

5123:1-5-02

Assistance to enable a county board to pay the nonfederal share of medicaid expenditures for home and community-based services.

(A) Purpose

This rule sets forth the process for a county board to request assistance from the department in the event of failure of an operating levy for services for individuals with developmental disabilities in that county. This rule also sets forth the process followed by the department to respond to such requests in accordance with section 5123.0413 of the Revised Code.

(B) Definitions

- (1) "County board" means a county board of developmental disabilities that performs home and community-based services waiver administration functions.
- (2) "Department" means the Ohio department of developmental disabilities as established by section 121.02 of the Revised Code.
- (3) "Home and community-based services" (HCBS) has the same meaning as in section 5126.01 of the Revised Code.

(C) Process for requesting assistance

- (1) Following the failure of a county board operating levy, a county board may request assistance from the department to enable the county board to meet its obligations to pay the nonfederal share of medicaid expenditures for HCBS.
- (2) Prior to making the request, the county board shall do all of the following:
 - (a) By written request, seek financial assistance through the county commissioners;
 - (b) Reduce costs by restricting expenditures, by reducing or eliminating programs (other than HCBS), and by consolidating functions or positions with other county boards or a regional council of governments;
 - (c) Develop a plan of action to resolve the county board's financial situation within a twelve-month period; and
 - (d) Adopt a resolution to request assistance from the department.
- (3) A county board shall submit the following to the department when requesting assistance:

- (a) A description of the actions the county board took to meet the requirements of paragraph (C)(2) of this rule and the results of those actions;
- (b) A history of levies placed on the ballot in the most recent ten years;
- (c) A cash flow analysis for the most recent and upcoming twelve months;
- (d) Most recent annual financial statements;
- (e) Monthly financial statements for the most recent twelve months; and
- (f) A copy of the resolution from the county board requesting assistance from the department.

(D) Departmental response to request for assistance

- (1) The department may seek additional information, data, or reports on any of the following topics:
 - (a) Cash flow analysis.
 - (b) Source, amount, and use of revenues of the county board over the last ten years.
 - (c) Levy experience and strategy.
 - (d) Efficiency and allocation of staff.
 - (e) Involvement of a council of governments.
 - (f) Funding sources for programs operated by the county board.
 - (g) Comparability of salaries of employees of the county board to other local agencies and to other similar county boards.
 - (h) Most recent strategic plan for the county board.
 - (i) Programs operated or funded by the county board.
 - (j) Any other information determined by the department to be relevant.
- (2) The department may further review the operations and financial condition of the county board by:
 - (a) Examining the financial records of the county board.

(b) Appointing a public accounting firm to examine the financial statements and other records of the county board.

(c) Appointing a group of peers from other county boards to perform an on-site review of the operations of the county board.

(E) Department decision

(1) The department shall decide whether or not to provide assistance based on the following criteria:

(a) Efficiency of administration;

(b) Use of medicaid to support services in the county;

(c) The county board's plan to resolve its financial situation;

(d) Reasonableness of costs of the county board in comparison with other agencies; and

(e) Alternatives to assistance such as structural and operational changes to the county board.

(2) The department's decision whether or not to provide assistance shall be at its sole discretion.

(3) If the department decides that assistance should be made available to the county board, the department shall also decide whether the assistance will be in the form of paying the nonfederal share of medicaid expenditures for HCBS or reducing the number of individuals required to be enrolled in a waiver component under section 5126.0512 of the Revised Code, or both. The department shall consider the following factors:

(a) Amount needed to pay the nonfederal share and impact on other counties;

(b) Number of individuals on the waiting list and progression of the list;

(c) Likelihood of the county board being able to resume paying the nonfederal share after a year; and

(d) Maintenance of HCBS waiver assurances.

(4) If the department permits a reduction in the number of individuals required to be enrolled on a waiver component under section 5126.0512 of the Revised Code, no individual may be disenrolled from a waiver as a result of such reduction.

(5) The department shall issue its decision in writing which may include any prerequisites for the county board to receive assistance. Generally, assistance will be made available for a twelve-month period.

(F) Monitoring

(1) Upon the grant of assistance, the county board shall submit the following reports to the department on a quarterly basis:

(a) Financial statements;

(b) Progress on implementing the county board's plan of action to resolve the county board's financial situation; and

(c) Plans and strategy for an operating levy.

(2) The department shall monitor the progress of the county board toward eliminating the need for assistance.

(3) Within six months of issuing its decision, the department and county board shall confer on the impact of the plan of action on resolving the county board's financial situation, financial projections for the next six months, and any adjustments needed in the plan of action.

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