

Creative Use of Funding

*A Workshop for Families and
Professionals*

February 19, 2014



Agenda

Welcome

10:00am

Marla Root

10:15 – 12:00pm

Lunch Break

12:00 – 12:45pm

Marla Root &
Cheryl Bowshier

12:45 – 1:45pm

Break

1:45 – 2:00pm

Kim Weimer

2:00 – 3:00pm

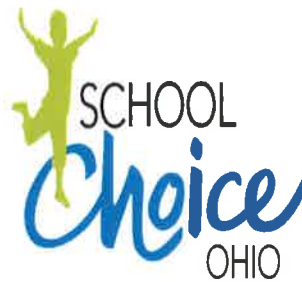
Lynn Tramontano

3:00 – 4:00pm

Thank you to our Sponsors!



Edward Jones
MAKING SENSE OF INVESTING
Lynn Tramontano, Financial Advisor



**Partners working to improve the lives of individuals with autism
and their families!**

Understanding Ohio's Services and Funding Structure

Presenter:

Marla Root

Executive Vice President
Elijah Glen Center

Trustee
Autism Society of Ohio



Presentation Goals:

Goals of the presentation:

- Funding and Services Flowchart (attached, but I have some updates to get added to is). Including new autism directive.
- Types of Medicaid Waivers in our state. Waitlist and State Appeals
- Managing services, funding and placements in a Crisis Situation



Step By Step



1

**What will waivers, Medicaid, and local
funding in Ohio provide my loved one?**

Navigating Ohio's Funding System

**Marla Root
Executive Vice President
The Elijah Glen Center at
Step By Step, Inc.**

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How to contact Marla:

The Elijah Glen Center at Step By Step, Inc.
OSU Medical Campus
445 E. Dublin Granville Rd, Bldg L
Worthington, OH 43085
mroot@elijahglencenter.org
614-565-5765

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My experiences with disabilities.

- **Consumer:** My son, Eli, is 18 years old and has severe autism & ID.
- **Provider:** Employed by a certified Provider of services.
- **Advocate:** Testifying at Hearings & Appeals, Autism Society of Ohio, OCECD, IEP's, and ISP's.



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Help me get to know you.

- **Parent/Caregivers**
- How many are parents? Grandparents and Caregivers?
- How many have a Medicaid Waiver? Don't have a waiver?
- **Professionals**
- How many are Psychologists? Teachers? Therapist?
- How many are Consultants and therapists?
- How many are social workers or case managers?

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About Step By Step, Inc.

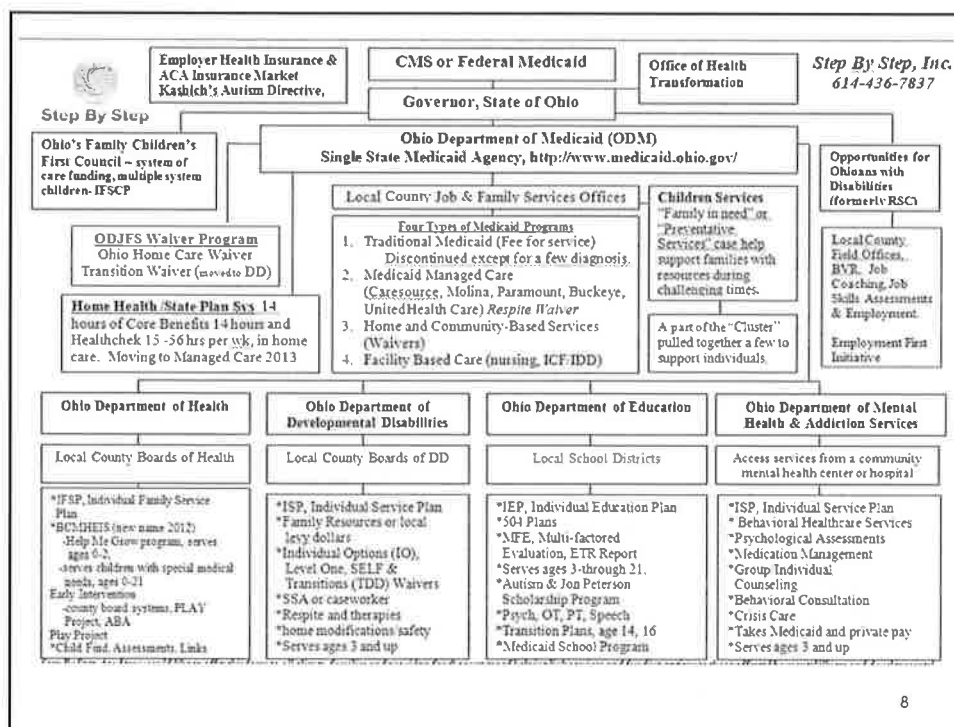
- **Certifications:**
 - Community Accredited Rehabilitation Facility (CARF)
 - Community Mental Health Center with ODMH
 - RSC/BVR Vocational Vendor
 - Approved Autism Scholarship Provider with ODE
 - ODODD Waiver & Adult Day Service Provider
- **Campus Services:**
 - Educational Programs
 - Full Day Center-Based Small Group Educational & Behavioral Programs
 - Transition to District Classrooms & Stepping Forward Adolescent Program
 - Outpatient Behavioral Health Clinic
 - Psychiatry Services, Counseling, Case Management
 - RSC/BVR Services
 - Crisis & Stabilization Program for adolescents: The Elijah Glen Center
 - Steps 2 Success: Adult Day Services
 - Speech Therapy
- **Community Services:**
 - In-District Classrooms & Outreach Behavioral Services
 - Social Work, Case Management, & Advocacy

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Disability Determination

- Americans with Disability Act (ADA) ODJFS Disability Determination Area
 - An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment. The ADA does not specifically name all of the impairments that are covered.
- Social Security (SSI or SSDI)
 - Social Security defines a disability as the inability to engage in
 - any substantial gainful activity (SGA) because of a medically determinable physical or mental impairment(s): That can be expected to result in death or that has lasted or that we can expect to last for a continuous period of not less than 12 months

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What's Next?

