

Wood County Board of Developmental Disabilities

PROCEDURE

Procedure #: 02-ALL-ALL-0887
Effective Date: 7/1/19
Person Responsible: Director of Service & Support Administration

Subject: Family Support Services
Last Revision: 1/5/2024

Approvals/Date: Brent Ober 1/30/2024
Superintendent, WCBDD Date

Amy Erickson 1/30/24
Department Director Date

The following definitions will apply:

Eligible individual – A person who has demonstrated substantial functional limitations as determined after July 1, 1991, through the completion of the “Ohio Eligibility Determination Instrument” (OEDI) or the “Children’s Eligibility Determination Instrument” (COEDI), Early Intervention and application criteria therein and has not reached the age of 22.

Family – Parent(s), brother(s), sister(s), spouse(s), son(s), daughter(s), grandparent(s), aunt(s), uncle(s), cousin(s) or guardian(s) of the eligible individual. “Family” also means persons acting in a role like those specified in this paragraph even though no legal or blood relationship exists, if the eligible individual lives with the person(s) and is dependent on him/her/they to the extent that if the support were withdrawn another living arrangement would have to be found.

Respite Care- Out of Home– Appropriate, temporary care of an individual with developmental disabilities in a Wood County Board of Developmental Disabilities owned respite facility.

Respite –Family Requested – Appropriate, temporary care of an individual with developmental disabilities provided by a family requested care giver.

1. Any eligible individual that lives with family and does not have a HCBS waiver, may contact the Medicaid Specialist/Service & Support Administrator (SSA) to request a service reimbursable by Family Support Services Program. Medicaid Specialist will request the individual's name, date of birth, SSA and need for services. **Services must occur within one (1) calendar year of reimbursement.** Services reimbursable by the Family Support Services program are limited to:
 - a. Respite Care –Family Requested; Camp
 - b. Counseling, Training, and Education of the individual, the individual caregivers, and members of the individual's family that aid the family in providing proper care for the individual, provide for the special needs of the family, and assist in all aspects of the individual's daily living
 - c. Special diets, purchase or lease of special equipment or modifications of the home, if such diets, equipment, or modifications are necessary to improve or facilitate the care and living environment of the individual.
 - d. Providing support necessary for the individual's continued skill development, including such services as development of interventions to cope with unique problems that may occur within the complexity of the family, enrollment of the individual in special summer programs, provision of appropriate leisure activities and other social skills development activities.
 - e. Any other services that would promote self-sufficiency and normalization, prevent, or reduce inappropriate institutional care, and further the unity of the family by enabling the family to meet the special needs of the individual and to live as much like other families as possible.
 - f. Respite Care – Out of home
2. The funds available include two separate budgets that are available to each eligible individual. Each budget has a specific use attached and is described below:
 - a. Reimbursement to an individual for Family Support Services shall not exceed seven hundred fifty dollars (\$750) from January 1st – December 31st for the exclusive use of Family Support Services Programming, including 1a, 1b, 1c, 1d & 1e, as defined in the section above.
 - b. Reimbursement to an individual for Family Support Services shall not exceed **two thousand dollars (\$2,000)** January 1st – December 31st for the exclusive use of 1f, as defined in the section above.
3. The Family Support Services program may reimburse an individual at an amount greater than limits referenced in 2a & 2b under extenuating circumstance.
To request additional funds, the family will submit the following:
 - a. In writing the reimbursement amount requested greater than the limits identified
 - b. In writing, identify the extenuating circumstance that led to this request
 - c. Completion of financial disclosure form, 03-ALL-ALL-1036The Service & Support Administrator will complete a referral for a Service needs assessment. It will need to be completed and submitted to Review Committee along with the request documents. Review Committee will review and discuss alternate resources and submit a recommendation to the Superintendent. The Superintendent will approve or deny the request. If approved, the Superintendent will determine the amount exceeding the limits, which is approved.

