



Waiting List Assessment Frequently Asked Questions

1. If someone has been found to be in immediate need and placed on an Individual Options Waiver, but there are no available providers, how is that looked at? How is the county able to address the need? The natural supports are unable to provide care due to health issues but is adamant that their adult child stays in the home.

A) The Ohio Department of Developmental Disabilities (DODD) recommends the county board work with the person and family to meet the immediate need while they continue to plan with the person and assist them with their provider search. There is a responsibility of the person and the county board to ensure their health and safety are not in jeopardy while the provider search is taking place. Keeping this in mind, the person could use 90 days respite in an intermediate care facility or nursing facility in order to meet the immediate need and to ensure health and safety are maintained while the county board continues to work on the provider search with the person and family. The county board must show due diligence in assisting the person and family with finding a willing and able provider; however, there are no guarantees a provider will be found.

2. Can counties request to have Waiting List Assessments deleted that are incorrectly entered in the DODD application?

A) If the Waiting List Assessment was incorrectly entered by DODD staff, please notify the agency by sending an email with the person's name and DODD number to WLA@dodd.ohio.gov. The assessment will then be deleted. If the assessment was incorrectly entered by the county board on the wrong person — for example, on John Smith DOB May 10, 2015, instead of John Smith DOB May 10, 2005 — please send this information in a request to have the assessment deleted. If a question was answered incorrectly and was completed before it was noticed, DODD recommends the assessment is marked "Not Approved."

Assessments that are marked "Not Approved" show up as inactive in the family portal.

Waiting List Assessments and County Board Eligibility

3. How do you want us to handle the waiting list assessment for an individual who has been determined not eligible based on not having three areas of limitation? There will need to be additional guidance sent about the county board role in performing a needs assessment when the person is not eligible for county board service. Why would the county board use the resources to perform an assessment on what could be any random someone in our community?

A) If the person has a **qualifying condition**, you **must** complete the Waiting List Assessment if the person is on the TWL or if the person is expressing an unmet need. There is no expectation that you complete waiting list assessments for “random” people in the community, but if someone has a qualifying condition there is an expectation that the county board complete this assessment to determine if and how they can support the person.

4. Why would we be doing a waiting list assessment if the individual is not eligible for county board services per Children's Ohio Eligibility Determination Instrument and the Ohio Eligibility Determination Instrument (COEDI)?

A) Eligibility criteria for Home and Community-Based Services Waivers is determined through the Level of Care (LOC) assessment. Eligibility for county board services can be through the LOC assessment (for opt-in counties) or through the Children's Ohio Eligibility Determination Instrument and the Ohio Eligibility Determination Instrument (C/OEDI) (for opt-out counties). The LOC and the C/OEDI criteria are similar but do not match up exactly, so there are cases in which the person has been determined not eligible for county board services according to the C/OEDI but could still be eligible for Home and Community-Based Services Waivers using the LOC Assessment. As such, you must complete a Waiting List assessment for someone who is on the Transitional Waiting List or who expresses and unmet need.

In cases where an individual is eligible for waiver using the LOC assessment but not eligible for county board services using the C/OEDI, the board can request a match shift from DODD so that county board levy dollars are not being used to fund services for a person who is not eligible for board services.

5. Why would we put somebody on the wait list if they don't need a waiver? I thought the waiting list was for individuals that we intended to allocate waivers to because there was not an alternative resource that could meet the need.

A) You would not place someone on the Waiting List if the person does not have an unmet need or if the unmet need can be met using alternative resources. However, if the county board determines the need can be met through alternative services, there must be access to those alternative services for the person. If there is not access, the need is still unmet. For example, if someone's needs could be met through state plan Medicaid home health services, but there are no home health care agencies who have staff to serve the person, then there is no access to those services for the person and their need is unmet. They should be put on the waiting list until such time that their needs can be met by an alternative service or a waiver. If the person has an immediate unmet need, the county board would need to provide supports rather than adding the person to the WL.