- **New Autism Directive Benefits under ACA**
- **Understanding Medicaid Services in Ohio.**
- **Learn about Medicaid Waivers.**
 - New Respite Waiver in Medicaid Managed Care only
- **What to do when your loved ones needs are beyond your family's ability to meet the level of need.**
- **What services can a person receive while on the wait list for a Medicaid Waiver from DD?**
 - Apply for Social Security benefits
 - Apply for Medicaid
 - Local levy funding from county board of DD
 - Ohio Department of Health
 - Local School District
 - Health Insurance & Advocacy Groups

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Autism Directive Benefit in the ACA

- Directive added an autism benefit to the essential health benefit package for plans provided on the federally facilitated insurance market in Ohio under the ACA.
 - Qualifying for the ACA.
 - Autism benefits not available under Medicaid.
- Ohio Department of Health and requirement to provide ABA for early intervention, ages 0 to 3.
- See attachment from The Autism Society of Ohio explaining this new benefit

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Who is impacted by the Directive?

- Individuals who purchase health insurance in the individual insurance market
 - (exchange) in the ACA beginning in 2014 are impacted by this Directive.
- Individuals covered by "non-grandfathered" health plans purchased by employers in the small business market (exchange) in the ACA
 - are impacted by this directive (small group in Ohio is defined as employers that have between 2-50 employees). Note: "Grandfathered" health plans are not required to cover essential benefits. A plan is considered grandfathered if it existed on March 23, 2010, and has covered at least one person continuously since that date. Grandfathered status must generally be disclosed in plan materials provided to enrollees
- State Employees
- Any new health plans that start in 2014 will need to offer the essential health benefits whether they are sold in the ACA markets or in the regular insurance market.

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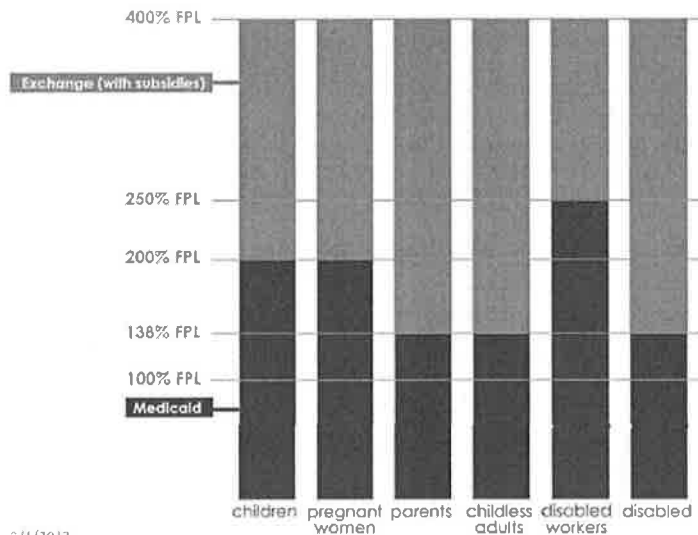
What coverage is required by the Directive?

- In addition to the services already provided under the "Essential Health Benefits Package" (general health services), habilitative services for autism will also be provided. These will include (but are not limited to):
 - Out-Patient Physical Rehabilitation Services including
 - Speech and Language therapy and/or Occupational therapy, performed by a licensed therapists, 20 visits per year of each service; and
 - Clinical Therapeutic Intervention
 - defined as treatments supported by empirical evidence, which include but are not limited to Applied Behavioral Analysis, provided by or under the supervision of a professional who is licensed, certified, or registered by an appropriate agency of this state to perform the services in accordance with a treatment plan, 20 hours per week;
 - Mental/Behavioral Health Outpatient Services
 - performed by a licensed Psychologist, Psychiatrist, or Physician to provide consultation, assessment, development and oversight of treatment plans, 30 visits per year total."
- List of plans in the ACA

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Subsidized health coverage eligibility for Ohioans in 2014

with ACA Medicaid expansion



3/1/2013

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Types of Medicaid Plans

- **Healthy Start Medicaid(MAP)** –Medicaid Program for Pregnant Women and Children Program. FPL
- **Healthy Families Medicaid(MAC)** –Medicaid Program for Entire family Unit, FPL

Household Size	Income (138% Federal Poverty Level)
1	\$15,856
2	\$21,406
3	\$26,952
4	\$32,499
5	\$38,047
6	\$43,594
7	\$49,142
8*	\$54,689*

**For each additional individual in the household, add \$5,347*

Types of Medicaid Plans.

- **Aged, Blind & Disabled Medicaid(MAD) –Disabled Medicaid.**
Consumer is deemed to have a disability or is over age 65 and does not qualify for Healthy Start Medicaid (MAP).
 - Consumers will have a spend down or copayment but will be able to apply all households medical expenses toward the spend down. If spend down met the first day of the month the family will not have to pay for spend down.
 - Resource or asset limits for couples and individuals.
 - Higher the families monthly income then the higher the spend down or copayment. If spend down met first day of service per month, then Medicaid pays spend down, no out of pocket expense. BCMH may pay spend down.
- **Transitional Medicaid(MAY) –Received MAP or MAC for 90 days and no longer qualifies for Medicaid.**
 - You only have 12 months of Transitional Medicaid in a lifetime.
- **Medicaid Buy in for Workers with a Disability(MBIWD)** Individuals with Disabilities can work and earn income up to \$26,000 per year while keeping their Medicaid health program.
- Apply for Medicaid – <http://benefits.ohio.gov> or your local county JFS office completing ODJFS form 7200.

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By federal law, Ohio Medicaid must provide the following services to consumers:

Ambulatory Surgery Centers

- Certified pediatric nurse supplies

- Healthchek(EPSDT) program services

- Inpatient hospital

- Medical & surgical dental services

- Medicare Premium Assistance

- Nursing facility care

- Physician services

Source: Ohio Department of Job & Family

<http://jfs.ohio.gov/OHP/consumers/benefits.stm>

- Certified family nurse services

- Family planning services &

- Home health services

- Lab & X-ray

- Medical &surgical vision services

- Non-Emergency Transportation

- Outpatient services,

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By federal law, Ohio Medicaid optional services to consumers:

- | | |
|---|---------------------------------------|
| Ambulance/Ambulette | •Chiropractic services for children |
| •Dental services | •Durable medical equipment & supplies |
| •HCBS Waivers | •Hospice Care |
| •Occupational therapy | •Physical therapy |
| •Podiatry | •Prescription drugs |
| •Private Duty Nursing | •Speech therapy |
| •Vision care, including eyeglasses | |
| •Community alcohol & drug addiction treatment & mental health services | |
| •Independent psychological services for children | |
| •Intermediate Care Facility for people with Mental Retardation (ICF-MR) | |

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Home Health Care/State Plan Services (Core Benefits):

- Home Health Care services provides daily living services, skilled therapies and nursing in a consumer's home.
 - Many families use this service to provide behavioral interventions services in their home while they are on a waitlist for a Medicaid Waiver.
- Medicaid Fee For Service (paper Medicaid card)
 - The Home Health Care/State Plan Service (Core Benefits) provides the first 14 hours and then the Healthchek program with ODJFS will provide any additional up to 56 hours per week.
 - A consumer with a disability would need a Medicaid card and a prescription from a physician for 1 to 56 hours per week of home health care services. Next you will need to find a home health care provider in your area.
- Medicaid Managed Care Plans (hard Medicaid card)
 - Applying medical necessity standards, families will struggle to get more than 14 hours per week.
- It is now very difficult to move from managed care back to fee for service Medicaid.

