individual who accepts alternative services may, at the individual's choice, remain on the waiting list in his or her current position.~~
- A. ~~An individual's date of request is the controlling date for placement on a waiting list for home and community-based services and shall be documented at the time of any such request.~~
- B. ~~When there is a dispute regarding an individual's date of request, the individual or a person with legal authority to act on behalf of the individual, may appeal under procedures set forth in Section X of this policy.~~
- C. ~~When an individual relocates or expresses a desire to relocate from one county to another county, any waiting list for home and community-based services shall be reordered in the new county based on the individual's date of request for such services.~~
- D. ~~When home and community-based services for which there is a waiting list become available, a county board shall offer the services to the individual next scheduled on the waiting list to receive the services subject to a determination of the individual's eligibility for the services. If the individual refuses the services, the individual may, at the individual's choice, remain on the waiting list in his or her current position.~~
- E. ~~Annually, a county board shall:~~
- ~~1. Review the current status, reassess the service needs, and notify the individual, the individual's guardian, and in accordance with section 5126.044 of the Revised Code, the individual's family, as applicable, of the individual's position on the waiting list; and~~

2. ~~Provide contact information for a person at the county board who can provide resource information to address, to the extent possible, immediate needs of the individual and who can respond to questions 5123:2-1-08-3 about the notice.~~

F. ~~If at any time it is determined that an individual on a waiting list for home and community-based services is not eligible for county board services, the county board shall retain the individual's name on the waiting list for HCBS waiver services but shall not provide county board services until eligibility is established. The county board shall assist the individual with contacting other agencies/programs for which the individual may be eligible and shall enter the individual into the Individual Data System (IDS) Waiting List Application process. Individuals determined to be ineligible for county board services have a right to due process as set forth in Section X of this policy.~~

R. “Waiting list assessment tool” means the Ohio assessment for immediate need and current need contained in the appendix to this rule, which shall be used for purposes of making a determination of an individual’s eligibility to be added to the waiting list for home and community-based services defined in paragraph (II)(T) of this rule and administered by persons who successfully complete training developed by the department. Emergency status

~~The individuals who may be placed on a waiting list include individuals with emergency status. An individual with emergency status shall receive first priority for home and community-based services. No individual may receive priority for home and community-based services pursuant to paragraph (F) of this rule over a individual placed on a waiting list with emergency status. When two or more individuals have emergency status pursuant to this paragraph, the county board shall offer the services to such individuals in the order they are placed on the waiting list based on their date of request.~~

S. “Waiting list date” means, as applicable, either:

1. The date of request for an individual whose name is included on the transitional list of individuals waiting for home and community-based services; or
2. The earliest status date for an individual whose name is not included on the transitional list of individuals waiting for home and community-based services.

Priority categories

~~Except as provided in paragraph (V) of this policy, a county board shall give priority to all of the following in accordance with the assessment component approved under section 5123.046 of the Revised Code of the county board's plan developed under section 5126.054 of the Revised Code.~~

A. ~~Refinancing of supported living and family support services. An individual who is eligible for home and community-based services and meets both of the following requirements shall be given priority on a waiting list established under Section IV of this policy.~~

~~1. The individual is twenty-two years of age or older; and~~

~~2. The individual receives supported living or family support services.~~

~~B. Refinancing of adult services. An individual who is eligible for home and community-based services and meets both of the following requirements shall be given priority on a waiting list established under paragraph (IV) of this policy:~~

~~1. The individual 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; and~~

~~2. The individual receives adult services from the county board.~~

5123:2-1-08-4

~~C. Aging caregiver or intensive needs. An individual who is eligible for home and community-based services and meets either of the following requirements shall be given priority on a waiting list established under paragraph IV of this policy:~~

~~1. The individual 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 sixty years of age or older; or~~

~~2. The individual has at least one of the following service needs that is unusual in scope or intensity:~~

~~a. Severe behavior problems for which a behavior support plan is needed;~~

~~b. A mental health diagnosis for which medication has been prescribed;~~

~~c. A medical condition that leaves the individual dependent on life-support medical technology;~~

~~d. A condition affecting multiple body systems for which a combination of specialized medical, psychological, educational, or habilitation services is needed; or~~

~~e. A condition the county board determines to be comparable in severity to any condition described in paragraphs (VI)(2)(a) to (VI)(2)(e) of this policy and places the individual at significant risk of institutionalization.~~

T. "Waiting list for home and community-based services" means the list established by county boards and maintained in the department's web-based waiting list management system which shall include the name, status date, date of request (as applicable), waiting list date, and the criteria for current need by which an individual is eligible based on administration of the waiting list assessment tool, for each individual determined to have a current need on or after the effective date of this rule.

III. PLANNING FOR LOCALLY-FUNDED HOME AND COMMUNITY -BASED SERVICES WAIVERS

A county board shall, in conjunction with development of its plan described in section 5126.054 of the Revised Code and its strategic plan described in rule 5123-4-01 of the Administrative Code, identify how many individuals the county board 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 county 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. This information shall be made available to any interested person upon request.

III. 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 county board in the individual's county of residence to request an assessment of the individual using the waiting list assessment tool. The county 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 county board.
- B. The county board shall place an individual's name on the waiting list for home and community-based services when, based on assessment of the individual using the waiting list assessment tool, the individual:
 - 1. Has been determined to have a condition that is:
 - a. Attributable to a mental or physical impairment or combination of mental and physical impairments, other than an impairment caused solely by mental illness.
 - b. Manifested before the individual is age twenty-two; and
 - c. Likely to continue indefinitely; and
 - 2. Has a current need which cannot be met by community-based alternative services in the county where the individual resides (including a situation in which an individual has a current need despite the individual's enrollment in a home and community-based services waiver.
- C. The County Board shall not place an individual's name on the waiting list for home and community-based services when the individual:
 - 1. Is a child who is subject to a determination under section 121.38 of the Revised Code and requires home and community-based services; or
 - 2. Has an immediate need, in which case the county board shall take action necessary to ensure the immediate need is met. The county board shall provide the individual or the individual's guardian, as applicable, with the option of having the individual's needs met in an intermediate care facility for individuals with intellectual disabilities or through community-based alternative services. Once an individual or individual's guardian chooses the setting in which he or she prefers to receive services, the county board shall take action to ensure the individual's immediate need is met, including by enrollment in a home and community-based services waiver, if necessary. Such action may also 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.

D. When a county board places an individual's name on the waiting list for home and community-based services, the county board shall;

1. Record, in the department's web-based waiting list management system:
 - a. The individual's status date; and
 - b. For an individual included in the transitional list of individuals waiting for home and community-based services defined in paragraph (II) (Q) of this rule, the individual's date of request.
2. Notify the individual or the individual's guardian, as applicable, that the individual's name has been placed on the waiting list for home and community-based services.
3. Provide contact information to the individual or the individual's guardian, as applicable, for a person at the county board who can assist in identifying and accessing alternative services that address, to the extent possible, the individual's needs.

E. Annually, a county board shall:

1. Review the waiting list assessment tool and service needs of each individual whose name is included on the waiting list for home and community-based services with the individual and the individual's guardian, as applicable; and
2. Assist the individual or the individual's guardian, as applicable, in identifying and accessing alternative services.

F. Under any circumstances, when a county board determines an individual's status has changed with regard to having an immediate need and/or having a current need or an individual's status date has changed, the county board shall update the individual's record in the department's web-based waiting list management system.

V. **ORDER FOR ENROLLING INDIVIDUALS IN LOCALLY-FUNDED HOME AND COMMUNITY-BASED SERVICES WAIVERS**

A. Individuals shall be selected for enrollment in locally-funded home and community-based services waivers in this order:

1. Individuals with immediate need who require waiver funding to address the immediate need.
2. Individuals who have met multiple criteria for current need for twelve or more consecutive months and who were not offered enrollment in a home and community-based services waiver in the prior calendar year. When two or more individuals meet the same number of criteria for current need, the individual with the earliest of either the status date or date of request shall be selected for enrollment.

3. Individuals who have met multiple criteria for current need for less than twelve consecutive months. When two or more individuals meet the same number of criteria for current need, the individual with the earliest of either the status date or date of request shall be selected for enrollment.
 4. Individuals who meet a single criterion for current need. When two or more individuals meet a single criterion for current need, the individual with the earliest of either status date or date of request shall be selected for enrollment.
- B. Individuals with immediate need and individuals with current need may be enrolled in locally-funded home and community-based services waivers concurrently.
 - C. Meeting the criteria for immediate need and/or current need does not guarantee enrollment in a locally-funded home and community-based services waiver within a specific timeframe.
 - D. When an individual is identified as next to be enrolled in a locally-funded home and community-based services waiver, the county board shall determine the individual's eligibility for enrollment in a home and community-based services waiver. When the county board determines an individual is eligible for enrollment in a home and community-based services waiver, the county board shall determine which type of locally-funded home and community-based services waiver is sufficient to meet the individual's needs in the most cost-effective manner.

VI. ORDER FOR EMRP::OMG OMDOVODIA;S OM STATE-FUNDED HOME AND COMMUNITY-BASED SERVICES WAIVERS

- A. The department shall determine the order for enrolling individuals in state-funded home and community-based services waivers.
- B. Meeting the criteria for immediate need and/or current need does not guarantee enrollment in a state-funded home and community-based services waiver with a specific timeframe.

VII. CHANGE IN AN INDIVIDUAL'S COUNTY OF RESIDENCE

When an individual on the waiting list for home and community-based services moves from one county to another and the individual or the individual's guardian, as applicable, notifies the receiving county board, the receiving county board shall within ninety calendar days of receiving notice, review the individual's waiting list assessment tool.

- A. When the receiving county board determines that the individual has a current need which cannot be met by community-based alternative services in the receiving county (including a situation in which an individual has a current need despite the individual's enrollment in a home and community-based services waiver), the receiving county board shall update the individual's county of residence in the department's web-based waiting list management system without changing the status date or date of request assigned by the previous county board.

- B. When the receiving county board determines that the individual has a current need which can be met by community-based alternative services in the receiving county, the receiving county board shall assist the individual or the individual's guardian, as applicable, in identifying and accessing those services.

VIII REMOVAL FROM WAITING LIST FOR HOME AND COMMUNITY-BASED SERVICES

A county board shall remove an individual's name from the waiting list for home and community-based services:

- A. When the county board determines that the individual no longer has a condition described in paragraph (III)(B)(a) of this rule;
- B. When the county board determines that the individual no longer has a current need;
- C. Upon the request of the individual or the individual's guardian, as applicable,
- D. Upon enrollment of the individual in a home and community-based services waiver that meets the individual's needs;
- E. If the individual or the individual's guardian, as applicable, declines enrollment in a home and community-based services waiver or community-based alternative services that are sufficient to meet the individual's needs;
- F. If the individual or the individual's guardian, as applicable, fails to respond to attempts by the county board to contact the individual or the individual's guardian, as applicable, by at least two different methods, one of which shall be certified mail to the last known address of the individual or the individual's guardian, as applicable.
- G. When the county board determines the individual does not have a developmental disabilities level of care in accordance with rule 5123:2-8-01 of the Administrative Code.
- H. When the individual is no longer a resident of Ohio; or
- I. Upon the individual's death.

IX. ADVANCEMENT FROM TRANSITIONAL LIST OF INDIVIDUALS WAITING FOR HOME AND COMMUNITY-BASED SERVICES TO WAITING LIST FOR HOME AND COMMUNITY-BASED SERVICES

- A. The department shall maintain the transitional list of individuals waiting for home and community-based services as defined in paragraph (II)(Q) of this rule until December 31, 2020.

- B. A county board shall administer the waiting list assessment tool to each individual residing in the county whose name is included on the transitional list of individual's waiting for home and community-based services.
1. The county board shall administer the waiting list assessment tool to each individual residing in the county whose name is included on the transitional list of individuals waiting for home and community-based services who receives service and support administration when the individual service plan is next scheduled for review following the effective date of this rule.
 2. The county board shall administer the waiting list assessment tool to each individual residing in the county whose name is included on the transitional list of individuals waiting for home and community-based services who does not receive service and support administration no later than December 31, 2020. A county board may request and the department may provide assistance to identify, locate, contact, or administer the waiting list assessment tool to the individuals residing in the county but unknown to the county board.
 3. There are three possible outcomes of administration of the waiting list assessment tool:
 - a. The county board determines the individual has an immediate need, in which case the individual shall receive services in accordance with paragraph (III)(C)(2) of this rule;
 - b. The county board determines the individual has a current need, in which case the county board shall use community-based alternative services in the county to meet the individual's needs or if the individual's needs cannot be met by community-based alternative services in the county, the county board shall add the individual's name to the waiting list for home and community-based services; or
 - c. The county board determines the individual has neither an immediate need nor a current need.
- C. The county board or the department shall attempt to contact each individual whose name is included on the transitional list of individuals waiting for home and community-based services or the individual's guardian, as applicable, by at least two different methods, one of which shall be certified mail to the last known address of the individual or the individual's guardian, as applicable. The department shall remove an individual's name from the transitional list of individuals waiting for home and community-based services when the individual or the individual's guardian, as applicable;
- A. Fails to respond to attempts by the county board or the department to establish contact; or
 - B. Declines an assessment of the individual using the waiting list assessment tool.

X. DUE PROCESS

- A. Due process shall be afforded to an individual aggrieved by an action of a county board related to:
 - 1. The approval, denial, withholding, reduction, suspension, or termination of a service funded by the state Medicaid program;
 - 2. Placement on, denial of placement on, or removal from the waiting list for home and community-based services or the transitional list of individuals waiting for home and community-based services; or
 - 3. A dispute regarding an individual's date of request or status date.
- B. Due process shall be provided in accordance with section 5160.31 of the Revised Code and Chapters 5101:6-1 to 5101:6-9 of the Administrative Code.

Order for offering services to individuals within priority categories established in paragraph VI of this policy.

- ~~A. If two or more individuals on a waiting list for home and community-based services have priority for the services pursuant to paragraph (F) of this rule, a county board shall use the following criteria to determine the order in which the individuals with priority are offered the services:~~
 - ~~1. The maximization of federal funding;~~
 - ~~2. A mix among the individuals in each of the priority categories in paragraph (VI) of this policy; and~~
 - ~~3. With regard to living arrangements, promoting:~~
 - ~~a. Individuals' ability to choose other individuals with priority under paragraph (VI) of this policy with whom to live if the individuals have an existing relationship; and~~
 - ~~b. Sharing of services among any individuals with priority under paragraph (VI) of this policy when the services are appropriate for the individuals.~~
- ~~B. When individuals are offered home and community-based services in accordance with the criteria in paragraph (G)(1) of this rule and two or more individuals have equal rank, the county board shall offer the services to such individuals in the order they are placed on the waiting list based on their date of request.~~

P. Transfer to a self-empowered life funding waiver

Once the self-empowered life funding waiver has been approved by the centers for Medicare and Medicaid services, if an individual who is enrolled in the individual options waiver or the level one waiver requests enrollment in the self-empowered life funding waiver, the department may transfer the individual to the self-empowered life funding waiver provided the individual's needs can be more appropriately met by the

~~self-empowered life funding waiver, the individual meets all eligibility criteria for the self-empowered life funding waiver, and the county board requests to enroll the individual in the self-empowered life funding waiver.~~

~~At any time within one hundred eighty days of enrollment in the self-empowered life funding waiver, at the individual's request, the county board shall request that the individual be re-enrolled in the waiver from which the transfer was made.~~

Q. ~~Waiting lists for non-Medicaid programs and services~~

~~If a county board determines that available resources are not sufficient to meet the needs of all individuals who request non-Medicaid programs or services, the county board shall establish one or more waiting lists for such programs or services in accordance with the county board's plan developed under section 5126.04 of the Revised Code.~~

R. ~~Due process~~

~~A. Due process shall be available to an individual aggrieved by an action of a county board related to any of the following:~~

~~1. The approval, denial, withholding, reduction, suspension, or termination of a service funded by the state Medicaid program; and~~

~~2. The establishment or maintenance of, placement on, the failure to offer services in accordance with, or removal from a waiting list.~~

~~5123:2-1-08-6~~

~~B. Due process shall be provided in accordance with Chapters 5101:6-1 to 5101:6-9 of the Administrative Code when the service involved is funded by the state Medicaid program and in accordance with rule 5123:2-1-12 of the Administrative Code when the service involved is not Medicaid-funded.~~

~~C. If an individual is aggrieved in accordance with paragraph (X)(A) of this policy, a county board may, if it has adopted a grievance procedure under rule 5123:2-1-12 of the Administrative Code, attempt to informally resolve the matter through the grievance procedure. The filing of a grievance under the grievance procedure shall not affect the right of the individual to due process in accordance with paragraph (X)(A) of this policy.~~

~~D. A county board shall, in the manner specified in rule 5123:2-1-12 of the Administrative Code, give notice to each individual on the waiting list, the individual's guardian, and in accordance with section 5126.044 of the Revised Code, the individual's family, as applicable, of the individual's due process rights. The county board shall document that such notice was given and the content of the notice.~~

~~S. Upon the department's request, a county board shall submit in a format specified by the department, documentation related to its waiting list for home and community-based services and any waiting list established pursuant to paragraph~~

~~(IX) of this policy including, but not limited to, information regarding individuals who requested services or were removed from the waiting list.~~

~~T. The department shall monitor the county board's compliance with the waiting list rule and their contract agencies. The department shall provide technical support upon request and through regional and statewide trainings.~~

~~U. County boards that operate ICFDD and other operators of ICFDD shall not be subject to the requirements of this rule with respect to persons requesting admission to ICFMR. Requests for admission to ICFDD shall be subject to the requirements of rule 5101:3-3-02 of the Administrative Code.~~

~~V. Nothing in this policy shall be interpreted to alter the obligation of a county board to provide a service, which it is required to provide under applicable law. Nothing in this policy shall be interpreted to create an obligation of a county board to provide a service, unless the obligation exists under applicable law.~~

02/19/2019
Date of PCBDD
Motion Adopted

Bethany Schultz, Superintendent
Preble County Board of Developmental Disabilities

APPENDIX

Ohio Assessment for Immediate Need and Current Need

Name of person assessed:	
Date of birth:	
Address:	
County of residence:	
Date of interview:	
Name of person completing assessment:	
Title of person completing assessment	
Name of participants and relationship to person:	
In what areas does the person report needing help?	

