

## INDIVIDUAL SUPPORTS POLICY

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

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

Superintendent Signature: \_\_\_\_\_



Date: \_\_\_\_\_

3/21/24

Implemented: 03/07

Board Approval: 03/07, 3/20/08, 12/18/08, 4/19/12, 8/16/12, 1/1/13, 9/17/15, 8/17/17, 12/21/17, 1/17/19, 4/18/19, 11/21/19, 9/17/2020, 2/18/2021, 6/17/2021, 11/18/2021, 1/20/22, 2/16/23, 10/19/23, 3/21/24

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Cross Reference: Employment First Policy, Family Directed Resources Policy, Ethics Council Policy, Service & Support Administration Policy, Administrative Resolution of Complaints Policy, ORC 5123-9-30

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**I. INDIVIDUAL BUDGET ELIGIBILITY**

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

- A. A resident of Erie County;
- B. Eligible for services from the Board according to Ohio Revised Code (ORC) Chapter 5126;
- C. At least age fourteen (14);
- D. A transition student (age fourteen (14) to graduation) who is eligible for Individual Supports that focus on employment outcomes;
- E. An adult or minor enrolled on a Community Based Waiver may choose to utilize his/her local match allocation for individual support services when:
  - 1. Service is not available by the waiver; or
  - 2. A certified waiver provider is not available and willing;
- F. Not receiving Board funding of Family Directed Resources.

**II. DEVELOPMENT OF OHIO INDIVIDUAL SUPPORTS PLAN (OhioISP)**

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

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

### III. PROVIDER REQUIREMENTS/CONTRACTS

- A. All agencies, Limited Liability Companies (LLCs) who file either a 940 or 941 form with the IRS (meeting IRS definition of independent contractors), and businesses providing individual support services must have a current contract with the Board. Notable exceptions to this may be payment for generic community resources such as one-time community classes, equipment vendors, landlords, etc.
- B. The Board will only contract with agency providers to provide homemaker personal care (going into someone's home) and respite. An agency is defined as an entity that directly employs at least one other person in addition to the chief executive officer.
- C. The Board will not pay providers more than their usual and customary rate for services, rates typically charged for identified service, or rates above the Medicaid state rate.

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- D. All proposals are sent to the Individual and Family Supports Manager, or designee, for review and a Master Contract is developed and approved by the Board or its designee. All Master Contracts for Individual Supports shall be in effect for no more than one (1) year, unless otherwise authorized by Board Resolution. Contracts are reviewed at least annually to determine continued desire and ability to provide ongoing support services.
- E. The Board's Ethics Council (Board Members) shall review all contracts where direct payment for supports, other than reimbursements, are made to eligible individuals, members of an individual's immediate family, guardian, a Board member or employee or their respective immediate family or a former Board member or employee as defined by the *Ethics Council* policy.
- F. Provider Selection: The Department of Individual and Family Supports shall maintain an approved electronic provider selection tool for Individual Supports.
- G. Service and Support Administrators shall follow specific guidelines with respect to an Individual's selection of a provider as outlined in the *Service and Support Administration* policy.

### IV. SUPPORT CONSIDERATIONS

- A. All costs cannot and should not be paid for by the Board.
- B. As a general rule, the individual is responsible for their room, board, and individual needs. Wages, benefits, and private funds will be used toward these expenses first.
- C. The individual must apply and utilize alternative funding streams including personal insurance, Medicaid, and other public funding to assist in covering the costs of services and items provided.
- D. The individual must first apply and be denied benefits from alternative funding sources before an expense can be paid by the Board.
- E. Funding levels are determined by available resources, funding, and authorization levels that are defined later in this policy.
- F. Individual support funding is used for services and items that specifically address an identified need related to the person's developmental disability.
- G. The individual's personal income will be taken in consideration before accessing Board money. If the individual is not working/employed, the first step in the planning process is a discussion about employment.

### V. APPROVED SERVICES

For all services listed below whenever available, individual insurance coverage, including Medicaid and Medicare, must be applied for, accessed, or denied, to cover the cost of professional service. The examples of approved services are not a comprehensive list.

