

Erie County Board of Mental Retardation and Developmental Disabilities

Programs and Services

March 2007

INDIVIDUAL SUPPORTS POLICY

I. GENERAL POLICY

A. The Erie County Board of Mental Retardation and Developmental Disabilities (ECBMR/DD) fully supports the five principles of Self-Determination for all individuals with MR/DD. The following principles drive our philosophy and our mission:

- **SUPPORT-** The arranging of resources and personnel, both formal and informal, that will assist a person to live a life in the community that is rich in social associations and contributions;
- **AUTHORITY-** The ability to control a set and limited sum of dollars and resources to purchase needed supports;
- **FREEDOM-** The ability of the individual, along with freely chosen family and friends, to plan a meaningful life with necessary supports
- **RESPONSIBILITY-** The individual being accountable for spending public dollars only on needed supports that will enhance their life, as well becoming contributing members of their community.
- **CONFIRMATION-** Self-Advocates and families take on leadership roles in helping make decisions at every level.

Through the implementation of individual supports, a system will be created that result in individuals and their families taking the lead role in the design, development, and implementation of their services. This is a service philosophy and management system that can be used to support a wide variety of residential, work and community options.

B. Individual Supports administered through the ECBMR/DD herein referred to as “Board”, are community based support options designed to assist eligible individuals to live in homes of their choice, participate in their community, and earn a living with the supports needed to be successful. Individual Supports must provide control and choice to individuals and families to direct the support services they need and receive. As people gain control of decision making and resources their lives will improve (they are more independent and health and safety needs are met) and cost will go down. The Board recognizes that there are limited resources but is committed to offering individual supports to as many individuals as possible. Therefore, individuals and families will need to prioritize their needs.

C. Individual Supports should be developed with the active participation of those receiving the services to promote self-direction participation and independence. The service delivery system should make use of unpaid, natural supports such as family, friends, and neighbors. Support

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Services include supervision, training, home modifications and adaptations, vocational supports, various therapies, transportation, respite, and community access supports. Individual Support Services are provided through HCBS Waiver Services (Federal, State, Local funds), Supported Living Services (Local funds), and Community Services (Local funds). Other public and private funding sources shall also be used in to expand and enhance Individual Supports. The Board and approved Providers will work jointly to enhance the generic service system to provide the range and scope of services required by the individual. Both will also assist in accessing funds and resources needed by the individual. The support plan will include all supports needed by the individual and the total cost to the ECBMR/DD. The individual will not be eligible for additional funding through other programs offered by the county board.

- D. The Board's Ethics Council (ECBMR/DD Board Members) shall review all plans where direct payment for supports, other than reimbursements, are made to eligible individuals, members of an individual's immediate family, guardian, or a Board employee or member of a Board employee's immediate family. The definition of immediate family is a parent, sibling, or a spouse residing in the individual's household or any dependent child. The Master Contract for all approved Providers is an attachment to this policy and shall be approved to form annually by the Board. All Individual Supports contracts shall be approved by the Superintendent or his/her designee. Individual Support Plans developed with/for an individual that include paid supports for specific named providers are considered attachments to the named provider's master contract with the Board

II. DEFINITIONS

- A. Community Services- Generic community services and specific provider services that are contracted through the board and paid through local dollars.
- B. Contracted Support Providers - The community agency or independent contractor with whom the Board contracts to provide and arrange for Individual Supports. Also, ODMRDD certified Home and Community Based Services (HCBS) MRDD waiver providers and Supported Living Providers whom provide and arrange for Individual Supports
- C. Home and Community Based Services (HCBS) / Medicaid Waivers: Any federally funded approved waiver service provided to eligible enrollee as an alternative to institutional care under Section 1915(c) of the Social Security Act
- D. Individual - An eligible individual who expresses the desire to receive Individual Supports, and with whom a support agreement is developed and implemented.
- E. Individual Supports – A combination of Home and Community Based Waiver Services, Support Living Services, and Community Services outlined in an individuals ISP.

