

Wood County Board of Developmental Disabilities

PROCEDURE

Procedure #: 02-ALL-ALL-0842 (SS) Subject: Local Funds as a Last Resort (LFLR)
Effective Date: 01-01-2015 Last Revision: 01-05-2024
Person Responsible: Director of Service & Support Administration
Approvals/Date: Brent Chan 1/30/2024 Amy Brinkman 1/30/24
Superintendent, WCBDD Date Department Director Date

It is highly recommended that all individuals request a Home and Community Based Services Waiver from their Service Coordinator. SSA will provide a DoDD Freedom of Choice Form to individual/family/guardian for signature.

Within applicable budgetary constraints, the Wood County Board of Developmental Disabilities supports the provision of services and supports to eligible individuals. The Board places the following conditions on persons receiving or seeking to receive Board-funded services and supports:

- A. If the individual declines or is not eligible for a Home and Community Based Services Waiver, he/she may receive up to \$12,000 of waiver services based on assessed needs.
- B. A team meeting will be held to determine individual costs and units based on individual need of services and start date. If at any time the individual chooses to make a change in regards to services, they must contact their Service Coordinator to amend their ISP. Service Coordinators will provide Grievance/Due Process Procedure 02-ALL-ALL-0206 (CR) any time there is a change to the Individual Service Plan.
- C. All services must be provided by certified Ohio Department of Developmental Disabilities providers. It is the responsibility of the provider to ensure that services do not exceed the agreed upon costs. Any additional service over cap that is not covered by Local Funds as Last Resort (LFLR) must be private paid and are arranged between the individual/guardian/ and the provider.
- D. Once ISP has been completed, services are entered in DODD cost projection and attached to ISP for detail of units and cost associated with County Board and provider.
- E. Services are provided as agreed upon in the Individual Service Plan (ISP). All schedule/Provider changes require a new cost projection report and will be signed by Service & Support Administrator, Individual/family/guardian, and provider acknowledging the parameters of cost and responsibility. Once signed by all, changes will be made in Britico.
- F. Medicaid Services staff will create/update the individual's information within Britico. The cost projection report will be saved in individual's file.
- G. Once a Provider is chosen for LFLR, SSA will distribute a packet which will include:
 - Letter in regards to W-9 for Independent Contractor(s) and Acknowledgement
 - IRS W-9 form
 - OPERS Independent Contractor/Worker Acknowledgement (PEDACKN Form)All forms must be returned to Fiscal prior to any payment.
- H. Providers will send an invoice to the Wood County Board of Developmental Disabilities/Fiscal Department for services as agreed upon in the Individual Service Plan. All invoices must include the following information: (See Provider Template Form 03-ALL-ALL-0975)
 - Name, Address and Phone Number of Provider
 - Individual's Full Name
 - AAI-Group
 - DoDD Number
 - Service Type
 - Date of Services (if multiple dates, list each date separately)
 - Unit Rate with number of units
 - Amount per Date with total of the Invoice
- I. Fiscal will review Vendor list to ensure that Provider has completed all relevant paperwork prior to payment.
- J. Upon issuing payment, fiscal will update the individual's Britico authorization. Medicaid Services monitors invoices as received to ensure correct billing and appropriate utilization amounts. If an individual is utilizing LFLR, Family Support dollars may not be used.

Procedures: 02-ALL-ALL-0206 (CR)

Forms: DODD Freedom of Choice Form
03-ALL-ALL-0975

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