

# 2023

## FAMILY SUPPORT SERVICES PROGRAM

### APPLICATION PACKET

The Fulton County Board of Developmental Disabilities (FCBDD) recognizes and appreciates the vital support families provide to individuals with developmental disabilities who live at home with them. We want to help families in this caregiving role by providing funding for goods and services available through our Family Support Services (FSS) Program. We believe that dedicating local funds for this purpose will benefit many individuals with developmental disabilities throughout Fulton County.

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## ELIGIBILITY

In order to participate in the FSS program, the individual must first be eligible for services from FCBDD.

Other eligibility requirements include:

- Individual must live at home with a family\* member.
- Eligibility is re-determined at age 3, age 6 and at age 16.
- The individual does not have to be currently receiving any other FCBDD services.
- There are no income guidelines to participate.

The following individuals are NOT eligible for the FSS Program:

- Those who live in an intermediate care facility (ICF);
- Those who live outside of family home;
- Those who have an Individual Options (IO) Waiver; or
- Those who live in foster care home.

If you are new to FCBDD or not sure about your eligibility status, talk to your Service Coordinator or SSA.

## APPLICATIONS

**ANNUAL ENROLLMENT IS REQUIRED.** Limited to 130 applications. Our program year will run January 1, 2023 to December 31, 2023. *This year we will also be returning to pre-COVID practices, an original application must be submitted. We will no longer be accepting photos of applications.*

Any applications received over the designated 130 will be placed on a waiting list. In the event any additional funds would become available, individuals will be removed from the waiting list based on the date they were placed on the list.

## ANNUAL AVAILABLE FUNDS

The FSS Program operates on a calendar year, beginning January 1<sup>st</sup>. Funding for 2023 will be \$400 per individual slot. Slots are filled on a first-come, first-served basis. Maximum funding amount per person may vary from year to year based on available funding and the number of individuals served. FCBDD cannot guarantee funds will always be available.

## APPLICATION APPROVAL

A letter confirming your approved application will be mailed within ten (10) working days of receipt along with FSS request forms. Instructions on how to submit reimbursement requests will be included at that time.

Should your application be denied, a letter will be sent providing you with a reason for the denial, within ten (10) working days of receiving your application. The denial may be appealed under the Board's Resolution of Complaints Policy. A copy of that policy is attached.

\*"FAMILY", is defined as Parent(s), Brother(s), Sister(s), Spouse(s), Son(s), Daughter(s), Grandparent(s), Aunt(s), Uncles(s), Cousin(s), or Guardian(s) of the individual who has Developmental Disabilities and includes the individual with Developmental Disabilities. "FAMILY" also means person(s) acting in a role similar to those listed in this paragraph even though no legal or blood relationship exists if the individual who has developmental disabilities lives with the person(s) and is dependent on him to the extent that if the supports were withdrawn another living arrangement would have to be found.

## EXPENSES NOT ELIGIBLE

- FSS will not fund any items purchased or services provided while the individual is not enrolled in the program.
- Generally, expenses which all families' experience will not be paid. For example: clothing, shoes, school fees, utilities, rent or house payment.
- Supplies and/or services that can be acquired through Medicaid program or waiver.
- Supplies and/or services funded by insurance.

## REIMBURSEMENT FOR GOODS/SERVICES

All requests must relate to the needs of the individual's disability. The family or individual is required to provide documents detailing the necessity of the items. Examples of these documents include:

- Professional (OT/PT/SLP) Recommendation
- Physician Prescription
- Respite Provider Receipt
- Appointment Slip
- Current copy of ETR/IEP/IFSP
- Other appropriate/approved documentation

We suggest requesting prior approval of the expenditure before agreeing to the service or purchasing items to be assured of reimbursement. You are responsible for the excess cost of any supplies or services that are denied or exceed your annual allocation. Family Support Services funding is the payer of last resort for all eligible expenses.

FSS Request forms will be mailed with your approval letter. If you need additional copies, contact the office. Requests must be submitted no later than three months from the service or purchase date.

