

OPWDD Region 1

2020 Family Support Services Family Reimbursement Program Guidelines

PURPOSE:

The Family Reimbursement Program is intended to assist the family caring for their family member with a developmental disability. The funds are designated to assist with increased expenses directly related to the disability and thereby enhance family stability and preserve family unity. The goods and services provided should have a significant, definable, positive impact on the individual/family directly related to health, safety, emotional well-being and normalization of life, as well as, accessibility to needed services and the personal growth and development of the individual. **Priority will be given to those goods and services which directly address health and safety issues.**

ELIGIBILITY:

Individuals who have OPWDD eligibility and live at home with family (biological, adoptive or extended) are eligible to apply. Individuals living alone are not eligible to apply. Individuals living in foster care are also not eligible to apply.

SELF-DIRECTION:

Individuals enrolled in self-direction should explore if the item/service can be covered through the self-direction budget, in the Other Than Personal Services (OTPS) category, or the Family Reimbursed Respite (FRR) category before requesting money through Family Support Services Family Reimbursement. If the item/service cannot be covered through self-direction, the individual can apply through FSS Family Reimbursement as long as the Family Reimbursement money is reflected on the self-direction budget and accounted for in the PRA. A copy of the individual's most recent self-direction expense report must be submitted with the application to verify this. Please note that even if the FSS Family Reimbursement money is allocated on an individual's budget, there is no guarantee that the individual will receive the reimbursement, as funds are limited.

FUNDING LIMITS:

Each individual may apply for up to \$1500 in reimbursement per calendar year. Please note that although an individual may be eligible for up to \$1500 per year, **this is not guaranteed**. If funding is exhausted, requests may not be filled. Families must re-apply for funds every year. Funding in one year does NOT mean you will automatically be approved in the following years.

Individuals can access any of the Family Reimbursement Programs that provide funding in their county of residence. Each Family Reimbursement Program Provider sets a funding cap, which will identify a maximum amount that is available to an individual per year with that provider. A process is in place with OPWDD Regional Office for consideration of unique requests that are in excess of the annual cap.

Funding for Family Reimbursement runs on calendar year (January 1st -December 31st). Reimbursement can only be considered for the receipts dated in the current calendar year. The service does not need to be provided within the calendar year. Applications cannot be accepted to reimburse for an item/service purchased in a previous calendar year.

PROGRAM OF LAST RESORT:

Family Reimbursement is a 100% state funded program, and is funding of last resort. It is not intended to cover goods and services covered through other funding sources ex: Medicaid, Self-Direction, HCSB Waiver, other insurances etc. Goods and services available through other funding sources may be covered on a short-term basis as a result of a crisis or because the individual or family is in great need of specialized assistance. Some examples of these include: Housing or Rent Subsidy, Utilities, Food Subsidy, Clothing Subsidy, Durable Medical Goods.

PRO-RATING:

The item being reimbursed must be related to the needs of the individual with a developmental disability. If this item will be shared by other family members, the item may be pro-rated based on the number of family members in the household.

APPLICATION PROCESS:

This is a reimbursement program and therefore it is the family's responsibility to purchase the items/services needed and then submit the required documentation to be reviewed for reimbursement. Applications for reimbursement can be obtained from the individual's Care Coordinator or the Family Reimbursement provider agencies. Applications can be submitted by a family member, individual, advocate or Care Coordinator, and should go directly to the Family Reimbursement provider agency from which the reimbursement is being requested. Requests will be reviewed by a Committee which includes: individuals, advocates, families and program staff. The Committee will meet as need to review applications. It is the Family Reimbursement Program provider's responsibility to maintain records and ensure that the request meets all eligibility requirements. Each program coordinator is responsible to track all reimbursements and provide this information to the DDRO on the reimbursement report form shortly after each committee meeting. The Family Reimbursement Program provider will notify families/Care Coordinators of the status of the application. If the application is not able to be funded through one agency, the family/Care Coordinator may resubmit the application to another Family Reimbursement Program provider agency. Care Coordinators will be able to provide a complete list of all Family Reimbursement provider agencies.

Pre-approval and Direct pay to vendor

Pre-approval for a specific item/service will be up to the discretion of the reimbursement agency; if approved, reimbursement will be provided once the service/item is verified by the reimbursement agency and the receipt has been submitted.

In some instances, the applicant may ask the Family Reimbursement provider agency to pay the vendor directly for the good(s) or service(s). In that case, the request must include justification with an explanation why the family cannot pay for the service or item first. Verification of the household income and the number of persons living in the home must be included. This documentation of income may vary from DSS, SSI, SSD, or Pay Stub etc. Once the income information has been received it will then be compared against the Federal Lower Level Income Guidelines listed below, to ensure that their family meets the income guidelines warranting Family Reimbursement to pay the vendor directly. Please note that the information in the table below is subject to change as the Federal Poverty Guidelines are updated. Final decision to pay the vendor directly will be up to the discretion of the reimbursement agency.

