

Individual Funding

Policy Purpose

The Individual Funding Program is designed to assist Adair County individuals with developmental disabilities and their families to address unique habilitative and support needs that cannot be met with other revenue sources. The Individual /Family Funding Program is designed to complement, not take the place of, existing funding sources, including such sources as Dept. of Mental Health, Vocational Rehabilitation, Dept. of Elementary and Secondary Education, Medicaid/Medicare/private insurance, local civic clubs and churches, local Community Action Agencies, etc. In addition, natural supports within the family as well as within the community should be identified prior to seeking financial assistance through the Adair County SB40 Board ('the Board').

Policy Procedures

The Board may, in its discretion, impose limitations with respect to individuals to be served and services to be provided. Such limitations shall be reasonable in the light of available funds, needs of the persons and community to be served as assessed by the Board, and the appropriateness and efficiency of combining services to persons with various types of disabilities.

Should an individual age 18 years or over (or his/her guardian) apply for funding in excess of \$2000/plan year, the individual will be instructed (and assisted by service coordinator if necessary) to submit application to MO Health-Net (Medicaid) in order to access funding for TCM, waiver services and/or other available services through Medicaid. If the individual is determined ineligible for MO Health-Net due to excess income and/or resources, he/she will be expected to utilize the excess income and/or resources to pay for services or meet spenddowns in order to gain MO Health-Net eligibility.

Should an individual choose NOT to apply for MO Health-Net or choose NOT to expend excess resources and/or income to gain MO Health-Net eligibility, funding to that individual shall be limited to \$2000 per plan year. An exception to this policy may be granted by Board vote when such exception is recommended to the Board by the Utilization Review Committee.

The Board will not consider any requests for funding in cases where reimbursement is requested for previously-conducted transactions or agreements. All services or items must be approved prior to delivery.

Requests for funding for individuals shall be submitted to the Board office during business hours on the Individual/Family Application for Funding form, with signature by the applicant or legally responsible party (parent, guardian, etc.). Service coordinators are expected to assist families and individuals as needed with completion and submission of the applications.

Recurring support expenses shall be authorized to coincide with the individual's person-centered plan year, and the need for continuation as well as the possibility of accessing other funding sources for the support expense shall be reviewed when the person-centered plan is renewed annually. Should additional funding be needed prior to the end of the plan year, an additional request for funding will be necessary.

Individual Eligibility

1. **Eligibility determination:** In order to qualify for service coordination and/or any other services or items funded through the Board, the individual must be evaluated and determined eligible for Division of Developmental Disabilities services through the Kirksville Regional Office (with the exception of Learning Center programs which are specifically designated to be open to the public and/or to include family members/caregivers/support staff for persons with developmental disabilities).

2. Residency Requirement:

With regard to Individual Funding requests which are submitted in accordance with the Board's funding policy and where the funding is provided through either the Adair County SB40 Tax Levy or DMH payments received for TCM services delivered, the residency qualifications are:

For Board funding generated through revenue from the *Adair County SB40 tax levy* or TCM services delivered to residents of Adair County, the person with developmental disabilities must reside in Adair County.

For Board funding generated through revenue from *TCM services* delivered by the Board to residents of Putnam, Schuyler, Scotland, or Sullivan County, the person with developmental disabilities must reside in Putnam, Schuyler, Scotland, or Sullivan County.

For the purposes of this policy, the term '*reside in*' is defined as 'the place of domicile; meaning living in that locality with the intent to make it a fixed and permanent home.'

Waiver Requirements:

The Board may waive the eligibility requirements as set forth above for the applicants on a case-by-case basis, if the Board finds:

The person to be served has a unique or unusual relationship to a particular county which warrants such waiver;

or

Orderly operation of a Board administered or funded program warrants the waiver of residency requirements for such person.

Utilization Review and Funding Decisions

The Agency's Utilization Review ('UR') Committee shall meet at least once per week, with special sessions to be convened as required for emergency needs. The UR Committee shall be made up of: the Board's Executive Director, Business Manager, and the Service Coordination Supervisors, with a minimum of 3 voting members required to review funding requests.

Requests for funding of services and supports which include (or may potentially include) state or federal funding MUST be submitted by the service coordinator to his/her supervisor using the standard authorization request form. These requests are subject to review through the Board's Utilization Review Committee before submission to the Utilization Review Coordinator at the Regional Office or satellite Regional Office.

All individual/family requests for funding solely through the Board shall be reviewed by the Board's Utilization Review Committee no later than ten working days following the receipt of the signed application for funding by the service coordinator or other Board personnel. The service coordinator assigned to the individual/family shall submit the request form along with a completed Priority of Need form to the Service Coordination Supervisor.

Utilization Review Guidelines

The following questions shall be considered in making decisions to fund individual requests:

a. Is the service/item requested directly related to the person's disability? Is it something that would not be a need if the person did not have a disability, or is it something that persons without disabilities also need and that families typically provide for their children? (Examples: medical insurance, routine dental care, generic shelter/food/clothing expenses, daycare for children up to the age of 12, routine school expenses, etc.)

