

## **\*\*\* Proposed New Rule - February 14, 2018 \*\*\***

### **5123-9-04 Home and community-based services waivers - waiting list.**

#### **(A) Purpose**

This rule sets forth requirements for the waiting list established pursuant to section 5126.042 of the Revised Code when available resources are insufficient to enroll individuals assessed to need home and community-based services in department-administered home and community-based services waivers.

#### **(B) Definitions**

- (1) "Alternative services" means the various programs, services, and supports, regardless of funding source, other than home and community-based services, that exist as part of the developmental disabilities service system and other service systems.
- (2) "County board" means a county board of developmental disabilities.
- (3) "Current need" means an unmet need for home and community-based services within twelve months, as determined by a county board based upon assessment of the individual using the waiting list assessment tool. Situations that give rise to current need include:
  - (a) An individual is likely to be at risk of substantial harm due to:
    - (i) The primary caregiver's declining or chronic physical or psychiatric condition that significantly limits his or her ability to care for the individual;
    - (ii) Insufficient availability of caregivers to provide necessary supports to the individual; or
    - (iii) The individual's declining skills resulting from a lack of supports.
  - (b) An individual has an ongoing need for limited or intermittent supports to address behavioral, physical, or medical needs, in order to sustain existing caregivers and maintain the viability of the individual's current living arrangement.
  - (c) An individual has an ongoing need for continuous supports to address behavioral, physical, or medical needs.
  - (d) An individual is aging out of or being emancipated from children's services and has needs that cannot be addressed through alternative services.
  - (e) An individual requires waiver funding for adult day services or employment-related supports that are not otherwise available as vocational rehabilitation services funded under section 110 of the Rehabilitation Act of 1973, 29 U.S.C. 730, as in effect on the effective date of this rule, or as special education or related services as

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those terms are defined in section 602 of the Individuals with Disabilities Education Improvement Act of 2004, 20 U.S.C. 1401, as in effect on the effective date of this rule.

- (f) An individual is living in an intermediate care facility for individuals with intellectual disabilities or a nursing facility and has a viable discharge plan.
- (4) "Date of request" means the earliest date and time of any written or otherwise documented request for home and community-based services made prior to the effective date of this rule.
- (5) "Department" means the Ohio department of developmental disabilities.
- (6) "Home and community-based services" has the same meaning as in section 5123.01 of the Revised Code.
- (7) "Immediate need" means a situation that creates a risk of substantial harm to an individual, caregiver, or another person if action is not taken within thirty calendar days to reduce the risk. Situations that give rise to immediate need include:
  - (a) A resident of an intermediate care facility for individuals with intellectual disabilities has received notice of termination of services in accordance with rule 5123:2-3-05 of the Administrative Code.
  - (b) A resident of a nursing facility has received thirty-day notice of intent to discharge in accordance with Chapter 5160-3 of the Administrative Code.
  - (c) A resident of a nursing facility has received an adverse determination in accordance with rule 5123:2-14-01 of the Administrative Code.
  - (d) An adult is losing his or her primary caregiver due to the primary caregiver's declining or chronic physical or psychiatric condition or due to other unforeseen circumstances (such as military deployment or incarceration) that significantly limit the primary caregiver's ability to care for the individual when:
    - (i) Impending loss of the caregiver creates a risk of substantial harm to the individual; and
    - (ii) There are no other caregivers available to provide necessary supports to the individual.
  - (e) An adult or child is engaging in documented behavior that creates a risk of substantial harm to the individual, caregiver, or another person.
  - (f) There is impending risk of substantial harm to the individual or caregiver as a result of:

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- (i) The individual's significant care needs (i.e., bathing, lifting, high-demand, or twenty-four-hour care); or
  - (ii) The individual's significant or life-threatening medical needs.
- (g) An adult has been subjected to abuse, neglect, or exploitation and requires additional supports to reduce a risk of substantial harm to the individual.
- (8) "Individual" means a person with a developmental disability.
- (9) "Intermediate care facility for individuals with intellectual disabilities" has the same meaning as in section 5124.01 of the Revised Code.
- (10) "Locally-funded home and community-based services waiver" means the county board pays the entire nonfederal share of medicaid expenditures in accordance with sections 5126.059 and 5126.0510 of the Revised Code.
- (11) "Nursing facility" has the same meaning as in section 5165.01 of the Revised Code.
- (12) "Service and support administration" means the duties performed by a service and support administrator pursuant to section 5126.15 of the Revised Code.
- (13) "State-funded home and community-based services waiver" means the department pays, in whole or in part, the nonfederal share of medicaid expenditures associated with an individual's enrollment in the waiver.
- (14) "Status date" means the date on which the individual is determined to have a current need based on completion of an assessment of the individual using the waiting list assessment tool.
- (15) "Transitional list of individuals waiting for home and community-based services" means the list maintained in the department's web-based individual data system which shall include the name and date of request for each individual on a list of individuals waiting for home and community-based services on the day immediately prior to the effective date of this rule established in accordance with rule 5123:2-1-08 of the Administrative Code as that rule existed on the day immediately prior to the effective date of this rule.
- (16) "Waiting list assessment tool" means the Ohio assessment for immediate need and current need contained in the appendix to this rule, which shall be used for purposes of making a determination of an individual's eligibility to be added to the waiting list for home and community-based services defined in paragraph (B)(18) of this rule and administered by persons who successfully complete training developed by the department.

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(17) "Waiting list date" means, as applicable, either:

- (a) The date of request for an individual whose name is included on the transitional list of individuals waiting for home and community-based services; or
- (b) The earliest status date for an individual whose name is not included on the transitional list of individuals waiting for home and community-based services.

(18) "Waiting list for home and community-based services" means the list established by county boards and maintained in the department's web-based waiting list management system which shall include the name, status date, date of request (as applicable), waiting list date, and the criteria for current need by which an individual is eligible based on administration of the waiting list assessment tool, for each individual determined to have a current need on or after the effective date of this rule.

(C) Planning for locally-funded home and community-based services waivers

A county board shall, in conjunction with development of its plan described in section 5126.054 of the Revised Code and its strategic plan described in rule 5123-4-01 of the Administrative Code, identify how many individuals the county board plans to enroll in each type of locally-funded home and community-based services waiver during each calendar year, based on projected funds available to the county board to pay the nonfederal share of medicaid expenditures and the assessed needs of the county's residents on the waiting list for home and community-based services. This information shall be made available to any interested person upon request.

(D) Waiting list for home and community-based services

(1) An individual or the individual's guardian, as applicable, who thinks the individual has an immediate need or a current need may contact the county board in the individual's county of residence to request an assessment of the individual using the waiting list assessment tool. The county board shall initiate an assessment of the individual using the waiting list assessment tool within thirty calendar days. The county board shall provide a copy of the individual's completed waiting list assessment tool to the individual or the individual's guardian, as applicable, upon request.

(2) The county board shall place an individual's name on the waiting list for home and community-based services when, based on assessment of the individual using the waiting list assessment tool, the individual:

(a) Has been determined to have a condition that is:

- (i) Attributable to a mental or physical impairment or combination of mental and physical impairments, other than an impairment caused solely by mental illness;

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- (ii) Manifested before the individual is age twenty-two; and
    - (iii) Likely to continue indefinitely; and
  - (b) Has a current need which cannot be met by available resources in the county where the individual resides (including a situation in which an individual has a current need despite the individual's enrollment in a home and community-based services waiver).
- (3) The county board shall not place an individual's name on the waiting list for home and community-based services when the individual:
- (a) Is a child who is subject to a determination under section 121.38 of the Revised Code and requires home and community-based services; or
  - (b) Has an immediate need, in which case the county board shall take action necessary to ensure the immediate need is met. Such action may include assisting the individual or the individual's guardian, as applicable, in identifying and obtaining alternative services that are available to meet the individual's needs, providing funding for alternative services, and/or enrolling the individual in a home and community-based services waiver.
- (4) When a county board places an individual's name on the waiting list for home and community-based services, the county board shall:
- (a) Record the status date;
  - (b) Record the date of request for an individual included in the transitional list of individuals waiting for home and community-based services defined in paragraph (B)(15) of this rule;
  - (c) Notify the individual or the individual's guardian, as applicable, that the individual's name has been placed on the waiting list for home and community-based services; and
  - (d) Provide contact information to the individual or the individual's guardian, as applicable, for a person at the county board who can provide information regarding alternative resources to address, to the extent possible, the individual's needs.
- (5) Annually, a county board shall:
- (a) Review the waiting list assessment tool and service needs of each individual whose name is included on the waiting list for home and community-based services with the individual and the individual's guardian, as applicable; and
  - (b) Assist the individual or the individual's guardian, as applicable, in identifying and