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## ELIGIBLE ITEMS OR SERVICES

### INCONTINENCE SUPPLIES

Incontinence supplies for adults and children over the age of 3 who are not eligible for payment through Medicaid or another insurance program. Examples of incontinence supply items that may be funded: pull-ups, incontinence pads, adult briefs, wipes, plastic sheets, hygiene gloves, etc.

### SPECIAL DIETS

Specialized nutrition that supplements (or replaces) a meal and which is required to meet daily calorie intake may be covered. This includes supplements, vitamins, and prescriptions that are recommended by a Professional and prescribed in relation to the individual's disability. *Physician's orders for the nutritional supplement, or with a corresponding diagnosis, is required.*

### SPECIAL EQUIPMENT

Special equipment may be covered upon the recommendation of any of the following professionals: Physician, Occupational Therapist, Physical Therapist, Speech/Language Pathologist or other related professional. The Professional must provide a recommendation describing how items relate to the individual's developmental disability. In each case, there must be a need for this special equipment. Keep in mind that all professional requests will be considered, however, your request may not be approved.

Examples of special equipment that may be funded:

- Sensory items
- Weighted blankets/vests
- Adapted utensils/plates
- Therapy balls
- Orthotics
- Communication devices
- Adapted strollers
- Adapted car seats

## COUNSELING, THERAPY SERVICES, TRAINING AND EDUCATION

The program may assist in funding traditional therapies, such as Occupational Therapy, Physical Therapy and Speech/Language Therapy, structured lessons (adaptive swimming, therapeutic riding etc.), alternative therapies, workshops, or seminars that relate to the individual's qualifying diagnosis.

## RECREATION

Examples of approved recreation activities include but are not limited to the following community based activities:

- Music activities/therapy
- Art activities
- Therapeutic horseback riding
- Aquatics activities
- Sport activities
- Museum memberships
- Dance activities

Recreation requests must begin in the calendar year of the individual's annual allotment. The individual must be enrolled in FSS prior to requesting funding.

## CAMP ASSISTANCE

Day or overnight camp opportunities that meet the needs of the person may be funded under this program.

## RESPIRE CARE

Respite care is defined as a short interval of relief for the caregiver. This is **NOT** regular individual (child/adult) care. This provider cannot live in the same house with the person and cannot be a parent/guardian of the program participant. A family-selected provider is a provider that the family knows and believes is able to care for their family member. Typically, a family selected provider is an extended family member, neighbor, friend or other person that the family and person may know. Training for this provider is provided by the family. FSS will reimburse the family for the respite care being provided to the individual. The payment rate for respite services should be negotiated by the family with the provider.

## HOME MODIFICATIONS

This includes changes that will improve and aid in accessibility for the individual. Examples: ramps, bathroom modifications, porch ramps or van lifts.

## MEDICAL NEEDS

- Medical expenses may be reimbursed if related to the individual's disability **AND** not covered by insurance or Medicaid.
- Medical appointments (related to the individual's disability) may be eligible for mileage reimbursement to and from appointments, outside of a fifty (50) mile radius of the family residence (\$.25 per mile).

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Items not covered in one of the above categories may be considered on an individual basis. Contact your SSA or EI Service Coordinator to discuss any needs you may have.





**SECTION 1: INDIVIDUAL'S INFORMATION**

Individual's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the individual enrolled in any of the following services?  Early Intervention/HMG  SSA Services  Waiver Services

**SECTION 2: PERSON COMPLETING APPLICATION**

Relationship to Individual:  Self (continue to Section 3)  Parent  Legal Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION 3: SIGNATURE**

I certify that the information on this application is true and correct to the best of my knowledge. I understand that the Fulton County Board of Developmental Disabilities may require additional information to establish eligibility\*.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*If the individual is not currently receiving any Board Services, eligibility will need to be determined. If the individual is under age 6, the Early Intervention Dept. will determine eligibility. And if the individual is between the ages of 6 years and 15 years, a Board of DD Support & Services Administrator (SSA) must administer a COEDI (Children's Ohio Eligibility Determination Instrument) Assessment to determine eligibility. If 16 or over, an OEDI (Ohio Eligibility Determination Instrument) must be administered by an SSA.*

