

Washington County Board of Developmental Disabilities

Intake/Eligibility Process



"Empowering Through Personalized Supports To Enrich Lives"

Agenda

- Introduction
- Making a Referral
- Eligibility Process
- Qualifying Diagnosis
- Assessment
- Timelines
- Determination
- WCBDD Services
- Handouts



Washington County Board of Developmental Disabilities



OUR VISION

We believe that every person living with a developmental disability deserves to be accepted, heard, and part of their community. We strive to provide services and supports that empower individuals to achieve their goals, all the while, doing our best to foster a culture of diversity and inclusion in our community!

Washington County Board of Developmental Disabilities serves individuals with developmental disabilities from birth to end of life. We are dedicated to community integration for all people living with developmental disabilities.

Who Can Make a Referral?

Referrals should come from the applicant or their legal guardian whenever possible.

- ❖ We will ask for the following information:
 - ❖ Proof of your disability (Diagnosis Verification Form, the most recent school, medical, and/or psychological records)
 - ❖ Guardians will need to provide Probate Court records showing proof of their appointment
 - ❖ A copy of your Social Security Card
 - ❖ A copy of your Birth Certificate
 - ❖ A copy of your Insurance Card

How to Make a Referral?

A referral can be made by:

- Calling WCBDD at 740-373-5147 ext. 5023
- Emailing Jamie Huck at jhuck@wcbdd.org
- WCBDD website www.wcbdd.org – please ensure that you leave your contact information as well as for the person you are referring.

Referrals by Age:

- ❖ Ages birth to 3 – Referrals are made through Help Me Grow (740-374-4954) and connected with our Early Intervention Department.
- ❖ Ages 3 and up – Referrals are made to the WCBDD directly



Eligibility Process

To be eligible for services, a person must meet both of the following criteria:

1. A person must have a developmental disability that presents or “manifests” before the age of 22 and is likely to continue throughout the person’s life.

2. A person must meet eligibility criteria for functional limitations which are determined through an assessment conducted by the county board.



Qualifying Diagnosis

Ohio Revised Code (ORC) 5126.01

Developmental disability means a severe, chronic disability that is characterized by all of the following:

-
1. It is attributable to a mental or physical impairment or a combination of mental and physical impairments, other than a mental or physical impairment solely caused by mental illness as defined in Division (A) of Section 5122.01 of the Revised Code
 2. It is manifested before age 22
 3. It is likely to continue indefinitely

Qualifying Diagnosis

- ❖ The term “manifested before age 22” means that the developmental disability is apparent, shown plainly, or capable of being easily understood, recognized, or diagnosed. Manifested does not necessarily require a formal diagnosis before the age of 22.
- ❖ A person with a sole diagnosis of mental illness does not have a qualifying disability and is not eligible for county board programs. However, if a person has a qualifying disability in addition to mental illness, then he or she meets the requirement of the C/FED form.
- ❖ Diagnosis Verification Form (DVF)
 - ❖ Birth through age 9
 - ❖ Ages 10 and above

DVF

(Ages Birth through Age 9)

Ohio Department of Developmental Disabilities Diagnosis Verification (Ages birth through age 9)

Individual: _____ DOB: _____

Please have the appropriate clinician complete the below information.

Does the child have at least one of the following:

1. A substantial developmental delay?
 Yes No

In what area(s) do delay(s) exist? _____

Instrument: _____ Date administered: _____

OR

2. A diagnosed congenital or acquired condition, other than an impairment caused solely by a mental illness?
 Yes No

List the diagnoses: _____

3. The above-mentioned condition and/or delay likely to result in substantial functional limitation in any of the following major life areas if the child does not receive the appropriate services/supports (check all that apply.)

Self-care (bathing, grooming, eating, toileting, etc.)	<input type="checkbox"/>
Expressive/receptive language	<input type="checkbox"/>
Learning/cognition	<input type="checkbox"/>
Mobility (locomotion, positioning, transfers)	<input type="checkbox"/>
Self-direction (decision-making, judgment)	<input type="checkbox"/>
Independent living (household tasks)	<input type="checkbox"/>
Economic proficiency (money management)	<input type="checkbox"/>

Name of Clinician _____ License number _____

Signature of Clinician _____ Date _____

DVF

(Ages 10 and above)

Ohio Department of Developmental Disabilities Diagnosis Verification (Ages 10 and above)

Individual: _____ DOB: _____

Please complete only one section of the below. It is not necessary to have both areas completed.

