

## **Family Directed Resources Program**

The Erie County Board of Developmental Disabilities (Board) in keeping with its mission provides locally funded resources to support families in providing for unique needs related to qualifying disabilities. The Family Directed Resources Program is committed to supporting families to increase their capacity to care for individuals in the family home as well as support individuals with disabilities to become more independent in the home and community. Through the Family Directed Resources Program the Board shall provide limited disability focused financial support to all individuals determined income and program eligible.

The Superintendent is authorized to establish and revise as needed the procedures to be utilized in the implementation of this policy.

Board Approval: January 2006

Implemented: January 2006

Revised: 4/16/2009, 2/18/2010, 9/21/2011

CROSS REFERENCE

Procedures: Family Directed Resources Program

## **Family Directed Resources Procedures**

### **ADMINISTRATION**

The Board shall contract for the administration of Family Directed Resources (FDR). The contract agency shall review each request as an individual request, unique to each family as an individual unit.

### **PROGRAM EVALUATION AND PLANNING**

At the end of each month the total FDR expenditures, categories of services received, family co-pay and number of families served shall be reported to the Board by the contract recipient agency.

### **ELIGIBILITY CRITERIA**

#### **All must be met:**

1. Family resides in Erie County. Family is defined as parent(s), brother(s), sister(s), spouse(s), son(s), daughter(s), grandparent(s), aunt(s), uncles(s), cousin(s), or guardian(s) of the eligible individual. Family also means person(s) acting in role similar to those specified in this paragraph even though no legal blood relationship exists if the eligible individual lives with the person(s) and is dependent on him/her to the extent that if the supports were withdrawn another living arrangement would have to be found.
2. The family unit includes an individual that has been determined eligible for services from the Board.
3. The child/adult is not otherwise supported financially by the board (i.e.: Individual Options Waiver, Individual support budget.)
4. The request is inline with the policy statement of Family Directed Resources.
5. The request is related to the eligible individual's documented delay or developmental disability.
6. The request is not a typical expense incurred by a family.
7. The requested support can not be paid for in another manner either by insurance, school system, unpaid support or other entity.
8. A completed income verification form with supporting federal tax return verifying taxable income or a current copy of the Medicaid card is required annually.

### **ELIGIBILITY PAPERWORK PROCESS**

1. Income verification forms will be mailed annually to families actively enrolled in the Family Directed Resource Program the previous year. Families are required to update their financial information if changes occur during the program year ie: gain or loss of employment, family size.
2. Family co-payment schedules are based on the federal poverty standards as updated by the Department of Health and Human Services.
3. The calculation of the co-payment schedule is based on the taxable income as reported on federal tax forms or as verified with appropriate Medicaid eligibility.
4. A Funding Assessment will be completed annually with each income verification form and updated as information changes.
5. The Income Verification forms along with the Funding Assessment will determine the family allocation for the year.

6. Families will receive a letter within seven (7) business days from receipt of complete income verification and funding assessment paperwork notifying them of the co-pay amount and their FDR allocation.

## REQUESTING SERVICES

1. Family completes, signs and sends the request form to the Contract Agency Coordinator (Coordinator)
2. Coordinator reviews request for completeness, and if the request is complete, it will be processed within seven (7) business days.
3. If follow-up is needed in order to process the request, Coordinator will follow up with appropriate persons.
4. Coordinator reviews and approves/denies request:
  - a. If approved, Coordinator processes request within seven (7) business days.
  - b. If denied, Coordinator notifies the family and provides the family with their Administrative Resolution of Complaints rights.
5. Coordinator collects family co-pay amount when applicable.
6. Coordinator orders and tracks all equipment requests after family contribution is received (when applicable).
7. Original requests are maintained by the contract agency.

## FUNDING GUIDELINES

1. Funding shall be based on availability of funds as well as the completed funding assessment.
2. The allocation of dollars will be set on an annual basis by the Board.
3. The Coordinator can authorize expenditures up to the allocation amount.

## PAYMENT INFORMATION

- Requests will be honored if funds are available and the request is consistent with the definition of approved services.
- Payments will be drawn from the calendar year in which services were rendered and not more than 90 days after the end of the calendar year.
- All respite payment requests must be submitted within 30 days following the date of the respite service.
- To ensure payment, the family must honor requested deadlines for turning in completed requests. The contract agency will facilitate follow-up and aid the family when necessary to complete the process.
- Coordinator will determine family contribution.
- Family contribution for services will be paid by the family directly to the provider.
- Family contribution for materials/equipment will be paid by the family to the contract agency when the contract agency's credit card account is used to order such materials/equipment.
- Original invoices, quotes, receipts are required in order to process payments.
- The contract agency will obtain needed tax information if necessary to process payment.
- **Mis-use of funds may result in the termination of Family Directed Resources for one year.**

## DENIAL OF SERVICES

- The individual/family does not meet eligibility or application requirements
- The family has met the annual funding cap

- The family refuses to provide required documentation of income
- The requested service does not reflect the mission of FDR
- The services requested are not approved FDR services
- The requested service is a typical expense incurred for a typical individual of the same age
- Service was not rendered within an eligible FDR program year
- The services should be paid for by another entity such as a school district, or healthcare insurance provider

### **Examples of Unapproved Services**

Some exceptions may apply with a professional recommendation through the appeal process.