NOTE: Once the Waiting List Assessment is submitted and/or entered in to the portal, an individual with an immediate need will show up on the Selection of Entrants (SOE) tile under Immediate Need.

6. If a child is in the custody of Child Protective Services (CPS) and placed in foster care and the foster parent feels they need additional support for respite would waiver enrollment be appropriate? CPS provides respite for foster parents, but CPS would like county board to assist in the cost of respite care. Are other counties supporting children in foster care this way?

A) This is not an appropriate reason to enroll someone on a waiver. CPS has a legal responsibility to provide care for the child. While the county board can elect to work with CPS and help with respite if they are willing/able to do so, this would not be an unmet need for purposes of WL. When the child is close to aging out of CPS custody (within 12 months), then the Waiting List Assessment could capture that as an unmet need.

7. How does the Waiting List assessment determine the number of criteria that the individual meets?

A) The Waiting List Assessment Tool determines the number of criteria that the individual meets by the total number of questions answered "Yes." Each main question has sub questions that contribute to the result of either "Yes" or "No." The resulting "Yes" for each main question is what gives the number of criteria you see when the assessment is complete.

County Transfers

8. For individuals without a waiver only the receiving county can submit the Individual Transfer Request (ITR) so when someone has moved to another county and you make the other county aware if the receiving county doesn't submit the ITR they will not transfer in DODD's system. Thus, they remain on the Transitional Waiting List for the wrong county. It might be helpful for guidance to be sent to all counties about the fact that ITRs should be submitted for individuals that reside in a county even if the individual doesn't currently receive services as many counties seem confused about this. Rik Donley stated that the receiving county has to do the ITR, the sending county cannot do it.

What if the receiving county is not aware that the individual is living in their county because the family has not contacted the county; therefore, they will not complete the ITR to accept the transfer. What should we do? What is the expectation of the county board when an individual (on the Transitional Waiting List) moves to another county? Specifically, when the person does not have a waiver and they have not made any type of contact with the county board of the county they moved to?

A) It is accurate that only the receiving county can submit the Individual Transfer Request (ITR) for someone who is on the Transitional Waiting List and this is being included here as guidance to the field on this matter. The receiving county must submit the ITR for someone on the Transitional Waiting List so the record transfers and the person moves to that county's transitional list. For people on the Transitional Waiting List, it is up to the two county boards to communicate with one another about completing the ITR and requesting the transfer. Families do not have to contact the receiving county board in order to have their transitional assessment

completed. If there is evidence from the sending county that the person now lives in the receiving county it is the expectation that the receiving county request the ITR, even if the person is not known to the receiving county. If you have a receiving county who is not willing to do this, contact IDS.support@dodd.ohio.gov.

When someone on the Transitional Waiting List transfers to a different county, the receiving county board can contact the person as part of their process of working through the transitional waiting list to complete their assessment.

Waiting List Assessment Rule and Guidance

9. When you say a person must be reassessed after a year, are you stating the need to have a new formal wait list assessment administered? I thought it was a review of info but not a whole new assessment.

A) The rule requires a review of the waiting list assessment, not a new assessment. The review should consider whether anything has changed for the person and his/her situation, using the previous assessment as the baseline. County boards using Gatekeeper have the ability to insert a copy of the previous assessment and make changes into the "new" (copied) assessment, which will include a new conclusion date. County boards directly entering assessments into DODD's system are required to complete a brand-new assessment when changes are necessary. If the assessment is accurate and no changes are needed, there is no need to complete a new Waiting List Assessment in the system.

10. I know that the rule states that Medicaid eligibility should not be considered when completing an assessment, but how do you suggest handling a situation when you know that an individual is not and never will be eligible for Medicaid due to their immigration status? We have consulted with an immigration attorney on this individual's behalf and there is no path to citizenship for her.

A) The Waiting List Assessment identifies unmet needs, both current and immediate. Those needs do not have to be met through Medicaid waivers if they can be met through alternative services. For this reason, DODD recommends completing the assessment. Once the unmet needs are clearly identified, the county board can determine how to meet those needs – through other community resources or through county board local funding (if you have determined the person eligible for county board services without the person having citizenship, and if your county board funding/program priorities permit this).

Although they have no path to citizenship, there are different immigration statuses that are eligible for Medicaid and the county JFS will make that determination. Once it's been determined they are not eligible for Medicaid and therefore a Medicaid waiver, the person can decline the Waiting List Assessment or, in effect, decline a waiver that would meet the unmet needs.

11. If someone is assessed as having a current need can they only stay on a current need waiting list for a year?

A) A person can be on the current need waiting list for longer than a year. The intent of the rule and corresponding Waiting List Assessment is to identify immediate and current unmet needs. A **current need** is identified as having an unmet need now or one that is anticipated **within the next 12 months**. If a person is added to the waiting list because there are no other available alternative resources, there is **no guarantee** that the county board will enroll the person on a waiver or be able to meet their need within 12 months of placement on the waiting list. While the person is on the waiting list, the county board should continue to plan with that person and look for potential community resources. During that time, if the person's needs are met or resolved in some way other than waiver enrollment, the county board would complete a new assessment and the person would be removed from the waiting list for "no longer having a current need."

County boards must consider the number of people on their waiting list and their needs each year as they plan for the number of waivers they will enroll in an effort to make sure people do not sit on the waiting list for years and years, however there is no guarantee nor is it anticipated that the county board will meet the needs of everyone on their list every year.

12. What was the date for the DODD guidance and is it on the website?

A) The guidance was sent out in Memo Monday on September 9, 2019. It has been added to the Waiting List Assessment page on the DODD website in the "For more information" box.

13. The guidance that came out on September 9 states under Current Need (5th bullet pt.) that the waiting list assessment is not intended to consider a person's or family's desire for lifestyle change. Under Natural Support (2nd Bullet pt.) The guidance states family members of adults have no legal obligation to provide natural supports. We have parents indicating that as soon as their child - who is over the age of 18- graduates they can no longer live with them. So does this situation fall under question 1a (ii) current need due to insufficient caregivers to meet needs (assuming there is no other natural supports/alternative supports to meet the needs of this young adult). The family just says they have to move out. They do not care who takes care of them or how. This has happened multiple times. The families are just done.

A) Yes, in this circumstance you can reflect the need for supports under 1 a (ii) on the waiting list assessment, making sure to identify if it meets the criteria for immediate need or current need. It is important to note that on the assessment, 1(e) (iii) would then be marked "no" because the person does not have intermittent needs and the caregivers have indicated they are not willing to continue to provide supports.

As part of the discussion with the family and individual about the desire for "residential" services and alternative resources, the county board will review information about ICFs in the county and contiguous counties. This may be an alternative for the person to consider that could meet the

needs, and it may be something that could happen close to graduation. If the person does not want to consider an ICF option or this is not available, the team must discuss and prepare for living in the community (i.e. how much can the person afford for rent? Are there realistic options i.e. subsidized housing, congregate settings, etc.? Has there been any planning for when the individual moves out? What kind of supervision is needed? Can the person be supported on a Level One Waiver or SELF Waiver, either solely or in combination with other community alternative resources – i.e. Mental Health Case Management, access to work/day programming, home health care through State Plan Medicaid if available, technology, etc.)? There should be some discussion regarding the timelines that could be involved in preparing for a move out of the family home.

14. If a caregiver says they will no longer be willing to be a natural support because they will need to find employment if they are not paid for caring for the individual, how is that looked at? Is that a justifiable reason for a person to get a waiver and have the natural support as a paid provider?

A) DODD takes that this question was asked in the context of the person being an adult. No; this alone is not enough for waiver enrollment. The discussion should focus on accessing services for the individual to allow time for the parent to find employment and be able to work. In some cases, for adults, that can be as simple as access to a day program, or a day program with some respite for additional supervision either during the work week or on the weekends. The person may need a Level One Waiver in order to access day programming and respite, unless your county board has other resources that can be used to access these services without Waiver enrollment. The county board should not immediately move to Individual Options Waiver enrollment and authorization of Shared Living.

If the person's needs are substantially beyond what can be accommodated by receiving supports several hours a day at day program, then the county should discuss and plan for how best to provide the supports. This could be an Individual Options Waiver, but it may not be, depending on what other options are available in that county.

15. Is there a definition of substantial risk?

A) There is no definition of substantial risk. This was intentional because no definition will be able to include every situation and/or nuance that can occur, nor can a definition speak to "degrees" of risk or "harm". Consider the actual definitions of the words themselves: Substantial = having substance, real, true (not imaginary or illusory); Risk = possibility of loss or injury; peril (danger); Harm = physical or mental damage; injury. Assess to **what degree of risk** there is to the person and what is the **actual likely harm** that could occur in order to help you assess the person's situation. Is it **substantial** (real, true, and is there substance to it)?

16. I think it would be helpful to have frequently asked questions listed and have county boards respond to how they are handling these situations in order to be consistent in how we're administering the assessment as the idea of having an assessment was to build consistency.

A) DODD agrees there should be one place for county boards to submit FAQs and recommends fixthelist@oacbd.org. The Ohio Association of County Boards (OACB) has been working with members of the coalition for the past year to answer all questions in an accurate and consistent manner. DODD encourages all entities (People First, Ohio Self-Determination Association, Arc of Ohio, etc.) receiving questions to use OACB's Fixthelist.info site to have answers confirmed and reviewed for consistency with previous guidance prior to responding to questions, as answers given to date have not always been consistent or accurate.

Further, DODD has updated its website to include a new page for Waiting List Assessment Frequently Asked Questions. All answers to questions will be posted on both the DODD and the Fix The List websites moving forward.

Alternative Services

17. We are running into many families with small children having a need for OT, PT and Speech that their insurance does not pay or only pays for so many sessions. Many of these families are utilizing our family support funds; however, it is not enough to cover costs for an entire year. We have been giving families a list of other possible resources available to them, i.e. grants, foundations, etc. These individuals are not on a specific caseload since they are not receiving any services. After reading the following below, is it still our responsibility to follow up with these families? I have not been placing these families on our waiting list due to them being able to utilize family support funds and giving them information regarding other resources to assist with this need. Should these individuals be placed on the Waiting list?

A) Home and Community-Based Services Waivers are not intended to provide occupational therapy, physical therapy, and speech therapy, so the need to access these types of services would not indicate a need for a waiver.

In terms of the waiting list assessment, there are two things to consider: whether the alternative resources can actually meet the unmet need, and the level of need that exists. In terms of therapy (or any service), there must be some team discussion regarding how much is needed for the person versus how much the person or family would ideally like. Regarding alternative resources: providing a referral or possible resource does not mean the person's unmet need is being met. For example, if someone's unmet need can be met through Medicaid State Plan Services, but the person is not eligible for Medicaid, then that is not a viable alternative resource for that person. The county board should help the individual find other resources to assist in accessing those services. In the example above, are therapies indicated in the child's IEP? Is there access through the local school district that could supplement the gap left after private insurance and FSS funds are used? Did the county board assist the family to apply for the grants as necessary? In other words, the conclusion of the assessment is dependent on actual ability to access the alternative resources.

18. When someone has had a Waiting List Assessment completed and there are alternative services listed, how would we follow up with the families to make sure that they explored

the resources? We have one person assigned to family support and one assigned to information referral, they can't follow up on all the people we have given the alternative resources information to.

A) When completing the Waiting List Assessment and discussing alternative resources with an individual/family it is not enough to only provide referrals or the names of possible resources. The county board should be available to assist the person to access those services is needed. While some people will not require any support, others may be overwhelmed by trying to access external services/resources and will need county board assistance, or else the need cannot be met in this way.