Please complete this section if you are a **physician or certified nurse practitioner (CNP)** providing diagnosis verification.

1. Does the individual have a medical condition that would be defined as a severe, chronic disability?
 Yes No

Please list the person's disability: _____

2. Was the onset of the condition prior to age 22? Yes No

3. Is the disability attributable to a physical or mental condition other than a sole diagnosed mental health condition?
 Yes No

4. Is this condition likely to continue indefinitely? Yes No

Physician or CNP's Name: _____ License #: _____

Physician or CNP's Signature: _____ Date: _____

Please complete this section if you are a **licensed psychologist** providing diagnosis verification.

1. Does the individual have a developmental or intellectual disability that would be defined as a severe, chronic disability? Yes No

Please list the person's disability: _____

2. Please list the instrument used to determine the presence of the disability and date administered:

Instrument: _____ Date: _____

3. Was the onset of the condition prior to age 22? Yes No

4. Is the disability attributable to a physical or mental condition other than a sole diagnosed mental health condition?
 Yes No

5. Is this condition likely to continue indefinitely? Yes No

Licensed Psychologist's Name: _____ License #: _____

Licensed Psychologist's Signature: _____ Date: _____

Qualified Professional


***Qualified professional refers to people who are specially trained and licensed by their respective state of residence and practice to examine patients, conduct or refer for diagnostic testing, diagnose health conditions, treat illnesses, diseases and conditions, and prescribe as applicable.**

- ❖ **Licensed Physician**
- ❖ **Licensed Psychologist**
- ❖ **Licensed Psychiatrist**
- ❖ **Clinical Nurse Practitioner (Medical only, not Mental Health)**
- ❖ **School Psychologist (if licensed with ODE at the time of completing assessment)**

Eligibility Assessment

The Developmental Disability must then result in one of the following:

- In the case of a person under age 3, at least one developmental delay or an established risk.
-
- In the case of a person at least 3 but under age 6, at least two developmental delays or an established risk.
- In the case of a person age 6 or older, a substantial functional limitation in at least three of the major life activity areas assessed.



The Children's Ohio Eligibility Determination Instrument, COEDI, determines eligibility for services for children, beginning at age 6 through 15 years old.



The Ohio Eligibility Determination Instrument, OEDI, is used to determine eligibility for people 16 years old and older.



Re-Determinations:

→ For those already eligible, eligibility is re-determined at ages 3, 6, and 16

→ The County Board may, at any time, decide to complete a re-assessment of a COEDI or OEDI if we feel that the person may no longer have three substantial functional limitation areas.

The Design of the C/OEDI

COEDI - Six Life Skill Activity Areas

- Mobility
- Self-Care
- Receptive and Expressive language
- Learning
- Self-Direction
- Capacity for Independent Living

OEDI – Seven Life Skill Activity Areas

- Mobility
- Self-Care
- Receptive and Expressive language
- Learning
- Self-Direction
- Capacity for Independent Living
- Economic Self-Sufficiency

There are four sources the evaluator may use to make their conclusions during the assessment:

- 1) The applicant,
- 2) The informant or person's supports,
- 3) Documentation, and
- 4) Observation.

The evaluator is not required to use all four sources for every item. If the overall eligibility outcome is questionable or the evaluator is uncertain about a person's ability to perform a task, the evaluator should pursue more sources.

FEAST

- Frequency ... of the functional limitation.
- Effort ... needed to complete the task.
- Adequacy ... of task completion.
- Safety ... in completing the task.
- Time ... needed to complete the task.

Important to Note:

If a person can perform an activity but chooses not to, and understands the consequences of his or her decision, then the person will NOT be scored as a "NO" response.



Timelines

The County Board will complete eligibility determination within forty-five calendar days of the request for services OR after all necessary information has been received from the referring party or applicant except that:



(a) For children birth through age two, the eligibility report completed by or for the early intervention system will be used for eligibility determination; and

(b) For children age three through age five, the evaluation completed by an evaluation team comprised of the child's parents and a group of qualified professionals or the individual education program team and other qualified professionals may be used for eligibility determination.