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accessing available resources.

(E) Order for enrolling individuals in locally-funded home and community-based services waivers

(1) Individuals shall be selected for enrollment in locally-funded home and community-based services waivers in this order:

- (a) Individuals with immediate need who require waiver funding to address the immediate need.
- (b) Individuals who have met multiple criteria for current need for twelve or more consecutive months and who were not offered enrollment in a home and community-based services waiver in the prior calendar year. When two or more individuals meet the same number of criteria for current need, the individual with the earliest of either the status date or date of request shall be selected for enrollment.
- (c) Individuals who have met multiple criteria for current need for less than twelve consecutive months. When two or more individuals meet the same number of criteria for current need, the individual with the earliest of either the status date or date of request shall be selected for enrollment.
- (d) Individuals who meet a single criterion for current need. When two or more individuals meet a single criterion for current need, the individual with the earliest of either the status date or date of request shall be selected for enrollment.

(2) Individuals with immediate need and individuals with current need may be enrolled in locally-funded home and community-based services waivers concurrently.

(3) Meeting the criteria for immediate need and/or current need does not guarantee enrollment in a locally-funded home and community-based services waiver within a specific timeframe.

(4) When an individual is identified as next to be enrolled in a locally-funded home and community-based services waiver, the county board shall determine the individual's eligibility for enrollment in a home and community-based services waiver. When the county board determines an individual is eligible for enrollment in a home and community-based services waiver, the county board shall determine which type of locally-funded home and community-based services waiver is sufficient to meet the individual's needs in the most cost-effective manner.

(F) Order for enrolling individuals in state-funded home and community-based services waivers

(1) The department shall determine the order for enrolling individuals in state-funded home and community-based services waivers.

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- (2) Meeting the criteria for immediate need and/or current need does not guarantee enrollment in a state-funded home and community-based services waiver within a specific timeframe.

(G) Change in an individual's status or county of residence

- (1) An individual's status with regard to having an immediate need and/or having a current need is subject to change based on an assessment of the individual using the waiting list assessment tool and/or the availability of alternative services to address the individual's needs.
- (2) When an individual on the waiting list for home and community-based services moves from one county to another and the individual or the individual's guardian, as applicable, notifies the receiving county board, the receiving county board shall within ninety calendar days of receiving notice, review the individual's waiting list assessment tool.
  - (a) When the receiving county board determines that the individual has a current need which cannot be met by available resources in the receiving county (including a situation in which an individual has a current need despite the individual's enrollment in a home and community-based services waiver), the receiving county board shall update the individual's county of residence in the department's web-based waiting list management system without changing the status date or date of request assigned by the previous county board.
  - (b) When the receiving county board determines that the individual has a current need which can be met by available resources in the receiving county, the receiving county board shall offer those services to the individual.
- (3) Under any circumstances, when a county board determines an individual's status has changed with regard to having an immediate need and/or having a current need or an individual's status date has changed, the county board shall update the individual's record in the department's web-based waiting list management system.