Condition (If "No" to any item, stop. This person does not meet the criteria to be added to the Waiting List for Home and Community-Based Services.)

Does this person have a condition that is attributable to a mental or physical impairment or combination of mental and physical impairment, other than an impairment caused solely by mental illness?	Yes or No
Was the condition present before age 22?	Yes or No
Is the condition likely to continue indefinitely?	Yes or No

Current living Arrangements (Check one.)

☐ Lives Alone

☐ Lives with family or other caregivers

☐ Lives with others who are not caregivers

☐ Lives in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICFIID)

☐ Lives in a Nursing Facility

☐ Other (Describe):

Currently Used or Available Resources/Services

County Board Services/Funding	Yes or No	Medicaid State Plan Private Duty Nursing	Yes or No
Help Me Grow/Ohio Early Intervention	Yes or No	Ohio Home Care Waiver	Yes or No
Bureau for Children with Medical Handicaps	Yes or No	PASSPORT Waiver	Yes or No
Family and Children First Council	Yes or No	Assisted Living Waiver	Yes or No
Ohio Department of Education	Yes or No	MyCare Waiver	Yes or No
Vocational Rehabilitation/Opportunities for Ohioan with Disabilities	Yes or No	Self-Empowered Life Funding Waiver	Yes or No
Children Services	Yes or No	Level One Waiver	Yes or No
Medicaid State Plan Home Health Aide	Yes or No	Other Describe:	Yes or No
Medicaid State Plan Home Health Nursing	Yes or No		

Questionnaire:

1 a. Is the individual an adult facing substantial risk of harm due to potential loss of existing caregiver(s) due to caregiver(s) declining or chronic condition or due to other unforeseen circumstances?

(i) Is there evidence that the primary caregiver has a declining or chronic condition or is facing other unforeseen circumstances that will limit his or her ability to care for the individual?
(Mark "Yes" if evidence is provided for 1a(i)(a).)

Yes or No

(a) List documentation used to verify presence of declining or chronic condition or unforeseen circumstances.

(b) Is action required within the next 30 days due to the caregiver's inability to care for the individual?

Yes or No

Describe required action:

(If "Yes" to 1a(i)(a) and 1a(i)(b), the individual has an immediate need. Proceed to Question 2.)

(If "Yes" to 1a(i) and "No" to 1a(i)(b), this is a current need area. Proceed to next question.)

(ii) Is there evidence of declining skills the individual has experienced as a result of either the caregiver's condition or insufficient caregivers to meet the individual's current needs?

Yes or No

(a) List documentation used to verify presence of caregiver's condition, if not already described above.

(b) Describe decline: **(Required field)**

(If "Yes" to 1a(ii), this is a current need area. Proceed to next question.)

1 b. Does the individual have behavioral, physical care, and/or medical needs that create substantial risk of harm to self/others?

(i) Is the individual a child/adult currently engaging in a pattern of behavior that creates a substantial risk to self/others? **(Mark "Yes" if 1b(i)(a) and 1b (i)(b) are completed.)**

Yes or No

(a) Check all that apply:

- ☐ Not Applicable; there is currently no pattern of behavior that creates a substantial risk
- ☐ Elopement
- ☐ Fire Setting
- ☐ Physical Aggression
- ☐ Self Injury
- ☐ Sexual Offending
- ☐ Other

*** Describe type, frequency, and intensity of behavioral needs: (Required if item in 1b(i)(a) is selected.)**

(b) Documentation available: **(only 1 option is required.)**

- ☐ Not applicable; there is currently no pattern of behavior that creates a substantial risk.
- ☐ Behavior Tracking Sheets

- ☐ Incident Reports
- ☐ Police Reports
- ☐ Psychological Assessment
- ☐ Other (describe):

(Proceed to next question.)

(ii) Is the individual a child/adult with significant physical care needs? (Mark "Yes" if any one item in 1b (ii)(a) is selected.)

Yes or No

(a) Check all that apply:

- ☐ Not applicable; there are no significant physical care needs.
- ☐ Frequent hands-on support required with activities of daily living (personal care, mobility/positioning, toileting, etc.) throughout the day and night.
- ☐ Size/condition of the individual creates a risk of injury during physical care
- ☐ Other

*** Describe type, frequency, and intensity of physical care needs: (required if item in 1b (ii)(a) is selected.)**

Proceed to next question.

(iii) Is the individual a child/adult with significant or life-threatening medical needs? (Mark "Yes" if any one item in 1b (iii)(a) is selected.)

Yes or No

(a) Check all that apply:

- ☐ Not applicable; there are no significant or life-threatening medical needs.
- ☐ Frequent hospitalizations or emergency room visits for life-sustaining treatment.
- ☐ Ongoing medical care provided by caregivers to prevent hospitalizations or emergency room interventions
- ☐ Need for specialized training of caregiver to prevent emergency medical intervention

___ Other

* Describe type, frequency, and intensity of physical care needs: (required if item in 1b (iii)(a) is selected.)

Proceed to next question.

(iv) Is action required within the next 30 days to reduce the risk presented by the behavioral, physical care, and/or medical needs identified in 1b(i), 1b(ii), and/or 1b(iii)?

Yes or No

(If "Yes," the individual has an immediate need. Proceed to question 2.)

(v) If "No," do the significant behavioral, physical care, and/or medical needs identified above require continuous support to reduce risk?

Yes or No

(If "Yes" this is a current need area. Proceed to next question.)

1. c. Is the individual an adult who has been subjected to abuse, neglect, or exploitation and requires supports to reduce risk? (Mark "Yes" if response to 1c(i) and 1c(ii) is "Yes".)

Yes or No

(i) There is currently an open investigation with (check all that apply):

___ Not applicable; there is currently no open investigation

___ Adult Protective Services

___ County Board

___ Law Enforcement

___ Other (describe):

* Describe incident under investigation and supports needed to reduce the risk. (Required if item in 1 c(i) is selected.)

(ii) Is action required within the next 30 days to reduce the risk?

Yes or No

(If "Yes" to 1c, the individual has an immediate need. Proceed to question 2.)

(If "No" to 1c, proceed to next question.)

1 d. Is the individual a resident of an ICFIID or Nursing Facility who has either been issued a 30-day notice of intent to discharge or received an adverse Resident Review determination?

(Mark "Yes" if response to 1d(i), 1d(ii), and 1d(iii) is "Yes".)

Yes or No

(i) Is the individual currently a resident of an ICFIID or Nursing Facility?

Yes or No

(ii) Has the individual been issued a 30-day notice of intent to discharge or received an adverse Resident Review Determination?

Yes or No

(iii) Is action required within the next 30 days to reduce the risk?

Yes or No

(If "Yes" to 1d, the individual has an immediate need. Proceed to question 2.)

(If "No" to 1d, proceed to next question.)

1 e. Does the individual have an ongoing need for limited/intermittent supports to address behavioral, physical, or medical needs in order to sustain existing caregivers and remain in the current living environment with existing supports? (Mark "Yes" if response to all three questions below is "Yes")

Yes or No

(i) Does the individual have a need for limited or intermittent supports within the next 12 months?

Yes or No

(ii) Does the individual desire to remain in the current living environment?

Yes or No

(iii) Are existing caregivers willing AND able to continue to provide supports, if some relief were provided?

Yes Or No

(If "Yes" to 1e, this is a current need area. Proceed to next question.)

1 f. Is the individual reaching the age of majority and being released from the custody of a child protection agency within the next 12 months and has needs that cannot be addressed through alternative services? (Mark "Yes" if response to 1f(i) and 1f(ii) is "Yes".)

Yes or No

(i) Is the individual being released from the custody of a child protection agency within the next 12 months?

Yes or No

If "Yes" indicate anticipated date: _____

(ii) Does the individual have needs that cannot be addressed through alternative services?

Yes or No

(If "Yes" to 1f, this is a current need area. Proceed to next question.)

1 g. Does the individual require waiver funding for adult day or employment-related supports? (Mark "Yes" if response to all three questions below is "Yes".)

Yes or No

(i) Are the needed services required at a level or frequency that exceeds what is able to be sustained through local county board resources?

Yes or No

(ii) Are the needed services beyond what is available to the individual through the local school district/Individuals with Disabilities Education Act (IDEA)?

Yes or No

(iii) Are the needed services beyond what is available to the individual through Vocational Rehabilitation/Opportunities for Ohioans with Disabilities (OOD) or other resources?

Yes or No

(If "Yes" to 1g, this is a current need area. Proceed to next question.)

1 h. Does the individual have a viable discharge plan from the current facility in which he/she resides? (Mark “Yes” of response to all three questions below is “Yes.”)

Yes or No

(i) Is the individual currently a resident of an ICFIID or a Nursing Facility?

Yes or No

(ii) Has the individual/guardian expressed an interest in moving to a community-based setting within the next 12 months?

Yes or No

(iii) Is the individual’s team developing a discharge plan that addresses barriers to community living, such as housing and availability of providers?

Yes or No

(If “Yes” to 1h, this is a current need area. Proceed to next question.)

2. Is there an immediate need identified that requires an action plan within 30 days to reduce the risk? If “Yes” to any of the following, an immediate need has been identified:

- ☐ 1a(i)(a) + 1a(i)(b)
- ☐ 1b(i), 1b(ii), and/or 1b(iii) + 1b(iv)
- ☐ 1c, or
- ☐ 1d

Yes or No

If “Yes”, describe the area of immediate need: **(Required if “Yes.”)**

(If “Yes” to 2, proceed to question 4.)

(If “No” to 2, proceed to next question.)

3a. If "No" to 2, does the individual have a need identified in:

- 1a(i)
- 1a(ii)
- 1b(i), 1b(ii), and/or 1b(iii) + 1b(v)
- 1e
- 1f
- 1g
- Or
- 1h ?

("Yes" is required if any of the criteria listed is "Yes.")

Yes or No

3b. If "Yes" to 3a, will any of those needs be unmet by existing supports/resources within the next 12 months? ("Yes" or "No" is required if 3a is "Yes".)

Yes or No

If "Yes", describe the unmet need: (Required if "Yes".)

4. Will the unmet immediate need or unmet current need require enrollment in a waiver due to the lack of alternative resources to address the need? ("Yes" or "No" is required.)

Yes or No

If "No", describe the community-based alternative services that can address the unmet need: (Required if "No".)

Conclusion (check one):

___ The individual has unmet needs that require enrollment in a waiver at this time to address circumstances presenting an immediate risk of harm;

- **Requires ALL of the following:**
 - “Yes” to all three condition questions
 - “Yes” to question 2
 - “Yes” to question 4

___ The individual has needs that are likely to require waiver-funded supports within the next 12 months and will be placed on the Waiting List for Home and Community-Based Services at this time.

- **Requires ALL of the following:**
 - “Yes” to all three condition questions
 - “Yes” to question 3a
 - “Yes” to question 3b
 - “Yes” to question 4

___ The individual does not require waiver enrollment or placement on the Waiting List for Home and Community-Based Services as alternative services are available to meet assessed needs.

- **This is the outcome if one of the other two outcomes above are not met. Requires the following:**
 - “No” to question 4

___ The individual is not eligible for waiver enrollment or placement on the Waiting List for Home and Community-Based Services, as he/she has no qualifying condition.

- **This is the outcome if one or more of the three condition questions is “No”.**

Name of person determining conclusion:

Title of person determining conclusion:

Date conclusion determined:

Preble County Board of Developmental Disabilities

Policy: Major Unusual Incident Policy

Board Approved: March 12, 2002

Revised: 6/24/03, 6/14/05, 5/8/07,
8/14/07, 4/14/09, 3/11/14

Section: 3.6

Page 1 of 35

REFERENCE ORC: 167, 1.14, ~~421.02~~, 149.43, 2151.03, 2151.031, 2911,
2913, ~~2901.01~~, ~~2907~~, 2907.01, ~~2907.09~~, ~~5123.19~~, ~~5123.604~~,
5123.61, 5123.613, 5123.62, ~~5124.01~~, 5126, 5126.044,
5126.281

OAC: ~~5123:2-2-01~~, ~~5123:2-2-06~~, ~~5123:2-5-07~~, ~~5123-9-32~~, ~~5123-17-02~~, ~~5123:2-17-02~~, ~~5123:2-17-03~~

FEDERAL: 42 C.F.R., 483.420, ~~42 C.F.R. 483.430~~, ~~42 C.F.R. 483.440~~,

I. PURPOSE

This ~~rule~~ ~~policy~~ establishes the requirements for ~~managing incidents adversely affecting the health or safety of individuals in Preble County and implements a continuous quality improvement process in order to prevent or reduce the risk of harm to individuals.~~ ~~addressing major unusual incidents and unusual incidents and implements a continuous quality improvement process to prevent or reduce the risk of harm to individuals.~~

II. APPLICATION SCOPE

This ~~policy~~ ~~rule~~ applies to county boards, developmental centers, and providers ~~of services to individuals with developmental disabilities.~~ ~~Nothing in this rule relieves any person of the responsibility to comply with section 5123.61 of the Revised Code, which requires the reporting of abuse, neglect, and misappropriation.~~

III. DEFINITIONS

For the purpose of this policy, the following definitions shall apply:

- A. "Administrative investigation" means the gathering and analysis of information related to a major unusual incident so that appropriate action can be taken to address any harm or risk of harm and prevent recurrence. There are three administrative investigation procedures (category A, category B, and category C) that correspond to the three categories of major unusual incidents.
- B. "Agency provider" means a provider, certified or licensed by the department ~~that employees staff or a provider approved by the Ohio department of medicaid to provide services under the transitions developmental disabilities waiver, that employs staff to deliver services to individuals and who may subcontract the delivery of services.~~ "Agency provider" includes a county board while ~~the county board is~~ providing specialized services.

- C. "At-risk individual" means an individual whose health or welfare is adversely affected or whose health or welfare may reasonably be considered to be in danger of being adversely affected.
- D. "Common law employee" has the same meaning as in rule 5123-9-32 of the Administrative Code.
- E. "County board" means a county board of developmental disabilities as established under Chapter 5126 of the Revised Code or a regional council of governments as established under Chapter 167 of the Revised Code when it includes at least one county board.
- F. "Department" means the Ohio Department of Developmental Disabilities.
- G. "Developmental center" means an intermediate care facility for individuals with intellectual disabilities under the managing responsibility of the department.
- H. "Developmental disabilities employee" means any of the following:
 - 1. An employee of the department;
 - 2. A superintendent, board member, or An employee of a county board;
 - 3. An administrator, board member, or An employee of a residential facility licensed under section 5123.19 of the Revised Code. ~~an agency provider in a position that includes providing specialized services to an individual; or~~
 - 4. An administrator, board member, or employee of any other public or private provider of services to an individual with a developmental disability; or
 - 5. An independent provider.
- I. "Incident report" means documentation that contains details about a major unusual incident or an unusual incident and shall include, but is not limited to:
 - 1. Individual's name;
 - 2. Individual's address;
 - 3. Date of incident;
 - 4. Location of incident;
 - 5. Description of incident;
 - 6. Type and location of injuries;

7. Immediate actions taken to ensure health and welfare of individual involved and any at-risk individuals;
 8. Name of primary person involved and his or her relationship to the individual;
 9. Names of witnesses;
 10. Statements completed by persons who witnessed or have personal knowledge of the incident;
 11. Notifications with name, title, and time and date of notice;
 12. Further medical follow-up; and
 13. Name and ef signature of person completing the incident report.
- J. "Incident tracking system" (ITS) means the department's ~~on-line system~~ web-based system for reporting major unusual incidents.
- K. "Independent provider" means a self-employed person ~~or a common law employee~~ who provides services for which he or she must be certified ~~in accordance with rules promulgated by the department and does not employ, either directly or through contract, anyone else to provide the services. under rule 5123:2-2-01 of the Administrative Code or a self-employed person approved by the Ohio department of medicaid to provide services under the transitions developmental disabilities waiver and does not employ, either directly or 5123:2-17-02-2 through contract, anyone else to provide the services.~~
- L. "Individual" means a person with a developmental disability.
- M. "Individual served" means an individual who receives specialized services
- N. "Intermediate care facility ~~for individuals with intellectual disabilities~~" ~~has the same meaning as in section 5124.01 of the Revised Code.~~ ~~means an intermediate care facility for individuals with intellectual disabilities as defined in rule 5123:2-7-01 of the Administrative Code.~~
- O. "Investigative agent" means an employee of a county board or a person under contract with a county board who is certified by the department to conduct ~~administrative~~ investigations of major unusual incidents.
- P. "Major unusual incident" (MUI) means the alleged, suspected, or actual occurrence of an incident ~~described in paragraph (III)(16)(a), (III)(16)(b), or (III)(16)(c) of this policy when there is reason to believe the incident has occurred. when there is reason to believe the health or welfare of an individual may be adversely affected or an individual may be placed at a likely risk of harm, if such individual is receiving services through the developmental disabilities service delivery system or will be receiving such services as a result of the~~

incident. There are three categories of major unusual incidents that correspond to three administrative investigation procedures delineated in appendix A, appendix B, and appendix C of this ~~policy~~ ~~rule~~:

1. Category A

- a. Accidental or suspicious death. "Accidental or suspicious death" means the death of an individual resulting from an accident or suspicious circumstances.
- b. Exploitation. "Exploitation" means the unlawful or improper act of using an individual or an individual's resources for monetary or personal benefit, profit, or gain.
- c. Failure to report. "Failure to report" means that a person, who is required to report pursuant to section 5123.61 of the Revised Code, has reason to believe that an individual has suffered or faces a substantial risk of suffering any wound, injury, disability, or condition of such a nature as to reasonably indicate abuse, ~~neglect~~, misappropriation, or exploitation that results in a risk to health and welfare or neglect of that individual, and such person does not immediately report such information to a law enforcement agency, a county board, or, in the case of an individual living in a developmental center, either to law enforcement or the department. Pursuant to division (C)(1) of section 5123.61 of the Revised Code, such report shall be made to the department and the county board when the incident involves an act or omission of ~~5123:2-17-023~~ an employee of a county board.
- d. Misappropriation "Misappropriation" means depriving, defrauding, or otherwise obtaining the real or personal property of an individual by any means prohibited by the Revised Code, including Chapters 2911 and 2913 of the Revised Code.
- e. Neglect. "Neglect" means when there is a duty to do so, failing to provide an individual with ~~any treatment~~, ~~medical care~~, ~~personal care~~, or ~~other support that consequently results in serious injury or places an individual or another person at risk of serious injury. Serious injury means an injury that results in treatment by a physician, physician assistant, or nurse practitioner. goods, supervision, or services necessary to maintain the health or welfare of the individual.~~

~~(vi) Peer to peer act. "Peer to peer act" means one of the following incidents involving two individuals served:~~

~~(a) Exploitation which means the unlawful or improper act of using an individual or an individual's resources for monetary or personal benefit, profit, or gain.~~

~~(b) Theft which means intentionally depriving another individual of real or personal property valued at twenty dollars or more or property of significant personal value to the individual.~~

~~(c) Physical act that occurs when an individual is targeting, or firmly fixed on another individual such that the act is not accidental or random and the act results in an injury that is treated by a physician, physician assistant, or nurse practitioner. Allegations of one individual choking another or any head or neck injuries such as a bloody nose, a bloody lip, a black eye, or other injury to the eye, shall be considered major unusual incidents. Minor injuries such as scratches or reddened areas not involving the head or neck shall be considered unusual incidents and shall require immediate action, a review to uncover possible cause/contributing factors, and prevention measures.~~

~~(d) Sexual act which means sexual conduct and/or contact for the purposes of sexual gratification without the consent of the other individual.~~

~~(e) Verbal act which means the use of words, gestures, or other communicative means to purposefully threaten, coerce, or intimidate the other individual when there is the opportunity and ability to carry out the threat.~~

- f. Physical abuse. "Physical abuse" means the use of physical force that can reasonably be expected to result in physical harm to an individual. or 5123:2-17-02-4 serious physical harm as those terms are defined in section 2901.01 of the Revised Code. Such physical force may include, but is not limited to, hitting, slapping, pushing, or throwing objects at an individual.
- g. Prohibited sexual relations. "Prohibited sexual relations" means a developmental disabilities employee engaging in consensual sexual conduct or having consensual sexual contact with an individual who is not the employee's spouse, and for whom the developmental disabilities employee was employed or under contract to provide care or supervise the provision of care at the time of the incident.
- h. Rights code violation. "Rights code violation" means any violation of the rights enumerated in section 5123.62 of the Revised Code that creates a likely risk of harm to the health or welfare of an individual.
- i. Sexual abuse. "Sexual abuse" means unlawful sexual conduct or sexual contact as those terms are defined in section 2907.01 of the Revised Code and the commission of any act prohibited by Chapter 2907 of the Revised Code (e.g., public indecency, importuning, and voyeurism) when the sexual conduct, sexual contact, or act involves an individual.
- j. Verbal abuse. "Verbal abuse" means the use of words, gestures, or other communicative means to purposefully threaten, coerce, intimidate, harass, or humiliate an individual.

2. Category B

- a. Attempted suicide. "Attempted suicide" means a physical attempt by an individual that results in emergency room treatment, in-patient observation, or hospital admission.
- b. Death other than accidental or suspicious death. "Death other than accidental or suspicious death" means the death of an individual by natural cause without suspicious circumstances.
- c. Medical emergency. "Medical emergency" means an incident where emergency medical intervention is required to save an individual's life (e.g., choking relief techniques such as back blows or cardiopulmonary resuscitation, ~~use of an automated external defibrillator, or use of an epinephrine auto injector~~, ~~usage, or intravenous for dehydration~~).
- d. Missing individual. "Missing individual" means an incident that is not considered neglect and an individual's whereabouts, after immediate measures taken, are unknown and the individual is ~~5123:2-17-02-5~~ believed to be at or pose an imminent risk of harm to self or others. An incident when an individual's whereabouts are unknown for longer than the period of time specified in the individual service plan that does not result in imminent risk of harm to self or others shall be investigated as an unusual incident.
- e. Peer-to-peer act. "Peer-to-peer act" means one of the following incidents involving two individuals ~~served~~:
- f. Exploitation which means the unlawful or improper act of using ~~an~~ ~~another~~ individual or an individual's resources for monetary or personal benefit, profit, or gain.
- g. Theft which means intentionally depriving another individual of real or personal property valued at twenty dollars or more or property of significant personal value to the individual.
- h. Physical act which means a physical altercation that:
 - (i) Results in examination or treatment by a physician, physician assistant, or nurse practitioner; or
 - (ii) ~~Involves strangulation, a bloody nose, a bloody lip, a black eye, a concussion, or biting which causes breaking of the skin; or~~
 - (iii) Results in an individual being arrested, incarcerated, or the subject of criminal charges.

~~(e) Physical act that occurs when an individual is targeting, or firmly fixed on another individual such that the act is not accidental or random and the act results in an injury that is treated by a physician, physician assistant, or nurse practitioner. Allegations of one individual choking another or any head or neck injuries such as a bloody nose, a bloody lip, a black eye, or other injury to the eye, shall be considered major unusual incidents. Minor injuries such as scratches or reddened areas not involving the head or neck shall be considered unusual incidents and shall require immediate action, a review to uncover possible cause/contributing factors, and prevention measures.~~

- i. Sexual act which means sexual conduct and/or contact for the purposes of sexual gratification without the consent of the other individual.
- j. Verbal act which means the use of words, gestures, or other communicative means to purposefully threaten, coerce, or intimidate the other individual when there is the opportunity and ability to carry out the threat.
- k. Significant injury. "Significant injury" means an injury to an individual of known or unknown cause that is not considered abuse or neglect and that results in concussion, broken bone, dislocation, second or third degree burns or that requires immobilization, casting, or five or more sutures. Significant injuries shall be designated in the incident tracking system as either known or unknown cause.

3. Category C

- a. Law enforcement. "Law enforcement" means any incident that results in the individual served being tased, arrested, charged, or incarcerated.
- b. ~~Unscheduled~~ Unanticipated hospitalization. "Unscheduled Unanticipated hospitalization" means any hospital admission or hospital stay over twenty-four hours that is not pre-scheduled or planned. ~~unless the hospital admission is due to a pre-existing condition that is specified in the individual service plan indicating the specific symptoms and criteria that require hospitalization.~~ A hospital admission associated with a planned treatment or pre-existing condition that is specified in the individual service plan indicating the specific symptoms and criteria that require hospitalization need not be reported.
- c. Unapproved behavior support. "Unapproved behavior support" means the use of ~~an aversive strategy or intervention~~ a prohibited measure as defined in rule 5123:2-2-06 by paragraph (J) of rule 5123:2-1-02 of the Administrative Code or the use of a restrictive measure implemented without approval of the human rights committee or without informed consent of the individual or the individual's guardian in accordance with rule 5123:2-2-06 of the Administrative Code, when use of the prohibited measure or restrictive measure results in risk to the individual's health or welfare. When use of prohibited measure or restrictive measure does not result in risk to the individual's health and welfare, the incident shall be investigated as an unusual incident. ~~an aversive strategy implemented without approval by the human rights committee or behavior support committee or without informed consent, that results in a likely risk to the individual's health and welfare. An aversive strategy or intervention prohibited by paragraph (J) of rule 5123:2-1-02 of the Administrative Code that does not pose a likely risk to health and welfare shall be investigated as an unusual incident.~~

- Q. "Physical harm" means any injury, illness, or other physiological impairment, regardless of its gravity or duration.
- R. "Primary person involved" means the person alleged to have committed or to have been responsible for the accidental or suspicious death, exploitation, failure to report, misappropriation, neglect, physical abuse, prohibited sexual relations, rights code violation, sexual abuse, or verbal abuse.
- S. "Program implementation incident" means an unusual incident involving the failure to carry out a person-centered plan when such failure causes minimal risk or no risk. Examples include, but are not limited to, failing to provide supervision for short periods of time, automobile accidents without harm, and self-reported incident with minimal risk.
- T. "Provider" means an agency provider or independent provider. ~~that provides specialized services.~~
- U. "Qualified intellectual disability professional" has the same meaning as in 42 C.F.R. 483.430 ~~as in effect on the effective date of this policy. (October 1, 2012).~~
- V. "Specialized services" means any program or service designed and operated to serve primarily individuals, including a program or service provided by an entity licensed or certified by the department.
- W. "Systems issue" means a substantiated major unusual incident attributed to multiple variables.
- X. "Team" means, as applicable:
1. The group of persons chosen by an individual with the core responsibility to support the individual in directing development of his or her individual service plan. The team includes the individual's guardian or adult whom the individual has identified, as applicable, the service and support administrator, direct support staff, providers, licensed or certified professionals, and any other persons chosen by the individual to help the individual consider possibilities and make decisions: or
 2. An interdisciplinary team as that term is used in 42 C.F.R. 483.440 as in effect on the effective date of this policy.
- Y. "Unusual incident" means an event or occurrence involving an individual that is not consistent with routine operations, policies and procedures, or the individual's care or individual service plan, but is not a major unusual incident. Unusual incident includes, but is not limited to, dental injuries; falls; an injury that is not a significant injury; medication errors without a likely risk to health and welfare; overnight relocation of an individual due to a fire, natural disaster, or mechanical failure; an incident involving two individuals served that is not a peer-to-peer act major unusual incident; ~~and~~ rights code violations or

unapproved behavior supports without a likely risk to health and welfare; emergency room or urgent care treatment center visits; and program implementation incidents.

- Z. "Working day" means Monday, Tuesday, Wednesday, Thursday, or Friday except when that day is a holiday as defined in section 1.14 of the Revised Code.

IV. REPORTING REQUIREMENTS FOR MAJOR UNUSUAL INCIDENTS- (MUI)

- A. Reports regarding all major unusual incidents involving an individual who resides in an intermediate care facility for individuals with intellectual disabilities or who receives round-the-clock waiver services shall be filed and the requirements of this policy followed regardless of where the incident occurred.
- B. Reports regarding the following major unusual incidents shall be filed and the requirements of this rule followed regardless of where the incident occurred:
1. Accidental or suspicious death;
 2. Attempted suicide;
 3. Death other than accidental or suspicious death;
 4. Exploitation;
 5. Failure to report;
 6. Law enforcement;
 7. Misappropriation;
 8. Missing individual;
 9. Neglect;
 10. Peer-to-peer act;
 11. Physical abuse;
 12. Prohibited sexual relations;
 13. Sexual abuse; and
 14. Verbal abuse.

- C. Reports regarding the following major unusual incidents shall be filed and the requirements of this policy followed only when the incident occurs in a program operated by a county board or when the individual is being served by a licensed or certified provider:
1. Medical emergency;
 2. Rights code violation;
 3. Significant injury;
 4. ~~Unscheduled~~ **Unanticipated** hospitalization; and
 5. Unapproved behavior support
- D. Immediately upon identification or notification of a major unusual incident, the provider ~~or county board, when acting as the provider for the individual,~~ shall take all reasonable measures to ensure the health and welfare of ~~any~~ at-risk individuals. **The provider and county board shall discuss any disagreements regarding reasonable measures in order to resolve them.** If the provider and county board are unable to agree on reasonable measures to ensure the health and welfare of at-risk individuals, the department shall make the determination. Such measures shall include:
1. Immediate and ongoing medical attention, as appropriate;
 2. Removal of an employee from direct contact with any ~~at-risk~~ individual when the employee is alleged to have been involved in **physical** abuse or ~~neglect~~ **sexual abuse** until such time as the provider has reasonably determined that such removal is no longer necessary; **and**
 3. Other necessary measures to protect the health and welfare of at-risk individuals.
- E. Immediately upon receipt of a report or notification of an allegation **of a major unusual incident**, the county board shall:
1. Ensure that all reasonable measures necessary to protect the health and welfare of ~~any~~ at-risk individuals **have been taken;**
 2. Determine if additional measures are needed; **and**
 3. Notify the department if the circumstances in section IX (1) of this policy that require a department-directed **administrative** investigation are present. Such notification shall take place on the first working day the county board becomes aware of the incident.

- F. The provider shall immediately, but no later than four hours after discovery of the **major unusual** incident, notify the county board through means identified by the county board of the following incidents or allegations:
1. Accidental or suspicious death;
 2. Exploitation;
 3. Misappropriation;
 4. Neglect;
 5. Peer-to-peer act;
 6. Physical abuse;
 7. **Prohibited sexual relations;**
 8. Sexual abuse
 9. Verbal abuse; and
 10. When the provider has received an inquiry from the media regarding major unusual incident.
- G. For all MUIs, providers shall submit a written incident report to the county board **contact or designee no later than by three p.m. on the first working day following the day the provider becomes aware** ~~the next working day following initial knowledge~~ of a potential or determined MUI. The report shall be submitted in a format prescribed by the department.
- H. The county board shall enter preliminary information regarding the **major unusual** incident in the incident tracking system and in the manner prescribed by the department by **three five p.m. on the first working day following the day the county board receives** notification ~~by from~~ the provider or **otherwise becomes becoming** aware of the MUI.
- I. When a provider has placed an employee on leave or otherwise taken protective action pending the outcome of the **administrative** investigation, the county board or department, as applicable, shall keep the provider apprised of the status of the administrative investigation so that the provider can resume normal operations as soon as possible consistent with the health and welfare of ~~any~~ at-risk individuals. The provider shall notify the county board or department, as applicable, of any changes regarding the protective action.
- J. If the provider is a developmental center, all reports required by this policy shall be made directly to the department. ~~or as specified by the department.~~

- K. The county board shall have a system that is available twenty-four hours a day, seven days a week, to receive and respond to all reports required by this policy. The county board shall communicate this system in writing to all ~~providers~~ individuals receiving services in the county or their guardians as applicable, providers in the county, and to the department ~~in the county and to the department~~. All individuals or their guardians as applicable; providers and department agency and individual providers shall call the emergency cell phone number at 937-733-1616 to report all MUI's requiring immediate investigation as described in section (IV) (6) of this policy. The on-call worker will then call the IA or his/her designee to report the MUI.

V. **REPORTING OF ALLEGED CRIMINAL ACTS**

- (1) ~~Nothing in this rule relieves mandatory reporters of the responsibility to immediately report to the intermediate care facility administrator or administrator designee, allegations of mistreatment, neglect, or abuse and injuries of unknown source when the source of the injury was not witnessed by any person and the source of the injury could not be explained by the individuals and the injury raises suspicions of possible abuse or neglect because of the extent of the injury or the location of the injury or the number of injuries observed at one particular point in time or the incidences of injuries over time pursuant to 42 C.F.R. 483.420 (October 1, 2012).~~
- A. The provider shall immediately report to the law enforcement entity having jurisdiction of the location where the incident occurred, any allegation of ~~exploitation, failure to report, misappropriation, neglect, peer-to-peer act, physical abuse, sexual abuse, or verbal abuse which may constitute a criminal act~~. The provider shall document the time, date, and name of person notified of the alleged criminal act. The county board shall ensure that the notification has been made.
- B. The department shall immediately report to the Ohio state highway patrol, any allegation of ~~any exploitation, failure to report, misappropriation, neglect, peer-to-peer act, physical abuse, sexual abuse, or verbal abuse occurring at a developmental center which may constitute a criminal act~~ occurring at a developmental center. The department shall document the time, date, and name of person notified of the alleged criminal act.

VI. **ABUSED OR NEGLECTED CHILDREN**

All allegations of abuse or neglect as defined in section 2151.03 and section 2151.031 of the Revised Code of an individual under the age of twenty-one years shall be immediately reported to the local public children's services agency. The notification may be made by the provider or the county board. The county board shall ensure that the notification has been made.

VII. **NOTIFICATION REQUIREMENTS FOR MAJOR UNUSUAL INCIDENTS – (MUI's)**

- A. The provider shall make the following notifications, as applicable, when the major unusual incident or discovery of the incident occurs when such provider has responsibility for the

individual. The notification shall be made on the same day the **major unusual** incident or discovery of the **major unusual** incident occurs and include immediate actions taken.

