

TITLE	NUMBER
ELIGIBILITY, ENTRY, EXIT AND TRANSITION FOR INDIVIDUALS RECEIVING SERVICES	6035
APPROVED BY	
_____	<u>3/22/11</u>
BOARD PRESIDENT	DATE
APPROVED BY	
_____	<u>3/22/11</u>
EXECUTIVE DIRECTOR	DATE

POLICY

PURPOSE

It shall be the policy of this agency to establish and provide a uniform and consistent procedure in determining eligibility, entry, exit and transition for individuals receiving services according to established funding criteria, requirements and guidelines. The eligibility criteria provided by this policy and procedures includes general eligibility criteria for admission to any program or service as required by various regulatory and statutory authorities. Consideration of admission to a specific program or service is also determined through the Single Point of Accountability process as described in Policy and Procedures #6037.

To be eligible for Developmental Disabilities Services, individuals must meet disability and financial criteria. The Department of Behavioral Health and Developmental Disabilities (DBHDD) Regional Offices determines disability eligibility for persons residing in each region and subsequent placement on a long term or short term planning list. The Department of Family and Children Services (DFACS) determines financial and Medicaid eligibility for services which are funded through Medicaid Waiver resources.

PROCEDURES

FEDERAL LAW ELIGIBILITY CRITERIA

1. Eligibility criteria for all constituents served by this agency shall recognize the federal definition of developmental disabilities as it appears in *Federal Developmental Disabilities Act of 1978 (P.L. 95-602)* and in *Developmental Disabilities Assistance Act of 1990, P.L. 101-496, Section 102*. Developmental disability shall have the same meaning in 45 CFR Parts 1385, 1386, 1387, and 1388 as it does in the Developmental Disabilities Act, Section 102(8) which reads:

The term “developmental disability” means a severe, chronic disability of an individual 5 years of age or older that -

- 1.1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- 1.2. Is manifested before a person attains the age twenty-two;
- 1.3. Is likely to continue indefinitely;
- 1.4. Results in substantial functional limitations in three or more of the following areas of major life activity:

- 1.4.1. Self-care,
- 1.4.2. Receptive and expressive language,
- 1.4.3. Learning,
- 1.4.4. Mobility,
- 1.4.5. Self-direction,
- 1.4.6. Capacity of independent living, and
- 1.4.7. Economic self-sufficiency; and
- 1.5. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance, which are of lifelong or extended duration and are individually planned and coordinated.

Diagnosis of a developmental disability must be confirmed prior to the person's 22nd birthday. This target group is in accordance with Section 37-1-1 of the Official Code of Georgia Annotated.

GEORGIA DBHDD "MOST-IN-NEED" AS PRIORITY POPULATION TO BE SERVED

- 2. Eligibility criteria for all constituents served by this agency shall also recognize the Georgia Department of Behavioral Health and Developmental Disabilities definition of "Most-In-Need" as the priority population to be served. "Most In Need" as defined by DBHDD provides:
 - 2.1. *A **person must meet the criteria for "Most in Need."** The contractor will deliver services to individuals who meet the following criteria:*
 - 2.2. **Most in Need:** *The individual demonstrates:*
 - 2.3. *Behavior leading to public demand for intervention; or*
 - 2.4. *Substantial risk of harm to self or others; or*
 - 2.5. *Substantial inability to demonstrate community living skills at an age-appropriate level;*
or
 - 2.6. *Substantial need for supports to augment or replace insufficient or unavailable natural resources*

DIAGNOSTIC ELIGIBILITY CRITERIA

- 3. Appropriately established and documented diagnostic criteria for eligibility must be evidenced prior to admission to any available service, support or program to include:
 - 3.1. An appropriately documented diagnosis of mental retardation or a developmental disability as defined in the latest publication of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association. The International Classification of Diseases, Clinical Modification (ICM-9), the American Association on Intellectual and Developmental Disabilities (AAIDD) Classification in Mental Retardation or other appropriate system may be initially utilized to determine an appropriate diagnosis.
 - 3.2. The diagnosis must be documented by a written psychological evaluation completed prior to admission and must meet the criteria as otherwise specified by the diagnostic assessment requirements of the most recent DBHDD provider manual.
 - 3.3. Psychological evaluations shall be completed by an individual with appropriate qualifications and credentials to administer any psychometric instruments utilized.
 - 3.4. The psychological evaluation should include any necessary and appropriate recommendations for services and supports to be considered in the development of a comprehensive individualized service plan. Psychological evaluations should consider:
 - 3.4.1. Level of intellectual functioning (must be subaverage as determined by an appropriately recognized psychometric instrument for intellectual functioning).