(H) Removal from waiting list for home and community-based services

A county board shall remove an individual's name from the waiting list for home and community-based services:

- (1) When the county board determines that the individual no longer has a condition described in paragraph (D)(2)(a) of this rule;
- (2) When the county board determines that the individual no longer has a current need;
- (3) Upon request of the individual or the individual's guardian, as applicable;

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- (4) Upon enrollment of the individual in a home and community-based services waiver that meets the individual's needs;
  - (5) If the individual or the individual's guardian, as applicable, declines enrollment in a home and community-based services waiver or community-based alternative services that are sufficient to meet the individual's needs;
  - (6) If the individual or the individual's guardian, as applicable, fails to respond to attempts by the county board to contact the individual or the individual's guardian by at least two different methods, one of which shall be certified mail to the last known address of the individual or the individual's guardian, as applicable;
  - (7) When the county board determines the individual does not have a developmental disabilities level of care in accordance with rule 5123:2-8-01 of the Administrative Code;
  - (8) When the individual is no longer a resident of Ohio; or
  - (9) Upon the individual's death.
- (I) Advancement from transitional list of individuals waiting for home and community-based services to waiting list for home and community-based services
- (1) The department shall maintain the transitional list of individuals waiting for home and community-based services as defined in paragraph (B)(15) of this rule until December 31, 2020.
  - (2) A county board shall administer the waiting list assessment tool to each individual residing in the county whose name is included on the transitional list of individuals waiting for home and community-based services.
    - (a) The county board shall administer the waiting list assessment tool to each individual residing in the county whose name is included on the transitional list of individuals waiting for home and community-based services who receives service and support administration when the individual service plan is next scheduled for review following the effective date of this rule.
    - (b) The county board shall administer the waiting list assessment tool to each individual residing in the county whose name is included on the transitional list of individuals waiting for home and community-based services who does not receive service and support administration no later than December 31, 2020. A county board may request and the department may provide assistance to identify, locate, contact, or administer the waiting list assessment tool to individuals residing in the county but unknown to the county board.



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(c) There are three possible outcomes of administration of the waiting list assessment tool:

- (i) The county board determines the individual has an immediate need, in which case the individual shall receive services in accordance with paragraph (D)(3)(b) of this rule;
- (ii) The county board determines the individual has a current need, in which case the county board shall use available resources in the county to meet the individual's needs or if the individual's needs cannot be met by available resources in the county, the county board shall add the individual's name to the waiting list for home and community-based services; or
- (iii) The county board determines the individual has neither an immediate need nor a current need.

(d) Once the waiting list assessment tool has been administered to an individual whose name is included on the transitional list of individuals waiting for home and community-based services and a determination made, the county board shall notify the department and the department shall remove the individual's name from the transitional list of individuals waiting for home and community-based services.

(3) The county board or the department shall attempt to contact each individual whose name is included on the transitional list of individuals waiting for home and community-based services or the individual's guardian, as applicable, by at least two different methods, one of which shall be certified mail to the last known address of the individual or the individual's guardian, as applicable. The department shall remove an individual's name from the transitional list of individuals waiting for home and community-based services when the individual or the individual's guardian, as applicable:

(a) Fails to respond to attempts by the county board or the department to establish contact; or

(b) Refuses an assessment of the individual using the waiting list assessment tool.

(J) Due process

(1) Due process shall be afforded to an individual aggrieved by an action of a county board related to:

- (a) The approval, denial, withholding, reduction, suspension, or termination of a service funded by the state medicaid program;
- (b) The establishment or maintenance of, placement on, the failure to offer services in accordance with, or removal from the waiting list for home and community-based services or the transitional list of individuals waiting for home and community-

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based services; or

(c) A dispute regarding an individual's date of request or status date.

(2) Due process shall be provided in accordance with section 5160.31 of the Revised Code and Chapters 5101:6-1 to 5101:6-9 of the Administrative Code.

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## APPENDIX

### OHIO ASSESSMENT FOR IMMEDIATE NEED AND CURRENT NEED

Name:		DOB:		Date of interview:	
Address:			County of residence:		

Name of person completing assessment:		Title:	
Names of participants/ Relationship to the individual:			

In what area(s) does the individual report needing help?
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#### Condition

(If "No" to any item, stop. This person does not meet the criteria to be added to the Waiting List.)