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Waiver Medicaid – Waiver service package plus Medicaid FFS Health Plan	Medicaid Health Plan – Fee for Service (FFS)	Medicaid Health Plan – Managed Care (MCP)	Carve Out Medicaid Benefits for Behavioral Health Services	
No income restrictions. Individual on the waiver cannot have over \$1,500 of savings or resources.	Income & Resource Restrictions for family or disability determination approved (no income restriction) Individual needs to be either on a waiver, with BCMH, or have certain diagnosis. Starts July 1 st	Income & Resource Restrictions for family or disability determination approved, (no income restriction) All individuals who are not on a waiver, with BCMH, and do not have certain diagnosis.	All individuals on Medicaid FFS or MCP have access to community MH centers in their area that are certified by ODMH.	Eligibility
Once individual receives a waiver from county board of DD, you automatically receive a Medicaid Card for FFS Medicaid Health Plan.	Work with county JFS	Work with county JFS	Call a community mental health center in your area or ask for a referral from a physician. Providers listed at ODMH website.	How do you get the benefit?
Paper, mailed monthly to home	Paper, mailed monthly to home	Hard Card that states the managed care name on it. One card per year.	Accepts all Medicaid and managed care numbers are turned into Medicaid numbers for billing.	Type of Medicaid Card
See FFS Column. See Specific set of services under the Waiver. Each waiver has different services.	Optional & Mandated Services	Optional & Mandated Services	Psychological assessments, psychiatry, social work, counseling, partial hospitalization, CPST	Services available
	Home Health Care/State Plan Services (Core Benefits): Now can get 1 to 36 hours	Home Health Care/State Plan Services (Core Benefits): Expect gradual decline to 7 to 14 hours per week.	None	Concerns with moving to managed care plan
		New 1915B Respite Waiver		

Who is excluded from Managed Care

Your child is not moving to a managed care plan if he/she is:

- **Enrolled on Waiver** such as PACE, PASSPORT or some other Medicaid waiver programs such as IO, Level One, Transitions, and Home Health Care
- **Receiving services through the Ohio Department of Health's Bureau for Children with Medical Handicaps (BCMh)** with one or more of the following conditions: Cystic fibrosis, Hemophilia, Cancer
- **Eligible for Medicare**
- **In long-term care** - In a nursing home, long-term care facility, ICF-MR, or some other kind of institution
- **Eligible for Medicaid through a spend down**

What services can a person receive while on the wait list for a Waiver? Social Security

- Social Security
 - Difference
 - SSI (Supplemental Security Income)–
 - individuals who are over 65 or older or individuals who are blind or disabled.
 - And that have low income and low resources.
 - SSDI –working adults that worked at least 10 qtrs.
 - If a child receives SSI for a disability and is under 18 years old, they will qualify for Medicaid. JFS will first look at Healthy Start Medicaid and if the income level is too high to qualify, then JFS will look at ABD Medicaid.
 - Child receives SS Survivor Benefits does not automatically qualify Medicaid.

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What is a Waiver?

- CMS, The Center for Medicaid and Medicare Services, certifies state's plans for waivers.
 - A waiver is a set plan of services that is provided to the waiver enrollee and are provided in the home or community by a state certified provider such as an agency or individual.
 - Waivers are an alternative to institutions or ICF/MR's and allows participants to live at home or in a community setting with supports.
 - The person with the disability that is enrolling on the waiver will have his/her financial situation reviewed yearly. There could be a patient liability if they are determined to be over resource (\$1500) guidelines.
- Medicaid Card –With a waiver the consumer will receive Home & Community Based Medicaid (MAY)
- Federal funded 60% and local funded 40%

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The Bad News About Waivers: As of Fall 2012

🔊 16,767 Ohioans enrolled on an Individual Options (IO) Waiver.

🔊 11,238 Ohioans enrolled on a Level One Waiver.

🔊 Waiting list reflects that there are:

🔊 19,392 Ohioans waiting for both an IO and Level One waiver.

🔊 10,029 Ohioans waiting only for an IO waiver.

🔊 2,149 Ohioans waiting only for a Level One waiver.

🔊 8,109 Ohioans on a Level One and waiting for an IO waiver.

🔊 Source: ODODD Fall 2012

🔊 Source: Arc of Ohio – 42,000 on the waitlist as of December 2013

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What are the names and services of the Waivers in our state?

- Ohio Department of Job & Family Services (ODJFS)
 - Ohio Home Care Waiver (medically fragile)
 - Transitions Waiver (over 60 years of age) (closed)
- Ohio Department of Developmental Disabilities (ODODD)
 - Individual Options Waiver (I/O) (larger waiver)(moving away from)
 - Level One Waiver (small waiver)
 - New Self Waiver (available July 2012) (Flexible and capped)
 - Transitions DD Waiver (closed)
 - <https://doddportal.dodd.ohio.gov/INF/finditfast/publications/Pages/default.aspx>
- Ohio Department of Aging
- Medicaid Managed Care Plan New Respite Waiver
 - Respite Waiver -. This new waiver is only for individuals under the age of 21 that are enrolled onto a Medicaid MCP and who also receive nursing services at least once per week, receive SSI or SSDI, and also received home health care services for the past six months. The MCP will determine eligibility and the amount of services to be received. Respite services are limited to no more than twenty-four hours per month and no more than two hundred fifty hours per calendar year.
Source: 5101:3-26-03.

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SELF Waiver with ODODD

- For an adult, defined as an individual who is at least 22 years old or who is under 22 years old but eligible for adult day support, integrated employment, supported employment- enclave, or vocational habilitation, the cap is \$40,000 for every waiver eligibility span (which is a twelve-month period).
- For a child, defined as an individual who is under 22 years old and who is not eligible for adult day support, integrated employment, supported employment-enclave, or vocational habilitation, the cap is \$25,000 for every waiver eligibility span.
- ■adult day support, (about \$20,000 not in the capped amount)
- ■clinical/therapeutic intervention,
- ■community inclusion,
- ■community respite, (camps paid at a daily rate)
- ■functional behavioral assessment,
- ■integrated employment,
- ■non-medical transportation,
- ■participant-directed goods and services,
- ■participant/family stability assistance,
- ■remote monitoring,
- ■remote monitoring equipment,
- ■residential respite,
- ■support brokerage,
- ■supported employment-enclave, and
- ■vocational habilitation
- Source OLRS

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Where do I go to get a Waiver?