1. Guardian or other person whom the individual has identified.
 2. Service and support administrator serving the individual.
 3. **Other providers of services as necessary to ensure continuity of care and support for the individual.** ~~Licensed or certified residential provider.~~
 4. Staff or family living at the individual's **home residence** who have responsibility for the individual's care.
- ~~(e) Support broker for an individual enrolled in the self-empowered life funding waiver.~~
- B. All notifications or efforts to notify shall be documented. The county board shall ensure that all required notifications have been made.
- C. Notification shall not be made;
1. If the person to be notified is the primary person involved, the spouse of the primary person involved, or the significant other of the primary person involved; **or**
 2. **When such notification could jeopardize the health and welfare of an individual involved.** ~~the PPI's spouse, or the PPI's significant other.~~
- ~~(2) Notification shall be made to the individuals, individuals' guardians, and other persons whom the individuals have identified in a peer to peer act unless such notification could jeopardize the health and welfare of an individual involved.~~
- D. Notification to a person is not required when the report comes from such person or in the case of a death when the family is already aware of the death.
- E. In any case where law enforcement has been notified of an alleged ~~crime~~ **criminal act**, the department may provide notification of the **major unusual** incident to any other provider, developmental center, or county board for whom the primary person involved works, for the purpose of ensuring the health and welfare of any at-risk individual. The notified provider or county board shall take such steps necessary to address the health and welfare needs of any at-risk individual and may consult the department in this regard. The department shall inform any notified entity as to whether the **major unusual** incident is substantiated. Providers, developmental centers, or county boards employing a primary person involved shall notify the department when they are aware that the primary person involved works for another provider.

VIII. GENERAL ADMINISTRATIVE INVESTIGATION REQUIREMENTS

- A. Each county board shall employ at least one investigative agent or contract with a person or governmental entity for the services of an investigative agent. An investigative agent shall be certified by the department in accordance with rule 5123:2-5-07 of the Administrative Code. ~~Employees of the department who are designated investigators are considered certified investigative agents for the purpose of this policy. Developmental center investigators are considered certified investigative agents for the purpose of this rule.~~
- B. All major unusual incidents require an administrative investigation meeting the applicable administrative investigation procedure in appendix A, appendix B, or appendix C to this policy unless it is not possible or relevant to the administrative investigation to meet a requirement under this policy, in which case the reason shall be documented. Administrative investigations shall be conducted and reviewed by investigative agents.
1. The department or county board may elect to follow the administrative investigation procedure for category A major unusual incidents for any major unusual incident.
 2. Based on the facts discovered during administrative investigation of the major unusual incident, the category may change ~~or additional categories may be added to the record~~. If a major unusual incident changes category, the reason for the change shall be documented and the new applicable category administrative investigation procedure shall be followed to investigate the major unusual incident.
 3. Major unusual incidents that involve an active criminal investigation may be closed as soon as the county board ensures that the major unusual incident is properly coded, the history of the primary person involved has been reviewed, cause and contributing factors are determined, a finding is made, and prevention measures implemented. Information needed for closure of the major unusual incident may be obtained from the criminal investigation.
- C. County board staff may assist the investigative agent by gathering documents, entering information into the incident tracking system, fulfilling category C administrative investigation requirements, or performing other administrative or clerical duties that are not specific to the investigative agent role.
- D. Except when law enforcement or the public children's services agency is conducting the investigation, the investigative agent shall conduct all interviews for major unusual incidents unless the investigative agent determines the need for assistance with interviewing an individual. For a major unusual incident occurring at an intermediate care facility ~~for individuals with intellectual disabilities~~, the investigative agent may utilize interviews conducted by the intermediate care facility ~~for individuals with intellectual disabilities~~ or conduct his or her own interviews. If the investigative agent determines the information is reliable, the investigative agent may utilize other information received from law enforcement, the public children's services agency, or providers in order to meet the requirements of this ~~rule~~ policy.

- E. Except when law enforcement or the public children's services agency has been notified and is considering conducting an investigation, the county board shall commence an administrative investigation. If law enforcement or the public children's services agency notifies the county board that it has declined to investigate, the county board shall commence the administrative investigation within a reasonable amount of time based on the initial information received or obtained and consistent with the health and welfare of all at-risk individuals, but no later than twenty-four hours for a major unusual incident in category A or no later than three working days for a major unusual incident in category B or category C.
- F. An intermediate care facility for individuals with intellectual disabilities shall conduct an investigation that complies with applicable federal regulations, including 42 C.F.R. 483.420 (October 1, 2012), as in effect on the effective date of this policy, for any unusual incident or major unusual incident involving a resident of the intermediate care facility, regardless of where the unusual incident or major unusual incident occurs. The intermediate care facility for individuals with intellectual disabilities shall provide a copy of its full report of an administrative investigation of a major unusual incident to the county board. The investigative agent may utilize information from the administrative investigation conducted by the intermediate care facility for individuals with intellectual disabilities administrative investigation to meet the requirements of this policy rule or conduct a separate administrative investigation. The county board shall provide a copy of its full report of the administrative investigation to the intermediate care facility for individuals with intellectual disabilities. The department shall resolve any conflicts that arise.
- G. When an agency provider, excluding an intermediate care facility for individuals with intellectual disabilities, conducts an internal review of an incident for which a major unusual incident has been filed, the agency provider shall submit the results of its internal review of the incident, including statements and documents, to the county board within fourteen calendar days of the agency provider becoming aware of the incident.
- H. All developmental disabilities employees shall cooperate with administrative investigations conducted by entities authorized to conduct investigations. Providers and county boards shall respond to requests for information within the time frame requested. The time frames identified shall be reasonable.
- I. Except when law enforcement or the public children's service agency is conducting an investigation, the investigative agent shall endeavor to reach a preliminary finding regarding allegations of physical abuse or sexual abuse and notify the individual or individual's guardian and provider of the preliminary finding within fourteen working days. When it is not possible for the investigative agent to reach a preliminary finding within fourteen working days, he or she shall instead notify the individual or individual's guardian and provider of the status of the investigation.

- J. The investigative agent shall complete a report of the administrative investigation and submit it for closure in the incident tracking system within thirty working days unless the county board requests and the department grants an extension for good cause. If an extension is granted, the department may require submission of interim reports and may identify alternative actions to assist with the timely conclusion of the report.
- K. The report shall follow the format prescribed by the department. The investigative agent shall include the initial allegation, a list of persons interviewed and documents reviewed, a summary of each interview and document reviewed, and a findings and conclusions section which shall include the cause and contributing factors to the incident and the facts that support the findings and conclusions.

IX. DEPARTMENT-DIRECTED ADMINISTRATIVE INVESTIGATIONS OF MAJOR UNUSUAL INCIDENTS (MUI'S)

- A. The department shall conduct the administrative investigation when the MUI includes an allegation against:
 - 1. The superintendent of a county board or developmental center;
 - 2. The executive director or equivalent of a regional council of governments;
 - 3. A management employee who reports directly to the superintendent of the county board, the superintendent of a developmental center, or executive director or equivalent of a regional council of governments;
 - 4. An investigative agent;
 - 5. A service and support administrator;
 - 6. An MUI contact or designee employed by a county board;
 - 7. A current member of a county board;
 - 8. A person having any known relationship with any of the persons specified in (IX)(1)(a) to (IX)(1)(g) of this policy when such relationship may present a conflict of interest or the appearance of a conflict of interest; or
 - 9. An employee of a county board or a developmental center when it is alleged that the employee is responsible for an individual's death, has committed sexual abuse, engaged in prohibited sexual activity, or committed physical abuse or neglect resulting in emergency room treatment or hospitalization
- B. A department-directed administrative investigation or administrative investigation review may be conducted following the receipt of a request from a county board, developmental

center, provider, individual, or guardian if the department determines that there is a reasonable basis for the request.

- C. The department may conduct a review or administrative investigation of any MUI or may request that a review or administrative investigation be conducted by another county board, a regional council of governments, or any other governmental entity authorized to conduct an investigation.

X. WRITTEN SUMMARIES OF MAJOR UNUSAL INCIDENTS (MUI'S)

- A. No later than five ~~calendar~~ **working** days following the county board's, developmental center's, or department's recommendation via the incident tracking system, ~~that the report be closed, the county board, or developmental center, or department~~ shall provide a written summary of the **administrative investigation of each category A or category B major unusual incidents**, including the allegations, the facts and findings, including as applicable, whether the case was substantiated or unsubstantiated, and preventive measures implemented in response to the major unusual incident to: ~~the following unless the information in the written summary has already been communicated:~~
1. The individual or individual's guardian or other person whom the individual has identified, as applicable; **in case of a peer-to-peer act, both individuals, individuals' guardians, or other persons whom the individuals have identified, as applicable, shall receive the written summary;**
 2. The licensed or certified provider and provider at the time of the major unusual incident, and
 3. The service and support administrator and support broker as applicable.
- B. In the case of an individual's death, the written summary shall be provided to the individual's family, only upon request by the individual's family.
- C. The written summary shall not be provided to the primary person involved, the spouse of the primary person involved, or the significant other of the primary person involved. ~~No later than five working days following the closure of a case, the county board shall make a reasonable attempt to notify the primary person involved as to whether the MUI has been substantiated, unsubstantiated/insufficient evidence, or unsubstantiated/unfounded.~~
- D. **When the primary person involved is a developmental disabilities employee or a guardian, the county board shall, no later than five working days following the recommended closure of a case, make a reasonable attempt to provide written notice to the primary person involved as to whether the major unusual incident has been substantiated, unsubstantiated/insufficient evidence, or unsubstantiated/unfounded.**

- E. If a service and support administrator is not assigned, a county board designee shall be responsible for ensuring the preventive measures are implemented based upon the written summary.
- F. An individual, individual's guardian, other person whom the individual has identified, or provider may dispute the findings by submitting a letter of dispute and supporting documentation to the county board superintendent, or to the director of the department if the department has conducted the administrative investigation, within fifteen calendar days following receipt of the findings. ~~summary~~. An individual may receive assistance from any person selected by the individual to prepare a letter of dispute and provide supporting documentation.
- G. The county board superintendent or his or her designee or the director of the department or his or her designee, as applicable, shall consider the letter of dispute, the supporting documentation, and any other relevant information and issue a determination within thirty calendar days of such submission and take action consistent with such determination, including confirming or modifying the findings or directing that more information be gathered and the findings be reconsidered.
- H. In cases where the letter of dispute has been filed with the county board, the disputant may dispute the final findings made by the county board by filing those findings and any documentation contesting such findings as are disputed with the director of the department within fifteen calendar days of the county board determination. The director will issue a decision within thirty calendar days.

XI. REVIEW, PREVENTION AND CLOSURE OF MAJOR UNUSUAL INCIDENTS- (MUI'S)

- A. ~~County boards and~~ Agency providers shall implement a written procedure for the internal review of all MUI's and shall be responsible for taking all reasonable steps necessary to prevent the reoccurrence of MUI's. The written procedure shall require senior management of the agency provider to be informed within two working days following the day staff become aware of a potential or determined MUI involving misappropriation, neglect, physical abuse, or sexual abuse.
- B. Members of an individual's team shall ensure that risks associated with MUI's are addressed in the individual plan or individual service plan of each individual affected and ~~The individual's team including the county board and provider,~~ shall collaborate on the development of preventive measures to address the causes and contributing factors to the MUI. The team members shall jointly determine what constitutes reasonable steps necessary to prevent the recurrence of MUI's. If there is no service and support administrator, individual team, qualified intellectual disability professional or agency provider involved with the individual, a county board designee shall ensure that ~~preventive measures as are~~ reasonably possible preventative measures are fully implemented.
- C. The department shall may review reports submitted by a county board or developmental center. The department may obtain additional information necessary to consider the report,

including copies of all administrative investigation reports that have been prepared. Such additional information shall be provided within the time period specified by the department.

D. The department shall review and close reports regarding the following **MUT's**: ~~all incidents listed below~~:

1. Accidental or suspicious death;
2. **Death other than accidental or suspicious death;**
3. Exploitation;
4. **Medical emergency;**
- ~~(e) — Failure to report;~~
5. Misappropriation;
- ~~(e) — Missing individual~~
6. Neglect;
7. Peer-to-peer act;
8. Physical abuse;
9. Prohibited sexual relations;
- ~~(j) — Rights code violation~~
10. Sexual abuse;
11. Significant injury when the cause is unknown;
- ~~(m) — Unapproved behavior support~~
12. Verbal abuse;
13. Any major unusual incident that is the subject of a director's alert; and
14. Any major unusual incident investigated by the department.

E. The county board shall review and close reports regarding the following major unusual incidents:

1. Attempted suicide;
 2. ~~Death other than accidental or suspicious death~~ Failure to report;
 3. Law enforcement;
 4. ~~Medical emergency~~ Missing individual;
 5. Rights code violation;
 6. Significant injury when cause is unknown; and
 7. ~~Unscheduled~~ Unanticipated hospitalization; and
 8. Unapproved behavioral support.
- F. The department may review any case to ensure it has been properly closed and shall conduct sample reviews to ensure proper closure by the county board. The department may reopen any administrative investigation that does not meet requirements of this policy. The county board shall provide any information deemed necessary by the department to close the case.
- G. The department and the county board shall consider the following criteria when determining whether to close a case:
1. Whether sufficient reasonable measures have been taken to ensure the health and welfare of any at-risk individual;
 2. Whether a thorough administrative investigation has been conducted consistent with the standards set forth in this policy rule;
 3. Whether the team, including the county board and provider, collaborated on developing preventive measures to address the causes and contributing factors;
 4. Whether the county board has ensured that the preventive measures have been implemented to prevent recurrence;
 5. Whether the incident is part of a pattern or trend as flagged through ITS incident tracking system requiring some additional action; and
 6. Whether all requirements set forth in statute or policy, have been satisfied.

XII. ANALYSIS OF MAJOR UNUSUAL INCIDENT TREND AND PATTERNS

- A. By January thirty-first of each year, a provider shall conduct an in depth review and analysis of trends and patterns of major unusual incidents occurring during the preceding calendar year and compile an annual report which contains:
~~Providers shall produce a semi-annual and annual report regarding major unusual incident trends and patterns which shall be sent to the county board. The county board shall semi-annually review providers' reports. The semi-annual review shall be cumulative for January first through June thirtieth of each year and include an in-depth analysis. The annual review shall be cumulative for January first through December thirty-first of each year and include an in-depth analysis.~~

(2) ~~All reviews and analyses shall be completed within thirty calendar days following the end of the review period. The semi-annual and annual reports shall contain the following elements:~~

1. Date of review;
2. Name of person completing review;
3. Time period of review;
4. Comparison of data for previous three years;
5. Explanation of data;
6. Data for review by major unusual incident category type;
7. Specific individuals involved in established trends and patterns (i.e., five major unusual incidents of any kind within six months, ten major unusual incidents of any kind within a year, or other pattern identified by the individual's team);
8. Specific trends by residence, region, or program;
9. Previously identified trends and patterns; and
10. Action plans and preventive measures to address noted trends and patterns.

- B. A provider other than a county board shall send the annual report to the county board for all programs operated in the county by February twenty-eighth of each year. The county board shall review the annual report to ensure that all issues have been reasonably addressed to prevent recurrence of major unusual incidents. The county board shall keep the annual report on file and make it available to the department upon request. ~~County boards shall conduct the analysis and follow-up actions for all programs operated by county boards such as workshops, schools, and transportation. The county board shall send its analysis and follow-up actions to the department by August thirty-first for the semi-annual review and by February twenty-eighth for the annual review. The department shall review the analysis to ensure that all issues have been reasonably addressed to prevent recurrence.~~

- C. A county board that provides specialized services shall send the annual report to the department for all programs operated by the county board by February twenty-eighth of each year. The department shall review the annual report to ensure that all issues have been reasonably addressed to prevent recurrence of major unusual incidents. Providers shall conduct and send its analysis and follow-up actions to the county board for all programs operated in the county by August thirty-first for the semi-annual review and by February twenty-eighth for the annual review. The county board shall review the analysis and follow-up actions on file and make them available to the department upon request.
- (4) The county board shall ensure that trends and patterns of MUIs are included and addressed in the affected individual's service plan.
- D. Each county board or as applicable, each council of governments to which the county board belongs, shall have a committee that reviews trends and patterns of MUIs. The committee shall be made up of a reasonable representation of the county board(s), providers, individuals who receive services and their families, and other stakeholders deemed appropriate by the committee.
1. The role of the committee shall be to review and share the county or council of government's aggregate data prepared by the county board or council of governments to identify trends, patterns, or areas for improving the quality of life for individuals served in the county or counties.
 2. The committee shall meet each ~~March~~ September to review and analyze data for the ~~preceding first six months of the calendar year. and each March to review and analyze data for the preceding calendar year.~~ The county board or council of governments shall send the aggregate data prepared for the meeting to all participants at least ten calendar days in advance of the meeting.
 3. The county board or council of governments shall record and maintain minutes of each meeting, distribute the minutes to members of the committee, and make the minutes available to any person upon request.
 4. The county board shall ensure follow-up actions identified by the committee have been implemented.
- E. The department shall prepare a report on trends and patterns identified through the process of reviewing MUIs. The department shall periodically, but at least semi-annually review this report with a committee appointed by the director of the department which shall consist of at least six members who represent various stakeholder groups, including ~~Ohio legal~~ Disability Rights of Ohio service and the Ohio Department of Medicaid. ~~job and family services.~~ The committee shall make recommendations to the department regarding whether appropriate actions to ensure the health and safety of individuals served have been taken. The committee may request that the department obtain additional information as may be necessary to make recommendations.

