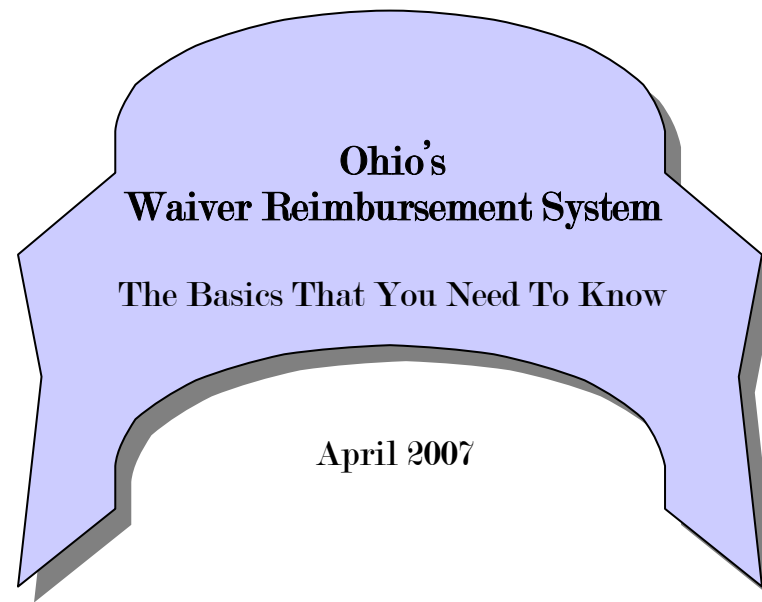




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The Ohio Department of Mental Retardation
and Developmental Disabilities

INTRODUCTION

Ohio has a new statewide reimbursement system for home and community-based services waivers for individuals with mental retardation and developmental disabilities.

This new system has been created to assure that individuals with developmental disabilities who have comparable needs and circumstances are consistently given equal access to comparable amount of waiver services.

Many people have transitioned to the new system.

Individuals who have not yet transitioned will need to do so by December 31, 2007.



This booklet has been developed to answer some frequently asked questions about the new waiver system. We expect this booklet will raise more questions. For assistance, contact your SSA at your local County Board of MR/DD.

- Alterations in staffing ratios resulting from circumstances beyond the control of the individual. Examples may include the loss of a roommate or a change in the individual's vocational schedule.
- An emergency situation that creates for an individual a risk of substantial self-harm or substantial harm to others if action is not taken within 30 days. An emergency may involve:

Abuse, neglect or exploitation of the individual:

- Health and welfare conditions that pose a serious risk to the individual or others, including immediate harm or death;
- Changes in the emotional or physical condition of the individual that necessitate substantial accommodations that cannot be reasonably provided by the individual's caretaker.

Due Process

You have the right to appeal any change in your services through the Department of Job and Family Services. A change in service is defined as a reduction, denial or termination of service.



Waiver Groups & Timelines

The new requirements will be applied to current enrollees no later than December 31, 2007.

The Components

The system has several components that everyone should be aware of and familiar with. They are:

Ohio Developmental Disabilities Profile (ODDP)

This is an assessment tool for people enrolled on the Individual Options (IO) Home and Community Based Waiver. Responses to the questions identify the needs, supports and circumstances of the individual that are most directly related to cost. To get a copy of the ODDP Handbook for Individuals and families, go to:

<http://odmrdd.state.oh.us/CountyBoardsDoc/ODDP/ODDP.htm>

Funding Range

The ODDP determines the funding range in which your waiver services must fall. The funding range gives you dollars to fund the waiver services and supports you want and need. These services must ensure your health and safety.

Funding Level

The individual Service Plan (ISP) determines your actual funding level. The services that you need regardless of the funding source will be identified on your ISP. The annual cost of your waiver services must be within or below the funding range.

Provider Rates

This new waiver system requires statewide rates. In other words, other than minor adjustments made for the cost of doing business, the rate paid and providers receive is the same across the state. These new rates will be applied to your waiver services to determine your new funding level.

Rate Add-Ons

The rate for routine homemaker/personal care (HPC) can be increased for individuals who meet certain medical and/or behavior criteria. You should ask if you meet this criteria.

Prior Authorization

The process to request more money for services than your funding range allows is referred to as Prior Authorization. The Ohio Developmental Disability Profile (ODDP) determines your funding range. If the funding range does not have enough money in it to buy the waiver services you think you need, you can ask for a review of your services.

The individual's request MUST MEET all of the following criteria:

- Services are appropriate to the individual's health and welfare needs, living arrangement, circumstances and expected outcomes;
- Services are of an appropriate type, amount duration, scope and intensity;
- Services are the most efficient and effective services that, when combined with other non-waiver services, ensure the health and welfare of the individual receiving the services; and,
- Services are necessary to protect the individual from substantial harm expected to occur if the requested services are not authorized.

The following are some examples of how the criteria may be met:

- Episodes of injury to self or others that have occurred within the last three months when there is a continuing risk of injury to self or others.
- Presence of consistent behaviors in which the person displays all of the following:
 - lacks impulse control;
 - Exhibits purposeful, dysfunctional goal-directed behavior to obtain or avoid something; and
 - Requires constant monitoring and continual redirection &/or behavioral intervention.
- Presence of a progressive medical condition or a mental illness that is generally associated with:
 - behaviors posing a risk to self or others; &/or
 - requiring a controlled environment to maintain health and safety.
- Presence of a medical condition which, without staff intervention, would threaten the individual's medical stability.
- Inability of an unpaid caregiver to provide previous levels of support or to provide the level of support currently required.