4. The Board reserves the right to limit and enforce ceilings on reimbursement to a family. Ceilings shall be determined by comparing the numbers of families who use Family Support Services and what services they request, and the annual allocation amount given to the program by the Ohio Department of Developmental Disabilities.
5. If a need is identified, all requests should be completed by the family member or Service & Support Administrator (SSA).
6. The Medicaid Specialist shall acknowledge the request and shall notify the family or Service & Support Administrator (SSA) of the approval/denial of service, within 7 working days of receiving request.
7. Family Support Services shall be utilized after other available resource options are exhausted.
8. If the family has medical insurance (Medicaid/Medicare/private insurance), the insurance will be considered for payment of the service(s) prior to Family Support Services consideration for payment, at time of request.
9. All requests for Family-requested respite care shall be approved if funds and services are available prior to initiation of respite care services.
<ul style="list-style-type: none"> a. Family-requested respite care givers may provide services to any number of families. b. Family-requested respite care givers may provide respite care in the location of the family's choosing without separate approval. c. Families will not be reimbursed for respite care services provided by someone living in the same home as the eligible individual.
10. The reason(s) for the denial of any requested service shall be given to the family in writing with the Grievance/Due Process procedure 02-ALL-ALL-0206. Reasons for denial of services will be limited to:
<ul style="list-style-type: none"> a. Ineligibility; b. Unavailability of funds allotted for Family Support Services by state and federal funding sources; c. Service requested would exceed family allocation of reimbursement ceiling; d. Unavailability of service provider; e. Service(s) requested is/are not directly related to improving the living environment or facilitating the care of the individual; f. Service or purchase was completed in excess of 1 calendar year.
11. In the event of unavailable or inaccessible service providers and/or resources, the Medicaid Specialist with notify the family or Service & Support Administrator (SSA) of individual's unmet needs.
12. To request reimbursement, vendors and/or families shall sign and submit the appropriate tax forms to the Fiscal Office.
<ul style="list-style-type: none"> a. To request mileage reimbursement, form 03-ALL-ALL-0996 must also be completed and submitted to Medicaid Specialist. Mileage reimbursement as identified in 02-ALL-ALL-0297 is the Board approved amount, per IRS mileage rate, within the limits of a \$.10 variance (above or below) whenever the rate is adjusted. b. To request reimbursement for family-requested respite care, complete Form 03-ALL-ALL-0259 and submit to Medicaid Specialist. c. For expense reimbursements, a receipt showing service or items purchased and payment made must be submitted. If paid by check, a copy of the front and back of the cancelled check can serve as a receipt. Upon receipt of the bill, the Medicaid Specialist shall verify/approve the billing and shall forward the bill to the Fiscal Office within 7 working days of receipt.
13. The Fiscal Office shall process payment according to established operating procedures, as used for all reimbursement/payment of bills.
14. Payment is issued within 30 working days according to established operating procedures for all expenses incurred by a county agency.
15. All expenses for reimbursement and orders must be completed and turned in by November 30 th of each year to receive payment within that year. If turned in after November 30 th , reimbursement will not occur until the next calendar year. All requests must be submitted by January 31, to be considered a request for the previous calendar year. Any submitted requests after January 31 will be taken out of the current year's allotment.
16. Any inquiries regarding reimbursement for a service once the billing has proceeded through the system, shall be referred to the Fiscal Office for resolution.
17. Returns on items purchased using Family Support Services monies will be evaluated on an individual basis.
18. At no time will the Board be considered liable for payment of a family's share of costs.
19. An eligible individual is not permitted to receive Family Support Services and Local Funds as a Last Resort at the same time.

References: 01-ALL-ALL-0043
01-ALL-ALL-0142
02-ALL-ALL-0206 (CR)
02-ALL-ALL-0297

Forms: 03-ALL-ALL-0255
03-ALL-ALL-0259
03-ALL-ALL-0996
03-ALL-ALL-1036