**RETURN COMPLETED APPLICATION and W-9:**  
FCBDD, FSS PROGRAM, 1210 N. OTTOKEE ST., WAUSEON, OH 43567

**PHOTOS of APPLICATION WILL NOT BE ACCEPTED.**

<b>FCBDD USE ONLY</b>	DATE/TIME RECEIVED: _____	APPLICANT # _____
	SSA/EI SC: _____	ELIGIBILITY: <input type="checkbox"/> EI <input type="checkbox"/> Pre <input type="checkbox"/> COEDI <input type="checkbox"/> OEDI
	APPROVED: <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE & INITIALS: _____
	NOTIFY: <input type="checkbox"/> APPLICANT/FAMILY <input type="checkbox"/> SSA	<input type="checkbox"/> IDS <input type="checkbox"/> BRITTCO



# W-9

Form (Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

**Note.** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities; not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

6 City, state, and ZIP code

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.  
See **Specific Instructions** on page 3.

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number								
			-					

OR

Employer identification number								
			-					

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here  Signature of U.S. person ▶

Date ▶

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

## **Administrative Resolution of Complaints Policy**

### **I. PURPOSE**

- A. The purpose of this policy is to set forth the process for resolution of complaints involving the programs, services, policies, and administrative practices of the Fulton County Board of Developmental Disabilities or an entity under contract with the Board of DD. It also sets forth the process for individuals to appeal adverse actions proposed or initiated by the Board of DD. And further sets forth the requirement for county boards of developmental disabilities to give notice of the process to be followed for resolution of complaints and appeals of adverse action.

### **II. SCOPE**

- A. Any individual or person, other than an employee of the Board of DD, may file a complaint or may appeal an adverse action using the process set forth in this policy and OAC 5123-4-04. The process set forth in OAC 5123-4-04 shall be followed before commencing a civil action.
- B. This policy shall not be applicable:
1. When the Board of DD is a vendor or subcontractor for service delivery.
  2. To services provided under Part C of the Individuals with Disabilities Education Act, 34 C.F.R. 303, as in effect on the effective date OAC 5123-4-04. Complaints or appeals concerning such services shall follow OAC 5123-10.
  3. To Medicaid services including home and community-based waiver services and targeted case management services. Complaints or appeals concerning such services shall follow rules adopted by the Ohio Department of Medicaid. The Board of DD shall not require the use of the process set forth in OAC 5123-4-04 for issues regarding Medicaid services.
  4. To services provided to a resident of an intermediate care facility (ICF) by the ICF, or provided on behalf of or through a contract with an ICF. Complaints or appeals concerning such services shall follow regulations governing ICF's.
- C. If the Board of DD determines that a complaint or appeal of adverse action filed with the Board of DD is not subject to this policy, the Board of DD shall provide information to the individual or person filing the complaint or appeal, including the name and telephone number, if available, of the appropriate entity with which to file the complaint or appeal of adverse action.
- D. An individual receiving non-Medicaid supported living services shall follow the terms of the contract of the service provider, as required by ORC 5126.45, prior to beginning the process for resolution of complaints or appeals of adverse action established in this policy.

### **III. Definitions**

For the purpose of this policy, the following definitions apply:

- A. "Adverse action" means any of the following:
1. Denial of a request for a non-Medicaid service.
  2. Reduction in frequency and/or duration of a non-Medicaid service.
  3. Suspension of a non-Medicaid service.
  4. Termination of a non-Medicaid service (except when the recipient of that service is deceased).
  5. The outcome of an eligibility determination.
- B. "Advocate" means any person selected by an individual to act and/or communicate as authorized by the individual.
- C. "Board of DD" means the Fulton County Board of Developmental Disabilities.
- D. "Contracting entity" means an entity under contract with a county board for the provision of services to individuals with developmental disabilities.
- E. "County board" means a county board of developmental disabilities including a county board when acting through a council of government.
- F. "Department" means the Ohio Department of Developmental Disabilities.
- G. "Director" means the Director of the Ohio Department of Developmental Disabilities or his or her designee.
- H. "Hearing" means the opportunity to present one's case regarding a complaint or appeal of adverse action.
- I. "Individual" means a person with a developmental disability who is eligible, or purports to be eligible, for services pursuant to ORC 5123. and OAC 5126. and includes a parent of a minor child, an individual's guardian, or an adult authorized in writing by the individual pursuant to ORC 5126.043 to make a decision regarding receipt of a service or participation in a program.
- J. "Intermediate care facility (ICF)" means an intermediate care facility for individuals with intellectual disabilities as defined in ORC 5124.01.
- K. "Notice" means and is deemed to have occurred upon:
1. For an individual who has selected email as his or her preferred method of communication, electronic confirmation that the individual has read the email;
  2. Personal delivery to an individual; or

3. The date of certified mailing to an individual unless:
  - a. The original certified mailing is refused, in which case notice is deemed to have occurred on the date the notice is resent by ordinary mail to the individual; or
  - b. The original certified mailing is unclaimed, in which case notice is deemed to have occurred on the date the notice is resent by ordinary mail to the individual unless within thirty (30) days after the date the notice is resent, the resent notice is returned for failure of delivery.

L. "Person" has the same meaning as in ORC 1.59

#### IV. General Provisions

- A. Complaints and appeals of adverse action shall be filed in writing. When an individual or person expresses dissatisfaction with an outcome subject to complaint or appeal in accordance with this policy and OAC 5123-4-04, the Board of DD shall, to the extent necessary, assist the individual or person in filing a complaint or appeal.
- B. At all times throughout the resolution of complaints and appeals of adverse action process, the Board of DD shall maintain the confidentiality of the identities of individuals unless an individual gives written permission to share information.
- C. An advocate may assist an individual at any time during the resolution of complaints and appeals of adverse action process.
- D. The Board of DD shall make all reasonable efforts to ensure that information regarding resolution of complaints and appeals of adverse action, including all notices and responses made pursuant to this policy, is presented using language and in a format understandable to affected individuals and persons. All notices and responses made pursuant to this policy shall include an explanation of the individual's or person's opportunity to file a complaint with or appeal to a higher authority, as applicable.
- E. The time lines set forth in this policy may be extended if mutually agreed upon in writing by all parties involved.
- F. Initiation of the formal process set forth in this policy does not preclude the resolution of a complaint or an appeal of adverse action at any point, as long as the outcome is mutually agreed upon in writing by all parties involved.

#### V. Requirements for county boards to provide information about the process for resolution of complaints and appeals of adverse action and to give notice of adverse action.

