

**FAMILY SUPPORT SERVICES PROGRAM**

**GUIDELINES**

**January-December 2019**

***Family Support Services Program (FSSP)***

***is a component of the***

***Medicaid Services Department***

Services are administered by

Southwestern Ohio Council of Governments (SWOCOG)

412 S. East Street, Lebanon, Ohio 45036

Phone (513) 559-6800 or Toll Free (877) 423-6900

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The mission of the Southwestern Ohio Council of Governments is to provide support and solutions to county boards of developmental disabilities through cost-effective shared services that deliver value, satisfaction, and maximization of resources.

**OVERVIEW**

These procedures shall establish guidelines for the distribution of Family Support Services Program funds through the Southwestern Ohio Council of Governments for the period January 1st through December 31st 2019 for Greene County Board of Developmental Disabilities.

The Family Support Services Program (FSSP) provides funding for supports and services to families living in Greene County caring for a family member with developmental disabilities living at home with their parent, guardian or primary caregiver. The provisions of these guidelines apply to the family, including the family member who receives reimbursement from the Family Support Services Program.

Individuals living in licensed or certified residential facilities, foster homes, group homes, semi-independent, or independent are not eligible to receive funding from the Family Support Services Program. Foster families are not eligible.

**ELIGIBILIITY**

Eligibility for the Family Support Services Program is determined by the Greene County Board of Developmental Disabilities Intake and Eligibility / Service and Support Administration Division.For more information, please contact below.

1. (937) 562-6500

The Intake and Eligibility / Service and Support Administration Division notifies the family and the Family Support Services Program office of their determination. *COG referral form completed by GCBDD staff.*

When the individual is enrolled in the Family Support Services Program, a Welcome Packet is sent to the family which contains a letter pertaining to the individual’s allotment, explanation of program, timelines and contact person. Also included are the following:

* FSSP Guidelines
* Provider Information Application and Family Waiver
* W-9 Taxpayers Identification and Certification
* Verification Of Need Form for Adaptive Equipment and Home Modifications, Special Diets, Therapy, Counseling, Training, and Education
* Request for Vouchers Form - Bi-Annual (January-June or July-December)

If an interest is expressed in receiving services, one or more of these forms must be completed prior to services being requested or completed. Any service purchased without obtaining prior approval will not be reimbursed.

**REDETERMINATION OF ELIGIBILITY**

When the eligible individual with a developmental disabilities reaches one of the “milestone” ages (i.e. three years old, six years old, and sixteen years old) or at completion of schooling, the Intake and Eligibility / Service and Support Administration Division will contact the family to redetermine eligibility. The Intake and Eligibility / Service and Support Administration Division will notify the family and the Family Support Services Program office of their redetermination*.*

**ALLOCATIONS**

The Family Support Services Program operates on calendar year January 1st through December 31st. Allocations may vary from year to year based on the availability of funds. For the year 2019, the allocation to individuals will be $800.00.

**An Allocation does not mean that the Family Support Services Program has this amount of money set aside for each family or individual.** It does mean that a family may have the opportunity to use up to this amount if it is available when you have a need.

To be assured of reimbursement, the family must obtain the estimated cost and prior approval of the expenditure before agreeing to services or signing a contract with a provider.

Families are encouraged to access all avenues of funding prior to submitting a request for funding through the Family Support Services Program.

**WHERE DO I SUBMIT MY REQUESTS**

Requests for the Family Support Services Program can be submitted via United States Postal Service mail to:

Southwestern Ohio Council of Governments

412 S. East Street, Lebanon, Ohio 45036

Requests can also be faxed to (855) 763-3050. Any questions relating to the Family Support Services Program can be directed to Sandy Schutte at (513) 559-6800 or emailed to [Sandy.Schutte@swocog.org](mailto:Sandy.Schutte@swocog.org).

**SERVICES**

This section lists reimbursable services that are available through the Family Support Services Program. When requesting items or services, through Family Support Services the item or service must be submitted on a REQUEST for VOUCHERS FORM and approved by the Family Support Services Program prior to a purchase or service taking place. Some Services may require a VERIFICATION OF NEED FORM to be submitted with the REQUEST for VOUCHERS FORM, Services or purchases taking place prior to approval or enrollment by the Family Support Services Program will not be paid and/or reimbursed.

* 1. Adaptive and assistive equipment
  2. Counseling, training, and education
  3. Community inclusion
  4. Community respite
  5. Environmental accessibility adaptions
  6. Formal respite
  7. Home delivered meals
  8. Informal respite
  9. Institutional respite
  10. Interpreter service
  11. Nursing
  12. Nutrition service
  13. Participant – Family Stability Assistance
  14. Participant directed goods and services
  15. Personal emergency response
  16. Remote monitoring equipment
  17. Specialized medical equipment and supplies
  18. Transportation

**VENDOR and PROVIDER APPROVAL**

If the family or family member is requesting reimbursement or payment to a company, organization, agency, daycare, etc. - the company, organization, agency, and/or daycare will need to complete the W-9 Taxpayers Identification and Certification Form prior to using services and/or purchasing services to become an approved vendor. A family utilizing services and/or purchasing services and/or items by their own arrangements without obtaining prior approval as required shall not be reimbursement by the Family Support Services Program.

**REIMBURSEMENT PROCEDURES**

Families approved for services and submitting invoices against their Vouchers will be paid within ten (10) calendar days of receipt of invoice. Payments will be made by the Southwestern Ohio Council of Governments) on behalf of Greene County Board of Developmental Disabilities.

**DESCRIPTION OF FORMS-GCBDD**

**COG REFERRAL FORM** – instead of eligibility letter and/or service eligibility statement – this form is submitted by support staff (Eligibility/Service and Support Administrator or other board staff)

* Eligible Individuals
* Ineligible Individuals (discharged, moved, deceased, terminated, etc.)

**PROVIDER ONLY** – family will be reimbursed

* Provider Information and Family Waiver

**PROVIDER AND VENDOR** – payment to be made to family selected provider

* Provider Information and Family Waiver
* W-9 Taxpayers Identification Number and Certification

**FAMILY –** To be completed by the family who is requesting reimbursement

* W-9 Taxpayers Identification Number and Certification

**VENDORS** (such as daycares, companies, organizations, agencies, etc.)

* W-9 Taxpayers Identification Number and Certification

**REQUEST FOR VOUCHERS FORM**

* To request services for: Respite; Therapy\*; Counseling, Training and Education\*; Diapers; Special Diets\*; and Supplements\*(\**must have recommendation on file; if no recommendation use Verification of Need form and complete Request for Vouchers form***)**

**VERIFICATION OF NEED FORM**

* Therapy; Counseling, Training, and Education, Special Diets and Supplements\*\*

(\*\* No recommendation on file; if new request complete this form, attach recommendations and complete the Request for Vouchers form)

* Adaptive Equipment, Adaptive Toys, Home Modifications
* iPads **–** reference guidelines for tablet and handheld device funding requests

**VOUCHER-** generated by SWOCOG and submitted to the family