XIII. REQUIREMENTS FOR UNUSUAL INCIDENTS- (UI'S)

- A. Unusual incidents shall be reported and investigated by the provider.
- B. Each agency provider shall develop and implement a written unusual incident policy and procedure that:
 - 1. Identifies what is to be reported as an unusual incident which shall include unusual incidents as defined by this ~~policy~~ **rule**;
 - 2. Requires an employee who becomes aware of an unusual incident to report it to the person designated by the **agency** provider who can initiate proper action;
 - 3. Requires the report to be made no later than twenty-four hours after the occurrence of the **unusual** incident; **and**
 - 4. Requires the agency provider to investigate unusual incidents, identify the cause and contributing factors when applicable, and develop preventive measures to protect the health and welfare of any at-risk individuals.
- C. The agency provider shall ensure that all staff are trained and knowledgeable regarding the policy and procedure.
- D. ~~The provider providing services when an unusual incident occurs shall notify other providers of services as necessary to ensure continuity of care and support for the individual. If the UI occurs at a site operated by the county board or at a site operated by an entity with which the county board contracts, the county board or contract entity shall notify the licensed provider or staff or guardian, as applicable, at the individual's home. The notification shall be made the same day that the incident is discovered.~~
- E. Independent providers shall complete an incident report, notify the individual's guardian or other person whom the individual has identified, as applicable, and forward the **unusual** incident report to the service and support administrator or county board designee on the **first working same day following the day** the unusual incident is discovered.
- F. Each agency provider and independent provider shall review all unusual incidents as necessary, but no less than monthly, to ensure appropriate preventive measures have been implemented and trends and patterns identified and addressed as appropriate.
- G. The unusual incident reports, documentation of identified trends and patterns, and corrective action shall be made available to the county board and department upon request.
- H. Each agency provider and independent provider shall maintain a log of all unusual incidents. The log shall ~~contain~~ **include, only unusual incidents as defined in paragraph (III)**

(Y) of this policy and shall include, but not be limited to, the name of the individual, a brief description of the unusual incident, any injuries, time, date, location, cause and contributing factors and preventive measures.

- I. Members of an individual's team shall ensure that risks associated with unusual incidents are addressed in the individual plan or individual service plan of each individual affected. ~~The agency provider and the county board shall ensure that trends and patterns of unusual incidents are included and addressed in the individual service plan of each individual affected.~~
- J. A provider shall, upon request by the department or a county board, provide any and all information and documentation regarding an unusual incident and investigation of the unusual incident.

XIV. OVERSIGHT

- A. The county board shall review, on at least a quarterly basis, a representative sampling of provider unusual incident logs, including logs where the county board is a provider, to ensure that major unusual incidents have been reported, ~~for the purpose of ensuring that all MUIs required to be reported have been reported~~ preventative measures have been implemented, and that trends and patterns have been identified and addressed in accordance with this policy rule. ~~Each provider's logs will be reviewed at least once per quarter.~~ The representative sampling shall be made available to the department for review upon request.
- B. When the county board is a provider, the department shall review, on a monthly basis, a representative sample of county board logs to ensure that major unusual incidents have been reported, preventative measures have been implemented, and that trends and patterns have been identified and addressed in accordance with this policy rule. The county board shall submit the specified logs to the department upon request.
- C. The department shall conduct reviews of county boards and providers as necessary to ensure the health and welfare of individuals and compliance with this policy rule. Failure to comply with this policy rule may be considered by the department in any regulatory capacity, including certification, licensure, and accreditation.
- D. The Department shall review and take any action appropriate when a complaint is received about how an administrative investigation is conducted.

XV. ACCESS TO RECORDS

- A. Reports made under section 5123.61 of the Revised Code and this policy, are not public records as defined in section 149.43 of the Revised Code. Records may be provided to parties authorized to receive them in accordance with sections 5123.613 and 5126.044 of the Revised Code, to any governmental entity authorized to investigate the circumstances of the alleged abuse, neglect, misappropriation, or exploitation and to any party to the extent that release of a record is necessary for the health or welfare of an individual.

- B. A county board ~~or the department~~ shall not review, copy, or include in any report required by this policy a provider's personnel records that are confidential under state or federal statutes or rules, including medical and insurance records, workers' compensation records, employment eligibility verification (I-9) forms, and social security numbers. The provider shall redact any confidential information contained in a record before copies are provided to the county board or the department. A provider shall make all other records available upon request by a county board or the department. ~~A provider shall provide confidential information, including the date of birth and social security number, when requested by the department as part of the abuser registry process in accordance with rule 5123:2-17-03 of the Administrative Code.~~
- C. Any party entitled to receive a report required by this ~~policy~~ rule may waive receipt of the report. Any waiver of receipt of a report shall be made in writing.

XVI. TRAINING

- A. All agency providers and county boards shall ensure staff employed in direct services positions are trained on the requirements of this ~~policy~~ rule ~~regarding the identification and reporting of MUIs and UIs~~ prior to direct contact with any individual. Thereafter, ~~all~~ staff employed in direct services positions shall receive annual training on the requirements of this rule including the review of health and welfare alerts issued by the department since the previous year's training.
- B. Agency providers and county boards shall ensure staff employed in positions other than direct services positions are trained on the requirements of this policy no later than ninety ~~calendar~~ days from date of hire. Thereafter, staff employed in positions other than direct services positions shall receive annual training on the requirements of this policy including a review of health and welfare alerts issued by the department since the previous year's training.
- C. ~~All~~ Independent providers shall be trained on the requirements of this policy prior to application for initials certification in accordance with rule 5123:2-201 of the Administrative Code and shall receive annual training on the requirements of this rule including a review of health and welfare alerts issued by the department since the previous year's training.

Appendix A

ADMINISTRATIVE INVESTIGATION PROCEDURE FOR MAJOR UNUSUAL INCIDENTS IN CATEGORY A

(ACCIDENTAL OR SUSPICIOUS DEATH, EXPLOITATION, FAILURE TO REPORT, MISAPPROPRIATION, NEGLIGENCE, ~~PEER-TO-PEER ACT~~, PHYSICAL ABUSE, PROHIBITED SEXUAL RELATIONS, RIGHTS CODE VIOLATION, SEXUAL ABUSE, AND VERBAL ABUSE)

Findings in administrative investigations of major unusual incidents in category A shall be based upon a preponderance of evidence standard. "Preponderance of evidence" means that credible evidence indicates that it is more probable than not that the incident occurred. There are three possible findings of a category A administrative investigation:

- "Substantiated" means there is a preponderance of evidence that the alleged incident occurred.
- "Unsubstantiated/insufficient evidence" means there is insufficient evidence to substantiate the allegation. "Insufficient evidence" means there is ~~insufficient not a preponderance of~~ evidence to substantiate support the allegation. "Insufficient evidence" means there is not a preponderance of evidence to support the allegation or there is conflicting evidence that is inconclusive.
- "Unsubstantiated/unfounded" means the allegation is unfounded. "Unfounded" means the evidence supports a finding that the alleged incident did not or could not have occurred.

Steps for Investigating Major Unusual Incidents in Category A

1. Commence the administrative investigation immediately, or no later than twenty-four hours after discovery of the incident. "Commencing the administrative investigation" means any of the following:
 - a. Interviewing the reporter of the incident.
 - b. Gathering relevant documents such as nursing notes, progress notes, or incident report.
 - c. Notifying law enforcement or the public children's services agency and documenting the time, date, and name of the person notified. If law enforcement or the public children's services agency decides not to conduct an investigation, the investigative agent shall commence the administrative investigation.
 - d. Initiating interviews with witnesses or victims.
2. Interview the victim no later than three working days following notification of the major unusual incident and document the results. Exceptions to this requirement are when the individual is unable to provide any information or the investigative agent determines that the circumstances warrant interviewing the individual later in the administrative investigation.

3. Visit the scene of the incident.
4. Secure physical evidence. Take photographs of injuries, as applicable. Secure and sketch and/or photograph the scene of the incident. Provide a detailed description of any injury that may have resulted from the incident, including the shape, color, and size. Take a photograph of any injury that may have resulted from the incident; record the name of the person who took the photograph and the date and time the photograph was taken. Provide a written description of the physical evidence along with the date, time, and location of the gathering of evidence. Photograph and/or describe materials or objects that played a part in the incident. Provide a written description, sketch, or photograph of the area where the incident occurred. Note environmental factors that may have caused or contributed to any injury.
5. Follow-up with law enforcement. Include a copy of the police report, as applicable.
6. Review all relevant documents relating to the primary person involved that form the basis for the reported incident and the relevant documents relating to the individual who is the alleged victim.
7. Interview persons who have relevant information about the incident and document the interviews. Interviews may be documented and statements taken via videotape, audiotape, or other means as appropriate. Gather written statements from all relevant witnesses.
8. Interview medical professionals as to the possible cause/age of the injuries and document the interviews. Include a statement from a qualified medical professional as to whether or not the injury is consistent with the description of the incident, including the apparent age of the injury and probably force necessary to cause the injury. Include a description of treatment received or ordered. Qualified medical professionals include, but are not limited to, physicians, nurses, emergency medical technicians, and therapists.
9. Conduct follow-up interviews if needed.
10. Evaluate all witnesses and documentary evidence in a clear, complete, and non-ambiguous manner.
11. Evaluate the relative credibility of the witnesses. Factors to be considered in judging the credibility of a witness include:
 - a. Whether the witness's statements are logical, internally consistent, and consistent with other credible statements and known facts (e.g., does the witness appear to leave out or not know about information that he or she should know about?);
 - b. Whether the witness was in a position to hear or see what is claimed;
 - c. Whether the witness has a history of being reliable and honest when reporting incidents or making statements regarding incidents;
 - d. Whether the witness has a special interest or motive for making a false statement (i.e., is there a possible bias of the witness?);
 - e. The relevant disciplinary history of the primary person involved, such as involvement in similar past allegations;
 - f. The witness's demeanor during the interview (e.g., did the witness appear evasive or not forthcoming?); and
 - g. Whether the witness did other things that might affect his or her credibility.

12. Complete a written report that:

- a. Includes a clear statement of the allegation;
- b. Includes a succinct and well-reasoned analysis of the evidence;
- c. Includes a clearly stated conclusion that identifies which allegations were and were not substantiated;
- d. Identifies the causes and contributing factors to the incident; and
- e. Addresses preventive measures that have been implemented.

Incident Specific Requirements – Accidental or Suspicious Death

1. Provide a statement explaining why the death is considered accidental or suspicious.
2. Document relevant medical interventions, treatment, or care received by the individual.
3. Include a copy of the police and/or coroner's investigation report.
4. Complete the required questions following deaths as specified by the department.

Incident Specific Requirements – Exploitation or Misappropriation

When five or more people had access to the individual's property and the value of the property is fifty dollars or less, detailed questionnaires may be substituted for initial interviews. Follow-up interviews shall be conducted as indicated based on information included or omitted in responses to the detailed questionnaires.

1. Document that there was an unlawful or improper act of using an individual or an individual's resources for monetary or personal benefit or gain of the primary person involved.
2. Document the depriving, defrauding, or otherwise obtaining the real or personal property of an individual by means prohibited by the Revised Code. Include any indication of the intent of the primary person involved.
3. Describe any items taken from the individual or anything received by the primary person involved as a result of the exploitation or misappropriation.
4. Gather copies of all financial records related to the incident, including cancelled checks.
5. Document the time, date, and officer's name for law enforcement agency notification.
6. Include any indication of whether or not that the individual may have consented or not consented to the taking of his or her property or to the exploitation.
7. Verify that the property belonged to the individual.
8. Provide a description of how the improper act occurred.
9. Obtain the outcome of a criminal case, if resolved.

Incident Specific Requirements – Failure to Report

1. Provide a statement indicating the abuse, neglect, exploitation, or misappropriation the primary person involved did not report, including when and how it occurred.

2. Provide a statement indicating that the primary person involved was aware of the abuse, neglect, exploitation, or misappropriation, including when and how the primary person involved became aware of the abuse, neglect, exploitation, or misappropriation.
3. Provide a statement of how the failure to report the abuse, neglect, exploitation, or misappropriation by the primary person involved caused physical harm or a substantial risk of harm to the individual; be specific regarding any wound, injury, or increased risk of harm to which the individual was exposed as a result of the failure to report.
4. Explain why the primary person involved knew or should have known that the failure to report would result in a substantial risk of harm to the individual.
5. Provide a written description of any injury.
6. Provide an explanation from the primary person involved of why he or she failed to report.
7. Provide a statement of any reasons or circumstances explaining the failure to report by the primary person involved.

Incident Specific Requirements – Neglect

1. Verify and document the duty of the primary person involved to provide care to the individual.
2. Document the ~~treatment~~, **medical care, personal care, or other support** ~~goods, services, or supervision~~ required but not provided by the primary person involved **that consequently resulted in serious injury or placed the individual or another person at risk of serious injury.** Include the time period of the alleged neglect.
3. Verify and document the primary person involved had knowledge that the withheld ~~treatment, medical care, personal care, or other support~~ **goods, services, or supervision** was needed by the individual. Such documentation might include the individual's plan of care, medical information available to the primary person involved, statements made by others to the primary person involved, statements made by the primary person involved, or training received by the primary person involved.
4. Verify that the action or inaction of the primary person involved resulted in **serious injury or placed the individual or another person at risk of serious injury.** ~~or reasonably could have resulted in, harm to the individual.~~
5. Specifically describe the **serious injury or risk of serious injury** ~~harm or risk of harm to the individual~~ caused by the action or inaction by the primary person involved.

Incident Specific Requirements — Peer-to-Peer Act

1. ~~Verify and document that the proper supervision and supports were provided to all individuals.~~
2. ~~Determine that the major unusual incident is properly coded.~~
3. ~~Describe the act in detail.~~
4. ~~Document all of the involved individuals' histories and the history, if any, between the individuals.~~
5. ~~Describe what preceded the incident and what action was taken at the time and immediately after the incident.~~
6. ~~Document attempts to notify the individual's guardian prior to interviewing the individual.~~

Incident Specific Requirements – Physical Abuse

1. Provide written statements that include a description of the amount of physical force used which may include, but is not limited to, speed of the force, range of motion, open or closed hand (fist), the sound made by impact, texture or surface if the individual was dragged or pulled, and the distance the individual was dragged, pulled, or shoved.
2. Provide a description of the individual's reaction to the physical force used (e.g., the individual fell backward or the individual's head or other body part jerked backward) and any indication of pain or discomfort experienced by the individual which may include words, vocalizations, or body movements.
3. Include comments made during the incident by the primary person involved.
4. Document how the harm to the individual is linked to the physical force used by the primary person involved.

Incident Specific Requirements-Prohibited Sexual Relations

1. Describe and document the type of sexual conduct or contact.
2. Document whether or not the incident was consensual. (Note: Consent does not excuse sexual contact by a caregiver with an individual when the caregiver is paid to care for the individual.)
3. Verify and document that the primary person involved was providing paid care to the individual.
4. Verify and document that the primary person involved was not married to the individual.
5. Provide a statement of any known, long-term, personal relationship the primary person involved has with the individual or other circumstances relevant to the sexual contact or conduct.

Incident Specific Requirements – Rights Code Violation

1. Indicate the specific right or rights of the individual violated by the primary person involved and describe how each right was violated, including any information or circumstances relevant to the incident.
2. Describe the harm or risk of harm caused to the individual as a result of the rights code violation by the primary person involved.

Incident Specific Requirements – Sexual Abuse

1. Document that the sexual activity was unwanted or the individual was unwilling.
2. Document that the primary person involved engaged in importuning, voyeurism, public indecency, pandering, or prostitution with regard to an individual.
3. Document the individual's capacity to consent.
4. Document any touching of an erogenous zone for the apparent sexual arousal or gratification of either person.
5. Describe the sexual conduct/contact, including any penetration of the individual.
6. Include the results of any physical assessment conducted by a medical professional.

7. Include the results of any human sexuality assessment.
8. Provide a copy of the police report.
9. Include all medical information related to the incident.
10. Document the date, time, and officer's name for law enforcement agency notification.

Incident Specific Requirements – Verbal Abuse

1. Provide a statement of the exact words or gestures used to threaten, coerce, intimidate, harass, or humiliate the individual and the context in which these were used.
2. Provide a description of the reaction of the individual to the words or gestures, including any words or vocalizations.
3. Describe the volume used, including such description as loud, soft, and tone of voice, and where the primary person involved was located in relation to the individual.
4. Describe the past history of verbal interactions between the primary person involved and the individual.

Appendix B

ADMINISTRATIVE INVESTIGATION PROCEDURE FOR MAJOR UNUSUAL INCIDENTS IN CATEGORY B

(ATTEMPTED SUICIDE, DEATH OTHER THAN ACCIDENTAL OR SUSPICIOUS DEATH, MEDICAL EMERGENCY, MISSING INDIVIDUAL, PEER-TO-PEER ACT, AND SIGNIFICANT INJURY)

Steps for Investigating Major Unusual Incidents in Category B

1. Determine that the major unusual incident is properly coded.
2. Review relevant documents which may include recent medical history, individual service plan, progress notes, nursing notes, hospital records, police report, and behavior support documentation.
3. Interview witnesses as necessary to determine the cause or resolve conflicting information.
4. Interview others with relevant information as necessary.
5. Maintain a summary of each interview conducted.
6. Identify the causes and contributing factors to the incident.
7. Review past related incidents as appropriate, including but not limited to, prior immediate health and welfare measures taken and other preventive measures.
8. Verify that preventive measures have been implemented.

Incident Specific Requirements- Medial Emergency Involving Choking

1. Provide a detailed description of the choking incident including the type, texture, dimension, consistency, preparation, and amount of the item or items upon which the individual choked.
2. Determine the source of the item or items and how obtained by the individual.
3. Provide a detailed description of the individual's dietary requirements, supervision, and meal preparation supports.
4. Provide a detailed accounting of what happened before, during, and after the choking incident.
5. Describe any prior history of choking or prevention measures implemented.