Does this person have a condition, other than a sole mental health condition?	<b>Yes or No</b>
Was the condition present before age 22?	<b>Yes or No</b>
Is the condition likely to continue indefinitely?	<b>Yes or No</b>

#### Current Living Arrangements

<p>___ Lives alone</p> <p>___ Lives with family or other caregivers</p> <p>___ Lives with others who are not caregivers</p> <p>___ Lives in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)</p> <p>___ Lives in a Nursing Facility</p> <p>___ Other (describe):</p>
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#### Currently Used or Available Resources/Services

County Board services/funding	<b>Yes or No</b>	Medicaid State Plan Private Duty Nursing	<b>Yes or No</b>
Help Me Grow/Ohio Early Intervention	<b>Yes or No</b>	Ohio Home Care Waiver	<b>Yes or No</b>
Bureau for Children with Medical Handicaps (BCMh)	<b>Yes or No</b>	PASSPORT Waiver	<b>Yes or No</b>

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Family and Children First Council (FCFC)	<b>Yes or No</b>	Assisted Living Waiver	<b>Yes or No</b>
Ohio Department of Education (ODE)	<b>Yes or No</b>	MyCare Waiver	<b>Yes or No</b>
Vocational Rehabilitation/ Opportunities for Ohioans with Disabilities (OOD)	<b>Yes or No</b>	SELF Waiver	<b>Yes or No</b>
Children Services	<b>Yes or No</b>	Level One Waiver	<b>Yes or No</b>
Medicaid State Plan Home Health Aide	<b>Yes or No</b>	Other (describe):	<b>Yes or No</b>
Medicaid State Plan Home Health Nursing	<b>Yes or No</b>		

**Questionnaire:**

**1. Contributing circumstances**

**1 a. Is the individual an adult facing substantial risk of harm due to potential loss or declining condition of existing caregiver(s)?**

(i) Is there evidence that the primary caregiver has a chronic/declining condition or is facing other unforeseen circumstances that will limit his/her ability to care for the individual?  
(Mark "Yes" if evidence is provided for 1a(i)(a).)

**Yes or No**

(a) List documentation used to verify presence of condition.

(b) Is action required within the next 30 days due to the caregiver's inability to care for the individual?

**Yes or No**

**If "Yes" to 1a(i)(a) and 1a(i)(b), the individual has an immediate need. Proceed to Question 2.**

**If "Yes" to 1a(i)(a) and "No" to 1a(i)(b), this is a current need area. Proceed to next question.**

(ii) Is there evidence of declining skills the individual has experienced as a result of either the caregiver's condition or insufficient caregivers to meet the individual's current needs?

**Yes or No**

(According to rule, there is no opportunity for criteria 1a(ii) to result in "immediate need." It may only result in "current need.")

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(a) List documentation used to verify presence of caregiver's condition, if not already described above.

(b) Describe decline. (Required field.)

**If "Yes" to 1a(ii), this is a current need area. Proceed to next question.**

**1 b. Does the individual have behavioral, physical care, and/or medical needs that create substantial risk of harm to self/others?**

(i) Is the individual a child/adult currently engaging in a pattern of behavior that creates a substantial risk to self/others?

**Yes or No**

(Mark "Yes" if 1b(i)(a) and 1b(i)(b) are completed.)

(a) Check all that apply:

\_\_\_\_ Physical Aggression      \_\_\_\_ Self Injury      \_\_\_\_ Fire-setting

\_\_\_\_ Elopement      \_\_\_\_ Sexual Offending      \_\_\_\_ Other

\* Describe type, frequency, and intensity of behavioral concerns:

(Required if item in 1b(i)(a) is selected.)

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(b) Documentation available (only one option is required):

\_\_\_\_ Police Reports      \_\_\_\_ Incident Reports      \_\_\_\_ Behavior Tracking Sheets

\_\_\_\_ Psychological Assessment      \_\_\_\_ Other (describe):

**Proceed to next question.**

(ii) Is the individual a child/adult with significant physical care needs?