- Family vacations
- Utility bills
- Rent deposits, mortgages
- Luxury items such as TVs, VCRs, DVDs, video game-systems, swing-sets etc.
- Application/registration fees, activities fees
- Regular maintenance and repair (does not include adjustments to seating/positioning due to growth)
- Services that are reimbursable through another community resource or insurance provider.
- Typical expenses incurred for a child or adult of the same age (i.e. crib for an infant, school fees, immunizations, typical medical expenses, or car seat for infant/child, etc.)
- Damages to property
- Educational services other than Summer Programming
- Insurance co-pays and deductibles
- Requests which do not meet the criteria for the category of service

### **APPEAL PROCESS**

All families have the right to appeal decisions. Families may exercise their appeal rights in either an informal or formal manner.

1. Informal resolutions may occur by first contacting the contracting agency to resolve issues. A committee of three members will be assigned to make a determination on the complaint. If this method does not resolve the issue, a formal conflict resolution can occur.
2. Formal Resolutions shall follow the appeals process outlined in the Boards Administrative Resolution of Complaint Policy.

Families may choose to initiate either the informal and formal appeal process simultaneously.

### **NEEDS IDENTIFIED ABOVE CATEGORY LIMITS**

At times the unique needs of a family may exceed the set category limits. Requests to exceed these limits can be addressed in writing to the contract agency and will be reviewed by the informal review committee on a case by case basis. The request will be reviewed and decisions will be made based on the unique needs related to the qualifying disability. In some cases requests for additional information and professional recommendations will be required.

<b>BASIC SUPPORT SERVICES</b>
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Basic Support Services provides the opportunity for a wide variety of supports. These include the following:

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| 1. Respite Services                        | 4. Special diets                                 |
| 2. Purchase or lease of adaptive equipment | 5. Counseling, training, and education to family |
| 3. Home modifications                      | 6. Transportation                                |

## 7. Other

### **Family Co-pays apply to all Basic Support Services.**

#### **1. RESPITE UP TO \$550 ANNUALLY**

Provides temporary care of eligible family member for rest and recovery between periods of care giving.

#### **Criteria**

- The request does not exceed fourteen (14) continuous days
- The request may be provided out of the county if not available in county
- Respite is intermittent and does not occur while the caregiver is at work or school.
- Respite is available for children age 0-13 that have specific developmental disabilities and unique needs that make it impossible to utilize traditional childcare services, and or require families to have breaks in care giving due to the nature of the disability.
- FDR eligible individuals over age 13 are outside of typical childcare age therefore are eligible for respite services as long as they meet the defined criteria.
- Services will be reimbursed at the community standard for similar types of service.
- Respite payments will not be reimbursed without the completion of all appropriate paperwork.

#### **Examples**

Respite care in or out of the family's home  
Residential day/ week / weekend camp  
Group recreation activities  
Emergency respite care  
Other unique respite needs of the family

#### **Providers**

##### **Family Secured Providers** recruited and secured by family

- The family determines and verifies that the provider is capable of caring for the individual.
- The family verifies that the provider's home is an acceptable and safe environment should respite be provided out of the family's home.
- The family and provider complete a request for service identifying and certifying respite provider appropriateness. This releases the Board of obtaining background checks and certifications from the provider required by Ohio Department of Developmental Disabilities (DODD) for supported living providers.
- The provider completes a W9 form (tax identification form) if required.
- The provider is at least 16 years of age.
- The provider is not listed on the DODD abuser registry.
- The provider does not live in the family home.

##### **Board Secured Providers**

- These are individuals or agencies that have been certified to provide services by the Board.
- The Family selects provider, family may request assistance from the Team if needed.
- Provider meets all requirements to hold a current contract with the Board.
- A licensed residential facility, such as, a nursing home, group home, etc.

- Another facility that provides after-school programming or special weekend programming.

## **2. PURCHASE OR LEASE OF ADAPTIVE EQUIPMENT – (Requires a professional recommendation of a certificated team member)**

Devices, controls or appliances that allow people to do daily living activities or to help them communicate.