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

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1. Individuals that have a valid driver's license may be eligible for a gas card up to \$100 monthly for gas expense; or
  2. Co-worker, family, or friend transporting individual to/from work or college may receive a gas card up to \$100 a month; or
  3. Family member or friend may receive gas cards totaling up to \$100 a month for out-of-town medical appointments and disability related transportation expenses with documentation of the visit from the professional.
  4. It is the expectation of the Board that the individual will use the most cost-effective form of transportation. The individual will need to contribute towards the cost of his/her transportation.
- C. **Homemaker Personal Care: The Board's third priority is to fund services that enable the individual to be integrated in the community.** Homemaker Personal Care (HPC) services are routine and based on need which include, but are not limited to, daily living activities (such as hygiene, cooking, cleaning) and accessing the community (such as shopping, banking, recreation).
- D. **Rent Subsidies:** Individual Support funds may be used to subsidize rent for individuals eligible for Board services who live on their own and meets the adult individual supports guidelines.
1. Rent must be divided evenly between all individuals residing at the residence (roommates and support staff).
  2. Individuals receiving a rent subsidy must work, volunteer, or participate in day activities of at least twenty (20) hours per week unless they are determined to be exempt.
  3. To be exempt, an individual needs a medical/psychological exemption or has reached the age of retirement and would like to retire.
  4. Individuals receiving rent subsidies must verify that they have applied for available public assistance and are willing to accept such public assistance when available.
  5. Rent subsidies are based on the individual paying the Section 8 Fair Market Rent Standard (a percentage of their gross income will go toward their rent). Approval to exceed monthly limit of \$400.00 may be given by the Director of Individual and Family Support.
  6. Rent subsidies must be reviewed every six (6) months.
- E. **Maintenance/ Housekeeping Service:** Eligible adults living on their own are expected to do their own housekeeping and ground maintenance based on their ability. Agency providers may be authorized to perform these services if beyond the individual's ability.
- F. **Traditional Therapy Assessment Services:** Professional therapy services, including speech, physical, occupational, counseling, and psychological/behavioral.
- G. **Non-Traditional Therapy Services:** Professional therapy services, including massage, reiki, music, art, swim, or equine.
- H. **Adaptive Equipment, Modifications and Specialized Materials:** The purchase of adaptive equipment or the modification of a typical item purchased for the individual including, but not limited to, installation of ramps, lifts, hand controls, etc. All items require a professional recommendation that specifically defines how the item addresses an identified need related to the person's developmental disability.
- I. **Technology:** The use of various technological supports that replace and/or reduce the need and cost for direct care services and increase independence.
1. Technology options may include, but are not limited to, computer-based skill development and prompting systems, emergency response systems,

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- remote support, video monitoring, and communication devices. Technology items such as computer-based skill development and prompting systems and communication devices require a professional recommendation that specifically defines how the item addresses an identified need related to the person's developmental disability.
2. The cost of repair and maintenance of such items may also be covered as part of an OhioISP.
  3. Internet: to promote independence and minimize dependence on paid support. It shall not be used solely for entertainment or recreational purposes but used to connect with programs and supports Remote Supports many include internet service when remote service vendor indicates the need for internet so that other components of the equipment are able to function.
    - a) Individuals may be eligible to receive up to \$50 per month to assist with the cost of internet services.
    - b) The individual must provide documentation of current internet service and participation in at least one Board program and support.
    - c) The individual will need to contribute towards the cost of his/her internet.
- J. Nutrition/Home Delivered Meals: To address specific dietary needs or fulfill meal preparation needs. Nutritional Supplements must be prescribed by a licensed physician or a dietician.
- K. Home modifications/home repairs (formerly Home Improvements/Home Repairs): Physical adaptations to an individual's home. Homes owned by an adult individual or family with an individual living with them that requires at least \$5000.00 of repairs/improvements and results in an increase in value of the home, the Board shall require a property lien to ensure the recovery of funds in the event the title of the property is transferred within a given time period. All home modifications require three (3) estimates. Written approval from the landlord is required if a change is being made to a rental property. Payments for all home modifications are made after the project is completed and the SSA has verified that the project is satisfactorily completed and meets the requirements specified in the OhioISP.
- L. Interpreter Services: To assist with communication barriers in community settings for persons with hearing impairments or English as a second language.
- M. Respite: Non-routine breaks in caregiving for an individual. Respite is intermittent and does not exceed thirty continuous days.
- N. Nursing: Nursing services not otherwise provided through insurance.
- O. Integrated Sheltered Workshop/Day Activity Program: Services that are provided separate from any home, facility or residence and are part of the person's integration into the community and focuses on activities that include personal care, skill reinforcement, training in self-determination and recreation and leisure.
- P. Camps, Community Classes, Conferences, and Trainings: These camps, community classes, conferences, and trainings are to promote independence and lead to promotion of skill acquisition. Conferences and trainings must pertain to developmental disabilities and advocacy.
- Q. Parenting Supports: To assist and provide eligible parents with supports to develop and increase parental skills. Parenting supports include, but are not limited to, educational resources, classes and in-person supports to assist with parenting responsibilities.