- A. General information about the process for resolution of complaints and appeals of adverse action.
  1. The Board of DD shall give the "Complaint or Appeal of Adverse Action Explanation Form" contained in Section IX of this policy to an individual at the time of the individual's initial request for services, at least annually to each individual receiving or on a waiting list for non-Medicaid services, and at the time a complaint within the scope of OAC 5123-4-04 is received or the Board of DD proposes an adverse action.
  2. Upon request, the Board of DD or contracting entity shall provide a copy of this policy and/or OAC 5123-4-04.
  3. The Board of DD shall publicly post the "Complaint or Appeal of Adverse Action Explanation Form" contained in Section IX of this policy.
- B. Specific notice of adverse action.
  1. Except when it is necessary to suspend an individual's services without delay to ensure the health and safety of the individual or other individuals in accordance with OAC 5123-4-04 (E)(3) the Board of DD shall provide written notice to the affected individual of the Board of DD's decision to deny, reduce, suspend, or terminate services at least fifteen (15) calendar days prior to the effective date of such action. The notice shall include:
    - a. An explanation of the Board of DD's policy and/or authority for taking the adverse action;
    - b. A description of the specific adverse action being proposed or initiated by the Board of DD;
    - c. The effective date for the adverse action;
    - d. A clear statement of the reasons for the adverse action including a description of the specific assessments and/or documents that are the basis for the adverse action;
    - e. An explanation of the individual's right to appeal the adverse action;
    - f. An explanation of the steps the individual must take to appeal the adverse action;
    - g. A statement that the individual has ninety (90) calendar days to appeal the adverse action;
    - h. A statement that the individual must file his or her appeal prior to the effective date for the adverse action to keep his or her services in place during the appeal process;
    - i. The name and contact information for the staff member of the Board of DD who can assist the individual with his or her appeal; and
    - j. The "Complaint or Appeal of Adverse Action Explanation Form" contained in Section IX of this policy.
  2. The Board of DD shall retain written evidence of the date the notice is personally delivered or sent by certified mail to the individual or for an individual who has selected email as his or her preferred method of communication, the date of electronic confirmation that the individual has read the email.
- C. Specific notice of adverse action when it is necessary to suspend an individual's services without delay to ensure the health and safety of the individual or other individuals.
  1. When it is necessary to suspend an individual's services without delay to ensure the health and safety of the individual or other individuals, the Board of DD shall:
    - a. Determine what immediate steps are necessary to ensure the health and safety of the individual and other individuals; and
    - b. Provide written notice to the affected individual immediately. The notice shall include:



- i. An explanation of the Board of DD's policy and/or authority for suspending the individual's services;
  - ii. A description of the specific services being suspended;
  - iii. The effective date for the suspension of services;
  - iv. A clear statement of the reasons for the suspension of services including a description of the specific circumstances that jeopardize the health and safety of the individual or other individuals;
  - v. An explanation that the Board of DD shall arrange for appropriate alternative services and a description of the specific alternative services available to the individual;
  - vi. An explanation of the steps the Board of DD shall take in accordance with OAC 5123-4-04;
  - vii. The name and contact information for the staff member of the Board of DD who can answer questions about the suspension of services; and
  - viii. The "Complaint or Appeal of Adverse Action Explanation Form" contained in Section IX of this policy.
2. The Board of DD shall retain written evidence of the date the notice is personally delivered or sent by certified mail to the individual or for an individual who has selected email as his or her preferred method of communication, the date of electronic confirmation that the individual has read the email.
  3. Within five (5) calendar days of the notice of suspension of services, the Board of DD shall convene a team meeting to identify measures that may be implemented to eliminate the circumstances that jeopardize the health and safety of the individual or other individuals.
  4. Within five (5) calendar days of the team meeting, the Board of DD shall:
    - a. With the consent of the individual, implement measures to eliminate the circumstances that jeopardize the health and safety of the individual or other individuals as necessary and restore the suspended services; or
    - b. With the consent of the individual, continue to arrange for appropriate alternative services; or
    - c. Provide written notice that includes the components described in OAC 5 12 3 - 4 - 04 to the individual of the Board of DD's decision to terminate the individual's services at least fifteen (15) calendar days prior to the effective date of such action. If the individual files an appeal prior to the effective date of the termination of services, the Board of DD shall keep the individual's alternative services in place until the appeal process is completed.

VI. Informal process for resolution of complaints and appeals of adverse action.

A county board may adopt a written policy describing an informal process that shall take no longer than thirty (30) days for resolution of complaints and appeals of adverse action. An individual or person may elect to participate in the informal process or may initiate the formal process set forth in this policy and in OAC 5123-4-04 (G).

