

PURPOSE: To outline the processes, supports, and reimbursement mechanisms of the Family Support Services program.

SOURCE: Ohio Administrative Code 5123: 4-01 K, MCBDD Policy Chapter 7, Sec. 6

Form Reference(s): 0309057 FSS Provider Application, 0309054 FSS Provider Time Sheet, 0309051 FSS Reimbursement for Purchases, 0309056 FSS Travel Expense Report

PROCEDURE:

Program Description

FSS has two primary missions: To keep natural families together and to prevent out-of-home placement. In the event that funds become depleted or depressed, decisions on allotments will be based on the priority of accomplishing the two primary missions of FSS. In addition, FSS may require co-pay by families based on a sliding fee scale of their adjusted gross income.

FSS funds are permitted to be expended in the following categories:

1. Respite Care
2. Home Modifications
3. Adaptive Equipment
4. Dietary Supplements
5. Counseling, Education, and Training
6. Other (*)

Within these categories, families can make purchases and submit requests for reimbursement, minus any co-pay as applicable, or use vendors under contractual agreement with MCBDD. Generally, FSS assistance is for those individuals/families who do not have any other resources to pay for the types of services FSS will cover.

The intention of the Counseling, Education, and Training category is to 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 (i.e. a training seminar in behavior management techniques). This category is not intended to cover school fees, school clothes, or items used during the school day.

Purchases in the "Other (*)" category must be reviewed and pre-approved by the MCBDD prior to the purchase if the total cost exceeds \$100 or any one item exceeds \$100. If any item appears to be outside the parameters of the FSS program, it may also need pre-approval even if under \$100. Items purchased without prior approval will not be reimbursed. The request, which must have the specific written recommendation of an appropriate referring professional (e.g. medical doctor, therapist, behavior specialist, etc.), will be considered based on the above criteria, as well as on the pertinence to

maintaining health and safety. The purchase should contribute towards the mission of FSS. In some cases, the request may need to be reviewed by the Medina County Board of DD Needs Committee. If the request goes to the Needs Committee, families will be asked to provide the following information: a letter from the family indicating need, requested amount of FSS funds to be used, and should include any other funding sources approached to assist, and include a letter/referral from therapist and/or doctor. All information as outlined above should be forwarded to the FSS Specialist. The FSS Coordinator reserves the right to determine when an item should be partially reimbursed in cases where other family members may use the item.

Therapeutic “games and toys” are allowed only if recommended by the aforementioned appropriate professional or therapist. One-time assistance with rent, mortgage payments, utility bills, car repairs, etc., may be provided if, without this assistance, the family could lose their home/apartment or be unable to adequately provide care to their family member. Medications will be considered only after all documented first-pay sources (Medicaid, BCMH, and private insurances) have been exhausted.

Family Support Services dollars is the payer of last resort after the family has exhausted all other funding resources (i.e. after Medicaid, Medicare, health insurance, government programs, public school programs, or any other public or private source of funding). MCBDD will assist families in identifying other resources that the family may use to pay for needed items or services. As part of this process, MCBDD provides a list of resources that are available in the Medina County area (see website). In addition, FSS service can be denied if the service is available elsewhere in the county and the individual is eligible to receive such services.

Eligibility

All individuals eligible for county board services are eligible for Family Support Services. However, individuals enrolled in HCBS waivers, or any Medicaid waiver, are not eligible for FSS. If the individual/family was receiving FSS services prior to enrollment in a HCBS waiver, their name will be removed from the FSS roster after being given their Complaint Resolution/Due Process notification of rights. This is due to the increased supports available through the waiver and the limited FSS budget and allotments. Additionally, persons in foster settings, persons residing in a licensed or certified residential facility, and persons placed into other living settings without a family member are not eligible. Actual use of FSS funds is subject to funding availability based upon the State’s FSS allocation and MCBDD’s approved budget. The FSS program should not be viewed as an entitlement and its use needs to conform to the mission of the program as described above.

Registration

Once Board eligibility is determined for an individual, the enrollment form may be sent to the family. Enrollment forms are also available on our website. This enrollment form includes information regarding the family, any needs they may anticipate, and the co-pay schedule/sliding fee schedule. The co-pay schedule is used to determine the amount for which each family will be responsible for when requesting assistance. FSS

enrollment applications for the following year are mass mailed before the end of the current year. However, an application can be requested at any time. When the enrollment form is returned, a “new family” packet is sent, which consists of a welcome letter and explanation of the program, allotment letter, and a copy of the MCBDD Family Support Services procedure. If an interest is expressed in receiving respite services, a family solicited provider recommendation and application will be sent. Each of these items must be completed in full, as applicable, and returned to MCBDD.