Incident Specific Requirements-Peer-to-Peer Physical Act, Peer-to-Peer Sexual Act, or Peer-to-Peer Verbal Act

1. Interview the individuals within three calendar days,
2. Review the individuals' level of supervision and support.
3. Provide a detailed description of the incident.

Incident Specific Requirements- Significant Injury Involving a Fall

1. Provide a detailed description of the individual's requirements, if any, for supervision, supports, or aid at the time of incident.
2. Document the individual's past history of falls.
3. Provide a detailed accounting of the time period before, during, and after the fall and include, if any, relevant environmental factors that may have contributed to the incident.

Appendix C

ADMINISTRATIVE INVESTIGATION PROCEDURE FOR MAJOR UNUSUAL INCIDENTS IN CATEGORY C

(LAW ENFORCEMENT, UNAPPROVED BEHAVIOR SUPPORT, AND UNSCHEDULED UNANTICIPATED HOSPITALIZATION)

The following information shall be collected for major unusual incidents in Category C. The investigative agent shall review the information to ensure that the information is complete and the major unusual incident is properly coded. Information collected does not take the place of an incident report.

Incident Specific Requirements – Law Enforcement

1. Provide name, title, and phone number of person reporting to the county board.
2. Provide prior history of law enforcement involvement.
3. Describe individual's activities prior to the incident (e.g., followed normal routine).
4. Record the individual's supervision level and whether the supervision level was met.
5. Describe immediate actions taken to ensure health and welfare (e.g., alerting jail of medical concerns and dietary restrictions or ensuring medications are available to individual).
6. Describe the incident in detail.
7. Describe the injuries, if any, to the individual or to the individual's victim.
8. Include outcome of court hearing.
9. Identify cause and contributing factors.
10. Verify that preventive measures have been implemented.

Incident Specific Requirements – ~~Unscheduled~~ Unanticipated Hospitalization

1. Provide name, title, and phone number of person reporting to the county board.
2. Provide list of documents reviewed.
3. Address individual's medical history (e.g., recent similar illnesses or chronic/acute conditions).
4. Describe individual's health during prior seventy-two hours.
5. Document date and reason for most recent prior hospitalization.
6. Indicate if the symptoms were addressed in a timely manner, and if not, explain why.
7. Describe incident.
8. Include diagnosis, discharge summary, and follow-up appointment.
9. Identify cause and contributing factors.
10. If individual had the flu or pneumonia, indicate whether he or she received a flu shot or pneumonia vaccine.
11. Verify that preventive measures have been implemented.

Incident Specific Requirements – Unapproved Behavior Support

1. Provide name, title, and phone number of person reporting to the county board.
2. Indicate whether the individual has a behavior support ~~strategy plan~~.
3. Describe what happened prior to the incident; develop a timeline.
4. Describe the intervention used.
5. Indicate whether the individual was injured and if excessive force was used.
6. Explain the health and welfare risk.
7. Document how long the unapproved behavior support lasted.
8. Describe what, if any, other measures were taken first.
9. Identify cause and contributing factors.
10. Verify that preventive measures have been implemented.

02/19/2019
Date of PCBDD
Motion of Adoption

Bethany Schultz, Superintendent
Preble County Board of Developmental Disabilities

Preble County Board of Developmental Disabilities

Policy: Support & Funding Resource Guidelines

Board Approved: April 12, 2005
Revised: 02/27/07, 04/08/14

Section: 3.8

Page 1 of 4

Reference: ~~OAC 5123:2-12-01, 5123:2-12-02, 5123:2-12-03,~~
~~5123:2-12-04,~~
~~5101:1-39-24(B)(22)~~
ORC 5126.042, 5123.043
PCBDD Waiting List 3.5

The PCBDD will make every effort to maximize its use of taxpayer dollars. To show fiscal responsibility, county tax dollars will be used as the payer of last resort. Individuals served and their families will be encouraged and guided in utilizing all other available resources before accessing county tax levy dollars for needed services and support.

This policy does not apply to individuals seeking placement in an **Intermediate Care Facility-Individuals with Intellectual Disabilities (ICF-IDD)** ~~ICFMR~~ since the funding streams are not controlled by local tax dollars and county boards.

I. PROGRAM PHILOSOPHY

- A. It is the philosophy of the PCBDD that every individual, regardless of developmental disability, has the right to live as they choose within the community. In order to provide individuals with this freedom of choice, we must first realize the uniqueness of each person and the need to individualize all services to best meet unique needs. It is the intent to develop a wide array of quality support services reflecting the needs of the individuals to be served. Support services are not grounded in the concept of readiness or in an array of progressively less restrictive environments, but rather seek to match supports to an individual where he or she wants to be working, living or recreating.

II. DEFINITIONS

As used in this policy, the following definitions shall apply:

“Patient Liability” is the individual’s financial obligation towards the Medicaid cost of care.

III. FUNDING GUIDELINES

- A. The Board, within applicable budgetary constraints, supports the provision of services to all eligible individuals in need. To this end, the Board places the following conditions on persons receiving or seeking to obtain county funded support services:
- B. The Board will assist individuals who possess their own personal resources, and are not seeking any financial assistance or support from PCBDD, to access those residential

services that meet their individual needs. The role of the PCBDD staff will be one of support and technical assistance. There are no waiting list requirements for these individuals. All fiscal transactions will be the responsibility of the individual/family and the residential provider.

- C. Individuals who have limited personal resources, and are seeking PCBDD funding for residential, day programming or Critical Needs Funding will be assisted with efforts to access all benefits and resources available to them through local, state and federal programs and may be placed on a waiting list for services, or in emergency status in accordance with ORC 5126.042. This action is in accordance with current board practices.
- D. If a waiting list exists at the time of application, the individual will be assessed, ~~and placed on the appropriate waiting list for services.~~ Waiting lists are maintained for those individuals who will ~~need~~ **need** accept services within the next twelve months ~~as described in PCBDD's Waiting List Policy 3.5, if offered.~~ **described in PCBDD's Waiting List Policy 3.5.** ~~If an individual is offered a requested service and they decline, the individual may, at the individual's choice, remain on the waiting list in his or her current position.~~
- E. In order to effectively allocate limited resources, the Board may limit the expansion of some services and encourage, or require, funding partnerships with other agencies with which the individual has established eligibility. This may be done to serve as many individuals as possible without creating a requirement for a waiting list. These funding arrangements could occur through Cluster Funding for Children, Education Services, Individual Support Agreements, Medicaid Eligible Services or requirements associated with Criminal Probation or Sentencing.
- F. ~~If there is no waiting list, or when an individual reaches the top of the waiting list, an Individual Planning meeting shall be held to determine the service needs of the individual. The individual must participate, to the extent possible, in the development of his/her Individual Plan. The individual and/or guardian have the right to make the final decision regarding the people invited to participate in the development of the IP. All services must be driven by the individual's rights, choices, and assessed needs, and must foster respect, growth, responsibility, and empowerment of the individual.~~
- F.G.** As an integral part of the intake and planning process, an individual budget will be established. This budget will reflect the amount of individual resources from other sources (i.e. Social Security, Food Stamps), private income (i.e. wages, investments, trust funds, family support) and other community resources are available to fund the identified services.
- G.H.** The Board is the payer of last resort. Services, supports, and equipment that are accessible through other sources such as Medicaid, Medicare, insurance, school districts, or other community resources must be utilized prior to accessing Board funds.
- I. ~~Based on the availability of Board resources, every effort will be made to enroll new individuals on Medicaid Home and Community Based (HCBS) waiver services. However, until Medicaid HCBS waiver opportunities are available, the person shall not be approved for residential services, and shall be placed on the Waiver waiting list.~~

~~Once a waiver is approved, the individual will be expected to access eligible day services. Board staff will assist in the application process.~~

- ~~H.J.~~ Based on ability to fund, “low cost” service requests will be considered on a case-by-case basis, when health and safety can be ensured through **Critical Needs Funding or other available funding**, supported living, and a Medicaid waiver is not available.
- ~~I.K.~~ Board funds will not be used to support an individual to live without a roommate unless they have personal assets to support this choice. Persons living alone typically have extremely high costs for services. Any exceptions to this requirement will be referred to the superintendent for review and consideration.
- ~~L.~~ ~~The county board will waive the collection of patient liability from an individual and their guardian when the individual enrolls on a home and community-based waiver for the sole purpose of assisting the agency with refinancing adult services and meets both of the following priority requirements:~~
 - i. ~~Continues to reside 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~~

IV. FINANCIAL RESOURCES

The following resources are defined from the most to least flexible:

- A. **Individual Private Dollars** is defined as wages, business income, trusts, and investments (personal wealth). The option of individual private dollars allows for the most flexibility in how the money can be spent. Your private dollars are used to pay for where you live, your food, clothes, transportation and the things you like to.
- B. **Private Disability Dollars** is defined as Social Security (SSI/SSDI). This money is provided to people with disabilities who have a limited amount of income. The money must be used to pay your share of the living costs for rent and food. As your personal income increases, this money can be reduced.
- C. **Private gifts** from friends and families are defined as those occasions when family and friends will buy things for you or give you money. You cannot depend on this money but feel it’s good to know people care about you and they enjoy making you happy. This money may be used to purchase things you need or want and decrease your dependence on less flexible dollars that you are not allowed to use for specific personal items. People who care about you can also set up a special trust account so you can regularly receive money and things you want even if they move or pass away. An attorney who specializes in this area can assist you and your family with a trust, as it can affect your other benefits.
- D. **Community Resources** are both private and public programs to help all people not just those with disabilities. These programs are usually designed to help people who have limited financial resources. By using these programs you can make both your private and public resources go farther. These programs include HUD Section 8 Rent vouchers,

Food Stamps, Public Transportation (when available), Golden Buckeye, and Habitat for Humanity.

- F. **Supported Living Services**, with applicable budgetary constraints, supports the provision of supported living services to eligible individuals in need. To be eligible to receive non-Medicaid supported living services, the individual shall be determined to be ineligible for an appropriate Medicaid Home and Community Based waiver administered by the Board unless granted exemption as outlined in the next paragraph. The Board shall have the sole discretion to determine the appropriateness of the particular waiver for which the person applies. Board employees will assist the person in the application process as deemed necessary.
- G. The Supported Living Committee shall review all current and future enrollees to ensure they are appropriately receiving services through non-Medicaid services. If an individual chooses not to enroll on a Home and Community Based waiver as deemed appropriate or their resources exceed the Medicaid guidelines, the individual shall be required to pay a portion of the monthly cost for non-Medicaid Supported Living at a rate equal to sixty percent (60%) of the total cost of such services as determined by the Board. A written agreement between the individual and the Board, containing such cost sharing provision, shall be required. This agreement shall be entered into with the individual receiving services, or their legal guardian. The written agreement shall provide for the termination of non-Medicaid supported living services in the event the individual fails to fulfill the cost sharing obligations in a timely manner, or chooses to discontinue services.

V. **APPEALS**

A. **Non-Medicaid Service Decisions**

An action taken by the Preble County Board of DD in the implementation of this policy shall be subject to appeal by the individual or legal guardian, according to the agency's Dispute Resolution/Due Process policy and procedure.

B. **Medicaid Funded Service Decisions**

All reductions and termination of Medicaid funded services are subject to Due Process Rights through the Ohio Department of Job and Family Services appeal and hearing rights as defined in ORC 5123.043.

02/19/2019
Date of PCBDD
Motion of Adoption

Bethany Schultz, Superintendent
Preble County Board of Developmental Disabilities

Preble County Board of Developmental Disabilities

Policy: Early Intervention Service Policies— System of Payments Policy

Board Approved: June 14, 2005

Revised: 1/8/08, 1/13/09,

2/10/15

Page 1 of 17

Section: 4.1

Reference: ORC ~~5122.01, 5123.63, 5126.01, & 5126.08~~, 3319

OAC ~~5123:2-4-01, 5123:2-1-02 & 5123:2-5-05~~, Title XLVII

Child Nutrition Act of 1966, 42 U.S.C. 1786

Individuals with Disabilities Education Act, 20 U.S.C.1431 through 1445, 34 C.F.R. part 303

I. PURPOSE

This policy establishes a structure to pay for activities and expenses that are reasonable and necessary for implementing Ohio's Early Intervention system for eligible children and their families. ~~The purpose of the Early Intervention program is to provide direct services and supports to infants and toddlers birth through age two with developmental delays or disabilities and their families. The county board early intervention shall work as a part of a comprehensive, collaborative, coordinated, and family-centered service system. Early intervention services are designed to meet the needs of the family related to enhancing the child's development and participation in family life. County Boards shall participate in the development of individual family service plan outcomes for children and families that promote engagement, independence, and full community participation.~~

II. DEFINITIONS

- A. "Assistive technology device" means any item, piece of equipment, or product, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of a child. The term does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g., mapping), maintenance, or replacement of that device. ~~Developmental delay means developmental milestones expected for a child's chronological age have not been achieved as measured by qualified professionals using appropriate diagnostic instruments and/or procedures.~~
- B. "County Board" means a County Board of Developmental Disabilities. ~~A developmental disability means a severe, chronic disability that is characterized by all of the following:~~
- ~~1. It is attributable to mental or physical impairment of a combination of mental and physical impairments, other than a mental or physical impairment solely caused by mental illness as defined in division (A) section 5122.01 of Ohio Revised Code~~
 - ~~2. It is manifested before age twenty-two~~
 - ~~3. It is likely to continue indefinitely~~

4. — It results in at least one developmental delay or a condition known to result in a delay in accordance with section 5126.01 of the Revised Code
- C. “Department” means the Ohio Department of Developmental Disabilities. “Early Intervention” means services and supports provided as early as possible to enhance the family’s ability to meet the developmental needs of their child. Early Intervention services and supports are designed to identify the presence of a disability, delay, or risk factors which may lead to a delay, and provide interventions responsive to the preferences of the family that maximize the child’s optimal growth and development. Early Intervention services and supports may include any of the types of services listed under the “Individuals with Disabilities Education Act” (IDEA), Part C system, Title 34 of the Code of Federal Regulations, section (e) and (d) of 303.12 as revised July 1, 2002. The identification of a need for any specific early intervention service or support results for the comprehensive, ongoing assessment of the child and family.
- D. “Early Intervention Service Coordinator” means a person that assists and enables an eligible child and the child’s family to receive the services and rights, including procedural safeguards, required under Part C. “Specialist” means a professional, certified by the department in accordance with rule 5123:2-5-05 of the Administrative Code, trained to develop and implement strategies and interventions, which may include, but are not limited to the special instruction identified in IDEA, Part C as follows:
1. — The design of learning environments and activities that promote the child’s acquisition of skills in a variety of developmental areas, including cognitive processes and social interactions
 2. — Curriculum planning, including the planned interaction of personnel, materials, and time and space that leads to achieving the outcomes of the child’s IFSP
 3. — Providing families with information, skills and support related to enhancing the skill development of the child, and
 4. — Working with the child to enhance the child’s development
- E. “Early Intervention Services” means developmental services selected in collaboration with the parents of a child birth through age two who is eligible for services under Part C and designed to meet the developmental needs of the child and the needs of the child’s family to assist appropriately in the child’s development as identified in the individualized family service plan. Lead agency means the agency legislated or designated by the governor as responsible for the administration of the “Individuals with Disabilities Education Act” (IDEA), Part C. In Ohio, the department of health is the lead agency for Part C of IDEA and the HMG statewide system.
- F. “Early Intervention System” means Ohio’s statewide, coordinated, comprehensive, interagency system for which the department is the lead agency, that promotes transdisciplinary, family-centered services and supports to eligible children birth through age two and their families. “Part C” means the section of the “Individuals with Disabilities Education Act” (IDEA), under Title 34 of the Code of Federal Regulations, Part 303 (revised as of July 1, 2002), which regulates the early intervention program for infants and toddlers with disabilities.

