# 424 One Time Only Request

## 424.1 Policy Approval Clearance Record

| | | |
|---|---|---|
| ☑ Rural Policy | This policy supersedes: | Number of pages in Policy: |
| | None | 3 |
| Review by Representative from the Office of the Attorney General: N/A | Date: | Date Policy Effective: |
| | n/a | 9/10/10 |
| Agency Director Approval Signature: Barbara Legier | Date: | Policy Lead: Barbara Legier |
| | 9/10/10 | |

## 424.2 Statement of Purpose

**424.2.1 Policy Statement:** It is the policy of Rural Regional Center to have a clear process for one time only (OTO) funds requests to meet the needs of individuals served. The policy addresses the criteria by which one time only funds will be made available to qualified individuals and families.

**424.2.2 Purpose:** The purpose of this policy is to provide Rural Regional Center staff with reasonable guidelines regarding individual eligibility and services that may be authorized for one time only funding.

## 424.3 Authority

NRS 433, 435

## 424.4 Definitions

**424.4.2 Family** means birth parents or adoptive parents.
**424.4.2 Representative** means legal guardian.

## 424.5 Procedures

### 424.5.1 Eligibility and Service Types

A. The individual must be eligible for the Home Based and Community Services Waiver.
B. The one time only funding will be available to resolve urgent challenges related to an immediate health and/or welfare crisis that cannot be accommodated quickly enough through the plan revision process that involves the individual receiving services.
C. Services eligible for one time only funding will include the termination of utilities, rental evictions, emergency food allocations, specialized diagnostic evaluations to address emergent issues, other emergency expenses to ensure the health or safety of the individual and emergency transportation costs excluding medical transportation.
D. Provision of services will occur through a certified provider. Individuals or families cannot be directly reimbursed.

**424.5.2 Prevention Plan**

A. Upon the request for funding the Developmental Specialist III will meet with the individual/representative/family within 2 work days to review and discuss the identified health and/or welfare concern. Such concerns will be detailed in the One Time Only Services Request Form, Attachment A.

B. Prior to submitting the OTO Request Form for consideration for funding authorization, the individual/representative/family will provide their Developmental Specialist III a detailed plan of action that will address any future and/or ongoing challenges. Examples of such include equal payment plans to fund energy costs, rent arrangements and budgeting for priority items such as food, diapers, clothing etc..

C. The individual's/representative's/family's plan will be attached to the OTO Services Request Form and submitted to the DSIV for action.

D. All requests will be documented in a progress note entered by the assigned Developmental Specialist III upon submission.

E. All requests must be reviewed by the Developmental Specialist IV and Community Services Director who will convene the supervisory management group within 2 work days and make a decision and / or request further details prior to authorization.

F. OTO services funds are limited to a specified dollar amount unless approval has been received in writing by the Agency Director. (SFY 11 – 1 OTO per person per SFY with a $300 limit)

G. The Developmental Specialist III will facilitate payment as defined on the OTO Services Request Form and in accordance with authorization limits within 3 work days following confirmation of approval of the request.

H. The Developmental Specialist III will provide written feedback to the individual/representative/family involved for both those services funded and those not accepted for payment within 2 working days of approval or denial.

**424.5.3 Timelines**

**Table 1 Timelines for OTO Request and Response**

| Requirement | Deadline | Starting Date | Responsible Party | Actions to be Taken |
|---|---|---|---|---|
| Request for OTO funds | 2 work days | Upon receipt of request | DS III | Schedule meeting to review request to determine eligibility for OTO funds |
| Prevention Plan | n/a | n/a | Individual; representative; family | Individual, representative or family to write prevention plan |
| Submission of the OTO Services Request Form & plan | Immediately upon receipt of prevention plan | Upon receipt of plan | DS III | DS III submits form and plan to DS IV |
| Review and request meeting | Within 2 work days of request | Upon receipt of form | DSIV | Review and approval/denial, request for additional information |

| Requirement | Deadline | Starting Date | Responsible Party | Actions to be Taken |
|---|---|---|---|---|
| Notify individual; representative; family involved for both those services funded and those not accepted for payment. If request denied, include information regarding appeal process | Within 2 working days | Upon confirmation of approval or denial of the request | DSIII | Provide written feedback |
| Facilitate payment as defined on the OTO Services request form | Within 3 work days | upon confirmation of approval of the request | DS III | Generate purchase order |

**424.6 Appeals Process**

If an individual/representative/ family wishes to appeal the denial of access to the OTO Services funds, the individual/representative/family must file a written appeal with the appropriate Regional Director within 15 days after the family receives the written notice of decision. The Regional Director or their designee may request documentation of evidence to support the appeal. The Regional Director or their designee shall complete a review of the appeal within 30 calendar days after receiving the written appeal. The decision of the Regional Director or their designee will be considered the final decision for the purposes of judicial review.

**Attachment A**

**One Time Only Request Form**

**Person Served:** _____ **DSIII:** _____

**Date of Request to DS IV:** _____ **Date of Management Meeting:** _____

Specific ISP Goal related to this request:

Previous OTO submitted this fiscal year? ____Yes ____ No

Identify the OTO request and why immediate action is necessary:

Provide justification regarding the selected vendor. If no quotes were obtained, add this explanation to the justification.

Describe the plan to meet this emergency need by the individual/representative in the future to minimize future emergencies.

**Approvals:**

Date of Management Team Meeting: _____

The management team approved of this purchase: ____ Yes ____ No

If no, rationale for denial:

_____ Date: _____
Marcia Bennett, CPM II

**Action:**

If no, date of Written Notice of Denial Decision to family: _____

Date approved OTO form received by DSIII: _____

Date OTO form received by fiscal: _____