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- F. Individual Support Plan (ISP) - A document or record outlining the agreed upon supports an individual has requested. This is a process of planning, evaluation, and budgeting for supports the individual needs. The document or record includes the paid and non-paid supports the individual receives, as well as the individual resources and attributes the individual brings as assets to the process.
- G. Medicaid Local Authority - May be a County Board of Mental Retardation and Developmental Disabilities with Administrative Authority as outlined in ORC 5123:2-9-04 for Medicaid Services including Medicaid Waiver Home and Community Based Services defined via a signed contract between ECBMR/DD and ODMRDD.
- H. Service and Support Administrators (SSA) - The Board's staff shall be responsible for identification of recipients of Individual Supports. Board employees act as the single point of contact for the ECBMR/DD for eligible individuals. The Support Administrator performs functions as outlined in O.R.C. 5123:2-1-11.
- I. Supported Living - Services provided up to twenty-four hours a day to an individual eligible for Board services through any public or private funding that enhance the individual's participation in community life and advance the individual's independence and quality of life. Services enable an individual to live, work, and participate in activities where they choose, with any number of people who are not disabled, or with not more than four individuals with developmental disabilities unless the individuals are related by blood or marriage.

III PROVIDER POOL DEVELOPMENT

- A. All agency/independent contractors providing Community Services and Supported Living must have current contract with the Board. Notable exceptions to this would be payment for generic community resources such as community classes, equipment vendors, landlords etc.
- B. Providers of Supported Living, Individual Options Waiver, and Level One Waiver Services in Erie County shall be appropriately certified by ODMR/DD as posted on their website.
- C. Other providers must be appropriately licensed and/or certified according to their discipline and federal/state guidelines, including but not limited to psychologists, physical/occupational/ speech therapists, employment supports, social workers, etc. If an individual identifies a potential provider, the Board will consider entering into a contract with them, provided they meet the required certification standards for the services they wish to provide.
- D. All proposals are sent to the Medicaid and Contract Services Manager for review and a Master Contract is developed and approved by the Board or its designee. The Ethics Council of the Erie County Board of MR/DD will conduct a review when a county board employee is requested by an individual to be a private contract provider for them.

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IV. ROLE OF CONTRACTED SUPPORT PROVIDERS

The role of the Contracted Support Provider is to provide services as outlined and agreed to in the individual's ISP. The Provider must offer these services as directed by the individual and in a way that supports the individual to live in their community in a home of their choice, be accepted and valued by others, earn income, and participate fully as citizens, and to direct and control the course of their life. Information regarding individuals receiving supports is considered confidential and shall be shared only at the authorization of the individual and/or their legal representative,

All Master Contracts for Individual Supports shall be in effect for no more than one year, unless otherwise authorized by Board resolution. Contracts are reviewed at least annually to determine continued desire and ability to provide ongoing support services.

- A. Family Members as paid providers: Family members are discouraged, and may be prohibited, from providing paid supports for their immediate family member. A primary purpose in providing support services in the family home is to offer respite for immediate family members. When immediate family members are paid for providing supports, this respite does not occur. ECBMR/DD promotes maintaining the role of the immediate family as interested and involved advocates to offer valuable insight to the individual's needs and wants, as well as provide critical feedback to our service delivery system. When immediate family members become paid providers for their own family, a change in roles occur and the potential for conflicts of interests increases. At times it may be appropriate to pay immediate family members for direct services such as reimbursements, transportation, adaptive equipment, individual items for the individual, to avoid placement of individual in a licensed facility, or when no other support services can be secured
- B. Provider Selection: The Department of Service and Supports Administration shall maintain an approved provider pool for Community Services. Providers are asked to complete a one page description of the services they provide to be included in a Provider Book. Providers are responsible to provide current and accurate information for the Provider book. The Provider Book is used by individuals and families in selecting providers to interview for Community Services. The Ohio Department of Mental Retardation and Developmental Disabilities maintains a listing of certified Supported Living and Medicaid Waiver providers on their website which the Support Administrators will notify families of when selecting those particular providers.
- C. The Department of Service and Supports Administration can assist the individual in interviewing and selecting a provider for services. Service and Support Administrators will follow specific guidelines for selecting providers as outlined in the Erie County Board of MR/DD Free Choice of Provider Policy (which included the process for HCBS waiver providers identified in ORC Free Choice of Provider rule 5123:2-9-11). Should the individual request a provider not already in the

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provider pool, the Department of Service and Supports Administration shall assist the provider in obtaining the appropriate certification and meet requirements to become a contracted provider.

V. CONTRACT NEGOTIATION PARAMETERS AND PROCEDURES

The individual shall negotiate a rate with potential providers, except HCBS Medicaid Waiver providers, to determine a mutually agreeable payment rate for services. However, the Erie County Board of MR/DD shall not pay providers more than their usual and customary rate for services. Payment rates for HCBS Medicaid Waiver supports will be based on applicable state rules and guidelines for those services. When determining prospective payment rates, the following will be addressed:

- A. Service cost comparability to the costs, which would be incurred by a prudent individual under the same circumstances.
- B. Are the contract service costs ordinary, similar to market prices for comparable services, and necessary to the operation of the provider?
- C. The terms and conditions of the approved ISP (intensity of necessary services, living arrangement of the individual, and skill development)?