**Yes or No**

(Mark "Yes" if any one item in 1b(ii)(a) is selected.)

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(a) Check all that apply:

\_\_\_\_\_ Frequent hands-on support required with activities of daily living (personal care, mobility/positioning, toileting, etc.) throughout the day and night

\_\_\_\_\_ Size/condition of the individual creates a risk of injury during physical care

\_\_\_\_\_ Other

\* Describe type, frequency, and intensity of physical care needs:

(Required if item in 1b(ii)(a) is selected.)

\_\_\_\_\_

**Proceed to next question.**

(iii) Is the individual a child/adult with significant or life-threatening medical needs?

**Yes or No**

(Mark "Yes" if any one item in 1b(iii)(a) is selected.)

(a) Check all that apply:

\_\_\_\_\_ Frequent hospitalizations or emergency room visits for life-sustaining treatment

\_\_\_\_\_ Ongoing medical care provided by caregivers to prevent hospitalizations or emergency room interventions

\_\_\_\_\_ Need for specialized training of caregiver to prevent emergency medical intervention

\_\_\_\_\_ Other

\*Describe type, frequency, and intensity of medical needs:

(Required if item in 1b(iii)(a) is selected.)

\_\_\_\_\_

\_\_\_\_\_

**Proceed to next question.**

(iv) Is action required within the next 30 days to reduce the risk(s) presented by the behavioral, physical care, and/or medical needs identified in 1b(i), 1b(ii), and/or 1b(iii)?

**Yes or No**

**If "Yes," the individual has an immediate need. Proceed to question 2.**

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(v) If "No," do the significant behavioral, physical care, and/or medical needs identified above require continuous support to reduce risk?

Yes or No

**If "Yes," this is a current need area. Proceed to next question.**

**1 c. Is the individual an adult who has been subjected to abuse, neglect, or exploitation and requires supports to reduce risk?**

Yes or No

(Mark "Yes" if response to 1c(i) and 1c(ii) is "Yes.")

(i) There is currently an open investigation with (check all that apply):

- ☐ County Board
- ☐ Law Enforcement
- ☐ Adult Protective Services
- ☐ Other (describe):

\* Describe incident under investigation and supports needed to reduce the risk.  
(Required if item in 1c(i) is selected.)

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(ii) Is action required within the next 30 days to reduce the risk?

Yes or No

**If "Yes" to 1c, the individual has an immediate need. Proceed to question 2.**

**If "No" to 1c, proceed to next question.**

**1 d. Is the individual a resident of an ICFIID or Nursing Facility who has either been issued a 30-day notice of intent to discharge or has received an adverse Resident Review determination?**

Yes or No

(Mark "Yes" if response to 1d(i), 1d(ii), and 1d(iii) is "Yes.")

(i) Is the individual currently a resident of an ICFIID or Nursing Facility?

Yes or No

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(ii) Has the individual been issued a 30-day notice of intent to discharge or received an adverse Resident Review determination?

Yes or No

(iii) Is action required within the next 30 days to reduce the risk?

Yes or No

**If "Yes" to 1d, the individual has an immediate need. Proceed to question 2.**

**If "No" to 1d, proceed to next question.**

**1 e. Does the individual have an ongoing need for limited/intermittent supports to address behavioral, physical, or medical needs in order to sustain existing caregivers and remain in the current living environment with existing supports?**

Yes or No

(Mark "Yes" if response to all three questions below is "Yes.")

(i) Does the individual have a need for limited or intermittent supports within the next 12 months?

Yes or No

(ii) Does the individual desire to remain in the current living environment?

Yes or No

(iii) Are existing caregivers willing AND able to continue to provide supports, if some relief were provided?

Yes or No

**If "Yes" to 1e, this is a current need area. Proceed to next question.**

**1 f. Is the individual reaching the age of majority and being released from the custody of a child protection agency within the next 12 months and has needs that cannot be addressed through alternative services?**

Yes or No

(Mark "Yes" if response to 1f(i) and 1f(ii) is "Yes.")