- Go to your local county job & family services office. Complete a form 2399 and check all waivers in the ODJFS & DD area.
 - It is a simple one page form. Keep a copy. The date of your signature is the date you are placed on all the waivers wait list
- Then go to your local county board of DD and apply for their services. Provide County Board DD a copy of your Form 2399. You will be assigned an SSA or Service Support Administrator.

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How does someone qualify for county board of DD and waiver services?

- Eligibility Determination for county board of DD funding:
 - On set of disability before age 22
 - Non-Waiver eligibility. Ohio Eligibility Determination Instruments (OEDI) (for ages 16+) and COEDI (ages 6-15)
 - A pre-screening tool will be performed by the person's local board of DD to determine if there are any health and safety concerns that need attention during the time he/she is on the wait list.
- Eligibility Determination for Waivers-A level of care determination will be completed to properly place a person once a waiver slot is available to him/her.
 - An Intermediate Level of Care is required for ODJFS, waives nursing facility.
 - An ICF/DD Level of Care required for ODDD, waives institutional placement.
 - An individual with a disability must meet the income and assets requirements

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Is there any order to the Waiver Waiting lists?

- 5123:2-1-08 Waiting lists, service substitution lists, and long-term service planning registries
 - (A) General provisions
 - (1) Purposes-The purposes of this rule are:
 - (a) To set forth the requirements a county board must meet in establishing and maintaining waiting lists, service substitution lists, and a long-term service planning registry;
- Source: Ohio Administrative Code

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Waitlist: Emergency Status

- g) "Emergency status" means any situation that creates for an individual a risk of substantial self-harm or substantial harm to others if action is not taken within thirty days. An "emergency" may include one or more of the following:
 - (i) Loss of present residence for any reason, including legal action;
 - (ii) Loss of present caretaker for any reason, including serious illness of the caretaker, change in the caretaker's status, or inability of the caretaker to perform effectively for the individual;
 - (iii) Abuse, neglect, or exploitation of the individual;
 - (iv) Health and safety conditions that pose a serious risk to the individual or others of immediate harm or death;
 - (v) Change in emotional or physical condition of the individual that necessitates substantial accommodation that cannot be reasonably provided by the individual's existing caretaker.
 - Source: Ohio Administrative Code

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Waitlist: Priority Status

- 5123:2-1-08 Waiting lists, service substitution lists, and long-term service planning registries..
- The county board may establish priorities for making placements on its waiting lists according to an individual's emergency status and shall establish priorities in accordance with paragraph (D) of this rule.
- See attachment #3 Delaware County Priority Ranking Format for an example of a county format to determine Priority status.
 - Some cases will jump over others on wait list;
 - Individual is 22 years age or older
 - Receives supported living or family support dollars
 - Refinance of adult services

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What if I am not happy with the placement on the wait list?

- Ask for a re-determination of placement with your county board of DD case worker or SSA.
- Ask for a county conference with county board of DD.
- File for a State Appeal with ODJFS.

– Source: ARC of Ohio, ODJFS

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Once a person gets a Waiver, who provides the Waiver Services?

- County Board of DD will meet with the person to do an ISP and budget form which will state each service the consumer will receive and how many units, usually 15 minute intervals, of service will be determined.
- Agencies, Private Providers, County Boards of DD and Independent Providers
- All are certified by the state of Ohio. A listing of providers are available on the ODDD website.
- Anyone 18 years or older who meets employment and training requirements can become an approved provider. Such as: a family member, friend, therapist .
- Parent can become the provider after child is 18 years old.

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What Services can a person receive while on the wait list for a waiver?

- County Board of Developmental Disabilities Services:
 - Family resource dollars or local levy dollars
 - May offer therapies such as OT, PT, Speech and Behavioral consultants
 - Service Coordination or case management
- Ohio Department of Health for assessment and therapy services:
- Ages 0-3 Help me grow, Ages 0-21 BCMH
- Local School District
 - Age 2 ½ to 5 -Enroll by age of 3 to receive preschool, speech, OT, PT psychology services
 - A multi-factored evaluation (MFE) should be completed every 3 years. A ETR report will be created and should paint a good picture of the child's abilities and concerns in the seven areas. Cognitive, social, emotional, communication, motor, sensory, behavioral, functional, and academics.
 - Medicaid School Program (MSP) provides Medicaid services in educational environments.
- Community mental health services from providers of Ohio Department of mental health (400 CMH agencies in the state)
 - Case management, counseling, medication management
 - Take Medicaid, private insurance and have sliding fee scales

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What to do when your loved ones needs are beyond your family's ability to meet the level of need.

- Individual with ASD is unstable and having dangerous and/or challenging behavior.
- When your SSA with the CBDD or service provider is not understanding the severity or is not providing resources to help your family.
- Two Options
 - Pull Cluster Funders (pulling a few agency funding together)
 - CBDD and Children Services (preventative or family in need case)
 - Pull System of Care (higher level of service coordination)
 - Ask your counties family and children first council (FCFC) to engage the FCSS (Family-Centered Services and Supports (FCSS) focuses on maintaining children and youth in their own homes and communities by providing non-clinical family-centered services and supports.
 - System of Care (SOC) approach has demonstrated effectiveness in improving individual outcomes; including; but not limited to the following outcomes: decreased behavioral concerns, improved academic performance, and decreased contacts with the juvenile justice system.

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Parent to Parent Advice

- Community & Group Home Residential Placement –if your loved one will be moving on to residential placement start looking by age 15 and get your name on a wait list.
- Take advantage of social work services.
- Keep a log of safety concerns, major incidents, and report all to SSA at county board of DD.
- Guardianship/custody-voluntary placement for in a residential placement.
- Transitional statements in IEP's at ages 14 and 16.

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Parent to Parent Advice

- Emergency Services Plan –Franklin County uses Netcare but in most counties the police/EMT are called and the person will be taken to a local hospital. (see attachment number 24)
- Preventative Measures: -Positive Behavior Supports & crisis intervention (CPI Training) –behavior plans, aversive behavior plans, chemical restraints.
- In-home emergency contact information. Medications.
- In-patient stabilization –provides 24 hour care until the individual stabilizes and can be released. Medicaid does pay. Waiver will stop while in placement.