VI. ELIGIBILITY FOR INDIVIDUAL SUPPORT SERVICES

- A. To be eligible for Individual Supports, an individual must:
 1. Be a resident of Erie County or a former resident who was placed in a developmental center or other residential program because appropriate residential services were not available in Erie County at the time of their placement, and
 2. Eligible for services from ECBMR/DD according to O.R.C. 5126.
 3. School age children may be eligible for services through an ISP their last year of High School and transitioning to adult services. The school age child may receive up to the maximum of one years planning allocation while in school to be used in a way this is most effective for transitioning from school to adulthood.
 4. All adults are eligible to develop an ISP for Community Supports.
- B. Although Waiver services are a part of Individual supports for some individuals, in order to be eligible for Medicaid Waiver Home and Community Based services, an individual must:
 1. Be a resident of Erie County or a former resident who was placed in a developmental center or other residential program because appropriate residential services were not available in Erie County at the time of their placement, and
 2. Eligible for services from Board according to O.R.C. 5126.
 3. Out-of-County residents moving to Erie County may also be considered.
 4. Meet Medicaid eligibility as determined by Department of Job and Family Services.

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5. The individual must request and make application for Waiver Services. The request may be made to ECBM/DD, but the application must be made through the local Job and Family Services.
6. "Waiver Opportunity" availability is based on waiting list management and priority status (See Waiting List Policy).
7. An individual must meet a Level of Care identified through the specific Waiver program being requested.

VII. PROVISIONS OF INDIVIDUAL SUPPORTS

Individual Supports may be provided in any house, apartment, trailer or other residence in Erie County where the individual resides. Services must meet the following criteria:

- A. The individual has housing that meets local health and safety requirements, is secure, and has adequate heating, water, and electricity.
- B. The individual has control over his/her home environment, including choice of individualized furnishings, decor, and control of temperature and lighting.
- C. The individual has choice regarding where and with whom they live, and they do not reside with more than three other individuals receiving Individual Support Services.
- D. The Board shall not contract with a provider to provide a residence to an individual to whom the provider is providing other Support Services, unless extenuating circumstances exist and are described in the ISP and approved by the Director of Service and Support Administration. Examples of these situations are foster placements, and family homes. When an individual elects to reside in a residence furnished by a provider it is the responsibility of the Department of Service and Support Administration to verify that the individual has a free choice in the decision and that all costs related to the particular shelter are at or below the fair market value.
- E. Given the relative high cost of housing in Erie County, it is unrealistic that most individuals will be able to access affordable housing. The following are options to overcome this barrier:
 1. Personal Resources: Are the most desirable option and may include sharing housing costs with a roommate. The Board shall not assume liability or commit public funds to real estate that is held for private benefit or that is not operationally or financially feasible.
 2. Public Housing Assistance: Numerous public housing subsidies may be available. These include HUD Section 8, subsidies to organizations such as HUD Section 811, Habitat for Humanity, Ohio Housing Finance Authority loans and linked deposit funds. These later options result in specific housing units being developed. Caution here must be given to insuring consumer choice and appropriateness of housing options. Protection must also be made to guarantee the public purpose of these units.

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3. Physically Accessible Housing: Due to lack of handicapped accessible housing special effort must be made to develop appropriate accessible housing through various public funding.

VIII. INDIVIDUAL SUPPORT AGREEMENT

The Individual Support Plan (ISP) is driven by individual choice. The assigned Service and Support Administrator will facilitate and monitor the development of the ISP. An ISP shall be developed with the individual, their family and/or guardian, individual advocate, the provider, and any other person the individual chooses. Support Administrators shall insure that information regarding Individual Supports are communicated to those involved providers, and that each involved service provider is aware of each other and their supports to the individual. The ISP shall indicate the provider(s) of each service, the frequency and duration of each service, the service cost and the funding source. All services in the ISP must be agreed to by the Individual and/or guardian. The ISP is written annually with addenda submitted as needed/requested by the individual and/or team and authorized by the Service and Support Administrator.