2018 Federal Poverty Guidelines (138%)

Family of One	Family of Two	Family of Three	Family of Four	Family of Five	Family of Six	Family of Seven	Family of Eight
\$16,753	\$22,715	\$28,676	\$34,638	\$40,600	\$46,561	\$52,523	\$58,484

For any item/good that is reimbursed or paid to the vendor directly, it is the expectation that the family/individual maintains the item in their possession and uses the item as originally intended in the application for the life of the item or an amount of time that is reasonable and appropriate. If the item is returned, sold, or is no longer in the family/individual’s possession it is the family’s responsibility to notify the agency that funded the item and make arrangements to reimburse the agency for the cost of that item as appropriate.

Application Requirements

Applications must be completed in full. If an application is not completed in full, it will not be processed. Applications and respite verification forms must have original signatures. Original receipts must be submitted. Receipts must have the name of the vendor (store, recreation program etc.) on them and be dated. Hand written receipts must be signed and will be verified by the reimbursement agency. Grocery receipts should be stapled to the clinical justification form for the specific diet. Do NOT highlight purchases on receipts as this may degrade what is written on the tape. ALL respite forms and receipts are to be submitted within 90 days. Requests submitted more than 90 days after purchase/occurrence will be up to the discretion of the reimbursement agency. The application must clearly indicate how the request is directly related to the individual’s developmental disability. The review committee will be utilizing this justification when making a determination if the request can be reimbursed. Please ensure a strong justification of need is provided. **Clinical Justification** is required for medical or clinical services, diets, adaptive equipment etc. A physician’s order and/or a clinical rationale/justification letter from an appropriate physician or clinician is required. There also must be documentation that the medical/clinical services will be provided by an appropriately licensed or certified practitioner.

RECONSIDERATION PROCESS:

Each agency must have a written reconsideration process in place if the applicant disagrees with the decision made. The process must include one or more steps beyond the Family Reimbursement Committee’s review. The reconsideration decision review should include someone from the agency administration level.

FAMILY REIMBURSEMENT DISCLAIMER:

Family Reimbursement is intended to provide financial assistance to families for goods and services which support them in sustaining a home life for a family member with a developmental disability. Agencies processing reimbursements have a responsibility to ensure goods/services are necessary and appropriate and are supported by the required documentation. Therefore, agencies providing reimbursement are required to establish a system for monitoring and verifying receipt of goods and services and are subject to audits to ensure proper documentation and appropriate need and usage of the program. Agencies reserve the right to verify, intercede and question any transactions.

If a claim for goods and services is discovered to be fraudulent by anyone involved in the reimbursement process, the agency to which that reimbursement application was submitted must be notified (if not the discovering entity) and will investigate the request in question and all documentation provided with the reimbursement request. The agency will also notify the DDRO Family Support Services Coordinator and will provide a written summary of the investigation once completed. If a fraudulent claim is confirmed, the individual/family will be required to pay the amount of reimbursement back to the agency (if the services were already reimbursed) and will be suspended from any future reimbursement for goods and services for a period of time determined by the agency and DDRO. The recipient of the reimbursement may also be subject to legal actions as determined by the agency and DDRO.

ITEM SPECIFIC GUIDELINES:

These are overall guidelines to follow for specific items/services; this is not an all-inclusive list and any additional items/services can be considered by the agency/DDRO on a case by case basis.

Adaptive Equipment & Environmental Modifications **(Must explore through your OPWDD agency's E-Mod/A-Tech process first)**

1. Supportive documentation must be provided from an appropriate physician or clinician (OT, PT, Speech Pathologist) stating that the specific item requested is needed and would be beneficial for the individual.
2. Funding must not be the responsibility of another provider such as State Education or an Early Intervention Program.
3. Item must NOT be covered by another funding source such as another Family Reimbursement Program, health insurance, HCBS waiver and/or Medicaid. Documentation of denial or referral from Regional Office E-Mod/A-Tech staff is required.

Camp

All camp requests can be considered; the camp does not need to be specific to children with developmental disabilities. The application must explain how the camp is meeting a need or providing support related to the child's developmental disability. Clinical justification is not required.

Clothing

Requests for the extra cost of specialized clothing or extra clothing which may be adaptive in nature or necessary for the health and safety due to the individual's developmental disability can be considered. If health and safety is an issue, request will require documentation to verify.

Crisis Situations

Each person may utilize funding for expenses such as rent/mortgage, utilities and pest control on a one time basis, per type of crisis. In order to access funding in this category, there must be a clear description of how this request for reimbursement addresses an immediate, short term crisis that impacts health and safety of the individual. Family Reimbursement is not intended to cover chronic, ongoing crisis situations. The application must also reflect this need by indicating yes to the question in section 5 of the application. Each program coordinator is responsible to track all reimbursements in this category.