VII. Formal process for resolution of complaints and appeals of adverse action

- A. Step one: filing a complaint or appeal of adverse action with the supervisor or manager responsible for the program, service, policy, or administrative practice of the Board of DD.
  1. An individual or person must file a complaint with a supervisor of the Board of DD within ninety
  2. (90) calendar days of becoming aware of the program, service, policy, or administrative practice that is the subject of the complaint.
  3. An individual must file an appeal of adverse action with a supervisor of the Board of DD within ninety (90) calendar days of notice of the adverse action or within ninety (90) calendar days of conclusion of the informal process set forth in Board of DD Policy. If the individual appeals an adverse action within the prior notice period (i.e., the period of time between notice of the intended adverse action and the effective date of the adverse action), the individual's services shall not be reduced, suspended, or terminated until the appeal process is completed or the appeal is withdrawn by the individual. An individual who appeals during the prior notice period may voluntarily consent in writing to the reduction, suspension or termination of services during the appeal process.
  4. The supervisor shall conduct an investigation of the complaint or appeal which shall include meeting with the individual or person who filed the complaint or appeal.
  5. Within fifteen (15) calendar days of receipt of the complaint or appeal, the supervisor shall provide and thereafter be available to discuss a written report and decision with the individual or person who filed the complaint or appeal. The written report and decision shall include the rationale for the decision and a description of the next step in the process if the individual or person is not satisfied with the decision of the supervisor.
- B. Step two: filing a complaint or appeal of adverse action with the superintendent of the Board of DD.
  1. If the individual or person filing the complaint or appeal of adverse action is not satisfied with the outcome of the process set forth in VII A of this policy, the individual or person may file a complaint or appeal with the superintendent of the Board of DD.
  2. The complaint or appeal of adverse action must be filed with the superintendent of the Board of DD within ten (10) calendar days of notice of the decision of the supervisor of the Board of DD. If no decision is provided by the supervisor within fifteen (15) calendar days in accordance with this policy, the complaint or appeal of adverse action must be filed with the superintendent of the Board of DD within twenty-five (25) calendar days of filing the complaint or appeal with the supervisor.
  3. The superintendent of the Board of DD or his or her designee shall, within ten (10) calendar days of receipt of the complaint or appeal, meet with the individual or person and conduct an administrative review.