Both formal and/or informal evaluations shall address all of the quality indicators (choices and options, individual income, housing, community membership, individual satisfaction, health, and safety). Evaluations may be used to identify appropriate methods of developing the services and activities necessary to support the needs/choices of the individual. Evidence of freedom of choice is to be documented on the appropriate form and in accordance with Board policy. Dissenting opinions shall be noted on the ISP. The ISP shall be effective for a period of time not to exceed one year as agreed to by the individual and ECBMR/DD.

IX. APPROVED SERVICES

All costs related to Individual Supports shall be considered in the development of an ISP. The authorization of these services will be based on individual need and feasibility of service. **However, all costs cannot and should not be paid for by the ECBMR/DD.** As a general rule, the individual is responsible for their room, board and individual needs. Wages, benefits and private funds should first go to these expenses. The individual, whenever available, must utilize alternative funding streams including personal insurance coverage, Medicaid, and other public funding to assist in covering the costs of services and items provided. Funding Levels are determined by available resources, funding streams, and authorization levels that are defined later in this policy.

The following are descriptions and specific funding limits for approved services:

- A. Rent Deposits: May be paid in full or part by Individual Supports with cap of \$800 total

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- B. Rent Subsidies: Based upon the household budget, Individual Support funds may be used to subsidize rent for Board eligible only individuals living on their own. Rent must be divided evenly between all individuals residing at the residence (family, roommates, and support staff). Individuals receiving a rent subsidy must work, volunteer, or participate in day activities at least 15 hours per week unless they are determined to be exempt. To be exempt an individual needs a medical/psychological excuse, or has reached the age of retirement and would like to retire. Individuals receiving rent subsidies must verify that they have applied for available public assistance and are willing to accept when available. Rent subsidies are based on the individual paying 30 % of their gross income. Approval to exceed monthly limit of \$400.00 may be given by the Director of Service and Support Administration.
- C. Monthly Utilities: Based upon the household budget, Individual Supports funds may be used to subsidize household utilities for eligible adults living on their own when they are assessed to be greater than typical cost. This may include heat, electric, water, and local telephone service. This does not include long distance calls, and other non-essential services. Individuals must apply for the appropriate public assistance before using their Individual Support funds. The utilities must be equally divided between all individuals residing at the residence.
- D. Maintenance/Housekeeping Service: Eligible adults living on their own are expected to do their own housekeeping and ground maintenance based on their ability. Cleaning services may be authorized for carpets, walls or other cleaning beyond the individual's ability. Likewise, grounds keeping services may be authorized if clearly beyond the individual's capability.
- E. Direct Support Home and Community: Direct services are based on need and include supported living/HCBS Waiver homemaker personal care supports, daily living activities, nursing not otherwise provided through health coverage, day array supports, respite and community access. Camps are excluded from this support area, (see Sect. XII S., Miscellaneous Funding).
- F. Vocational: Direct services that evaluate, support, and promote skill acquisition enabling the individual to earn income in the least intrusive manner and least restrictive environment. Options include supports to gain and maintain community employment, enclave, sheltered workshops, and self employment. Micro-Enterprise assists the individual to develop a business plan and operate their own business as self employment.
- G. Transportation: Mileage reimbursement for providers when transporting an eligible individual as a part of their support services. Mileage reimbursement funded locally and with prior approval may cover services when an individual is not able to go along due to illness or physical ability. This is not the case for Waiver funding. Public Transportation and Cab services may also be funded based on employment and community access needs. The individual may need to contribute towards the cost for public transportation. Individuals that have a valid driver's license

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may be eligible for reimbursement up to \$50 monthly for gas expense. It is the expectation of the board that the individual will use the most cost effective form of transportation.

- H. Program Management: Program Management is a locally funded service to address specific coordination needs an above and beyond the typical coordination and provision of services needed for day to day supports. Program management may address involved needs such as behavioral assessment and plan development, developmental consultation, and medical/benefits/financial coordination. Individuals receiving Waiver services cannot have Program Management services.
- I. Social Work Services: Social Work is an IO Waiver funded services to address specific coordination and/or counseling needs.
- J. Therapy Services: Professional therapy services, including but not limited to speech, physical, occupational, and psychological/behavioral. Whenever available, individual insurance coverage, including Medicaid and Medicare, must be used to cover the cost of professional service
- K. Behavioral Consultation: Provided by a Board approved Behavioral Specialist to provide consultation, plan development, training and representation to the Board's Behavior Support Committee.
- L. Pharmacopsychiatric Consultation: Provided by licensed pharmacist for consultation and coordination with team and prescribing physicians to assist with medical management.
- M. Plan Reinforcements: Funding may be used, up to a maximum of \$250 per year, to purchase Behavior support plan reinforcements. Reinforcement items must be identified in the plan and approved by the team and Behavior Support Committee. Items may not include alcohol, tobacco, gambling, pornography, drugs or other illegal articles.
- N. Staff Expenses: These are costs incurred by direct care staff while assisting individuals for approved activities such as movie passes, concert tickets, parking cost, etc. Staff food costs are prohibited. Annual Individual Budget limit of \$500.00.
- O. Adaptive Equipment, Modifications and Specialized materials: The purchase of adaptive equipment or the modification of a typical item purchased for the individual. Medicaid Waiver funding has specific limits based on each waiver program (See ORC and OAC for specifics) Whenever available, individual insurance, including Medicaid/Medicare, or other resources (BVR, etc.) will be utilized cover the cost of the equipment or modification.

