**Madison County Board of DD**

**Policy Manual**

**Chapter 21**

**Non-Medicaid Adult Services**

**Board Approved: June 14, 2012**

**2100 Purpose**

This policy is intended to allow the Madison County Board of Developmental Disabilities herein known as the Board to serve more individuals by maximizing the use of federal funds, thereby reducing the cost of services to local taxpayers.

**2101 General Policy**

This policy applies to non-Medicaid Adult Services. As used in this policy “non-Medicaid adult services” means adult services provided in accordance with OAC 5123:2-1-06 that are not funded in whole or in part by Ohio’s Medicaid program.

Within applicable budgetary constraints, the Board supports the provision of adult services to as many eligible individuals in need of such services as possible. To this end, the Board places the following conditions on persons receiving or seeking to obtain county-funded adult services:

1. To be eligible to receive, or to continue to receive non-Medicaid adult services, the person must, when so directed to by the Board, apply for and be determined ineligible for an appropriate Medicaid home and community-based services waiver administered by the Board. The Board shall have sole discretion to determine the appropriateness of the particular waiver for which the person applies. Board staff will assist the person in the application process.
2. If a person is not eligible for Medicaid or refuses to apply for Medicaid, the person will be required to bear a portion of the monthly cost for non-Medicaid adult services at a rate equal to fifty percent (50%) of the total cost of such services as determined by the Board. A written agreement between the person, the Board, and the adult services provider containing each party’s cost-sharing obligation may be required. The written agreement shall provide for the termination of non-Medicaid adult services in the event the person fails to fulfill his or her cost-sharing obligations in a timely manner.
3. Notwithstanding paragraph 2 above, if a person refuses to apply for Medicaid or is determined ineligible for a Medicaid home and community-based waiver as specified in paragraph 1 above due to failure to obtain the appropriate level of care, or due to excessive earned income, or if a person is willing to apply, but unable to obtain a Medicaid waiver slot because no appropriate slot is available or other emergencies or special circumstances would make such slot available, the Superintendent (or designee) shall have the authority to increase the amount paid toward the service by the Board thereby reducing the portion of cost borne by the individual.
4. The conditions shall be effective beginning July 1, 2012 except that persons enrolled in and receiving non-Medicaid adult services prior to July 1, 2012, shall not be required to comply with paragraph 2 above until January 1, 2013. In addition, the Superintendent (or designee) may waive the requirements in paragraphs 1 and 2 for any person determined by the Superintendent (or designee) to be in emergency need of services.
5. The Board shall authorize no person’s enrollment in the non-Medicaid adult services plan unless the Superintendent (or designee) determines that the person’s needs can be met appropriately through such services, and the person’s health and safety can be adequately protected within the funding requirements established by the Board and the Ohio Department of Developmental Disabilities. Eligible persons shall be offered non-Medicaid adult services in the order in which persons apply for enrollment, except that persons determined to be in emergency or priority status as defined in OAC 5123:2-1-08 may be considered ahead of all others. Individuals may also be advised of related resources or options, including Medicaid Buy-In or the establishment of Special Needs or Medicaid Pay-Back Trusts.