Pest Control: Though not directly related to a developmental disability, when pests or bed bugs pose a health and safety hazard or prevent access to OPWDD services, they may be considered. Additionally, if the family is at risk of becoming homeless due to the infestation, that would also be in-line with the FSS guidelines. Families are responsible for ensuring that all required precautions are in place before, during and after the extermination process.

Rent/Mortgage/Utilities: The individual/family cannot be more than 2 months behind, and for the rental reimbursement the individual must have documentation by the landlord indicating they are at risk of eviction or have received a notice of eviction. In addition, there needs to be a plan in place to prevent reoccurrence.

Dental

Families are responsible for providing documentation showing the link between the individual's developmental disability and the need for oral or dental intervention. Ex: provide documentation on Williams Syndrome if that is the cause.

Diapers/Pull-Ups/Wipes

Parents are responsible for the purchase of diapers/pull-ups/wipes for children ages 0 to 3 years old. For Individuals ages 3 and over, a denial from Medicaid is needed. If the diapers/wipes/pull-ups covered through Medicaid do not meet the individual's needs, a justification is needed.

Diet

Reimbursement requests for special diet purchases may be considered for approval under the following conditions:

1. A current written recommendation or prescription by a physician for such a diet accompanies the request or is on file with the reimbursement agency.
2. Diet items, even though listed as allowable under the specific diet regimen, should only be covered if they are considered "special foods"; routine grocery or naturally gluten free items will not be considered.
3. For diets with a specific menu plan, a copy of the menu must be submitted with the application for items to be considered.
4. For items that are not clearly indicated as gluten free on the receipt, a written description of the item must be provided on the application.
5. All diet items will be reimbursed at 75% of the cost of the item.

Electronic Monitoring, Observation or Tracking Devices

We are unable to reimburse for any form of electronic device that allows for observation, monitoring or tracking of an individual with a developmental disability until we are otherwise notified by Central Office.

Eyeglasses/Hearing Aid Devices

1. If the 1st pair/device breaks and there is sufficient documentation that shows the individual has a hard time maintaining the proper care for the initial pair, then a request can be submitted for a 2nd pair if not covered by insurance.

2. Families are responsible for providing documentation to show the link between the individual's developmental disability and the need for eyeglasses/hearing aid devices.

Fences/Ramps

(If not approved through your OPWDD agency's E-Mod process)

1. If the family lives in a rental property, the request will require written approval by the landlord and could be considered if there are health and safety issues, which must be documented.
2. If the family owns their own home, the request could be considered if there is a health and safety issues, which must be documented. If the family moves within 5 years, a payback provision will be expected unless there are extenuating circumstances for the cause of the move.
3. It is suggested that the purchase of fences/ramps be on a one time only basis for a 5-year period unless there are extenuating circumstances, which must be documented.
4. Each family will be responsible to obtain and purchase the necessary permit(s). All required permits and inspections must be completed to ensure codes are met.
5. Families will be responsible to cover maintenance costs of fence/ramp.

**Caution: Fences do not necessarily ensure safety and should not be used in lieu of supervision.*

Furniture

Request could be considered if primarily for the benefit of the individual with the developmental disability, adaptive in nature, or necessary for the health and safety of the individual with the developmental disability. If it is for health and safety the request will require documentation to verify.

Guardianship and Special Needs Trusts

Families may submit for reimbursement for assistance in obtaining guardianship and special needs trusts. Services provided by the vendor must be outlined on an itemized receipt. At the agency's discretion, the funding allocated in this category may be capped for their program. For those that wish to utilize the Future Cares program in Monroe County, the maximum reimbursement amount is \$300.

Leisure, Recreation and Community Inclusion

Leisure, recreation and camp programs that are not specific to individuals with developmental disabilities can be covered, as long as there is justification as to how the interaction, benefits, or skill development is above and beyond what a typical child would experience. Clinical justification is not required. Expenses that parents would be responsible for providing to a typical child will not be covered.

Medication and Doctor Co-pays

1. All medication requests must be FDA approved to be considered for reimbursement.
2. All medication requests must be supported by an MD with clear justification as to how it relates to the individual's DD.
3. All medical and therapy professionals that provide service are to be licensed in the state of New York.
4. Medical marijuana is not an FDA approved medication, therefore cannot be considered for reimbursement.

Out of State Travel

1. All requests will be reviewed on a case by case basis by the family reimbursement agency.
2. All requests must be accompanied by a written justification for going out of state, e.g., for research, treatment and conferences (Health and Safety).
3. Each travel request for reimbursement will be approved for the individual with the developmental disability and one family member.
4. Reimbursable expenses can include hotel cost, mileage, tolls, conference registration fees, airline costs, etc.