Examples of modifications are:

- | ❖ <u>Family/individual purchases</u> | <u>Individual Support funding</u> |
|--------------------------------------|---|
| ❖ Swing set | modifies or purchases an adaptive swing |
| ❖ Bicycle | purchases hand controls |
| ❖ Home | covers installation of ramp |

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- P. Technology: The use of various technological supports that replace and/or reduce the need and cost for direct care services. Such supports may be funded by Waiver programs, Medicaid or local funds and include computer based skill development and prompting systems, emergency response systems, video monitoring, communication devices, etc. The cost of repair and maintenance of such supports may also be covered as part of an Individual Support Plan
- Q. Home Delivered Meals: To address specific dietary needs or fulfill meal preparation need. If not covered through Medicaid or Waiver, must use Miscellaneous funding cap (see below).
- R. Home Improvements: Improvements made to a home, owned by the individual /family, that causes an increase in value of the home. The county board may require a property lien to insure the recovery of funds in the event the title of the property is transferred within a given time period.
- S. Interpreter Services: To assist and with communication barriers in community settings for persons with hearing impairments or English as a second language. ECBMRDD will supply interpreter services separate from Individual budget, for Board functions as needed. If not covered through Medicaid or Waiver, must use Miscellaneous funding cap (see Below)
- T. Miscellaneous Funding per Individual Budget: The following supports may be included in an individual budget but not exceed a cumulative total of \$1,000 annually (This funding must be within the approved individual budget, and is not in addition to):
 - 1. Nutritional Supplements, prescribed by licensed physician.
 - 2. Community Classes and Memberships.
 - 3. Non-traditional therapies including massage, music, art, swim, etc.
 - 4. Camps, if not funded through Medicaid Waiver programs.
 - 5. Home repairs for residences owned by adult eligible individuals, not for family homes.
 - 6. Conferences and Trainings related to disability or specific ISP goals, to cover registration, lodging, and/or transportation costs for a limit of \$500.00 annually.
 - 7. Assessments not included in other therapy services such as Neuropsychological evaluations. Costs of assessments needed for Waiver enrollment are not applied to the individual budget.
 - 8. Payees services for agency or independent provider to act as representative and manage Social Security benefits for up to \$35 per month.

X NON-ELIGIBLE SERVICES

- A. Individual Support Funds will not be used for the following:
 - 1 Any residential setting that qualifies for an ICF/MR or would otherwise be considered a nursing home.
 - 2 Insurance premiums including but not limited to; homeowners; health; life; vehicle, renters, etc.

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- 3 Household Furnishings. Individuals are responsible for obtaining individual and household items. There are certain start-up funds available through ODMRDD for those individuals leaving state run Developmental Centers and returning to their home communities. Through families and other agencies, efforts will be made to secure donated or second hand furniture.
- 4 Individual Vacations expenses and the lodging and transportation cost of providers, subsidizing individual income, long distance telephone calls, or other non-essential services.
- 5 Household expenses related to non-eligible family members and/or roommates in the home including dependant children. This includes respite and memberships for non-eligible family members and roommates.
- 6 Individual insurance premiums or expenses related to medical or dental care including but not limited to prescribed medications, hospital stays, surgery, inpatient treatment, etc.
- 7 Items and activities such as alcohol, tobacco, firearms, gambling, pornography, drugs or other illegal articles/activities.

XI ISP DEVELOPMENT

The Erie County Board of MR/DD has committed to provide services and supports to eligible citizens of Erie County based on the principles of Self-Determination. Central to this approach is the active participation of individual/ family receiving supports and their chosen advocates in the development of their ISP. The following are guidelines for developing the ISP using resources available and under the control of the Erie County Board of MR/DD. These resources include local tax dollars and state subsidy funds that the Board has allocated to Individual Supports in County Auditor Fund.

