HOLMES COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

UTILIZING COUNTY TAX DOLLARS AS A LAST RESORT POLICY

The Board shall establish and maintain procedures that assure that the expense for Board-funded services provided to any individual does not exceed an amount equivalent to the cost of the non-federal share for the services, if the services were funded by a Medicaid Home and Community Based Services (HCBS) Waiver.

This policy is intended to assure that the Board maximizes the flow of federal tax dollars back to the citizens of Holmes County and, thereby, also maximizes the number of individuals who receive benefit from the local tax dollar resources available to serve individuals with developmental disabilities who are eligible for services from the Board.

Individuals who are Medicaid eligible and meet "Level of Care" requirements will be assisted to enroll on a Medicaid HCBS Waiver. Implementation procedures will assure the provision of services to those who require time to make necessary arrangements to accomplish Medicaid eligibility. Wherein individuals, or their legal representatives, are not agreeable to establishing Medicaid eligibility and/or waiver enrollment, options for decreased services or private payment options will be offered.

The Board reserves the right to identify exceptions to this requirement when the maximization of federal funding is not applicable.

Approved by Board June 23, 2016

UTILIZING COUNTY TAX DOLLARS AS A LAST RESORT

PROCEDURE

I. Introduction

Holmes County Board of Developmental Disabilities establishes the authority for the Board to limit its expenditures for serving individuals that are eligible for enrollment on a Medicaid waiver. That policy stipulates that 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.

II. Purpose

The purpose of this procedure is to provide specific information regarding how the policy will be implemented. Much of the procedure is aimed at giving individuals and their families' encouragement and guidance in utilizing all other available resources before accessing county tax levy dollars for needed services and supports.

III. Basic Premise

The Board supports the provision of services in the most economical manner to as many eligible individuals as is possible.

IV. Private Funds, Community Resources, and Public Funds

Among individuals 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, etc. The use of these resources can make an individual's private funds go further.

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

V. Medicaid Waivers

Medicaid Waivers allow the Board to support individuals more economically than would be possible through county tax levy funding alone. When an individual 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 an individual who is not enrolled on a Medicaid Waiver, 100% of the cost is taken from local funds. When the Board provides services to an individual who is enrolled on a Medicaid Waiver, 40% of the cost is taken from local funds.

The following procedures pertain to accessing Medicaid Waiver services:

1. Each individual who requests an Adult Day Array waiver service (including but not limited to Adult Day Support, Vocational Habilitation, Supported Employment-Enclave, or Non-Medical Transportation) must apply for a Medicaid Home and Community Based Services (HCBS) Waiver. Assistance for the application process can be provided by the Board's Service and Support Administration (SSA) Department.
2. Each individual who is assessed by the SSA Department to require permanent residential services must apply for a Medicaid HCBS Waiver. Assistance for the application process can be provided by the SSA Department.
3. If the individual refuses or fails to apply for a Medicaid Waiver within two weeks of being offered the waiver enrollment opportunity, but still wants one or more of the aforementioned services, one of the following will apply:
    a. The individual 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%).
4. If the individual is receiving other funding that is more appropriate to meeting his/her needs (Passport, Home Care waiver, etc.), is determined ineligible for a Medicaid waiver because of failure to qualify for the appropriate level of care, the amount of services to be provided may be adjusted, taking into account other resources available to the individual.
5. If, because of exceeding the resources limit, the individual 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. Establishing an ABLE Account, or
    c. Spending the necessary amount, and/or
    d. 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 Supervisor. In such cases, a written agreement will be required on an annual basis between the individual and the Board.
6. Financial support for individuals receiving residential services funded by the Board will be limited to an amount equal to the local share of funding required by the individual's plan if funded by a Medicaid Waiver. Each individual's plan must be representative of the most cost-effective configuration of services as determined by the SSA Department.
7. Individuals enrolled in and receiving Adult Day Array services funded by the Board will have 180 days to establish a Medicaid Pay-Back Trust or ABLE Account, 90 days to spend necessary resources and 90 days to access Medicaid Buy-In for Workers with Disabilities. These time frames may be extended by the Superintendent with evidence that satisfactory progress has been made.

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