- b. Is the provision of the needed service or item typically the responsibility of another governmental agency? (Examples: Social Security Administration, Division of Social Services, MO Healthnet, DESE, Vocational Rehabilitation, Housing Authority, Comprehensive Psychiatric Services, etc.) In these cases, the service coordinator shall assist the individual/family to contact and access the appropriate agency(ies) to obtain the needed service, support or item, including utilization of the agency's appeal process when appropriate.
- c. Is the service/item for which funding is requested a "need" rather than a "want"? To answer this question, consider the severity of consequences which may result if the service/item is NOT provided. Prescriptions for medical needs such as therapies, supplies, durable medical equipment and adaptive clothing/devices should be provided. (Documentation that a service or item has been approved through the Utilization Review process and placed on the Regional Office waiting list is considered sufficient indication of need.)
- d. Is the service or item requested consistent with the individual's person-centered plan? Are the reasons and objectives for this service or item clearly documented in the person-centered plan? Is the Priority of Need (PON) score clearly supported by information in the plan?
- e. Have natural supports or other ways to meet the need been fully explored and accessed? Is the proposed solution the most cost-effective way to meet the need? It is the service coordinator's responsibility to insure that all other potential supports and resources are explored and accessed prior to submission of an application for funding through the Board.
- f. What is the priority of need as determined by the Utilization Review Committee? (May be determined by the Regional Office or Board's Utilization Review Committee, depending on whether or not state or federal funding is included in the funding request.) Are there other funding requests with higher PON scores that need to take precedence in light of available funding?
- g. How much funding has the individual received from the Board in the past? Are there other individuals with comparable level of need of supports who have received minimal funding through the Board in the past? (In cases where funding is limited, persons who have received minimal past funding should take precedence over persons who have received significantly higher past funding when priority of need is the same for both.)
- h. If a request involves renewal of a service funded in the past year, is reapproval of the funding at the same rate for the same service clearly justified? Were all authorized services for the past year fully utilized? If not, why not? Were the funded services effective in accomplishing the established objectives?

Utilization Review Decisions

The Board's UR committee, after thorough review of a request, may take any one of the following actions by majority vote of persons present :

- a. Approve a request of up to \$2000 for a specific item or service, and for up to \$3000 total for a combination of services for one individual. This includes approval of a qualified individual for a Partnership for Hope Waiver (PfH) slot, since the County Board match for a slot should not exceed \$3000 (20% of maximum exception cap allowed to PfH waiver at \$15,000) and a combination of services may be accessed through a Partnership slot.
- b. Recommend approval of a request to the Board of Directors if the amount of the request exceeds the limits set forth in "a." above. In this case, the request shall be presented to the Directors at the next scheduled meeting.

In case of emergency need for approval, the Executive Director shall e-mail a summary of the individual's circumstances and request (containing no identifying information to protect the individual's privacy) to the Directors for their review and approval/denial vote via return e-mail.

c. Refer a request back to the service coordinator for revision of person-centered plan to better support the request, to explore additional resources suggested by UR to meet the need, or to discuss alternative solutions or revised level of supports with the individual/family. In this case, the service coordinator shall carry out the UR committee's instructions and resubmit the revised request and/or plan to the UR committee within ten business days of the initial UR review.

d. Deny a request based upon the Utilization Review Guidelines set forth above. In this case, a letter shall be sent by the Executive Director or her designee to the individual/legally responsible party explaining the reasons for denial of the service within 5 working days of the UR committee decision. The individual/legally responsible party will have thirty days from the date of the letter to appeal the decision to the Board of Directors as per the appeal process stated below.

Waitlists

If a request is approved by the UR committee but the Board has insufficient funds available to address the need, the request shall be documented on the agency waitlist with the name of the individual, the service/item requested, the amount requested, the date approved by the UR committee and the PON score. The requests on the agency waitlist shall be reviewed at least once per month to determine if any other funding may have become available or any other resources may have been discovered to meet the need. As funding becomes available, priority should first be given to those needs with the highest PON scores, and then to those needs which have been on the waitlist for the longest period of time.

The decision of the Board on a request submitted to the Board of Directors by the UR Committee shall be the final decision and is not subject to appeal. The decision to place a request on the Waitlist due to a lack of available funding is not subject to appeal.

Appeal Process

Should a request for individual/family funding be denied or the level of support be reduced by decision of the Board's Utilization Review Committee, a letter shall be sent to the individual/legally responsible party by the Executive Director or her designee within 5 working days of the decision, explaining the reason(s) for the denial. The individual or legally responsible party shall have 30 days from the date of the letter to appeal the Committee's decision, either by a written or verbal request for appeal delivered directly to the Executive Director or Business Manager.

When a request for appeal of a UR decision is received, the Executive Director shall schedule a closed session for the next regular Board of Directors meeting during which the Directors will hear the appeal. The Executive Director shall inform the individual/legally responsible party in writing of the time and location for the meeting and of his/her right to attend this closed session in order to present the request to the Board of Directors directly. The Executive Director will also present the UR Committee's reasons for denying the request or reducing the level of support. The Board of Directors's decision on the matter will be final and not subject to further appeal.

Ability to Pay

As a Public Entity, it is incumbent upon Adair County SB40 ('the Agency') to make a concerted effort to collect fees for services from clients or spouses, and/or parents or clients who have an ability to pay. Individuals and their families have the obligation to pay for the cost services within their capacity, without imposition of long-term financial obligation and/or material disturbance of their standard of living for necessities.

Fees may be charged to clients of the Agency based upon a determination by the Agency's Utilization Review Committee of their ability to pay based upon the current rate structure for the type of service provided.

No client will be denied services because of an inability to pay. Clients will be charged the full cost per unit of service based on the current rate structure, and will be billed an amount up to their ability to pay. The liability of the client shall not exceed the full cost of services provided.

Ability to pay determinations shall be in effect for the service year commencing on the date of the client's first service, rather than a calendar year. The determination of financial liability shall be made by the Agency prior to the admission of the individual to any Agency funded program.

Agency clients, or their responsible parties, shall be requested to make available to the Agency any relevant or pertinent financial information which the Agency deems essential for the purpose of determining eligibility to pay.