A. Considerations when developing an ISP and Budget:

1. Eligibility for Individual Supports: Erie County Residents who meet the eligibility criteria define in ORC 5126
2. Individual Supports do not supplant the services provided by other agencies or schools.
3. The individual/ family will direct how funds are used for approved supports.
4. The individual/family shall hire and fire providers.
5. The greater the use of governmental funding, the more intrusive and complex the supports will be for the individual.
6. Individuals will use the most cost effect ways and resources to meet their needs.
7. The Board's Service and Support Administration will authorize budgets and approve expenditures.

B. The ISP process must be individual centered and directed and include guardians, family, friends, and support staff. The ISP must reflect the following:

- 1 The participation and direction of the individual and/or advocates in developing the plan.

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- 2 The solicitation of input and participation of non-paid and natural supports
- 3 Identified outcomes as described by the individual and/or advocate
- 4 Reporting of current successes, abilities and resources.
- 5 Detailed description of requested support services (who does what and when) This includes team members responsibilities, how often they will meet, and lines of communication, as well as formal methodologies and interventions. Plans include current status of the individual's life, needs and ambitions for the next year or more. Included in the ISP are interventions that will address the needs and specific outcomes that are expected as a result of intervention. The following are three strategies for interventions:
 - a. Treatment, Skill Training and Therapeutic Services:
This level of intervention will be intense but not long term, resulting in skills acquisition by the individual being served within a specified period of time. Plans are to include current assessed functioning levels and targeted outcomes expected as a result of intervention. Renewals of interventions require evaluation of effectiveness in meeting targets or reducing levels of support. Interventions not effective in reaching outcomes should be discontinued.
 - b. Support and Maintenance:
These are interventions needed to insure an individual's health and safety at the less restrictive level possible. This will include general supervision and individual care. Interventions are to be provided in a manor that encourages the greatest level of independence possible.
 - c. One-time Modifications and Accommodations:
These are interventions that are generally accomplished through application of technology or environmental modification that will provide the individuals with greater independence or success and reduce the cost of supports and maintenance of service management effectiveness for an individual.
6. The individual and their team must determine how services will be evaluated, monitored, and updated ongoing throughout the ISP plan year.
7. Providers of support must include a description of support services, and/or a formal methodology of the supports they will provide as part of the ISP. This includes the documentation format.
8. The ISP must include the effective dates of services, the support provider and cost of services, signatures of individual, team members, and ECBMR/DD approval (PAS/PAWS)

XII FUNDING GUIDELINES FOR INDIVIDUAL BUDGETS

A. Guidelines and Requirements for Approval of Individual Budgets:

- 1 The Support Administrator will assess the individual using an acuity instrument to determine their funding range.

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- 2 The Board, based upon available resources, shall establish planning amounts annually. The establishment of planning amounts does not guarantee an individual, eligible for Board services, an annual budget.
 - 3 The Support Administrator can authorize agreements up to the amounts in the funding range approved by the Board for individuals receiving Individual Supports.
 - 4 If a request to increase is greater than the planning amount, but less than 10% more, the request must be submitted to Director of Support Administration for approval. A request for a total budget greater than the planning amount must include alternative-funding sources, when available; to help offset the board's expense for supports. Alternative funding sources may include joint funding agreements with other public agencies, Medicaid funding through direct payment, Title XX funding, private pay, or Medicaid Waiver supports. If an individual refuses to apply for or accept alternative funding for supports the board will limit the funding available to the planning amount.
 - 5 If request exceeds 10% but is less than 20%, the request must be submitted to the Director of Support Administration first, then to the Superintendent for approval.
 - 6 Any request to increase above 20%, or the cost exceeds a previously approved budget over 20%, must go through the above process before being sent on to the Board for review and approval. Requests requiring Board approval must be submitted to the Director by the Monday of the prior week board packets are sent out to initiate this review process.
- B. Proposals requesting increases in Individual Budgets must include a narrative verifying the need to increase and a worksheet that shows local, waiver and other costs. The Support Administrator will be expected to present the request to the Director, Superintendent and Board as required. Proposals should identify options considered and efforts to access additional resources. Plans that show a failure of current service to meet needs does not justify increased cost without changes in the services. Plans that show consistent increases in cost without documented changes in function or health may indicate need to change service providers or placement.
- C. Consideration for individuals waiting for services and those requests that may exceed funding limits include
1. Change in status of primary care provider
 2. Serious health and safety concerns, changes in health and condition of individual
 3. Primary caregiver is elderly (over age 60) or who has failing health.
 4. Investments in interventions or technology that have a committed objective to greater independence and reduced cost in the future. (therapeutic and/or one time costs)
 5. Preventive Services and Support Interventions
 6. Supports provided as part of a coordinated multi-agency funding agreement with shared funding agreements.