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Step By Step



Matching School Choice with Funding

Presenters:

Cheryl Bowshier

Special Needs Coordinator
School Choice Ohio

Marla Root

Executive Vice President
Elijah Glen Center



Presentation Goals

- **School Assessments**
 - MFE/ETR drives IEP's, behavior plans, and placement
 - What if school does not put ASD on the ETR/IEP?
 - Medical vs. educational diagnosis
 - How DSM-5 affects this?
 - Parent Supports
 - Parent Mentors with Ohio Coalition
 - Getting help from SST?
 - Grievances
- **School Placements Concerns or constant suspensions or calls to pick up student from school early**
 - What is not working? What is working?
 - Behavior plans in place? Supportive de-escalation strategies?
 - Executive Functioning Skills
 - Bring in outside professionals such as mental health services from community Medicaid to support teacher and school staff
 - Medicaid School Program – what services could be helpful here.
 - ASO Booklet School Conflict Booklet
- **School Funding**
 - Catastrophic funding
 - Medicaid School Program
 - School Contracts with other entities
 - School Choice Programs
 - Students placed in a residential treatment center, what does educational services look like.
- **Out of School Placement Options**
 - What is School Choice?
 - What are the options?
 - ASP
 - JPS
 - Charter
 - home school
 - How to become a provider?
 - Supports
 - OCALI
 - OCECD
 - SST
 - ASCO, ASO, or their local affiliate
 - Martha Pitchford kidsfirstparent LLC mpitchford@columbus.rr.com, 614-841-1701
 - ODE Grievance Policy
 - Disability Rights of Ohio

Matching School Choice with Funding

Presenters:

Cheryl Bowshier

Special Needs Coordinator
School Choice Ohio



Marla Root

Executive Vice President
Elijah Glen Center



Presentation Goals

- **School Assessments**
 - IRR/IEP: drives IEP's, behavior plans, and placement
 - What if school does not put ASD on the IRR/IEP?
 - Medical vs. educational diagnosis
 - How DSM-5 affects this?
 - **Parent Support**
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 - **Supports**
 - OCAU
 - OCEGD
 - SSI
 - ASGO, ASO, or their local affiliate
 - Martha Whitford Undersecretary, OAC www.ohio.gov/ohioaction, 614-841-1701
 - ODE Grievance Policy
 - Disability Rights of Ohio

Matching School Choice with Funding

Marla Root

School Assessments

School Assessments determines if your child meets the eligibility criteria for special education services.

- Make the request to the district in writing and why you are requesting the evaluation. Provide support documents from outside professionals.
- District has 90 days from the of receipt of your letter.

Three types of Evaluations

- Interventions and Data Collection Evaluation
 - May correct issue or may recommend a MFE

School Assessments

- Multi factored evaluation (MFE) & ETR (printed results of the MFE)
 - Drives the IEP's, behavior plans, and placement within 30 days of date on ETR.
 - Completed every 3 years
 - If districts does not complete a requested MFE, they have to put the reason in writing.
- Independent educational evaluation (IEE).
 - If you disagree with an evaluation conducted by your school you can pursue an IEE. You may choose the evaluator as long as the evaluator meets your school's criteria for IEEs. Your school must either pay for the IEE or file for an impartial due process hearing and prove that its evaluation was appropriate. If your school wins this hearing you will be responsible for the cost.

School Assessment Concerns

- What if school does not put ASD on the ETR/IEP?
- Medical vs educational diagnosis
- Compare results from medical and educational.
 - Remember the differences in structure of school, home and community
- IEP's vs 504 Plans
- How DSM-5 affects this?
 - 5 disorders down to 1 disorder, ASD
 - 3 dimensions to 2 dimensions for ASD
 - Social interaction and social communication
 - Restricted and repetitive behaviors
 - Created a new, none ASD disorder; Social Communication Disorder, deficits in social communication, inability to change communication to match context or to listener, difficulties following rules, difficulties understanding nonliteral language

New: Diagnostic Criteria for Autism Spectrum Disorder, severity modifier

Severity Level for ASD	Social Communication	Restricted interests & repetitive behaviors
Level 3 'Requiring very substantial support'	Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning; very limited initiation of social interactions and minimal response to social overtures from others.	Preoccupations, fixated rituals and/or repetitive behaviors markedly interfere with functioning in all spheres. Marked distress when rituals or routines are interrupted; very difficult to redirect from fixated interest or returns to it quickly.
Level 2 'Requiring substantial support'	Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions and reduced or abnormal response to social overtures from others.	RRBs and/or preoccupations or fixated interests appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress or frustration is apparent when RRB's are interrupted; difficult to redirect from fixated interest.
Level 1 'Requiring support'	Without supports in place, deficits in social communication cause noticeable impairments. Has difficulty initiating social interactions and demonstrates clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions.	Rituals and repetitive behaviors (RRB's) cause significant interference with functioning in one or more contexts. Resists attempts by others to interrupt RRB's or to be redirected from fixated interest

School Placements Concerns, Suspensions or calls to pick up student

- What is not working? What is working?
- Drive it back to MFE/ETR results.
- Behavior plans in place? Supportive de-escalation strategies?
- Executive Functioning Skills
 - Many people with ASD appear to have impaired executive function, especially in regards to planning, organization, and mental flexibility
- Bring in outside professionals such as mental health services from community Medicaid to support teacher and school staff

Funding to support needs

- Medicaid School Program
 - The Medicaid Schools Program (MSP) has been developed to include federal Medicaid matching funding for specific direct services (including targeted case management), certain administrative activities, and specialized transportation.
- Funding
 - Foundation Funding (\$5,565) per pupil
 - Weighted Category 6 for ASD Funding
 - Catastrophic Funding – state funded

Weighted Category Funding – only funded at 90%

Category #	Disability Categories	Categorical Weighting Factors
1	Speech only	.2892
2	Learning disabilities, cognitive disability, and other health - minor	.3691
3	Hearing impaired, visually impaired, and emotional disturbance	1.7695
4	Other health – major, orthopedic	2.3646
5	Multi-handicapped	3.1129
6	Traumatic brain injury, autism, and deaf-blindness	4.7342

of disabled children X category weighted factor X base funding \$5,565 X districts share percentage X 90% (funding level funded in state budget).

1 ASD student X 4.7342 X \$5,565 X .45 x .90 equals \$10,670.05 in weighted supplemental special education funding.

Catastrophic Funding

- This reimbursement is available to the financially responsible district for any child in
 - categories 2, 3, 4 or 5 whose educational and related expenses exceed \$27,375;
 - and any child in category 6 (ASD) whose expenses exceed \$32,850.
- 50 percent of the cost exceeding the threshold of \$27,375 or \$32,850, whichever is applicable; and
- 50 percent of the cost exceeding the threshold of \$27,375 or \$32,850 times the district's state share percentage.