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- (i) Is the individual being released from the custody of a child protection agency within the next 12 months?

**Yes or No**

List anticipated date: \_\_\_\_\_

- (ii) Does the individual have needs that cannot be addressed through alternative services?

**Yes or No**

**If "Yes" to 1f, this is a current need area. Proceed to next question.**

- 1 g. Does the individual require waiver funding for adult day or employment-related supports?**

**Yes or No**

**(Mark "Yes" if response to all three questions below is "Yes.")**

- (i) Are the needed services required at a level or frequency that exceeds what is able to be sustained through local county board resources?

**Yes or No**

- (ii) Are the needed services beyond what is available to the individual through the local school district/Individuals with Disabilities Education Act (IDEA)?

**Yes or No**

- (iii) Are the needed services beyond what is available to the individual through vocational rehabilitation services/Opportunities for Ohioans with Disabilities (OOD) or other resources?

**Yes or No**

**If "Yes" to 1g, this is a current need area. Proceed to next question.**

- 1 h. Does the individual have a viable discharge plan from the current facility in which he/she resides?**

**Yes or No**

**(Mark "Yes" if response to all three questions below is "Yes.")**

- (i) Is the individual currently a resident of an ICFIID or a Nursing Facility?

**Yes or No**

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(ii) Has the individual/guardian expressed an interest in moving to a community-based setting within the next 12 months?

Yes or No

(iii) Is the individual's team developing a discharge plan that addresses barriers to community living, such as housing and availability of providers?

Yes or No

**If "Yes" to 1h, this is a current need area. Proceed to next question.**

**2. Is there an immediate need identified that requires an action plan within 30 days to reduce the risk?**

(If "Yes" to any of the following, an immediate need has been identified:

- 1a(i)(a) + 1a(i)(b)
- 1b(i), 1b(ii), and/or 1b(iii) + 1b(iv)
- 1c, or
- 1d

Yes or No

Describe the area of immediate need: (Required if "Yes.")

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**If "Yes" to 2, proceed to question 4.**

**If "No" to 2, proceed to next question.**

**3a. If "No" to 2, does the individual have a need identified in**

- 1a(i)
- 1a(ii)
- 1b(i), 1b(ii), and/or 1b(iii) + 1b(v)
- 1e
- 1f
- 1g
- or
- 1h?

(("Yes" is required if any of the criteria listed is "Yes.")

Yes or No

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**3b. If "Yes" to 3a, are any of those needs unmet by existing supports/resources?**

**Yes or No**

("Yes" or "No" is required if 3a is "Yes.")

Describe the unmet need: (Required if "Yes.")

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**4. Will the unmet **immediate need** or unmet **current need** require enrollment in a waiver due to the lack of alternative resources to address the need? ("Yes" or "No" is required.)**

**Yes or No**

If "No," describe the alternative resources that can address the unmet need: (Required if "No.")

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**Conclusion (check one):**

\_\_\_\_\_ The individual has unmet needs that require enrollment in a waiver at this time to address circumstances presenting an immediate risk of harm.

- Requires ALL of the following:
  - "Yes" to all three condition questions
  - "Yes" to question 2
  - "Yes" to question 4

\_\_\_\_\_ The individual has needs that are likely to require waiver-funded supports within the next 12 months and will be placed on the waiting list at this time.

- Requires ALL of the following:
  - "Yes" to all three condition questions
  - "Yes" to question 3a
  - "Yes" to question 3b
  - "Yes" to question 4

\_\_\_\_\_ The individual does not require waiver enrollment or placement on the waiting list as alternative resources are available to meet assessed needs.

- This is the outcome if one of the other two outcomes above are not met. Requires the following:
  - "No" to question 4

**\*\*\* Proposed New Rule - February 14, 2018 \*\*\***

\_\_\_\_\_ The individual is not eligible for waiver enrollment or placement on the waiting list, as he/she has no qualifying condition.

- This is the outcome if one or more of the three condition questions is "No."

Name of person reviewing assessment:
Title of person reviewing assessment:
Date assessment reviewed: