

TEMPLATE – FUNDING OPTION 2 (DCTW)

This communication is to inform you of the allocation of an IO waiver, which is eligible for funding by the Ohio Department of Developmental Disabilities (DODD), for _____. This waiver is being approved as a result of the Developmental Center (DC) reduction process. The _____ County Board (CB) has elected that the DODD will pay the non-federal share for the actual costs of the person including day services. The funds for these services will be set aside as a state obligation and will not be calculated in your county board allocation for waivers. Should _____ dis-enroll from the waiver it will no longer be funded by the DODD.

We have determined _____ is eligible for the Community Integration add-on.
[CONFIRM]

This letter authorizes you to put _____ on your PICT. Please complete the following steps in order to receive the waiver allocation for _____:

1. _____ must be on your CB's IO waiver waiting list and DCTW must be selected as the Available Priority.
2. Create a PICT record for _____:
 - a. Enter Projected Enrollment Year (current year)
 - b. Enter Projected Enrollment Quarter (current quarter)
 - c. "DC to Waiver" should auto-populate as the Available Enrollment Reason based on the waiting list record.
 - d. Select Save
3. Email waivercapacity-support@list.dodd.ohio.gov to inform the Department the PICT record has been submitted and you are requesting the allocation letter.

You will receive an allocation letter for _____ from the Department that clearly identifies the approval of a DC to waiver allocation.

As with all other DODD waiver applications please remember the following:

1. The CB should verify Medicaid Eligibility.
2. The CB must submit the 2399 Form to local JFS.
3. The CB must submit a complete waiver application to the department.
4. The Waiver begin date cannot precede receipt date of a complete initial waiver application at the department.
5. Waiver enrollment is contingent upon level of care determination and Medicaid eligibility.
6. Medicaid (local JFS) often impacts the actual waiver begin date.
7. Once enrolled the County Board submits PAWS plan using DCTW as the Match Source. The county must submit the plan using our direct entry application and NOT the XML upload.
8. Providers should not submit claims for services provided until the person is enrolled and the PAWS has been entered by DODD.

Since _____ has lived at __DC more than 90 days, **he/she** would be eligible to utilize the Home Choice option for startup costs. Following is the website/contact information: **<http://jfs.ohio.gov/OHP/Consumers/HomeChoice.stm>**. There is \$2,000 available from this for community transition funding and \$5,000 for the SSA's transition coordination.

If you need capital housing dollars associated with this move, please complete and return the attached Community Capital Assistance Letter of Intent form **within 30 days** to Troy McCollister @ **troy.mccollister@dodd.ohio.gov**.

Please feel free to contact me at **ginnie.whisman@dodd.ohio.gov** or (614) 644-6319 with any questions. Thank you.