Funding Options to Improve Service

- In-District Service
 - Weighted Funding & Catastrophic funding
 - Medicaid School Program
 - Community Mental Health services through Medicaid
- Out of School Services-students needs not met
 - District contracts with an outside entity
 - School contract
 - School Choice Programs
 - Students placed in a residential treatment center, what does educational services look like.

Resolving Conflict

- Autism Society of Ohio has a great document
 - <http://www.autismohio.org/images/stories/2011/resolvingproblems.pdf>
 - Resolving Problems with School
- OCALI's Ohio's Parent Guide to Autism Spectrum Disorders
 - http://www.ocali.org/project/ohio_parent_guide_to_ASD
- Process per Disability Rights of Ohio
 - http://disabilityrightsohio.org/sites/default/files/sites/default/files/u62/FAQ_SpecEd_Resources_May_2013.pdf
 - Seek the assistance of an advocate to help you resolve the issue. Refer to the Special Education Resources for contact information.
 - Contact the Ohio Department of Education for assistance or to file a complaint. Refer to the Special Education Resources for contact information.
 - Ask for an administrative review with your school's superintendent.
 - Pursue formal mediation and/or a due process hearing.
 - Seek the assistance of an attorney to help you resolve the issue. Refer to the Special Education Resources for contact information.

Do you know your Special Education Options?

Cheryl Bowshier

School Choice Defined

The ability of parents and guardians to choose the school they want their child to attend.

- Every child in Ohio should have access to a quality education that fits their needs.
- All parents should have the opportunity to choose which school is best for their children, regardless of their income, zip code or disability.
- School Choice is important because a child's disability should not define their educational opportunities.

One size does not fit all, much less in education

School Choice Defined

- Why is school choice important?
- Because a child's disability shouldn't define their educational opportunities
- Because one size doesn't fit all for much of anything, much less education

Autism Scholarship History

- Passed in 2003
- No cap
- No application deadline
- \$20,000 per year (not based on family income)
- Largest education scholarship in the nation for students with Autism

Jon Peterson History

- Named after former legislator
- Passed in June of 2012
- Modeled after the Autism Scholarship (differences: there is a cap and application deadlines)
- Scholarship amounts vary upon special education category

Why use the scholarship?

- Scholarships expand educational options for students with special needs
- Families can use scholarships to pay tuition at private schools and/or therapy services
- Empowers parents to mix or match services from 200+ private schools and providers

Purpose

- The purpose of the scholarship is to permit a qualified special education child the option to attend a special education program, instead of the one operated by or for the school district in which the child is entitled to attend school, to receive the services prescribed in the child's IEP once the IEP is finalized.

Who is eligible?

Autism Scholarship:

- Any student including home school with Autism, Aspergers, or PDD-NOS who have a current agreed upon Individualized Education Program (IEP)
- Age 3 through grade 12 (or up to age 21)

Jon Peterson Scholarship:

- Any student in grades k-12 with an Individualized Education Program (IEP)
- Current private school students and home school students as long as they obtain an IEP

Applying for the Special Needs Scholarships

Step 1:

- Research the participating providers in your area
- Providers must be approved by Ohio Department of Education (ODE)
- Approved providers for both programs including both public and private, are available at:
<https://scholarship.ode.state.oh.us/>
- Parents may use more than one approved provider to fulfill the services listed on their child's IEP

Applying for the Special Needs Scholarships (cont.)

Step 2:

- Choose the private school and/or provider(s) that you wish to use (go visit)

Step 3:

- Apply to the school and/or provider(s) of your choice. Ask them to apply for the scholarship on your behalf.

Deadlines

Autism Scholarship:

- Scholarship applications are accepted and processed year round, except during April

Jon Peterson Scholarship:

- April 15 – deadline for the first academic term (July-December)
- November 15 – Deadline for the second academic term (January-June)

Deadlines

Jon Peterson Scholarship:

- April 15 – deadline for the first academic term (July-December)
- November 15 – Deadline for the second academic term (January-June)

How are providers approved?

- Providers must be registered with the Ohio Department of Education, which must approve their educational programs.
- Providers must prepare profiles of their special education programs, in a form available on line by the Ohio Department of Education for the purpose of providing information to scholarship applicants.

Providers Continued

- Providers must administer the state assessments to scholarship children
- Must conduct background checks
- Must have services provided by appropriately licensed staff
- Must not discriminate based on race, gender or national origin
- Must report the child's progress to the school district of residence.

IEP'S and reevaluations

- The district of residence shall conduct reevaluations of the child .
 - unless the child is attending either a chartered or non-chartered nonpublic school, then the district where the school is located is responsible for the reevaluation.
- The district of residence shall annually update the IEP of each child participating in the scholarship program.

Who is responsible for FAPE?

- Once a family elects to receive a scholarship, the district of residence is no longer responsible for providing that child with FAPE. Providers must be registered with the Department, which must approve their educational programs

How can I mix and match services?

- Services can mixed to your child's needs

Examples:

Homeschool

Private School

Private Therapies

What about a Chartered Public School?

Contact Information: Autism Scholarship

Lisa Huckins at the Office of Nonpublic Educational Options

- phone: (614) 466-5743
- toll-free: (877) 644-6338
- email: autismscholarship@education.ohio.gov
- Address: Ohio Department of Education
Autism Scholarship Program
25 S. Front Street, Mail Stop 310
Columbus, Ohio 43215

Contact Information: Jon Peterson Scholarship

- Email: peterson.scholarship@education.ohio.gov
- Phone (877)-644-6338
- Address: Ohio Department of Education
Jon Peterson Special Needs Scholarship
25 S. Front Street,
Mail Stop 310
Columbus Ohio 43215

Website: www.education.ohio.gov

Information from other Ohio organizations

Supports

- OCECD-Ohio Coalition for the Education of Children with Disabilities-www.ocecd.org
- OCALI- www.ocali.org/
- SST – education.ohio.gov/.../State-Support-Tea.
- ASCO – Autism Society of Ohio
www.autismohio.org
- Disability Rights -www.disabilityrightsohio.org/

