

Stark County Board of Developmental Disabilities

Policy 2.19 Prioritizing Use of Home and Community-Based Services	Effective: 7/24/25
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PRIORITIZING USE OF HOME AND COMMUNITY-BASED SERVICES

POLICY

This policy is focused on achieving fiscal sustainability while optimizing federal funding opportunities to provide equitable, impactful, and cost-effective services for individuals with developmental disabilities who are eligible for Board-funded assistance.

The Board is committed to implementing and maintaining procedures ensuring expenses for Board-funded services do not exceed the non-federal share cost when funded by a Medicaid Home and Community Based Services (HCBS) Waiver.

This policy aims to extend benefits to the maximum number of individuals with developmental disabilities by strategically allocating local tax dollars. It also aims to maximize the return of federal tax dollars to Stark County residents, strengthening the framework for essential services.

To accomplish this, people identified as needing support based on the Ohio Assessment of Current and Immediate Need, who are Medicaid eligible, and meet “Level of Care” requirements, will receive assistance enrolling in a Medicaid HCBS Waiver. Additionally, procedures will be established for individuals who need extra time to secure Medicaid eligibility.

For those people, or their legal representatives, who opt not to pursue Medicaid eligibility or waiver enrollment, the Board will provide alternative service options, including reduced service levels or private payment arrangements. Exceptions may be made in cases where maximizing federal funding is not applicable, such as an individual not being Medicaid eligible and/or not meeting a level of care, thus allowing for flexibility while upholding the policy’s fiscal integrity.

Historical Resolution Information		Reviewer(s): Director of Service & Support Administration Superintendent
Date	Resolution Number	
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PROCEDURE

I. Introduction

Stark County Board of Developmental Disabilities Policy 2.19 establishes the authority for the Board to limit its expenditures for serving people who have assessed need and are eligible for enrollment on a Medicaid waiver. The policy stipulates the cost for services funded by the Board will be contained to an amount not to exceed the agency's financial obligation for the non-federal share of Medicaid waiver expenditures. This procedure documents the process for implementing Policy 2.19.

II. Purpose

The purpose of this procedure is to provide specific information regarding how the policy will be implemented. Much of the procedure is based on Policy/Procedure 2.20 (Medicaid Home and Community Based Services (HCBS) Waiver Waiting List). Upon completion of the Ohio Assessment for Immediate and Current need and the determination of enrollment on to a Medicaid HCBS Waiver is rendered, this procedure provides guidance in using county tax levy dollars for needed services and supports.

III. Basic Premise

Stark County Board of Developmental Disabilities (SCBDD) recognizes the importance of and is committed to enrolling people onto Medicaid Home and Community Based Service (HCBS) waivers administered by the Ohio Department of Developmental Disabilities in a manner that identifies those with greatest assessed need. The availability of resources will determine the number of waivers that can be enrolled.

IV. Private Funds, Community Resources, and Public Funds

Among people served by the Board, private funds are typically funds that are earned from working, received as a gift, or received because of eligibility as a result of having a disability; e.g. Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI).

Community resources are funds or services that are typically available in the form of programs that are available for any qualifying citizen (regardless of ability). Examples include Section 8 rent subsidies, food stamps, subsidized public transit, etc. The use of these resources can make a person's private funds go further.

Funds, programs and services administered by the Board are public funds or resources. These include such services as Family Support Services funding, Service and Support Administration. Medicaid funds are also public funds. People who are eligible for Medicaid benefits are often also eligible for Medicaid Waiver services.

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V. Medicaid Waivers

Medicaid Waivers allow the Board to support more people with services than would be possible through county tax levy funding alone. When a person is enrolled on a Medicaid Waiver, local resources pay for only a portion of the cost of the services. Approximately 60% of the cost of Medicaid Waiver services is reimbursed by federal funds. When the Board provides services to a person who is not enrolled on a Medicaid Waiver, 100% of the cost is taken from local funds. When the Board provides services to a person who is enrolled on a Medicaid Waiver, 40% of the cost is taken from local funds.

Stark County Board of Developmental Disabilities Policy/Procedure 2.20 (Medicaid Home and Community Based Services (HCBS) Waiver Waiting List) will be followed with regards to accessing Medicaid Waiver services and order of enrollment. The Ohio Assessment for Immediate and Current Need will be completed to identify need for:

1. A person served or their legal representatives, who think they have an immediate need or a current need, may contact SCBDD to request an assessment using the waiting list assessment tool.
2. Each person who requests an Adult Day Array waiver service (Adult Day Support, Vocational Habilitation, Supported Employment-Enclave, or Non-Medical Transportation). This is also assessed via The Ohio Assessment for Immediate and Current Need.

Upon completion of the Ohio Assessment for Immediate and Current need and the determination of enrollment on to a Medicaid HCBS Waiver:

1. The person must apply for a Medicaid Home and Community Based Services (HCBS) Waiver. Assistance for the application will be provided by the Board's Service and Support Administration Department (SSA).
2. If the person refuses or fails to apply for a Medicaid Waiver within two weeks of being offered the waiver enrollment opportunity, but still needs (wants) services and supports, one of the following will apply:
 - a. The person will be required to pay the Medicaid (federal) share (currently about 60%) of the total cost of the requested services, or
 - b. The services received from the Board will be equivalent to that which can be provided for the cost of the non-federal share (currently about 40%).
3. If the person is receiving other funding that is more appropriate to meeting his/her needs (Passport, DJFS funding, etc.), is determined ineligible for a Medicaid waiver because of failure to qualify for the appropriate level of care, or is willing to apply but unable to be enrolled to a Medicaid waiver because the Board has no available waiver, the amount of services to be provided may be adjusted, taking into account other resources available to the person.

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4. If, because of exceeding the resources limit, the person is determined ineligible for Medicaid or is eligible with a patient liability, the following actions shall be considered in order to meet Medicaid criteria.
 - a. Establishing a Medicaid Pay-Back Trust, or
 - b. Spending the necessary amount, and/or
 - c. Accessing Medicaid Buy-In for Workers with Disabilities(Assistance and/or information regarding these actions can be provided by the SSA Department.) If efforts to meet Medicaid criteria are not successful, the Superintendent will have the authority to waive a portion of the cost based on individual circumstances as documented by a recommendation prepared by the SSA Department. In such cases, a written agreement will be required between the individual and the Board.
5. Financial support for people receiving residential services funded by the Board will be limited to an amount equal to the local share of funding required by the person's plan if funded by a Medicaid Waiver. Each person's plan must be representative of the most cost-effective configuration of services as determined by the SSA Department.
6. People enrolled in and receiving Adult Day Array services (with the exception of Supported Employment-Community) funded by the Board will have 180 days to establish a Medicaid Pay-Back Trust, 60 days to spend necessary resources and 60 days to access Medicaid Buy-In for Workers with Disabilities. These time frames may be extended by the Director of SSA with evidence that satisfactory progress has been made.