Respite

Respite is intended to provide temporary relief from the demands of care giving, which helps reduce overall family stress. The following guidelines apply to respite reimbursement:

1. Respite service costs must be reasonable based upon the needs of the individual and established rates for similar services. As a guideline, respite services should not exceed the range of \$15.00 per hour, unless the individual has intensive medical or behavioral needs which should be justified on the application. Final amount is to be determined by family. Anyone requesting respite during hours of sleep will need to justify the rate of pay; the respite rate could be decreased or denied if not determined to be appropriate for reimbursement.
2. Respite may be provided by anyone 14 years of age or older with whom the primary caregiver is comfortable. HOWEVER, this excludes anyone living in the family household or a parent/guardian.
3. Normal child care costs, such as day care for working parents, can only be considered for persons over the age of 13, as a typical child over the age of 13 could be left alone during the day during school breaks or after school.
4. If the child is under the age of 13 a parent would be responsible to pay for childcare of their typical child **during the work day (and school breaks)**. However, for those under the age of 13, extra expenses incurred due to the child's disability that are above and beyond the typical cost for day care could be considered.
5. Childcare Reimbursement for after school respite can be considered if documentation is provided showing the child is unable to access other after school respite programs. For those that are looking to access after school respite reimbursement, the application would need to include justification on HCBS Waiver afterschool programs applied for and the outcome.

Service Animals

Only dogs that meet the criteria of a service animal according to the ADA may be considered. A service animal is any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not considered service animals. The work or tasks performed by a service animal must be directly related to the individual's disability. Other funding sources/insurance/emods-attechs must be explored before this can be covered under Family Reimbursement.

Supplements

All families must have documentation that the use of a supplement is approved by the individual's clinician with its treatment goal(s) and how it is related to the individual's developmental disability. This is to be provided to

the Family Reimbursement Program Coordinator to keep in their files. For the purposes of clarification supplements will be defined by the following categories:

1. Primary Nutrition Source: the supplement is the only means of nutritional intake for the individual. It can be administered orally or by a tube feeding.
2. Supplemental Feeding: boost the food intake of the individual in order to provide additional calories and nutrients. Includes such items as Ensure or Boost.
3. Vitamin or Mineral supplements: taken to enhance a person's nutritional intake but has a specific benefit to the person's disability.

Technology

Purchasing guidelines:

1. Clinical justification is required for all technology and electronic equipment such as tablets, iPads, iPods, and computers. Justification must specify how the device will be used (i.e. applications or programs used and for what purpose) and how it relates to their developmental disability. If the device is being used for communication purposes, a communication assessment must be submitted that has been completed within the past year by a Speech Pathologist specifying the program/application to be used and how it relates to the individual's developmental disability in relation to communication. In addition, it must indicate that the individual has the necessary communication prerequisites and ability to use the device and its software.
2. Any device is not eligible for reimbursement if the primary use is for educational purposes; in this case it would be the responsibility of the school district to purchase the device. If the device is utilized outside of school for other purposes, then this could be considered for reimbursement.
3. Any device that is lost, stolen, or damaged will not be replaced by Family Reimbursement. Protective cases/covers and warranties must be purchased with the device, and can be included in the reimbursement.
4. For individuals with a self-directed plan, funding must be explored through the plan first, before accessing Family Reimbursement.
5. Limit to one electronic device will be approved every three years. Each request must indicate the date of last electronic device purchased through Family Reimbursement.
6. Family Reimbursement will reimburse the basic version of the device only, unless justification is provided as to why other features are necessary. If it is determined that the device is used by others in the home, it will not be considered as solely for the individual with developmental disabilities communication needs and use, therefore if funded the cost will be prorated by the number of people in the home.

Therapies

Reimbursement requests for therapy services may be considered under the following conditions:

1. Any therapy requested must be recommended by an appropriate physician or clinical therapist. A documented need should be submitted with the request and should be no more than 1 year old.
2. Provision of therapy is not the responsibility of another provider/agency such as State Education Department.
3. Therapy is not covered by health insurance and/or Medicaid. FSS is funding a source of last resort.
4. Therapist is a recognized, credentialed professional in that specific therapy area.

Transportation

For cases that families must take extraordinary measure to transport an individual, expenses may be covered at the current federal rate of mileage. Documentation needs to be provided indicating need and mileage to/from

locations. Reimbursement for transportation for programs such as day habilitation and respite cannot be covered, as transportation costs are included in the service rate. Transportation to and from work can be covered on a short-term basis, until a long-term solution is in place.

Items not covered include but are not limited to:

Taxes, fines, shipping fees, the outright purchase of homes, vehicles, luxury items. Good and services such as education and health-related services that are covered through other funding mechanisms ex: state or federal sources, Medicaid, other insurances.

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