Allotments

Upon receipt of the packet, MCBDD will issue an allotment letter to the family, indicating total maximum funding and any co-pay obligation for the year. All participants receive the same allotment amount with the exception of those families who have more than one eligible child. At any time throughout the year, the Medicaid Services Manager or FSS Coordinator can be contacted via email or phone to find out the remaining balance of the family’s allotment. Families may also submit a request via our website to have their FSS balance verified.

Reimbursement forms will include a section for comments/feedback so **families/providers have an opportunity to express their likes/dislikes of the FSS** program. Families/providers are encouraged to submit feedback at least once/year.

All reimbursement forms used for FSS are available on the agency’s website:
<https://www.mcbdd.org/resource/family-support-services>.

Services

Respite providers must be 18 years of age or older and living in a separate household and are certified as either trained or knowledgeable and capable of caring for the eligible individual. If a provider is less than 18 years of age, then their parent/guardian must submit written approval in order to be a provider. Respite providers fill out monthly time sheets and present them to the family for verification. They then submit them to MCBDD for payment by the 5th or 19th of each month. Respite services will not be paid in the absence of a signed time sheet from the family. In lieu of respite providers submitting for payment directly families also have the option to pay their respite provider and submit a receipt from the provider for reimbursement. Due to the limited FSS funds available and the number of families who utilize respite services, MCBDD will not reimburse respite charges in excess of the waiver reimbursement rule rates for category 6 (<http://dodd.ohio.gov/RulesLaws/Documents/5123-2-9-30%20Effective%202018-02-15%20Appendix%20A.pdf>). Families are to negotiate the actual respite hourly charge with their selected provider within the hourly cap indicated above.

Products or services can be purchased in the following ways:

1. The family can purchase the product and submit a receipt for reimbursement.
2. The product can be purchased from a vendor who will either:

- (a) Establish a credit account with MCBDD and agree to bill the family separately for the co-pay, or
- (b) Invoice MCBDD for the amount of the product minus any applicable co-pay and bill the family for the balance.

MCBDD maintains a list of vendors of products and services, other than respite, which is provided to families upon request or when seeking vendors of specific products/services.

FSS typically covers assessments that lead to a diagnosis or courses of treatment. Professional therapies (i.e. speech, OT, PT, psychology) are not covered; however, alternative therapies (i.e. therapeutic horseback riding, music and art therapy) and counseling are covered with appropriate therapist or doctor recommendations.

Identifying and Developing Providers

Families are encouraged to find providers that they trust to take care of their children. MCBDD is responsible for maintaining a list of family solicited providers.

Families who choose to use their own providers will sign a waiver that they are responsible for the training of those providers and that MCBDD shall incur no liability. Families are encouraged to give feedback to MCBDD about their providers on a regular basis. The FSS program is family centered and SSAs should be contacted if there are any problems.

Provider Procedures

The following procedures should be followed to assure reimbursement for expenses or services incurred for respite or the other categories of FSS within 60 days.

Reimbursements are processed twice per month.

1. Provider time sheets and requests for reimbursement are to be received by the Board by the 4th or 18th of each month. Address them to: MEDICAID SERVICES MANAGER, C/O MCBDD BUSINESS OFFICE, 4691 WINDFALL ROAD, MEDINA OH 44256. THEY MAY ALSO BE SENT VIA E-MAIL TO FSSINFO@MCBDD.ORG OR FAXED TO (330) 722-4854. All reimbursement forms, including time sheets, should be received no later than the 60 days following the first date of service, i.e., first date of service provided is on June 3rd, and then the time sheet is due by August 3rd.
2. The family receiving the service must sign all time sheets.
3. All time sheets must be complete; including name, address, social security number, and the name of the person receiving the service(s), or reimbursement may be delayed.
4. December bills must be submitted by the 30th of January of the next year (the 60 day limit does not apply here due to it being the end of the accounting period).

5. Bills not received by the designated time frames will be paid during the next processing date.
6. Bills for December/January respite services should be submitted on separate reimbursement forms.
7. Receipts are to be submitted with all requests for reimbursement.
8. MCBDD, upon review and approval, will send all reimbursement forms and time sheets to NEON, who then writes the check. NEON has 10 business days from the receipt of reimbursements to mail checks.

The Director of Service and Support Administration, along with the Medicaid Services Manager, oversees all services, approves all expenditures, and assures compliance with all standards and guidelines.

Fraud

Instances of fraud will not be tolerated. Instances will be reviewed individually to determine the appropriate course of action which could include, but is not limited to, disenrollment from the program or criminal prosecution.