

SCIOTO COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

POLICY 2.09 COUNTY BOARD WILL BE PAYER OF LAST RESORT

I. Purpose

The Scioto County Board of DD supports the provision of services to as many eligible individuals as is possible within the constraints of available resources. With limited funding available to serve new people, existing resources must be maximized to meet the needs of individuals and families eligible for County Board services. This policy has been developed to ensure that county tax dollars be used as the payer of last resort.

Medicaid funding allows the County Board to support more individuals. When an individual is enrolled on a Medicaid Waiver, approximately 60% of the cost of Medicaid Waiver services is reimbursed by federal funds. Local resources pay for only 40% of the cost of these same services.

II. Policy

- A. Individuals who are eligible for Scioto County Board of DD services shall utilize all available funding resources, including but not limited to private insurance and other funded programs and services, before requesting services funded solely by County Board tax levy dollars.
- B. Each individual who is eligible for Medicaid State Plan or Waiver services must apply for Medicaid and use these funds to purchase/fund covered services.
- C. If the eligible individual does not apply for Medicaid state plan or waiver funding, or fails to take recommended actions necessary to meet and/or maintain Medicaid eligibility, still wants these services, he or she will be required to either pay the federal financial participation (FFP) portion of the total cost of such services (the part Medicaid would have paid), or only receive County Board Services equal to the amount of the local match.
- D. If the individual is receiving other funding that is more appropriate to meet his/her needs (Passport, Ohio Home Care, etc.), the individual may receive Adult Day services provided through local funds.
- E. If the individual is residing in a nursing facility then he/she is ineligible to concurrently receive an HCBS waiver that will fund adult day services. Therefore, he/she will be offered non-Medicaid adult day services paid for with local funds.
- F. If the individual's resources exceed the Medicaid eligibility limit, the following actions shall be considered in order for the individual to meet eligibility for Medicaid:

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1. Establishing a Special Needs trust,
 2. Spending the necessary amount to become eligible, and/or
 3. Accessing Medicaid Buy-In for workers with disabilities
- G. If the individual is determined ineligible for Medicaid state plan or waiver funding or is unable to obtain a Medicaid waiver slot because no appropriate slot is available, the Superintendent shall have the authority to adjust the portion of costs to be paid by the Board, taking into account the other resources available to the individual.
- H. Accessibility of Medicaid Waivers will be determined by waiting list priority categories.
- I. In the event that there are services outside HCBS waiver funding (including individuals whose services exceed budget limitations), the requests will be sent to the Non-Medicaid Funding Committee for review the requested units of service and dollars to ensure that the authorized services are necessary and appropriate. The Non-Medicaid Funding Committee will review the requested services and dollars and approve, deny, or offer alternative suggestions for support (if denied).
- J. The Superintendent may waive any requirements of this policy for a period of up to one hundred and eighty (180) days for any person determined by the Superintendent to be in emergency need of services.
- K. State and federal laws and rules shall take precedence over any contrary provisions of this policy.
- L. Procedures will be developed to implement this policy.