



## **FAMILY SUPPORT SERVICES PROGRAM GUIDELINES**

**January-December 2020**

***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  
Fax (855) 763-3050  
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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 1 through December 31, 2020 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.

## **ELIGIBILITY**

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

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 1 through December 31. Allocations may vary from year to year based on the availability of funds. For the year 2020, 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.

- **ADAPTIVE EQUIPMENT & HAND HELD DEVICES/iPADS**– All requests must be submitted by completing a VERIFICATION OF NEED FORM. Requests for funding adaptive or special equipment must also include a written recommendation from a

medical professional with appropriate credentials working with the individual. The request must also include a quote that includes the name of the provider, a description of the item requested and the cost of item(s). Make sure to include any shipping, etc. if applicable. All requests will be handled as a reimbursement to the family unless the provider accepts SWOCOG's vouchers or checks.

Hand held devices such as iPads may be considered for individuals if required for communication purposes. FSSP will consider funding these devices and software applications that:

- Meet an assessed need by a professional, i.e.; Speech therapist.
- Can be functionally utilized by the individual with a disability making the request
- Are not for the purpose of meeting an educational need or service.

**We may require proof the equipment is not covered by your private insurance, Medicaid, or Medicare before approving the request.**

- **COUNSELING, TRAINING, EDUCATION, and THERAPY**—FSSP may fund registration costs for conferences, workshops, seminars, sign language classes or training sessions to the individual, and/or family member(s), which will aid the family in providing proper care for the individual. The FSSP will consider the following therapies: Applied Behavior Analysis, Equine/Hippo therapy, music therapy, occupational therapy, physical therapy, speech therapy, and tutoring. Families requesting funding for therapy must have a referral from a recommending therapist that indicates the therapeutic need and benefit. Therapy must be offered in a non-educational setting or the family's home.

All requests must be submitted by completing a VERIFICATION OF NEED FORM and a REQUEST for VOUCHERS FORM. The request must also include a recommendation from a therapist or doctor.

If this is an on-going need, the initial VERIFICATION OF NEED FORM will remain on file and you will not need to file a new form each time you request additional services.

All requests will be handled as a reimbursement to the family unless the provider accepts SWOCOG's vouchers or checks.

- **RESPIRE CARE** – daycare, childcare, babysitting, latchkey, & companion care. Respite care may be provided in the family home or in an out of home setting. A certified and approved provider, a family chosen provider or an agency can provide it.

A Request for Vouchers form must be completed for respite care prior to providing services. When approved, the family will receive a voucher in the mail. Services must be provided before the Voucher is returned for payment.

A family selected provider is someone you wish to establish as a respite provider for your family. The only restrictions in choosing the provider are:

1. The individual cannot be someone living in the same household as the family and/or the eligible individual needing service,
2. The individual cannot be a non-custodial parent or primary caregiver, and
3. The individual must be eighteen years of age or older.

Each family selected provider must complete a family provider application; the family is also required to complete a family waiver; the family must sign both forms. The provider must also complete a W-9 Taxpayer's Identification and Certification form.

The family selected provider works for the family, and is not employed by the FSSP, the GCBDDS or the SWOCOG. The family selected provider is self-employed and is responsible for any taxes incurred from payment from the family and/or the FSSP.

The family selected provider who receives payment from the FSSP via the SWOCOG is required to file taxes with the Internal Revenue Service. The SWOCOG will automatically send a family selected provider, who received payments totaling \$600.00 or more in a calendar year (January-December), a 1099 form. This form is used to file taxes and a copy will be sent to the Internal Revenue Service. A family selected provider, who receives payments of \$599.00 or less, must contact the SWOCOG for a financial disclosure statement.

- **SPECIAL DIETS** – Requests for funding for Special diets and supplements must be prescribed by a physician and is not your typical formulas.

All requests must be submitted by completing a VERIFICATION OF NEED FORM and a REQUEST for VOUCHERS FORM. The request must also include a recommendation from a therapist or doctor and a quote that includes the name of the provider, a description of the item requested and the cost of item(s). If this is an on-going need, the initial VERIFICATION OF NEED FORM will remain on file and you will not need to file a new form each time you request additional supplies.

All requests will be handled as a reimbursement to the family unless the provider accepts SWOCOG's vouchers or checks. We have an account with Kroger so we can issue vouchers for Kroger as an option.

- **DIAPERS** – The FSSP will fund diapers if the individual is age 3 or older. All requests must be submitted by completing a REQUEST for VOUCHERS FORM.

**We may require proof the incontinent supplies are not covered by your private insurance, Medicaid, or Medicare before approving the request.**

Please be reminded that you must be approved and receive your Voucher before purchasing diapers. There are two options in requesting diapers.

**Option 1** - A family can request to be a vendor to receive reimbursement by completing a W-9 Taxpayers Identification and Certification form. Once approved as a vendor, the family can submit a Request for Vouchers form. Upon receipt of the Voucher, the family can purchase diapers from a store or company (including online companies) of their choice, pay for the diapers and return the receipt for reimbursement with the Voucher (*it is required that the receipt be for diapers ONLY, no other items should be on the receipt*).

**Option II** - A family can submit a Request for Vouchers form for one of the approved vendors as indicated below:

- a. **Duraline Medical Products** – Upon receipt of the Voucher, the family will need to contact Duraline and set up an account, inform them of their approval, order the diapers, and mail the Voucher to Duraline. Duraline will ship diapers to the family’s home and send the invoice and Voucher to the Family Support Services Program for payment.
- b. **Kroger** – Upon receipt of the Voucher, the family will need to take the Voucher to any Kroger store and purchase their diapers. **Please purchase them separately from your regular groceries.** The family will sign the Voucher and give to the cashier/teller. Kroger will send receipt and Voucher to the Family Support Services Program for payment.
- **HOME MODIFICATIONS** – A home modification would be any addition to or modification of the family’s living environment that would specifically aid in caring for the developmentally disabled individual. Examples include installing ramps or grab-bars, widening doorways, modifying bathrooms to be wheelchair-accessible, and installing specialized electrical or plumbing systems to accommodate medical equipment. The item or service must:
  - Decrease the need for other Medicaid services.
  - Promote inclusion in the community; or
  - Increase the participant’s safety in the home environment.

## **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**

**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 – tablet and handheld device funding requests

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