



FAMILY SUPPORT SERVICES PROGRAM GUIDELINES

January-December 2026

***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

Sandy.Schutte@swocog.org

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, 2026 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.

- (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 disability 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.

PLANNING AND BUDGETING RESOURCES

Families are required to utilize private insurance, Medicaid and Medicare prior to requesting FSSP. Failure to utilize private sources first could result in denial of requested FSSP funds. During the planning process, families should prioritize which services and supports are most essential and utilize FSSP funds to work in concert with natural supports when feasible.

ALLOCATIONS

The Family Support Services Program operates on a calendar year January 1 through December 31. Allocations may vary from year to year based on the availability of funds. For the year 2026, the allocation to individuals will be \$1,000.00.

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 by mail to: Southwestern Ohio Council of Governments 412 S. East Street, Lebanon, Ohio 45036 or can be faxed to (855) 763-3050 or emailed to Sandy.Schutte@swocog.org. Any questions relating to FSSP can be directed to Sandy Schutte at (513) 559-6800 or Toll Free (877) 423-6900.

SERVICES

This section lists reimbursable services that are available through the FSSP. When requesting items or services, through FSSP, the item or service must be submitted on a REQUEST for VOUCHERS FORM and approved by FSSP 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, please reference criteria under each service. Services or purchases taking place prior to approval or enrollment by the FSSP will not be paid and/or reimbursed.

- **ADAPTIVE EQUIPMENT & iPADS/COMMUNICATION DEVICES**– 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 doctor or therapist with appropriate credentials working with the individual. The request must also include a quote from the vendor that includes the name of the vendor, a description of the items requested and the cost of item(s). Make sure it includes any shipping, tax, etc. if applicable. All requests will be handled as a reimbursement to the family unless the provider accepts SWOCOG's vouchers or checks.

Communication 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 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 (outside of school hours), Equine/Hippo therapy, music therapy, occupational therapy, physical therapy, speech therapy, and tutoring. We will also consider swimming, dance, gymnastics, etc. if it is needed for therapeutic purposes or is adaptive. Families requesting funding for therapy must have a written recommendation from a therapist or doctor 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 written recommendation from a doctor or therapist with appropriate credentials.

If this is an on-going need, the initial VERIFICATION OF NEED FORM and written recommendation 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

- **RESPITE CARE** – occasional babysitting, latchkey, & companion care. Respite care may be provided in the family home or in an out-of-home setting. Regular weekly daycare is not covered. 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. You must also submit the completed family selected provider application and W9 form to have the respite provider approved for the first request. When approved, the family will receive a voucher in the mail. Services must be provided before the Voucher is returned for payment.

- Hourly Unit Rate-The maximum hourly rate paid is \$20.00 for one client. It is \$30.00 for two clients, and \$40.00 for three clients if they provide respite care at the same time. The hourly rate is used for services up to 10 hours a day and is negotiated between the family and the family selected provider.
- Day Unit Rate-The maximum day rate paid is \$200.00 for one client. It is \$300.00 for two clients, and \$400.00 for three clients if they provide respite care at the same time. The day rate is used for services up to 10 hours a day and is negotiated between the family and the family selected provider.

Please note: Families have the option to pay their respite providers a lower rate than listed above. It is to your benefit to pay less per hour and per day than the maximum so that your funding covers more respite care.

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:

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

Each family selected provider must complete a respite provider application to be approved. The respite provider must complete the W-9 Taxpayer's Identification and Certification form and the provider information page. The family is required to complete the family waiver page and must sign the provider information page.

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 doctor and a quote that includes the name of the provider, a description of the item requested and the cost of item(s). A doctor's recommendation for special diets and supplements must be submitted each year for continued approval.

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 VERIFICATION OF NEED FORM and a REQUEST for VOUCHERS FORM. The request must also include a written recommendation from a doctor or therapist with appropriate credentials. The FSSP will assist in funding disposable diapers such as Pull-ups, Depends, Poise, training pants, bed pads, and cloth diapers.

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

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 the 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. Modifications must be adaptive in nature. Basic house maintenance, repairs, home additions, or expanding the overall square footage of the home are not funded. 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.

All requests must be submitted by completing a **VERIFICATION OF NEED FORM** and must include a written recommendation from a doctor or therapist 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) or service(s). All requests will be handled as a reimbursement to the family unless the provider accepts SWOCOG's vouchers or checks.

VENDOR and PROVIDER APPROVAL

If the family or family member is requesting reimbursement or payment to a company, organization, agency, etc. - the company, organization, and/or agency 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.

FEES NOT COVERED AND/OR REIMBURSED

- Requests that have not been approved by the Family Support Services Program.
- Recreation or leisure equipment (typical items such as bicycles, swings, tricycles, vehicles, etc.) Adaptations to the item and/or item adapted by design may be considered.
- Equipment and/or services covered by Insurance, Waivers, Medicare, Medicaid, Bureau for Children with Medical Handicaps or other medical plans. Family's deductibles and co-pays may be considered for items that are funded by the Family Support Services Program.
- Regular child items (strollers, highchairs, car seats, etc.) Adaptations to the item and/or items adapted by design may be considered. Diapers for children three years or older may be considered but wipes are not covered.
- Medical bills and prescriptions or vitamins.
- Furniture, household goods
- Eyeglasses and Vision Services
- Dental and Dental Services
- Applied Behavior Analysis or therapy done in a school setting.
- Rent, mortgage payments, utility bills, water bill, automobile repairs, house repairs, electrical, plumbing, home alarm system, air conditioners, gas or fuel, etc.
- Taxes or Fines (city, state, real estate, taxes on purchases, etc.)
- Other: Testing, psychological services, oxygen, day services, pharmacy, physicians services, rehabilitative services, day treatment programs, medical clinic, mental health, hearing, hospital services, laboratory services, long term care, dialysis.

Please Note: This is not an exhaustive list.

FRAUD ALERT

The GCBDD recognizes the value and importance of families using funding through the FSSP to support services for their son(s) and daughter(s) and we appreciate those families who have used the FSSP as intended. However, we occasionally run into situations where funds are being misused or not used for the intended purpose.

This alert is a reminder that we do look at the way public dollars are spent and we find people who misrepresent services, bill for services not actually provided, submit false statements regarding addresses, family selected providers, relationship to eligible individual, etc.