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At any time during the above process a request may be denied or sent back to the individual/team for further information. When there is multi-agency funding there must be clear expectations that Board funding is based on continued efforts of other parties and that reduction of commitment by any party may result in termination of the Board funding.

XIII COMPLAINT PROCEDURE - CONSUMER

- A. The Support Administrator can assist the individual, family and/or the team to assert their wants, likes, dislikes and complaints. The individual's satisfaction with their living arrangement and supports shall be determined at least annually through assessments and the ISP planning process, and through the ECBMR/DD QA review process.
- B. Individuals and their family, friends, or advocates who have complaints, concerns or suggestions regarding Individual Support Services should first address these concerns to their team. If the issues are not satisfactorily addressed, the issues should then be presented to the Support Administrator, then as needed, to the Director of Service and Support Administration. It is expected that informal procedures will resolve issues within thirty (30) days or that all parties agree that the informal process is making appropriate progress. (see Appendix A Appeal Process)
- C. If the informal dispute resolution procedures have not been successful, it may be time to use the formal Administrative Resolution of Complaints Process. For locally funded supports, the Administrative Resolution of Complaints and Due Process will be provided to the individual, family, and/or team as needed/requested and at least annually as part of the ISP. For Board administered Medicaid Waiver services, recipients will receive their rights to a state hearing at least annually as part of the ISP and whenever there is a change in services.

XIV TERMINATION OF SERVICES TO CONSUMER

- A. A provider may terminate services to an individual/family for Community Supports, Supported Living/HCBS Waiver Services with no less than thirty (30) days written notice to Erie County Board of Mental Retardation and Developmental Disabilities and the individual/family.
- B. An individual/family may terminate services from a provider with less than thirty (30) days written notice to ECBMR/DD and provider with reason for termination.
- C. The ECBMR/DD may terminate the provider's contract and/or the services provided to an individual consumer with thirty days written notice to provider and the consumer.
- D. The ECBMR/DD may immediately terminate the individual/family's contract with a provider without notice whenever individuals are in immediate danger of physical or psychological harm, or for failing to appear to provide services with no notice.

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- E. When notified by the ODMR/DD that a provider's certification has been revoked, the ECBMR/DD shall notify in writing each individual and/or their guardian who is receiving Individual Supports that their provider's certificate is in the process of being revoked or has been revoked. The ECBMR/DD shall assist the individual and/or their guardian in obtaining new Support provider(s).

XV UNUSUAL INCIDENT REPORTING

All major unusual incidents and unusual incidents shall be reported according to the ECBMR/DD policy.

XVI QUALITY ASSURANCE STANDARDS

The Board shall conduct Quality Assurance Monitoring reviews of individual supports received by individuals, and review providers of services regarding the provision of supports and the ECBMR/DD administration of Support Services.

- A. The purpose of Quality Assurance review for the individual is the following
 1. The ECBMR/DD is responsible for conducting an annual review for a random number of individuals receiving Supported Living and/or Waiver services which will include everyone receiving such services within a three (3) year cycle. The Board may contract with a separate entity to complete these reviews.
 2. The Service and Support Administrators review each individual receiving individual supports a minimum of three to four times a year.
 3. Meet with the individual, family/guardian, interested others, and identified providers to determine level of personal satisfaction, receipt of services, that services were delivered as outlined in ISP, and progress made toward reaching desired outcomes.
 4. Evaluate ISP to determine accuracy and thoroughness of plan, and that assessed needs were addressed and health and safety assured.
 5. Verify the active involvement of the individual and family/guardian in the ISP development process and consent to services reflected on the ISP.
- B. The purpose of Quality Assurance review for the Provider is the following:
 1. Assure providers of services are capable of providing acceptable levels of service, and that the services provided have the intended effect (outcomes).
 2. Include the results and feedback of the quality assurance reviews conducted for individuals served by the provider.
 3. Assess the provision of services by the provider based on the ISP, and the participation/input from the individual/family receiving services.
 4. Assess Provider's ability to prepare and maintains current, accurate, and complete documentation with required elements.

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5. Ensure timely and accurate reporting of any and all major and unusual incidents to the Major Unusual Incident Coordinator and assigned Support Administrator.
 6. Ensure appropriate training of provider staff as required by state and federal guidelines and as indicated by the ISP.
 7. Ensure completion and maintenance of criminal background checks, Nurse Aid registry, and Abuser registry for provider staff.
 8. Compliance with applicable Federal, State, Local and contract requirements
- C. The purpose of the Quality Assurance review for the ECBMR/DDDD is the following:
1. Assure the ECBMR/DD administers Supported Living and MRDD matched Medicaid Waiver services according to applicable federal, state and local guidelines.
 2. Assure that a commitment of available resources produces a reasonable level of service.
 3. Assure that ECBMR/DD maintains adequate records, provider choice and a reliable payment system for supports and items provided.

XVII. FILE CONTENTS

The following collateral must be filed for each Individual receiving Individual Supports and must be maintained for a minimum period of seven years:

- A. Identifying Data, and information identifying guardianship, trusteeship, or protectorship
- B. Evidence of eligibility for county board services, and the date of request for services from the county board.
- C. Evidence of the date of application for established waitlist service and HCBS Waiver services if applicable
- D. evidence of ISP reviews at least yearly with copies of assessment, Quality Assurance reviews and necessary follow-up
- E. Current ISP with completion dates and effective dates clearly indicated and evidence of addendums to ISA for all PAS/PAWS changes.
- F. Current budget for supports and services/ individual budget
- G. Documentation of the provider selection process.
- H. Evidence of ICF/MRDD Level of Care determination/re-determination of eligibility, Freedom of Choice, assessments, and other required documents for all waiver recipients as applicable
- I. Evidence of payment authorization for support services (PAS) including waiver supports (PAWS);
- J. Patient Liability amounts and identification of HCBS Waiver provider (s) to whom such amount is assigned; if applicable
- K. Evidence that individual was provided Administrative Resolution of Complaints and Due Process for locally funded supports and the Rights to a State Hearing for Medicaid Waiver services.

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- L. Documentation of unusual incidents and major unusual incident investigation summary reports.
- M. Identification of individual's team including Support Administrator and chosen advocates.

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APPENDIX A

Individual Supports Appeal Process

The following are guidelines and questions teams need to address as they prepare to submit an ISP to Individual Supports for approval. The same questions will be asked to resolve disagreements over the plan and to appeal decisions:

1. Was the plan presented in writing with all required information?
2. Was the plan submitted and responded to in a timely fashion?
3. Did the individual and/or guardian, or their family direct the development of the plan?
4. What are the consumer's, guardian's and families' understanding, acceptance and commitment regarding the plan?
5. Are there serious issues of health and safety and does the plan address these issues?
6. Were alternatives to the plan considered, proposed or tried?
7. Did the team request assistance, consultation, and advice? Was it provided and was it used in the plan.
8. What is the current service costs for the individual, the costs of the proposed plan as well as other options that were considered?
9. Does the plan have maintenance, accommodation or treatment goals? The latter two have the clear expectation of reduced costs and increased independence as a result of initial resource commitment.
10. What are the expected short and long term benefits and outcomes of the plan?
11. What are the expected skills that will be learned and capacity for independence that will be developed?
12. What is the opportunity and cost difference between the current services and supports and what is proposed? Are the differences justified?
13. Is an individual advocate identified? Has the team process been discussed and described clearly in the agreement (who's doing what, when, and how)?

If a team has recommended an individual plan to a Support Administrator for approval and:

- the plan is denied in whole or part; or
- has not been responded to within ten workdays; or
- the question and answer review process has exceeded 30 days without mutual agreement of the team and Support Administrator

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Then the plan is subject to administrative review or appeal and shall be forwarded to the Director of Support Administration. Appropriate department directors and agency directors will be asked to assist in identifying and resolving issues.

If resolution cannot be reached with the Director of Support Administration within ten business days of the date of administrative review, the plan will be forwarded to the Superintendent for final resolution. At this level of appeal all involved agency department directors are required to be involved.

Generally, the rule of stay-put will exist in disputed plans given the Board's continued approval for the program or local funding stream. Nothing in this process shall diminish or limit a client's right to due process.

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Individual Budget Planning Amounts 2009

Category I \$12573.00
Category II \$15770.00
Category III \$20444.00

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