

Licking County Board of Developmental Disabilities

Administrative Policy Manual

Policy: Payor of Last Resort

Board Approved: 5/08

Reviewed: 2/11, 10/14

Revised: 4/17, 3/19

Section: 2.4

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Policy

It is the policy of the Licking County Board of Developmental Disabilities, hereinafter referred to as the Board, to exercise fiscal responsibility by encouraging and assisting persons served and their families to access and use all local, state and federal resources available before using Board levy dollars to pay for services and supports. Local levy dollars are intended to be used as the payment source of last resort.

With the resources available, the Board supports the provision of services and supports to as many eligible persons as possible. To this end, eligible persons and their families are obligated to do the following:

Expectations

1. When requested by the Board, each person who has a need for services and supports that can be funded by a Medicaid Home and Community Based Services Waiver must apply for such Waiver with the Board's assistance. Services will be authorized at a funding level within or below the funding range established by the Ohio Department of Developmental Disabilities. Persons will be placed on a waiting list if no waivers are available to pay for the services that are needed.
2. If a person or his/her family declines to apply for a Medicaid Waiver but still wants the services, he or she may receive funding for services equivalent to the local share of the service cost. The person may identify and access other funding sources, including personal funds, for the share of service costs that would have been covered by Federal Medicaid funds. Because the federal financial participation rate may fluctuate, the local share of the service cost may also fluctuate. When this occurs, Board staff will adjust the service costs apportioned to persons who are sharing in their service delivery costs.
3. If a person is determined to have an immediate or current need according to the waiting list assessment tool but is unable to gain access to a Medicaid Waiver because no appropriate Waiver slot is available, the Superintendent has the authority to adjust the portion of costs to be paid by the Board, taking into account the other resources available to the person.
4. In the event of an immediate need as determined by the waiting list assessment tool, and when a Medicaid waiver is unavailable, the Superintendent (or designee) may authorize Supported Living services as defined by ORC 5126.01(X), paid for by the Board until such time that a waiver becomes available.

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5. If a person is determined ineligible for Medicaid because he/she exceeds the resource limit established by Ohio Department of Job and Family Services, the person may be required to utilize private resources to pay for services. A written agreement will be required between the person and the Board which details the financial obligations of both the Board and the person. The Superintendent will have the authority to waive a portion of the cost based on individual circumstances.

6. If a person incurs a Patient Liability as a result of being enrolled on a Medicaid Waiver, and the Patient Liability is more than 50% of the total service costs, the Board will reimburse the person the amount exceeding 50% of the total monthly service cost.

7. The Board expects persons who can do so to share services with other eligible persons or implement other methods of reducing service costs. Exceptions to the expectation that out of home services will be shared must be approved by the Superintendent. The Superintendent will consider all relevant information before making the decision.

8. Persons who receive a cost of living subsidy from the Board must sign an agreement. The agreement requires the person to report all changes in income. It also requires the person to apply for Section 8 rental subsidy and to provide proof to the Board that they are on the Section 8 Metropolitan Housing waiting list. In addition, the person must comply with requirements to maintain their status on the waiting list, up to and including, the requirements to process their application when a voucher becomes available.

9. Generally, the Board will not allocate Family Support Services funding to persons enrolled on a Medicaid home and community based waiver, such as the Individual Options, Level One, Ohio Home Care and Transitions Waivers **unless** the needed service is not covered by the waiver or other funding source. In addition, Board eligible children in foster care funded by any local Department of Job and Family Services or Childrens Services Board are not eligible for Family Support Services funding.

10. The above conditions shall be effective with the effective date of this policy, except that persons receiving Board-funded services and supports prior to that date may maintain their current level of services and supports based on available local funding. In addition, the Superintendent may waive any requirements of this policy for a period of up to one hundred eighty (180) days for any person determined by the Superintendent to experience an immediate needs as determined by the waiting list assessment tool.

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11. State and Federal laws and rules shall take precedence over any contrary provisions of this policy.