- 3.4.2. Adaptive behavior skills (must exhibit adaptive behavior deficits and needs as determined by an appropriately recognized psychometric instrument for adaptive behavior skills).
- 3.4.3. Age of onset of disability (during developmental ages - birth through the age of 21, P.L. 95-602).
- 3.5. Other developmental disability diagnoses that are recognized, authorized and funded by the Regional DBHDD Office shall also be considered as eligible criteria.

GEOGRAPHIC RESIDENCE ELIGIBILITY CRITERIA

- 4. Admission to any service shall be available to individuals who meet the eligibility requirements for geographical area served as established by the DBHDD Regional Office. An automatic geographic eligibility requirement is met for individuals who reside in the 10 county subsection of DBHDD Region 2. The counties in this section of the region include Barrow, Clarke, Elbert, Greene, Jackson, Madison, Morgan, Oconee, Oglethorpe, and Walton.
- 5. Any subsequent contractual changes in the county(s) served, the service area boundaries, the regional boundaries or other areas effected by the DBHDD Regional Office would automatically change the geographical eligibility requirements for that specific service, program or support in order to conform to that area requirement.

AGE ELIGIBILITY CRITERIA

- 6. Admission to any service or support shall be available to individuals who meet the age eligibility requirements as specified by DBHDD. There are typically only two considerations given for age.
 - 6.1. Admission to respite services shall be only available to individuals who meet age eligibility criteria as established by DBHDD and are consistent with DCH licensure specifications.
 - 6.2. Most day services are primarily considered for non-school aged individuals (older than twenty-one years of age). However, an exception to this minimum age requirement may be provided under the following conditions:
 - 6.2.1. The individual is in their last year of eligible services from a public school system in an eligible geographic area and would soon meet the age eligibility requirement, or
 - 6.2.2. The person is referred from that public school system for transitioning purposes in order to facilitate their transition from school to this agency and the person's Individualized Educational Program (IEP) addresses any needed specific transitioning plans, outcomes and responsibilities, or
 - 6.2.3. For any other reason where acknowledgment and acceptance is provided by appropriate local education agency, specified in the individual's Individualized Educational Program (IEP) and approved by the DBHDD Regional office.
 - 6.3. Authorized individualized Medicaid Waiver services that are above and beyond those provided by the public school system, are not specified as a part of the individual's IEP as a part of their public education program are not considered to be provided in lieu of the person's public education and are therefore provided regardless of the age of the individual.

DBHDD PLANNING LISTS, ELIGIBILITY, ENTRY INTO SERVICES, TRANSITIONING

- 7. DBHDD establishes planning lists, determines eligibility, recommends appropriate services, provides follow up contacts while awaiting services and approves funding for individuals by awarding "slots" for services. Therefore, individuals admitted to services that are funded through the Medicaid Waiver or state funds shall be admitted through the procedures and

approval processes as established by the DBHDD Regional Office and its Intake and Evaluation (I&E) Team.