Information from Disability Rights Ohio

- The following publications about special education are published on the Disability Rights Ohio, website formerly known as Ohio Legal Rights Service.
- [Communicating with Your Child's School Through Letter Writing](#)
- [Taping IEP meetings](#)
- [Frequently Asked Questions about Special Education](#)
- [Individuals with Disabilities Education Improvement Act \(IDEA\)](#)
- [Medicaid in Schools Program fact sheet](#)
- [Negotiation Skills For Parents: How To Get The Special Education Your Child With Disabilities Needs](#)
- [OSEP finds Ohio's Department of Education non-compliant with special education regulations](#)
- [Students with TBI - Thriving Beyond Injury](#)
- [Transition Services Planning](#)

School Choice Contact infomation

Cheryl Bowshier
Special Needs Outreach Coordinator
88 East Broad Street
Columbus, OH 43215
614-223-1555
Email: Specialneedsinfo@scoho.org
www.Scoho.org
Twitter @OHSpecialneeds

Break

1:45pm – 2:00pm

We will begin promptly at
2:00pm



What Can BCMH Do For Your Child

Presenter

Ms. Kim Weimer

Ohio Department of Health

Parent Consultant



What Can BCMH Do For Your Child

Presenter

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Parent Consultant



Investing in the potential of children and their families

***Bureau for Children with Developmental
and Special Health Needs***

What Can BCMH Do For Your Child?



Definition of Children with Special Health Care Needs

- Children with special health care needs (CSHCN) are children who have a chronic physical, developmental, behavioral or emotional condition that requires health and related services of a type or amount beyond that required by children generally. (American Academy of Pediatrics)



BCMH Mission

- The mission of the Children with Medical Handicaps program (BCMH) is to assure, through the development and support of high quality coordinated systems that children with special health care needs and their families obtain comprehensive care and services which are family-centered, community-based and culturally competent.

Family-Centered Care Principles

- The family is constant in the child's life
- Builds on family strengths
- Supports the child in learning about and participating in care
- Honors cultural diversity/traditions
- Community-Based services

Family-Centered Care Principles

- Encourages family-to-family and peer support
- Promotes an individual and developmental approach
- Develops policies/procedures/systems that are family-friendly
- Celebrates success

How is BCMH Funded?

- Federal Maternal and Child Health Block Grant
- State general revenue funds
- County tax assessments
- Hospital audit funds
- Donation funds



Number of Children Served

- Diagnostic, Treatment, Hospital Based Service
Coordination programs - over 35,000 served annually
- Adult Cystic Fibrosis – 300 adults
- Metabolic Formula – 350 individuals



General Program Eligibility Requirements

- Children age 0 to 21 years
- Permanent Ohio residents
- Under care of BCMH-approved MD or DO
- Eligible chronic medical condition
- Meet Financial Criteria for the Treatment Program
- Physician submits Medical Application Form (MAF)



BCMH Core Programs

- Diagnostic
- Treatment
- Hospital Based
Team Service
Coordination



Examples of eligible chronic medical conditions for the Treatment Program

- | | |
|----------------------------|-----------------------------|
| • Birth defects | • Cleft lip/palate |
| • Cerebral palsy | • Hemophilia |
| • Spina bifida | • Sickle cell disease |
| • Congenital heart defects | • AIDS |
| • Hearing loss | • Scoliosis |
| • Cystic fibrosis | • Epilepsy |
| • Diabetes | • Juvenile arthritis |
| • Severe vision disorders | • Chronic pulmonary disease |
| | • Cancer |

Ineligible Medical Conditions/Services

- Acute conditions/care
- Common refractive errors
- Emotional/behavioral/mental health problems
 Diagnosis for autism - is not eligible diagnosis for Treatment
- Learning disabilities
- Routine well-child care
- Physical exams
- Experimental care

Diagnostic Program

- To diagnose or rule out a chronic medical condition (examples diabetes, seizures, autism)
- To establish a plan of treatment for the qualifying chronic medical condition
- Authorization period –
6 Months

Diagnostic Program Eligibility

- Birth to 21 years of age
- Permanent resident of Ohio with intent to remain in the State versus Medicaid proof of citizenship
- Under the care of a BCMH-credentialed physician
- **Have a possible chronic medical condition**
- **No** financial eligibility requirement



Treatment Program Services

- Have an eligible medically handicapping condition
- Access to specialized medical services
- Financially eligible,
- Permanent resident of Ohio with intent to remain in the State versus Medicaid proof of citizenship



Treatment program authorized services

- **Service packages are authorized for treatment of the qualifying diagnosis and include:**
 - Basic medical services
 - Hospital – up to 30 days
 - Medications to treat the qualifying medical condition
 - Therapy OT,PT, ST
 - Dental services, excluding orthodontic*

Hospital-Based Service Coordination Program

- **To help families identify, obtain and coordinate needed services for their child**
- **Service coordination provided by (nurse/social worker) service coordinators located at Children's hospitals who work with the local public health nurses**



Public Health Nurse Services

- Authorized for every child
- Identification of CSHCN and referral to appropriate providers/agencies
- Home visits – Assessment, Assist with understanding of the child's condition
- Advocacy for children and families
- Coordination with other agencies and systems that serve CSHCN, e.g. schools, DD, HMG/EI, JFS

Enrollment Process - Medical

- Child's BCMH-approved physician sends Medical Application form to BCMH
- Public health nurse can start process,
- Parent/legal guardian signs Release of Information and Consent
- Third Party Eligibility –work in partnership



Role of Managing Physician

- Submit Medical Application Form
- Request Diagnostic or Treatment Program
- Application should be submitted within 60 days of the date the child was first seen
- Coordination of care
- Accepts BCMH payment as payment in full
 - BCMH last payer
- **Agrees not to balance bill family**

Financial Application Process

BCMh Treatment Program

- If income eligible **must** apply to Medicaid/Healthy Start
- Parent completes and submit Combined Program Application (CPA) & financial documentation
- Residency with intent to remain in the State versus Medicaid proof of citizenship
- Cost Share Program

Why apply to BCMH if Healthy Start/Medicaid eligible?

- BCMH will pay for items that are not covered under the Healthy Start /Medicaid package of services:

Public Health Nurses Services

Second Wheelchair /accessories
Formula thickener
Positioning car seat



What does BCMH really do for families?



- Safety net health care program
- Children are linked to network of specialized providers
- Coordination of benefits – Medicaid, Managed Care, Insurance, etc.

What does BCMH really do for families?