Form for Eligibility Determination (FED)

Ohio Department of Developmental Disabilities
Form for Eligibility Determination (FED)

Applicant Information

<u>Name</u>	<u>Age</u>	<u>DOB</u>	<u>SS#</u>
<u>Home Address</u> (city/state/zip)			<u>Home Phone</u> (include area code)
<u>Date of Application</u>	Initial Determination: _____		Redetermination: _____

Prior Enrollment

<input type="checkbox"/>	Check here if eligible based on prior enrollment	If, on July 1, 1991, the individual was at least age 18, and eligible for and enrolled in a county board of dd program, STOP! The person is eligible in your county. If, on January 10, 1992, the individual was receiving case management services only due to having developmental disability with no SDD, the person is eligible for case management services only. If the person wants other services, complete the FED and OEDI.
--------------------------	--	--

- YES NO 1. Does the individual reside in the county where application for services has been made? If **no, STOP!** The person is not eligible in this county.
2. List all of the person's disabilities and the source of diagnosis (documentation need not be current).

Disability	Source (e.g., Psych Report, Dr. Gibb, 5/31/95)

- YES NO 3. Does the person have qualifying physical or mental impairments other than a sole diagnosis of mental illness? If **no, STOP!** The person is not eligible.
- YES NO 4. A. Was the person's disability manifested before age 22? If **no, STOP!** The person is not eligible.
- YES NO B. Is the person's disability likely to continue indefinitely? If **no, STOP!** The person is not eligible.
5. Completion of the OEDI showed substantial functional limitations in the following areas: (x all applicable):
- MOBILITY SELF CARE SELF DIRECTION CAPACITY FOR INDEPENDENT LIVING
 ECONOMIC SELF-SUFFICIENCY LEARNING RECEPTIVE AND EXPRESSIVE LANGUAGE
- YES NO 6. Does the person have at least **THREE** areas of substantial functional limitation (SFL)? If **no, STOP!** The person is not eligible. Notify individual of eligibility decision and appeal procedure in writing.

If yes to items 1, 3, 4A, 4B, and 6, the person meets the eligibility requirements for the County Board of DD.

<input type="checkbox"/>	Individual meets the above requirements and is eligible for County Board of DD services.
<input type="checkbox"/>	Individual does not meet above requirements and is not eligible for County Board of DD services.
Signature of Authorized County Board of DD Designee _____ Title _____ County _____ Date _____	

OEDI

FED

Eligibility Determination

Once the C/OEDI is scored:

- **Reviewed/signed by our SSA Director or Higher Management**
- **Eligibility Letter is completed/sent**
- **WCBDD Due Process Provided**

The county board must provide

- **A copy of the completed C/OEDI upon request.**
- **An opportunity for the person to discuss the decision with the staff person who completed the instrument.**

What Happens Once Determined Eligible/Ineligible?

Eligible:

Service and Support Administrator is assigned to further assist in assessment and planning

Ineligible:

Provide referral information to at least three other community resources which may be of assistance.

WCBDD Due Process provided so that person is aware of how to appeal the determination.

WCBDD Services

Early Intervention

- **Supports and services are unique to the needs of every family. When a family is referred for services, an evaluation for eligibility is completed. After eligibility is determined, each family receives a comprehensive assessment. From this assessment, an Individual Family Service Plan (IFSP) is formulated which targets the needs of the family and child.**
- **Early Intervention supports and services are provided to families within natural environments and routines by a primary service provider from your Early Intervention Team. Strategies used are designed to build upon the family's strengths and wishes.**

WCBDD Services

School Age Services

- **Pre-school**
 - **Ewing School offers four half-day preschool classes as well as one full-day kindergarten readiness class for children with and without developmental delays. All classrooms operate four days per week and are staffed by teachers certified in Early Childhood Special Education.**
- **School Age**
 - **Ewing School's Program for students with multiple disabilities ages from 6 to 22 years offers specialized instruction to assist students to acquire new skills in self-reliance and community involvement.**
- **Head Start**
 - **A Washington-Morgan County Community Action Head Start Classroom is located at Ewing School and operates in partnership with the Ewing Preschool program. Eligible students in the Head Start program at Ewing attend preschool half a day and Head Start the other half. Breakfast and lunch are included in the Head Start program at Ewing.**

WCBDD Services

Service and Support Administration

- **Eligibility determination for county board services**
- **Needs assessment**
- **Development of individual service plans**
- **Budget establishment**
- **Assistance with provider selection**
- **Quality assurance**
- **Service coordination**
- **Service monitoring**
- **Crisis intervention**
- **Major unusual incident review and response and assistance with the designation of a person to provide representation**
- **Advocacy, advice and assistance related to the day-to-day coordination of the services within an individuals' service plan**

Thank you



Jamie Huck

Washington County Board of Developmental Disabilities

Waiver Services Specialist

740-373-5147 ext. 5023

jhuck@wcbdd.org