8. As specified by DBHDD, entry into services is determined by the planning list process (see DBHDD Policy #02-101, effective 2/1/2010):
 - 8.1. *"The Regional Office Intake & Evaluation Team (Regional I&E Manager) is responsible for creation and management of the DD Community Planning Lists for their region.*
 - 8.2. *Unfortunately, situations arise where an individual's need for services becomes so severe and urgent that action must be taken immediately to address significant risks to health and safety. In such circumstances, it is not an option for an individual with MR/DD to wait indefinitely for additional resources. When the Regional Office learns of an individual's circumstances for which an immediate system response is required, the I &E Manager and Planning List. DBHDD Supervisor coordinate the response. If it is determined that additional, immediate resources are required and that such resources are not available in the region, the Regional I&E Manager, Regional Coordinator or Regional Services Administrator contacts the Executive Director or Chief Financial Officer of the Division of Developmental Disabilities to request assistance.*
 - 8.3. *Short Term Planning List - All individuals on the Short Term Planning List are assigned a Planning List Administrator (PLA). The PLA contacts the individual and members of his/her support network at least quarterly (more frequently if necessary). Individuals are contacted at a frequency based on their Level of Need. The PLA advises the individual and support network members of any identified alternative service options and any anticipated changes in the needs of an individual. The PLA identifies changes in the needs of an individual, and the PLA documents these changes. The form is reviewed by the PLA and forwarded to the Regional I&E Manager. The Regional I&E Manager meets with the PLA and the PLA Supervisor to discuss any significant changes in an individual's needs as well as appropriate responses. In the event that the change in needs results in a critical or urgent need for additional services, the Regional I&E Manager is informed immediately.*
 - 8.4. *Long Term Planning List - Individuals on the Long Term Planning List are not assigned a PLA. An individual and/or his or her family are contacted by mail at least annually by the Regional I&E Team. A letter is sent to verify contact information and encourage individuals and/or their family to inform the Regional I&E Team if their need for services change. The Regional I&E Team contacts the individual and/or their family on an annual basis to determine the level of need. The purpose of this contact is to confirm the continued need for services and to document any changes in the individuals/family circumstances. If contact with the individual and/or his or her family results in changes that may necessitate a change in Planning List status, a Regional I&E Team member follows up with telephone contact. If no changes are noted, information regarding the contact with the individual/family is kept on file by the Regional I&E Team.*
 - 8.5. *Services Targeted at Preventing a Crisis or a Need for More Intensive Services - Additional services become available to Regions through attrition, implementation of utilization management strategies or through new state appropriations. In the case of new state appropriations, the region receives an increase in its total waiver allocation with an expected number of new consumers that are to be served. Appropriately, the most intensive services are usually approved for those individuals with the most intensive and urgent needs. However, to the extent possible, the Regional I&E Manager utilize the input of I&E staff, Regional Office and the PLA when considering the needs of all individuals on the two Planning Lists. When possible, a more proactive approach to allocating a less intensive (and less expensive) service such as a day/employment or family support type service in the short-term may result in avoiding or delaying an individual and family crisis. Thus, by allocating some less intensive services, the demand*

for intense, more expensive services may be reduced in the future. Of course, such decisions are made in light of the total resources available and the needs of all individuals on the Planning Lists.”

9. DBHDD notifies individuals when it is determined that they are either eligible or ineligible for services and informs them as to the reasons if found ineligible. DBHDD also informs the individuals receiving services, their family/support system and the referral source as to the reasons as well as makes recommendations for alternative services when appropriate.
10. The DBHDD Regional Office on the basis of their established long and short term planning lists determines the process, order and acceptance into services. This agency will accept and admit individuals for services according to these procedures.
11. This agency will assist individuals in accessing this system, communicating the status of their requests and advocate for their needs and concerns in this process.
12. Whenever anyone inquires about services, or upon referral and acceptance into services of this agency, the Social Worker will provide information about this agency in an understandable format that is updated as necessary to reflect changes in information provided which includes:
 - 12.1. Values and mission statement,
 - 12.2. Expected results or outcomes of services,
 - 12.3. Services availability, including possible wait time for services,
 - 12.4. Options for persons served to direct their service design and delivery (including the self-directed option for waiver services),
 - 12.5. Organizational certifications, if any, and if applicable to services such as CARF accreditation, DCH licensure for PHCP and CLAs.
13. Upon receipt of any referral or request for services, the agency’s Social Worker will consult with the appropriate program coordinator to make the decision for acceptance and admission based upon appropriate funding availability, geographic location, level of need and available resources. Individuals will be considered in the order of receipt of referral. At the current time, this agency does not have an internal waiting list for services, but will further establish appropriate protocol for internal waiting lists in the event it is necessitated.
14. Prior to the planning and delivery of services, this agency shall ensure that all involved are aware of their responsibilities regarding services including:
 - 14.1. The terms, conditions and rules for program participation,
 - 14.2. Fees for services when applicable and assurances that no person shall be denied the right to services nor shall services be delayed because of inability to pay for services