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- R. Payees services: For agencies to act as a representative and manage Social Security benefits up to the federal reimbursement rate determined by the Social Security Administration annually.

**VI. NON-ELIGIBLE SERVICES**

Individual Support Funds will not be used for the following:

- A. Any residential setting that qualifies for an Intermediate Care Facility (ICF) or would otherwise be considered a nursing home.
- B. Rent deposits, mortgages, and utility bills.
- C. Damages to property not related to behavior or conditions addressed in a behavior support plan and/or regular maintenance and repair of housing.
- D. Insurance premiums including but not limited to: medical, dental, prescribed medications, hospital stays, surgery, inpatient treatment, homeowners, health, life, vehicle, renters, etc.
- E. Household Furnishings.
- F. Household expenses related to non-eligible family members and/or roommates in the home including dependent children. This includes respite and memberships for non-eligible family members and roommates.
- G. Individual and family vacation expenses including lodging and transportation cost of providers, subsidizing individual income, long distance telephone calls, cell phone monthly plan costs, or other non-essential services.
- H. Any classes or courses that lead to college credit.
- I. Personal items and activities such as alcohol, tobacco, firearms, gambling, pornography, drugs, or other illegal articles/activities.
- J. Court mandated fines.
- K. Fencing.
- L. Subscriptions.
- M. Admission tickets/passes.
- N. Typical expenses incurred for an individual of the same age.
- O. Home modifications that add square footage to the home, are of general utility, and/or are not a direct medical or remedial benefit to the individual.
- P. Requests that do not meet the criteria for the category of service in Section V of this policy.

**VII. SPECIAL REQUESTS**

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

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- 3. Appeal Rights;
- 4. Outcome of the request.

**VIII. FUNDING GUIDELINES FOR INDIVIDUAL BUDGETS**

Guidelines and Requirements for Approval of Individual Budgets:

- A. The Service Support Administrator will use an assessment to determine the individual's funding range.
- B. The Board shall establish planning amounts annually based upon available resources. The establishment of planning amounts does not guarantee funding to an individual.

**IX. INDIVIDUAL BUDGET MAXIMUM PLANNING AMOUNTS**

A. Up to December 31, 2023

	Adults (graduation through the life span)	Children (age 14 to graduation)
Category I	\$14,620.00	\$1,800.00
Category II	\$18,130.00	\$4,153.00
Category III	\$23,400.00	\$10,000.00

January 1, 2024, and beyond

	Adults (graduation through the life span)	Children (age 14 to graduation)
Category I	\$20,185.00	\$2,485.00
Category II	\$25,035.00	\$5,725.00
Category III	\$32,310.00	\$13,800.00

- B. If a request to increase is greater than the planning amount, but less than 10%, the request must be submitted to the Director of Individual and Family Supports for consideration of approval.
- C. If a request exceeds 10%, but is less than 40%, the request will be submitted first to the Director of Individual and Family Support, then for consideration by the Superintendent.
- D. Any request 40% or above must go through the above process before being sent on to the Board for review and consideration of approval.
- E. Individual Budget planning amounts include the accessing of alternative funding. If an individual refuses to access alternative funding, he/she may be required to stay within his/her allocated planning amount.

**X. TERMINATION OF SERVICES**

- A. An individual/family may terminate services from a provider with less than thirty (30) days written notice to Board and provider with reason for termination.
- B. The Board may terminate the provider's contract and/or the services provided to an individual with thirty (30) days written notice to provider and the individual.
- C. The Board may immediately terminate the funding under 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 provide services with no notice, or lapse of contact credentials such as driver's license, car insurance, and acceptable background check from the Bureau of Criminal Investigation (BCI) or the Federal Bureau of Investigation (FBI).



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**XI. IMPLEMENTATION**

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