### **Examples**

- Wheelchairs / Adaptive Strollers or other ambulating devices
- Adaptive seating and supports
- Communication devices
- Feeding and food preparation equipment
- Modified clothing
- Adaptive or specialized switches
- Specialized bathing and toileting devices
- Modified Tricycles
- Weighted Vests / Blankets
- Vehicle Modifications
- Sensory Items

## **3. HOME MODIFICATIONS – (Requires professional recommendation of PT, OT or other appropriate professional.)**

### **Examples**

- Inside and outside ramps and walkways
- Special railings
- Bathroom modifications
- Special fire alarm equipment
- Wheelchair Ramps
- Fencing needs over age 3 directly related to health / safety issues

## **4. SPECIAL DIETS – (Requires a professional recommendation of a certificated team member)**

Items that are required for nutrition beyond typical developmental time period.

### **Examples**

- Commercial dietary supplements.
- Nutrition enhancers.
- Ingredients to supply the eligible individual with specific dietary needs. (i.e.: gluten free foods).

**NOTE:** does not include items for food allergies (i.e. soy milk in lieu of dairy milk due to dairy allergy)

## 5. COUNSELING, TRAINING AND EDUCATION FOR FAMILY

### Examples

- Individual or group counseling for family members to better address issues around the special needs of the eligible individual.
- Nutritional training for families.
- Educational seminars that have a direct focus on the area of disability. Registration fees for these opportunities are eligible at 100% cost. Hotel room is eligible at 50% of the total cost. (Does not include food, phone charges, movie rental etc.) Mileage can be reimbursed at \$0.42 per mile not to exceed a maximum of 300 miles per seminar.


## 6. TRANSPORTATION (UP TO \$500 ANNUALLY)

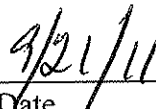
- Transportation to / from specialized summer programs.
- Transportation to / from vocational opportunities.
- Gas Vouchers/Reimbursements for Specialist appointments / Therapy appointments (receipt or appointment documentation required (limited to \$500 per year) Mileage will be reimbursed at \$0.42 per mile or a maximum of \$25.00 per trip which ever is less.
- Taxi Cab reimbursement / Public transportation reimbursements with utilization of usual customary rate for like service.
- Tolls / Parking fees in conjunction with specialist appointments may be reimbursed with a receipt.

7. **OTHER** - Requests which do not meet the criteria outlined under any other category of service but meet the unique needs of the family

### Examples

- Diapers for a child beyond training years (3+yrs).
- Training or programming to aid the individual in developing skills for transition.
- Educational Materials and Developmental supports (limited to \$300.00 per year). Items may not replace what is required of the educational system. IPAD's and other handheld technological devices require a therapist recommendation that demonstrates how the item will assist an individual in meeting milestones related to the qualifying disability and may require additional assessments as related to the purchase of electronic equipment.

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Date

**Family Directed Resources  
Funding Assessment  
Appendix B**

Individual: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

Completed by: \_\_\_\_\_

**Level 1:** (\$800.00 allocation) co-pays apply Must meet all five to receive allocation:

- Eligible for Erie County of Developmental Disabilities Services
- Receives Family Directed Resources Only- No other County Board Services
- Age 0 to one year prior to transition to adult service programs
- One child with a disability in the family
- Income level is up to 300% of the Federal Poverty guideline

**Level 2:** (\$1100 allocation) co-pays apply Must meet all five to receive allocation:

- Eligible for Erie County Board of Developmental Disabilities Services
- Receives Service and Support Administration / Service Coordination from the County Board
- Age 0 to one year prior to transition to adult service programs.
- One child with a disability in the family
- Income is up to 300% of the Federal Poverty guideline.

**Level 3:** (\$1500 allocation) co-pays apply

Must meet one of three of these areas and meet Level 2 to receive allocation

- Intermittent Behavior interventions required on-going ie: counseling, psychological services, social modeling therapies.
- Medical Issues that require on-going medical intervention.
- Two or more individuals with a qualifying disability in the family.

**Level 4:** (\$1800 allocation) co-pays apply

Must meet two of three of these areas and Level 2 and Level 3 to receive allocation

- Severe behavior problems that require a behavior support plan, or anti-psychotic medications
- Multiple System Diagnosis that result in needs. ie: Cerebral Palsy, Prader Willi, Muscular Degenerative and Neurological conditions.
- Adaptation / Modification need ie: A one time, non recurring purchase of tangible and non-typical items that remove barriers and or increase a child's independence.

**Qualifies for:**

\_\_\_\_\_ Level 1

\_\_\_\_\_ Level 2

\_\_\_\_\_ Level 3

\_\_\_\_\_ Level 4

Completed by \_\_\_\_\_

Date \_\_\_\_\_