OTHER ELIGIBILITY CRITERIA

15. All recipients of Social Services Block Grant (SSBG) funded services must be residents of the State of Georgia. All admissions must be consistent with any eligibility requirements as specified in the Social Services Block Grant (Title XX) requirements as specified by the agency’s contract with the Regional Office and the State each year.
16. All applicants must voluntarily agree and consent to receive services, agree to terms, conditions and rules for participation and comply with any other applicable rule, regulation or requirement.
17. All applicants, families or significant others must cooperate in assisting intake staff in obtaining any information, the granting of releases, participating in necessary interviews, tests or other such activities as may be necessary in order to determine that general eligibility criteria is met.
18. This agency’s intake staff may also consider the appropriateness of need for the service and may indicate that eligibility is not recommended because the requested service is inappropriate or is not necessary for the identified need or presenting problem.

19. Admission to any service is always contingent upon an available funded “slot” (usually state “Grant-In-Aid” or Medicaid Waiver) or space to cover the cost of the service and the availability of adequate staffing patterns.
20. Individuals whose services are funded through private pay, the United Way or other third party resources will be served consistent with those requirements, when applicable, and are not subject to DBHDD or DCH procedures or requirements.

TRANSITION CRITERIA

21. All individuals are transitioned into services consistent with the planning list process and as specified in their initial individualized service plan provided by DBHDD and their support coordinator. When appropriate, school aged individuals are transitioned into services, consistent with their transition plan as developed by their local education agency.
22. This agency will process individuals for entry and transitioning into services in the order that they are received from the Regional office.
23. Transitioning between any services of this agency shall be done through the individualized service planning process and include of all of the appropriate individuals.
24. The individualized planning process shall also be used when necessary and appropriate to address any unanticipated modifications in services including but not limited to reductions, changes in allocations, or exits/transitions that are precipitated by funding or other resource issues.

DISCHARGE OR EXIT CRITERIA

25. All individuals receiving services may be discharged from services for any of the following reasons:
 - 25.1. Failure to maintain any required eligibility criteria including but not limited to the specified MRWP, diagnostic, Title XX SSBG, Medicaid or other regulatory oversight,
 - 25.2. Failure to comply with terms, conditions and rules for program participation,
 - 25.3. Loss of funding or adequate financial allocation as provided by the MRWP and state grant-in-aid allocation process,
 - 25.4. Upon a written thirty (30) day notice for individuals receiving MRWP services,
 - 25.5. Reasons allowed and provided by DBHDD including:
 - 25.5.1.1. Moving out of state,
 - 25.5.1.2. Deceased,
 - 25.5.1.3. No longer interested in receiving services,
 - 25.5.1.4. Declining Waiver services,
 - 25.5.1.5. Temporary placement in a nursing home or other inpatient facilities (Temporary Suspensions will not exceed 90 days.),
 - 25.5.1.6. Temporary suspension or ending of Medicaid (temporary Suspensions will not exceed 90 days. Steps must be followed to activate Medicaid), or
 - 25.6. Any other cause related to rule, regulation, financial, behavioral, eligibility or other similar reason that results in this agency’s ability to provide services.
26. All individuals will be discharged through a discharge staffing with due notice as specified by applicable regulatory requirements. The agency’s Social Worker will continue to monitor any discharge follow up activities as appropriate after discharge from services.
27. Individuals may be eligible for a discharge termination appeal as provided by DCH or SSBG requirements:
 - 27.1. An individual/family member, and/or legal guardian may appeal by sending a written request to the Department of Community Health within 30 days of the receipt of the discharge letter upon being discharged from the state MRWP Program, and
 - 27.2. For SSBG purposes, providers shall make a grievance and appeal process available to aggrieved consumers in compliance with Federal regulations governing the Social

Service Block Grant, and policy and procedure promulgated by DBHDD and the State of Georgia.

Supersedes previous Policy & Procedure #6035, General Constituent Eligibility Criteria approved on 3/23/10.