- **Helps families obtain payment for needed services**
- **Families are not responsible for co pays /deductibles**
- **BCMh pays for items not covered by Medicaid**

**Families can become very frustrated and
angry with the System—
The local Public Health Nurse Can Help**



Public Health Nurse Role

- Collaborate with the family and HMG service coordinator to identify situations that could have an impact on family dynamics:
 - Domestic violence and abuse
 - Sibling issues
 - Grief issues
 - Other family health issues

Obtaining information from BCMH

Mailing Address: BCMH,
P.O. Box 1603
Columbus, OH 43216-1603

Telephone: (614)466-1700

Fax: (614)728-3616

E-Mail: BCMh@odh.ohio.gov

Have the following information:

- Your Name/Phone number/email address
- Client's Name/Date of Birth/BCMh case number
- Brief description of question and the best time to return your call.

Resources

- **BCMH Website:** www.odh.ohio.gov Click B
Contains information related to program enrollment, providers ,helpful resources for families.
- **Help Me Grow:** www.ohiohelpmegrow.org
- **Special Needs Resource Directory:**
<http://www.cincinnatichildrens.org/special-needs>

Contacts

- Sam Chapman, Chief Nurse Administrator
sam.chapman@odh.ohio.gov
- Kim Weimer, Parent Consultant =
kim.weimer@odh.ohio.gov
- Rhonda Tatum , Medicaid Liaison –
rhonda.tatum@odh.ohio.gov



Special Needs Trusts

Presenter:

Ms. Lynn Tramontano

Financial Advisor

Edward Jones

Edward Jones

MAKING SENSE OF INVESTING

Lynn Tramontano, Financial Advisor

SPECIAL NEEDS TRUSTS

If you have a child or another loved one with disabilities who relies on government programs for care, you may want to consider a special needs trust, sometimes known as a supplemental needs trust. This trust can help provide your loved one with support while ensuring continued qualification for benefits.

Certain government benefits have eligibility restrictions based on the amount of assets or resources available to the recipient. A special needs trust allows a gift or bequest to be held for the person's benefit without impacting other benefits. Generally, your loved one cannot use the trust for basic support – such as food, clothing or shelter – or to receive duplicative government benefits. Instead, your loved one can use the trust for “extras” such as specialized therapy, special equipment, day trips and other items. Trust funds may also be used to hire a companion.

Creating a Special Needs Trust

It's important to work with an estate-planning professional to ensure the special needs trust is drafted properly. Most people are not familiar with the requirements and complexities associated with the various federal, state and local benefit programs, or the complexities involved in drafting a special needs trust. As such, working with a local estate-planning professional who is experienced with these issues is an important step in making sure your loved one's needs are met.

In addition, when creating this type of trust, you'll need to consider:

■ **Whom to name as trustee** – This is often a difficult part of creating a special needs trust. You may consider choosing a trusted family member, who will know more about the child's needs. You may also consider naming a professional trustee, such as Edward Jones Trust Company, for professional management, expertise and continuity of administration. A third option to consider would be to name them both as trustees, combining the personal touch of a family member with the professional management and expertise of a professional trustee.

■ **When and how to fund the trust** – You can fund the trust during your lifetime or at your death. In addition, other family members can contribute to the trust. You can fund the trust with securities, IRA proceeds, insurance death benefits or a variety of other assets.

Your Edward Jones financial advisor can work with you and your estate-planning professional to discuss how a special needs trust could be part of your estate plan.

Edward Jones, Edward Jones Trust Company and their employees and financial advisors are not estate planners and do not provide tax or legal advice. You should consult a qualified tax or legal professional for advice regarding your situation.

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Questions to consider

Some of the specific questions caregivers of loved ones with special needs should objectively consider and answer are as follows:

- ▶ What is the nature and extent of the individual's disability and what is his or her prognosis? To what degree can he or she care for him or herself, both now and in the future?
- ▶ What are his or her education and vocational goals?
- ▶ What is his or her current educational and/or employment status? Will it continue or might there be significant changes in the near future?
- ▶ What is the current financial status of the caregivers, the loved one with special needs, and other family members? Is there a possibility of an inheritance? From whom? Is that person involved in the planning process?
- ▶ Is there a possibility that the individual with special needs might receive a sum of money from a personal injury claim, life insurance benefit, or from any other source? If so, when? If so, have appropriate trust arrangements been made so that these assets are not owned directly by the individual?
- ▶ Does he or she qualify for government benefits? If so, is that need thought to be permanent? If not, for how long is the qualification expected to continue?
- ▶ Is there a specific income that is being targeted?
- ▶ What is his or her legal capacity? Is there a need for a guardianship either now or in the future? Until what age will the guardianship be needed?
- ▶ Does he or she need assistance with financial management? Can he or she handle finances in either large or small amounts?
- ▶ Will there be a need for additional funds to provide for his or her needs at the death or disability of the parents?
- ▶ At the death or disability of the parents, who can substitute for them? What if no family member is able to do so or later decides not to for whatever reason?
- ▶ Where will he or she live in case he or she is not able, or does not want, to live at home? In that case, what additional costs are involved and what will be the source of that funding?
- ▶ How will his or her financial needs following the death of the parents affect the shares of the estate available to other children? How will that be dealt with and communicated to those children?

We serve individual investors and business owners. Our nearly 7 million clients have the benefit of working with a firm that is focused on the needs of individuals. Our focus is on helping you reach your long-term financial goals. Whether it's the investments we offer, the services we provide, the offices where we work or the tools we use, all were developed with you in mind.



Lynn R Tramontano
Financial Advisor

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614-488-4717

As an Edward Jones financial advisor, I bring my full career experience and my passion into my practice. I believe that it's important to invest my time to understand your family's goals and we both know the importance of a strategy to help protect your loved one with special needs.

I have worked with families of loved ones with special needs in various capacities for over 20 years. My career included starting several businesses to provide opportunities for training and employment for persons with disabilities.

Every day I assist families with difficult issues. For example:

- 'Why are my future plans different than other families?'

- 'I find it difficult to start planning because I don't know where to start.'

- 'I worry about what will happen to my son/daughter when I pass away. What is the best way for me to leave my estate to my loved one?'

- 'I have other financial goals that seem to compete for my hard-earned dollar. How do I plan for this too?'

I graduated from Miami University of Oxford, Ohio with a BS degree. I also earned an MBA from Ashland University. I have the unique experience and heartfelt passion to work with families of loved ones with special needs through the complicated maze of government benefits such as Medicaid and Social Security, utilizing attorneys who specialize in this area and providing solutions for families with the often conflicting goals of trust funding, retirement and meeting other financial goals such as college savings.

My experience began personally with two family members with special needs. While in high school and extending through college I volunteered for Special Olympics in several counties.

I am the proud mother of two girls. I am honored to be on the board for the Autism Society of Ohio.

Thank You

Thank you for attending
today's session!

Please Complete the Survey!