- G. "Eligible" means a child, birth through age two, who has:
1. A physical or mental condition with a high probability of resulting in a developmental delay listed in the appendix to this policy as documented by a diagnosis signed by a professional licensed to diagnose and treat physical or mental conditions;
 2. A physical or mental condition which is not listed in the appendix to this policy as documented by a diagnosis signed by a professional licensed to diagnose and treat physical or mental conditions that includes the name of the diagnosed physical or mental condition, and a statement of how the diagnosed condition has a high likelihood of causing a developmental delay; or
 3. A developmental delay of at least one and one-half standard deviations below the mean, or the equivalent determined through informed clinical opinion, in adaptive, cognitive, communication, physical, or social-emotional development, as determined and documented by the "Bayley Infant Scales of Development" or the "Battelle Developmental Inventory."
- H. "Extraordinary medical expenses" means non-reimbursable costs paid during the individualized family service plan year by the family of the eligible child for medical and related care including, but not limited to, hospital stays, physician visits, dental care, vision care, prescribed medications/supplies/therapies, health insurance premiums/co-payments/deductibles, and modifications to the child's home to make the home accessible when such costs constitute:
1. At least one per cent of the family's gross income when the family's gross income is less than or equal to two hundred ten per cent of the federal poverty level;
 2. At least two per cent of the family's gross income when the family's gross income is greater than two hundred ten per cent of the federal poverty level and less than or equal to two hundred twenty per cent of the federal poverty level;
 3. At least three percent of the family's gross income when the family's gross income is greater than two hundred twenty per cent of the federal poverty level and less than or equal to two hundred thirty per cent of the federal poverty level;
 4. At least four percent of the family's gross income when the family's gross income is greater than two hundred thirty per cent of the federal poverty level and less than or equal to two hundred forty per cent of the federal poverty level;
 5. At least five per cent of the family's gross income when the family's gross income is greater than two hundred forty per cent of the federal poverty level

and less than or equal to two hundred seventy per cent of the federal poverty level;

6. At least six per cent of the family's gross income when the family's gross income is greater than two hundred seventy per cent of the federal poverty level and less than or equal to three hundred per cent of the federal poverty level;
 7. At least seven per cent of the family's gross income when the family's gross income is greater than three hundred per cent of the federal poverty level and less than or equal to four hundred per cent of the federal poverty level; or
 8. At least eight per cent of the family's gross income when the family's gross income is greater than four hundred per cent of the federal poverty level.
- I. "Home and community-based services Medicaid waiver component" has the same meaning as in section 5166.01 of the Revised Code.
 - J. "Individualized family service plan" means the written plan for providing early intervention services to an eligible child and his or her family. The fifty- five units of early intervention services per individualized family service plan year provided at no cost to an eligible child and his or her family in accordance with paragraph (III)(A)(6) of this policy shall not serve to limit the team's recommendation of needed early intervention services in the individualized family service plan.
 - K. "Individualized family service plan year" means the period, not to exceed three hundred sixty-six calendar days or extend beyond the child's third birthday, beginning on the day signatures are secured on an initial or annual individualized family service plan and ending when signatures are secured on a subsequent annual individualized family service plan.
 - L. "Parent" means a biological or adoptive parent of a child, a guardian, a person acting in place of a parent and with whom the child lives, or an appointed surrogate parent.
 - M. "Part C" means Part C of the Individuals with Disabilities Education Act, 20 U.S.C. 1431 through 1445, as in effect on the effective date of this policy, and 34 C.F.R. part 303, as in effect on the effective date of this policy.
 - N. "Payer of last resort" means the use of federal Part C funds to pay for early intervention services only when all other funding sources have been exhausted. These funds may be used to prevent a delay in the timely provision of early intervention services, pending reimbursement from the agency or entity that has ultimate responsibility for the payment.
 - O. "Qualified personnel" means persons who:
 1. Hold, as applicable based on the early intervention services provided:

- a. Valid early intervention services certification issued by the department in accordance with rule 5123:2-5-05 of the Administrative Code;
 - b. Valid license or certificate issued under Title XLVII of the Revised Code; or
 - c. Valid license or certificate issued under Chapter 3319 of the Revised Code.
 - 2. Provide early intervention services in accordance with Part C and rules promulgated by the department.
 - 3. Shall be subject to the department's oversight of the early intervention services provided.
- P. "Team" means the group of persons who develop the individualized family service plan and includes, at a minimum, the parent of the eligible child, other family members when requested by the parent, an advocate or other person outside of the family when requested by the parent, the early intervention service coordinator, and a person who conducted the evaluation or assessment of the child.
- Q. "Unit" means either:
- 1. Sixty minutes of early intervention services; or
 - 2. One hundred dollars expended for an assistive technology device.

III. PROVISION OF AND PAYMENT FOR EARLY INTERVENTION SERVICES

DESCRIPTION OF SERVICES

- A. The department shall ensure that the following early intervention services and functions are funded through local, state, and federal public funds and are provided at no cost to eligible children and their families;
- 1. Child find;
 - 2. Evaluation and assessment;
 - 3. Service coordination;
 - 4. Administrative and coordinating activities related to the development, review, and evaluation of the individualized family service plan and interim individualized family service plan;
 - 5. Implementation of procedural safeguards in accordance with paragraph (VIII) of this policy; and

6. Fifty-five units of early intervention services per individualized family service plan year identified as needed in the individualized family service plan. ~~Based on available resources, the county board, as their first priority, shall provide forty hours a week of early intervention services and supports to families who are Part C eligible. Children at risk will be served if there is not a waiting list for children with developmental disabilities or delays, and appropriate resources are available as defined by staff ratios. Service coordination and eligibility determination will be handled through Help Me Grow as the lead agency.~~

B. Early intervention services, other than those listed paragraphs (III)(A)(1) to (III)(A)(6) of this policy, may be financed through:

1. County boards, based on a county board's strategic plan and written policy regarding early intervention services in accordance with rule 5123:2-1-02 of the Administrative Code;
2. Private insurance of the child or parent, with the consent of the parent of the eligible child;
3. Public insurance of the child or parent (e.g., Medicaid or children's health insurance program), with the consent of the parent of the eligible child for disclosure of the child's personally-identifiable information to the public insurance program for billing purposes;
4. Parent cost participation based on the determination of the parent's ability to pay; and
5. The department through a combination of state general revenue funds and federal Part C funds, with federal Part C funds being payer of last resort.

~~The county board's role as a component in the provision of the HMG program is defined as:~~

1. Ongoing home visiting services
2. ~~Specialized services in everyday routines, activities and places as developed through the individual family service plan development process;~~
3. ~~Ongoing developmental assessments~~
4. ~~Evaluation to determine eligibility~~
5. ~~Child and family assessment~~

C. When the first fifty-five units of early intervention services per individualized family service plan year are not available from or are denied by the funding sources set forth in paragraphs (III)(B)(1) to (III)(B)(3) of this policy, the department shall pay qualified personnel for early intervention services identified as needed in an individualized family service plan, regardless of the parent's ability to pay as determined in accordance with paragraph (IV)(B) of this policy. ~~Employees of the county board who are hired to work as early intervention specialist, program assistants, or supervisors, shall hold applicable registration or certification in accordance with rule 5123:2-5-05 of the Administrative Code.~~

1. ~~A person who substitutes in any one assigned early intervention specialist's position for more than sixty days shall obtain either a substitute grade or temporary grade early intervention specialist level certification. A person who substitutes in any one assigned early intervention specialist's position for sixty or fewer consecutive working days is not required to hold a credential issued by the department of DD.~~
- D. When more than fifty-five units of early intervention services per individualized family service plan year are identified as needed in an individualized family service plan:
1. A parent determined able to pay for early intervention services in accordance with paragraph (IV)(B) of this policy shall be responsible for paying the cost of early intervention services.
 2. The child of a parent determined unable to pay for early intervention services in accordance with paragraph (IV)(B) of this policy shall continue to receive early intervention services at public expense.
- E. Providers of early intervention services, other than county boards, shall enter into a contractual relationship with the department for provision of the services.

IV. DETERMINATION OF A PARENT'S ABILITY TO PAY FOR EARLY INTERVENTION SERVICES ELIGIBILITY DETERMINATION

- A. The early intervention service coordinator shall explain this rule and determine a parent's ability to pay for early intervention services in accordance with paragraph (IV)(B) of this policy within forty-five calendar days of the parent's initial contact with the early intervention system and within forty-five calendar days of each scheduled annual review of the individualized family service plan. ~~The county board shall provide services and supports to children less than three years of age with developmental delays or disabilities and their families. To be eligible for early intervention services provided by the county board, in collaboration with Help Me Grow (HMG), an infant or toddler shall:~~
1. ~~Have a developmental delay in one or more of the following areas, as measured by a research-based developmental evaluation tool and informed clinical opinion as defined by the lead agency:~~
 - i. ~~Cognitive development~~
 - ii. ~~Physical development, including vision, hearing and nutrition~~
 - iii. ~~Communication development~~
 - iv. ~~Social or emotional development~~
 - v. ~~Adaptive development (self-help), or~~
 2. ~~Have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay or disability that is based on a written medical report, or~~
 3. ~~Have already been determined to be Part C eligible in the state of Ohio~~

4. ~~Upon receipt of a referral from the family or other source, the county board immediately refers the family to the Help Me Grow, the centralized intake and referral system~~
5. ~~The county board is not involved in the evaluation to determine eligibility for HMG services therefore; the county board shall request a copy of the written evaluation report for the child's record and maintain documentation that a request was made if the information is not available~~

B. A parent shall be determined able to pay for early intervention services unless:

1. The parent is receiving services from the special supplemental food program for women, infants, and children, authorized by section 17 of the Child Nutrition Act of 1966, 42 U.S.C. 1786, as in effect on the effective date of this policy; or
 2. The parent or the child is receiving Medicaid benefits; or
 3. The family's income is less than or equal to that required for Ohio healthy start eligibility for uninsured children
(<http://www.medicaid.ohio.gov/forohioians/programs/childrenfamiliesandwomen.aspx>); or
 4. The family has extraordinary medical expenses as determined by the department within thirty calendar days of the department's receipt of necessary supporting documentation.
- C. A parent who chooses not to share financial information needed by the early intervention service coordinator or the department to determine the parent's ability to pay shall be responsible for paying the cost of early intervention services other than the early intervention services listed in paragraphs (III)(A)(1) to (III)(A)(6) of this policy.
- D. The early intervention service coordinator shall inform the parent of the option to submit a request for redetermination of the parent's ability to pay if, after the initial determination, the parent or family meets a criterion set forth in paragraphs (IV)(B)(1) to (IV)(B)(4) of this policy.

V. PARENT COST PARTICIPATION ONGOING FAMILY AND CHILD ASSESSMENT

- A. When a parent is determined unable to pay in accordance with paragraph (IV)(B) of this policy, the eligible child shall be provided all early intervention services identified as needed in the individualized family service plan, including those early intervention services that exceed fifty-five units per individualized family service plan year, at no cost to the child or family. ~~Children who are eligible for HMG services and supports and their families shall receive ongoing family and child assessments. Within forty-five calendar days of the initial referral to the system 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.~~

- B. When a parent is determined able to pay in accordance with paragraph (IV)(B) of this policy, the parent shall be responsible for paying the cost of early intervention services, including private insurance co-payments and deductibles, needed to meet the outcomes in the individualized family service plan, other than the early intervention services listed in paragraphs (III)(A)(1) to (III)(A)(6) of this policy. ~~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 county board services, the team members must review all current existing developmental and family information so that duplication of information gathering does not occur.~~
- C. A parent shall not be charged more than the actual cost of the early intervention services (factoring in any amount received from other sources for payment for those services).
- D. A child or parent with private insurance or public insurance shall not be charged disproportionately more than a child or parent without private insurance or public insurance.

VI. USING THE PRIVATE INSURANCE OF A CHILD OR PARENT TO PAY FOR EARLY INTERVENTION SERVICES INTAKE AND REFERRAL

- A. The early intervention system shall not use the private insurance of a child or parent to pay for early intervention services without written consent of the parent. Prior to asking a parent if he or she consents to use of private insurance, the early intervention service coordinator shall:
1. Provide the parent with a description of Ohio's system of payments for early intervention services;
 2. Explain this policy;
 3. Explain that there are potential costs (e.g., co-payments, deductibles, premiums, or long-term costs such as the loss of benefits because of annual or lifetime health insurance coverage caps of the insurance policy) and that there maybe service limits that the parent may incur when private insurance is used to pay for early intervention services; and
 4. Suggest the parent review his or her private insurance coverage and contact the insurer if he or she has questions about using private insurance to pay for early intervention services.

~~Upon receipt of a referral from the family or other source, the county board shall immediately refer the family to the centralized intake and referral system, HMG.~~

Communication to the centralized intake and referral system shall include the date and time the initial referral was received by the county board to ensure that verbal or ~~written contact can be made with the family within two working days after the initial referral.~~

- B. When using the private insurance of a child or parent to pay for early intervention services, the early intervention service coordinator shall obtain parental consent prior to an increase in the amount, duration, or scope of early intervention services specified in the individualized family service plan.
- C. When using the private insurance of a child or parent to pay for early intervention services, the early intervention system:
 - 1. Shall pay the cost of co-payments and deductibles using payer of last resort funds as necessary for the first fifty-five units of early intervention services per individualized family service plan year and for additional units of early intervention services when a parent is determined unable to pay in accordance with paragraph (IV)(B) of this policy; and
 - 2. Shall not pay the cost of private insurance premiums.
- D. When a child is covered by both private insurance and public insurance and the child's parent consents to the use of private insurance to pay for early intervention services, the use of private insurance is required prior to the use of public insurance to pay for early intervention services.

VII. USING THE PUBLIC INSURANCE OF A CHILD OR PARENT TO PAY FOR EARLY INTERVENTION SERVICES CHILD RECORDS

- A. The early intervention system shall not require a child or parent to enroll in public insurance programs as a condition of receiving early intervention services, but shall share information about the enrollment process for such programs.
- B. The early intervention system shall not enroll a child or parent in public insurance programs or use the public insurance of a child or parent to pay for early intervention services if the child or parent is not already enrolled in a public insurance program.
- C. When using the public insurance of a child or parent to pay for early intervention services, the early intervention system shall;
 - 1. Obtain initial, one-time parental consent for disclosure of the child's personally-identifiable information to the public insurance program for billing purposes.
 - 2. Make available those early intervention services in the individualized family service plan for which the parent has provided consent.

3. Provide written notification to the parent prior to using the public insurance of the child or parent to pay for early intervention services. The written notification shall include a statement:
 - a. That after obtaining parental consent, the child's personally-identifiable information will be disclosed to the public insurance program for billing purposes.
 - b. That the parent has the right, at any time, to withdraw consent of disclosure of the child's personally-identifiable information to the public insurance program.
 - c. That the parent will not be charged co-payments, deductibles, or premiums for using public insurance.
 - d. That for children covered by both private insurance and public insurance, the use of private insurance to pay for early intervention services is required prior to the use of public insurance to pay for early intervention services. When the parent does not consent to use of private insurance, however, neither private insurance nor public insurance will be used to pay for early intervention services and the early intervention system shall make available those early intervention services in the individualized family service plan for which the parent has provided consent.
 - e. That the parent will not, as a result of using public insurance for early intervention services:
 - i. Have to pay for services that would otherwise be covered by the public insurance program;
 - ii. Incur any premiums or discontinuation of public insurance for the child or the parent;
 - iii. Risk loss of eligibility for the child or the parent for a home and community-based services Medicaid waiver component based on aggregate health-related expenditures; or
 - iv. Risk decrease in available lifetime coverage or any other insured benefits.
 - f. Of the procedural safeguards set forth in paragraphs (VII)(A), (VII)(B), and (VIII) of this policy.

~~A. For each child birth through two years of age enrolled in the county board to receive early intervention services and supports the following information shall be compiled and kept on file:~~

- ~~1. Verification of birth. Acceptable documentations which may be copied and kept on file include: a passport or attested transcript of a passport filed with a registrar of passports at a point of entry of the United States showing the date and place of birth of the child, an attested transcript of the certification of birth, an attested transcript of the certificate of baptism or other religious record showing the date and place of birth of the child, an attested transcript of a~~

- hospital record showing the date and place of birth of the child, or a birth—
affidavit
2. — Documents used to determine eligibility, including a record of four risk factors,
the written report of the developmental evaluation, or the written medical—
report
 3. — Documentation verifying the date of initial referral to the early intervention
system and date of request for the county board to assist in the initial
evaluation and assessment process when the county board participates in the
early intervention child and family evaluation and assessment
 4. — Any ongoing assessments of the child and family
 5. — A health record that contains ongoing pertinent health information, which—
includes a record of current immunizations or the exemption of waiver where
an immunization is medically contraindicated, a list of medications, a list of
any allergies and treatments, and authorization for emergency medical —
treatment
 6. — Unusual incidents and major unusual incidents will be kept on record in the
county board administrative office, under the supervision of the investigative
agent.
 7. — Home and community based visitation records, and ongoing, systematic—
program data. Documentation by each county board provider shall include
date, duration, frequency, intensity and specific type of service provided, and
outcomes in accordance with the IFSP. A summary of this data shall form the
basis for the one hundred twenty day progress report and be used to measure
progress on the outcomes identified on the IFSP
 8. — Contents of current IFSP as approved by the family. At a minimum, goals—
established by the county board early intervention specialist, subsequent—
reviews, written notices regarding meetings and other related correspondence
 9. — Signed written consents and releases including, but not limited to, informed
written consent for the developmental screening, developmental evaluation,
family assessments and ongoing services
 10. — Documentation that a request for a copy of any required information was made,
but the information is not available.
 11. — Other records related to services provided or arranged by the county board
including the current individual family service plan; consent forms;
correspondence with the family; services and case notes; documents developed
by the county board including evaluations, assessments, progress reports, and
documentation of records requested and documents shared or released; and
documentation of the date, frequency, duration, and intensity of services
delivered; and
 12. — Documentation demonstrating that early intervention services provided or
arranged by the county board meet the requirements of Part C of the
Individuals with Disabilities Education Act, 20 U.S.C. 1431 through 1445, as
in effect on the effective date of this rule, 34 C.F.R. Part 303, Subpart E, as in
effect on the effective date of this rule, and rules promulgated by the Ohio
department of health with regard to parents' rights and procedural safeguards.

VIII. PROCEDURAL SAFEGUARDS TRANSITION PROCESS

- A. A parent contesting the determination of the parent's ability to pay or imposition of parent cost participation shall be afforded the procedural safeguards set forth in Part C, including mediation, state complaint procedures, and due process hearing procedures. In addition, a parent contesting the determination of the parent's ability to pay or the imposition of parent cost participation may request an informal review by the department.
1. The parent must submit a request for review to the department within thirty calendar days from receipt of notification of the determination of the parent's ability to pay or imposition of parent cost participation. The request must contain a statement of the reasons the parent believes the determination or imposition is incorrect or inappropriate and a proposed resolution. ~~The county board as a provider of services and supports to eligible children and their families shall participate in the transition planning as requested by the service coordinator or parent six months prior to the child's third birthday or when the child exits the system in another way.~~
 2. The department shall issue a written decision to the parent within twenty calendar days from receipt of the request for review.
- B. Early intervention services shall not be delayed or denied to an eligible child of a parent determined unable to pay for early intervention services in accordance with paragraph (IV)(B) of this policy.
- C. Early intervention services shall not be delayed or denied to an eligible child due to lack of:
1. Parental consent to use the private insurance of the child or parent to pay for early intervention services;
 2. The child's or parent's enrollment in public insurance programs; or
 3. Parental consent to share the child's personally-identifiable information with public insurance programs.
- D. Parents shall be notified of the procedural safeguards set forth in paragraphs (VIII)(A) to (VIII)(C) of this policy at the time of the determination of the parent's ability to pay in accordance with paragraph (IV)(A) to (IV)(C) of this policy at the time of the determination of the parent's ability to pay in accordance with paragraph (IV)(B) of this policy and prior to finalization and securing of signatures on the individualized family service plan.

IX. ~~PARENTS RIGHTS AND PROCEDURAL SAFEGUARDS~~

- ~~A. For all Part C eligible infants and toddlers served by the county board, the county board shall:~~

1. ~~Comply with the Ohio department of health's "Ohio Procedural Safeguards" policy~~
2. ~~Ensure that parents are informed of these procedural safeguards afforded under the lead agency, provide a copy upon receipt of a complaint and upon request, and ensure that families are aware that they may file a complaint with the lead agency at any time~~
3. ~~Ensure parents are afforded all requirements under section 5123.63 of the Revised Code, distribution of the "Bill of Rights"~~
4. ~~The county board shall ensure that parents of all children eligible and served by the county board are annually informed of the complaint resolution process through the county board. Upon entrance into the county board, the county board shall ensure parents have been informed of their procedural safeguards through the Ohio department of health and the county family and children first council, and that they have been given a copy of the Ohio department of health's Parents Rights in Help Me Grow brochure~~

X. STAFFING RATIOS

A. ~~The county board shall determine a methodology to ensure a reasonable child to early intervention specialist and support staff ratio and shall review caseloads at least annually. Procedures shall be written and shall ensure the county board will be able to provide services and supports to families and children as determined by the IFSP team. Some variables that may affect the ratio and be incorporated into the procedures include:~~

- ~~1. The extent and intensity of the family supports provided~~
- ~~2. The extent and intensity of the child's needs~~
- ~~3. Location of services and supports including travel time for home based services~~
- ~~4. The involvement and assistance of other services, supports and agencies~~
- ~~5. The resources available within the county board and the community~~
- ~~6. Capacity determination is defined as the process used to determine the maximum number of individuals that can be served by an early intervention specialist based upon the individual(s) service needs and the full time status of the early intervention specialist~~
- ~~7. An early intervention specialist will be assumed to be at their capacity threshold when they have documented services which total an average of 60% of their available work time per month over the previous six month period, or as determined by the Superintendent~~

XI. PROGRAM FACILITY, MATERIALS AND EQUIPMENT

~~The county board shall ensure that sufficient facilities, materials, and equipment are available to address the programmatic needs of young children and families enrolled in the county board.~~

XII. CALENDAR

~~In conjunction with the county family and children first council's comprehensive year-round HMG system, the county board shall ensure and make available early intervention services and supports on a year round basis for a minimum of two hundred forty days to eligible infants and toddlers and their families as part of a comprehensive, coordinated, transdisciplinary, interagency early intervention system.~~

XIII. REPORT AND MONITORING

~~A. To establish and maintain standards for early intervention services and supports offered by the county board, the county board shall:~~

- ~~1. Participate in the department's monitoring system through the accreditation process established pursuant to section 5126.081 of the Revised Code and rule 5123:2-4-01 of the Administrative Code, and~~
- ~~2. Provide information requested by the lead agency for the purpose of monitoring for compliance with the Ohio Department of health policies or Part C federal regulations, i.e. HMG system reviews~~

XIV. "HELP ME GROW" (HMG) POLICIES

~~A copy of the Ohio department of health's policies on the HMG system (final October 2002) is available on the department web site at <http://odmrdd.state.oh.us>. This information is also available on the "Help Me Grow" web site at <http://www.ohiohelpmegrow.org/>~~

APPENDIX

PHYSICAL AND MENTAL CONDITIONS WITH A HIGH PROBABILITY OF RESULTING IN A DEVELOPMENTAL DELAY

1. Very low birth rate weight (i.e., less than 1,500 grams) diagnosed at birth or within thirty calendar days after birth with intraventricular hemorrhage (grade III or IV), chronic lung disease (bronchopulmonary dysplasia), and/or severe retinopathy of prematurity.
2. Chromosomal conditions:
 - a. Cri-du-Chat Syndrome
 - b. Down Syndrome
 - c. Fragile X Syndrome
 - d. Klinefelter Syndrome
 - e. Prader-Willi Syndrome
 - f. Triple X Syndrome
 - g. Trisomy 13/Patau Syndrome
 - h. Trisomy 18/Edwards Syndrome
 - i. Turner Syndrome
 - j. Williams Syndrome
3. Inborn errors of metabolism:
 - a. Galactosemia
 - b. Glycogen storage disease
 - c. Hurler disease
 - d. Methylmalonic academia
 - e. Phenylketonuria
 - f. Infant of untreated mother of Phenylketonuria
 - g. Tay-Sachs disease
4. Neurological conditions:
 - a. Blindness, including visual impairments
 - b. Cerebral palsy
 - c. Deafness, including hearing impairments
 - d. Epilepsy/seizure disorder
 - e. Hydrocephalus
 - f. Hypoxic Ischemic Encephalopathy (severe)
 - g. Intraventricular hemorrhage (Grade IV)
 - h. Microcephaly
 - i. Muscular dystrophy
 - j. Spina bifida
 - k. Spinal muscular atrophy
 - l. Traumatic brain injury
5. Other:
 - a. Acquired Immune Deficiency Syndrome
 - b. Attachment disorder

- c. Autism spectrum disorders
- d. Cranio-facial anomalies
- e. Cyanotic congenital heart disease
- f. Fetal Alcohol Syndrome
- g. Infection, fetal/neonatal (herpes, syphilis, cytomegalovirus, toxoplasmosis, and rubella)
- h. Pierre Robin Sequence/Syndrome
- i. Post-traumatic stress disorder

02/19/2019
Date of PCBDD
Motion of Adoption

Bethany Schultz, Superintendent
Preble County Board of Developmental Disabilities

Preble County Board of Developmental Disabilities

Policy: ~~Employment~~ **Community First Policy**

Board Approved: August 13, 2013

Section: 4.10

Page 1 of 3

Reference: ORC: 5126:032, ~~Chapter 3323.5123.01, 5123.022~~ PCBDD Policy 3.8 Support and Funding Resource Guidelines

Employment First Executive Order signed by the Governor 3/19/12

OAC: 5123:2-1-11, 5123:2-3-03, 5123:2-9-13, 5123:2-9-14, 5123:2-9-15, 5123:2-9-16

I. PURPOSE

~~This policy implements the employment first policy in accordance with section 5123.022 of the Revised Code. The purpose of this policy is to ensure that the individuals served by Preble County Board of Development Disabilities (PCBDD) in accordance with all other policy and procedures are encouraged to find their own personal genius and have opportunities to explore work, community engagement, volunteerism and for entrepreneurship in their community in a manner that is the least restrictive. The PCBDD supports the Executive Order signed by the governor March 19, 2012 for Employment First Initiative.~~

II. SCOPE POLICY STATEMENT

~~This policy applies to county boards of developmental disabilities and providers of employment services regardless of funding source, to individuals with developmental disabilities. Everyone can contribute to their community. Services and supports that a person receives from the board will be an outcome of the Discovery Process.~~

- ~~A. Individuals 16 years of age and older who are new to the board for services and have been determined to be eligible for services provided by PCBDD shall participate in exploration and discovery opportunities to explore individualized options and teach skill building, work, volunteerism and/or entrepreneurship in their community.~~
- ~~B. Each Individual seeking service from the board will participate in work, volunteerism, entrepreneurship and/or community engagement. A Discovery Process will be employed to help individuals to discover their personal genius and identify personal goals, skills, strengths and areas of supports needed for full participation in their community.~~
- ~~C. The supports a person receives from the board are an outcome of the tools used in the Discovery Process.~~

- ~~D. All individuals will be encouraged to identify natural supports and personal advocates who might support their participation in the community.~~
- ~~E. Individuals receiving services from the board will enhance their community through participation and contributions where they live, work and recreate. To this end, the individual will uncover all supports (both paid and natural supports) needed to be a full participant in their community. The person, to the extent possible, will receive the supports in their community and from the community as much as possible.~~
- ~~F. The PCBDD will work with community partners to develop and support opportunities for people to work and grow in their community.~~
- ~~G. All supports developed will recognizes the board's Payer of Last Resort Policy 3.8.~~
- ~~H. An advisory workgroup will be developed and include persons served by the board to provide input for the purpose of implementation of this policy.~~
- ~~I. Appropriate measures and outcomes will be maintained to determine effectiveness and direction of the activities for this policy. Measures and/or outcomes will be reported to the board on a regular basis.~~

III. DEFINITIONS OF TERMS WITHIN THIS POLICY

- A. "Benefits analysis" means information provided to individuals about the impact of earning wages on public assistance programs including but not limited to, social security disability insurance, supplemental security income, Medicaid/Medicare eligibility, Medicaid buy-in for workers with disabilities, veteran's benefits, housing assistance, and food stamps.
- B. "Community Employment" means competitive employment that takes place in an integrated setting.
- C. "Competitive employment" means full time or part-time work in the competitive labor market in which payment is at or above the minimum wage and not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by persons who do not have disabilities.
- D. "County board" means a county board of developmental disabilities.
- E. "Department" means the Ohio department of developmental disabilities.
- F. "Employment first policy" means the state of Ohio policy, established in section 5123.022 of the Revised Code, that employment services for individuals with developmental disabilities be directed at community employment and that individuals with developmental disabilities are presumed capable of community employment.
- G. "Employment services" means:

1. The following Medicaid-funded home and community-based services:
 - i. Career planning in accordance with rule 5123:2-9-13 of the Administrative Code;
 - ii. Group employment support in accordance with rule 5123:2-9-16 of the Administrative Code;
 - iii. Individual employment support in accordance with rule 5123:2-9-15 of the Administrative Code; and
 - iv. Vocational habilitation in accordance with rule 5123:2-9-14 of the Administrative Code.
 2. Any services, regardless of funding, that are comparable to the services described in paragraph (III)(G)(1) of this policy.
- H. “Home and community-based services” has the same meaning as in section 5123.01 of the Revised Code.
- I. “Individual” means a person with a developmental disability.
- J. “Individual plan” or “individual service plan” means the written description of services, supports, and activities to be provided to an individual.
- K. “Informed consent” means a documented written agreement to allow a proposed action, treatment, or service after full disclosure provided in a manner the individual or his or her guardian understands, of the relevant facts necessary to make the decision. Relevant facts include the risks and benefits of the action, treatment, or service; the risks and benefits of the alternatives to the action, treatment, or service; and the right to refuse the action, treatment, or service. The individual or his or her guardian, as applicable, may revoke informed consent at any time.
- L. “Integrated setting” means a setting typically found in the community where individuals interact with persons who do not have disabilities to the same extent as persons who do not have disabilities in comparable positions. “Integrated setting” includes employment settings in which employees interact with the community through technology.
- M. “Provider” means an agency provider or an independent provider that is certified by the department or a residential facility that is licensed by the department.
- N. “Working age” means at least eighteen years of age.
- ~~A. “Discovery Process” is the process employed to help the individual uncover strengths, skills, desires and supports needed. The process will include observation, interviews with the person and designated others, and experiences and tryouts.~~
- ~~B. “Community First” is the initiative supported by the Preble County Board and the State of Ohio to support all individuals with developmental disabilities to work and engage in their community and to receive the needed supports to do so. The initiative~~

~~supports the exploration and growth of skills, interests and job goals with the individual so that they will be successful in their pursuit.~~

- ~~C. —“Individual” refers to the person with developmental disabilities who is eligible to receive services and supports from the PCBDD and has the same meaning as in ORC 5126.032.~~
- ~~D. —“Individual Support Plan” (ISP) refers to the document that reflects the individuals wants and needs in all areas of his/her life and includes the services, supports and activities to be provided to reach the desired outcomes.~~
- ~~E. —“Least Restrictive” is when a person receives only the services and supports needed to participate in activities and become full partner and participant and to receive services and supports in the most typical environment.~~
- ~~F. —“Natural Support” is a support that is not paid. Natural supports can include but are not limited to family members, neighbors, significant others and community members who share interests with the person they are supporting. Natural supports shall be documented in the ISP.~~
- ~~G. —“Personal Advocate” refers to the person selected by the individual to provide representation, advocacy, advice and assistance in day-to-day coordination of services in accordance with the ISP.~~
- ~~H. —“Personal Genius” is something the person is very interested in and is particularly good at or involved in.~~
- ~~I. —“Transition” refers to the time period before the individual graduates from high school and enters work or college. Effective transition services and supports shall be in place in sufficient time to discover the person’s personal genius and supports and services needed to ensure success.~~

IV. PERSON-CENTERED PLANNING PROCESS

- A. Each individual of working age and each individual approaching completion of a program or service under Chapter 3323 of the Revised Code shall participate in a person-centered planning process in accordance with rule 5123:2-1-11 or 5123:2-3-03 of the Administrative Code, as applicable, to identify the individual’s unique strengths, interests, abilities, preferences, resources, and desired outcomes as they relate to community employment. The person-centered planning process shall begin with a review of available information to determine what additional information is needed and what supplemental situational and/or other formal or informal evaluations are needed to discover this information and culminate in informed consent. For individuals who receive public assistance, the importance of obtaining a benefits analysis shall be emphasized to enable the individual to make informed decisions**

regarding employment. Resources available for obtaining a benefits analysis shall be identified for the individual prior to job development.

- B. The person-centered planning process shall include identification and documentation of:
 - 1. The individual's place on the path to community employment, that is:
 - i. The individual is already engaged in community employment and needs support for job stabilization, job improvement, or career advancement;
 - ii. The individual expresses a desire to obtain community employment but is not currently employed and needs support to obtain employment or identify career options and employment opportunities;
 - iii. The individual is unsure about community employment and needs support to identify career options and employment opportunities and the economic impact for the individual or the decision to work; or
 - iv. The individual does not express a desire to work and needs support to learn more about careers and employment opportunities and the economic impact for the individual of the decision not to work.
 - 2. When the individual's place on the path to community employment is described in paragraph (IV)(B)(1)(i) or (IV)(B)(ii) of this policy, the individual's desired community employment outcome.
 - 3. When the individual's place on the path to community employment is described in paragraph (IV)(B)(1)(iii) or (IV)(B)(1)(iv) of this policy, the activities that will occur to advance the individual on his or her path to community employment.
 - 4. Clearly defined activities, services, and supports necessary for the individual to achieve or maintain community employment, job improvement, or career advancement.
- C. The results of the person-centered planning process, including the individual's desired outcomes as they relate to community employment, shall be integrated into the individual plan or individual service plan, as applicable.
- D. The results of the person-centered planning process shall be reviewed at least once every twelve months and whenever a significant change in employment, training, continuing education, services, or supports occurs or is proposed.

V. REQUIREMENTS FOR COUNTY BOARDS

- A. The county board shall adopt and implement a local policy to implement the employment first policy which clearly identifies community employment as the desired outcome for every individual of working age.

- B. In its strategic plan, the county board shall outline and periodically update its strategy and benchmarks for increasing the number of individuals of working age engaged in community employment.
- C. The county board shall collaborate with workforce development agencies, vocational rehabilitation agencies, and mental health agencies in the county to support individuals to obtain community employment.
- D. The county board shall collaborate with school districts in the county to ensure a framework exists for individuals approaching completion of a program or service under Chapter 3323 of the Revised Code such that the county board and school districts in the county use similar methods to support students with developmental disabilities to obtain community employment. Through this collaboration, the county board shall identify and attempt to resolve any duplication of efforts.
- E. The county board shall disseminate information to individuals served, families, schools, community partners, employers, and providers of services about resources and opportunities, including Medicaid buy-in for workers with disabilities and other work incentive programs that facilitate community employment.
- F. The county board shall collect and submit to the department individual-specific data regarding the cost of non-Medicaid employment services, employment outcomes for individual who receive non-Medicaid employment services and employment outcomes for individuals who do not receive paid employment services but who are engaged in competitive employment or community employment.

VI. REQUIREMENTS FOR PROVIDERS

- A. Providers of employment services shall submit to each individual's team at least once every twelve months, or more frequently as decided by the team, a progress report that demonstrates that employment services provided are consistent with the individual's desired community employment outcome and that the individual receiving employment services has obtained community employment or is advancing on the path to community employment. The written progress report shall identify the anticipated time-frame and tangible progress made toward achievement of each desired outcome of the employment services provided as set forth in the individual plan or individual service plan shall be amended to identify the barriers toward achieving desired outcomes and the action steps to overcome the identified barriers.
- B. Providers of employment services shall collect and submit to the department individual-specific data regarding employment services and employment outcomes including but not limited to, type of employment services provided, how individuals obtained employment, hours worked, wages earned, and occupations. The data shall be submitted through a web-based employment tracking system maintained by the department.

- C. Providers of employment services shall disseminate aggregate data regarding employment services and employment outcomes including but not limited to, type of services provided, how individuals obtained employment, hours worked, wages earned, and occupations, to individuals seeking employment services and others upon request. The data shall be disseminated in a manner that does not disclose confidential information regarding individuals receiving employment services.

02/19/2019
Date of PCBDD

Bethany Schultz, Superintendent
Preble County Board of Developmental Disabilities