4. As part of the administrative review, the superintendent of the Board of DD or his or her designee may ask questions to clarify and review the circumstances and facts related to the supervisor's decision and shall provide the individual or person the opportunity to present reasons why the supervisor's decision should be reconsidered.
  5. Within fifteen (15) calendar days of receipt of the complaint or appeal, the superintendent of the Board of DD or his or her designee shall send by certified mail, a copy of his or her decision to the individual or person who submitted the complaint or appeal. Such decision shall include the rationale for the decision and a description of the next step in the process if the individual or person is not satisfied with the decision of the superintendent of the Board of DD or his or her designee.
- C. Step three: filing a complaint or appeal of adverse action with the President of the Board of DD.
1. If the individual or person filing the complaint or appeal of adverse action is not satisfied with the outcome of the process set forth in VII B of this policy, the individual or person may file a complaint or appeal with the President of the Board of DD.
  2. The complaint or appeal of adverse action must be filed with the President of the Board of DD within ten (10) calendar days of notice of the decision of the superintendent of the Board of DD or his or her designee. If no decision is provided by the superintendent of the Board of DD or his or her designee within fifteen (15) calendar days in accordance with this policy and OAC 5123-4-04, the complaint or appeal of adverse action must be filed with the President of the Board of DD within twenty-five (25) calendar days of filing the complaint or appeal with the superintendent.
  3. The President of the Board of DD shall ensure that a hearing is conducted within twenty (20) calendar days of receipt of the complaint or appeal at a time and place convenient to all parties. At such hearing:
    - a. The Board of DD may hear the complaint or appeal;
    - b. A committee of two or more Board of DD board members appointed by the President of the Board of DD with agreement of the county board, may hear the complaint or appeal. The committee shall issue a report and recommendation to the county board within ten (10) calendar days of the conclusion of the hearing; or
    - c. (10) calendar days of the conclusion of the hearing; or
    - d. A hearing officer appointed by the county board may hear the complaint or appeal. The hearing officer shall have the same powers and authority in conducting the hearing as granted to the county board. The hearing officer shall not be an employee or contractor of the county board providing any service other than that of hearing officer. The hearing officer need not be an attorney, but shall possess qualifications to be able to make neutral and informed decisions about the complaint or appeal. The county board may ask the Department to decide if a person is qualified to be a hearing officer. The hearing officer shall issue a report and recommendation to the county board within ten (10) calendar days of the conclusion of the hearing.
  4. Upon request, the individual or person filing the complaint or appeal shall be provided access to all records and materials related to the complaint or appeal no less than ten (10) calendar days before the hearing.
  5. To the extent permitted by law, the hearing shall be private unless the individual or person requesting the hearing wants it open to the public.
  6. During the hearing, both parties may present evidence to support their positions.
  7. The individual or person requesting the hearing and the county board have the right to be represented by an attorney.
  8. The individual or person requesting the hearing shall have the right to have in attendance at the hearing and question any official, employee, or agent of the Board of DD who may have evidence upon which the complaint or appeal is based.
  9. Evidence presented at the hearing shall be recorded by stenographic means or by use of an audio recorder at the option of the Board of DD. The record shall be made at the expense of the Board of DD and, upon request, one copy of a written transcript shall be provided, at no cost, to the individual or person requesting the hearing.
  10. In making its decision, the Board of DD may request or consider additional information with notice to all affected parties, may request a presentation in writing and/or in person from each party, or take other action necessary to make a determination.
  11. Within fifteen (15) calendar days of conclusion of a county board hearing or the county board's receipt of the report and recommendation from a county board-appointed committee or a hearing officer, the President of the Board of DD or his or her designee shall send by certified mail, a copy of the county board's decision to the individual or person who requested the hearing. Such decision shall include the rationale for the decision and a description of the next step in the process if the individual or person is not satisfied with the decision of the county board.
- D. Step four: Filing a complaint or appeal of adverse action with the Director.
1. If the individual filing the complaint or appeal of adverse action is not satisfied with the outcome of the process set forth in this policy or OAC 5123 - 4 - 04 ( G ) ( 3 ), the individual may file a complaint or appeal with the Director.
  2. The complaint or appeal of adverse action must be filed with the Director within fifteen (15) calendar days of notice of the decision of the Board of DD. If no decision is provided by the President of the Board of DD within fifteen calendar days in accordance with this policy and OAC 5123-4-04 (G)(3)(k), the complaint or appeal of adverse action must be filed with the Director within fifty-five (55) calendar days of filing the complaint with the President of the Board of DD.
  3. The Director shall send a copy of the complaint or appeal of adverse action to the superintendent and president of the Board of DD.

4. The President of the Board of DD or his or her designee shall send the Director the written transcript of the county board hearing, copies of any exhibits, and a copy of the Board of DD's decision within fifteen (15) calendar days of receiving the copy of the complaint or appeal of adverse action from the Director.
5. Upon request by an affected party or at the Director's initiation, the Director may request or consider additional information with notice to all affected parties, may request a presentation in writing and/or in person from each party, or take other action necessary to make a determination.
6. Within thirty (30) calendar days of receipt of the written transcript of the county board hearing, copies of any exhibits, and a copy of the county board's decision from the President of the Board of DD, the Director shall send by certified mail, a copy of his or her decision to all affected parties. The Director shall uphold the decision of the county board if the Director determines that the decision is in accordance with applicable statute and administrative rule. The Director's decision shall include the rationale for the decision.

#### VIII. Other Remedies

After exhausting the administrative remedies required by OAC 5123-4-04 or this policy, an individual or person may commence a civil action if the complaint or appeal of adverse action is not resolved to his or her satisfaction. Neither this policy or OAC 5123-4-04 is intended to provide any right or cause of action that does not exist absent OAC 5123-4-04.

#### IX. Complaint or Appeal of Adverse Action Explanation Form

- A. Why would I file a complaint or appeal?
  1. You may file a complaint if you are dissatisfied with a program, service, policy, or practice of the county board of developmental disabilities.
  2. You may file an appeal of adverse action ("appeal") if your request for services is denied or if services you have been receiving are being taken away.
- B. Do I have to file a formal complaint or appeal?
  1. No; if you choose, you may start by trying to resolve your complaint or appeal informally with a supervisor or manager at the county board of developmental disabilities. You and the supervisor or manager can agree to work together to try and resolve your complaint or appeal. The informal process shall take no longer than 30 days.
- C. Should I try to resolve my complaint or appeal informally before filing a formal complaint or appeal?
  1. That is entirely up to you. Trying to resolve your complaint or appeal informally does not prevent you from filing a formal complaint or appeal.
- D. When should I file a complaint or appeal?
  1. A complaint must be filed within 90 days of becoming aware of the program, service, policy, or practice that is the subject of your complaint.
  2. An appeal must be filed within 90 days of receiving notice that your services are being denied or taken away.
- E. Important!
  1. In most cases, the county board must notify you at least 15 days prior to the date it plans to take away your services. If you file an appeal before the date your services are scheduled to be taken away, your services will stay in place during the appeal process.
- F. How do I file a formal complaint or appeal?
  1. The complaint or appeal must be filed in writing with the supervisor or manager responsible for the program, service, policy, or practice of the county board. Staff of the county board will assist you if you need help.
- G. How will I be notified about my complaint or appeal?
  1. The county board will respond to you in writing. Each response will explain the next step and the time line for completing it.
- H. What will happen after I file a formal complaint or appeal?
  1. The supervisor or manager will meet with you to discuss your complaint or appeal and will investigate your complaint or appeal. Within 15 days, the supervisor or manager will provide you with a written response to your complaint or appeal. If you make a request, the supervisor or manager will discuss the written response with you.
- I. What if I am not satisfied with the supervisor's or manager's decision?
  1. You may file your complaint or appeal with the Superintendent of the county board. Your complaint or appeal must be filed in writing within 10 days of receiving the supervisor's or manager's written response. Staff of the county board will assist you if you need help. The Superintendent or his or her designee will meet with you within 10 days of receipt of your complaint or appeal and provide you with a written response within 15 days of receipt of your complaint or appeal.
- J. What if I am not satisfied with the Superintendent's decision?
  1. You may file your complaint or appeal with the President of the county board. Your complaint or appeal must be filed in writing within 10 days of receiving the Superintendent's written response. Staff of the county board will assist you if you need help. A hearing will be conducted within 20 days of receipt of your complaint or appeal.

- K. What will happen at the hearing?
  - 1. The hearing may be conducted by the full county board, by a committee of two or more members of the county board appointed by the President of the county board, or by a hearing officer appointed by the President of the county board. You will have an opportunity to explain your complaint or appeal. You may be represented by an attorney. You have the right to question officials or employees of the county board who have information related to your complaint or appeal. You may be asked questions about your complaint or appeal.
- L. What will happen after the hearing?
  - 1. You are entitled to receive, at no cost, a written transcript of the hearing. Within 15 days of a hearing conducted by the county board or the county board's receipt of the report and recommendation from a hearing officer, the President of the county board will send you by certified mail, the county board's decision regarding your complaint or appeal. The decision must include a rationale and a description of what you should do if you are still dissatisfied.
- M. What if I am not satisfied with the county board's decision?
  - 1. You may file your complaint or appeal with the Director of the Ohio Department of Developmental Disabilities. Your complaint or appeal must be filed in writing within 15 days of receiving the county board's decision. Staff of the county board will assist you if you need help. The Director or his or her designee may request additional information from you. Within 30 days of receipt of necessary documents related to your complaint or appeal, the Director or his or her designee will send you by certified mail, his or her decision regarding your complaint or appeal.
- N. What if I am not satisfied with the Director's decision?
  - 1. You may file a claim through the court system.
- O. Who else can help me with my complaint or appeal?
  - 1. Arc of Ohio at 1-800-875-2723, Disability Rights Ohio at 1-800-282-9181, or Ohio Department of Developmental Disabilities at 1-800-617-6733.