

# Family Support Services

## Adams County Board of DD

### FSS Coordinator:

Sarene Bellamy

937-544-2574

P.O. Box 157 – 482 Rice Drive

West Union, Ohio 45693



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This packet is designed to help inform you of the Family Support Services (FSS) Program. The purpose of this program is to assist families who keep at home a person who has substantial developmental disabilities. The programs intent is to promote unity of the family by assisting in meeting the needs of the person and allowing him/her to live at home with the family and reduce inappropriate residential care.

Please read thoroughly.

**Included in this packet is:**

- 1. The FSS Policy**
- 2. The FSS Application** – Must be received and approved before a request is made.
- 3. The Things You Need to Know About Me Questions** - this needs completed if requesting Respite Services.
- 4. The FSS Service Request** - Must be received and approved prior to the service being delivered.
- 5. Respite Care Liability** – must be received prior to service delivery.
- 6. Verification of Services** – Must be received prior to payment being made.
- 7. Administration Resolution of Complaints**



## **I. Purpose and Philosophy**

**POLICY REVISED: 02/08/2017**

The Adams County Board of DD believes that:

1. All individuals with developmental disabilities have a right to live in a stable home, enjoy membership in a family, have access to the array of supports needed to enable them to participate in the life of their communities to the degree they choose, and experience enduring relationships with brothers, sister(s) other family members, and friends.
2. Reimbursable services and supports through the FSSP shall be tailored to the unique needs of individuals with developmental disabilities and their families and shall be defined in accordance with section 5126.11 of the Revised code and 5123:2-1-09 .
3. Family Support Systems should:
  - a. Seek and nurture partnerships between family members, other supportive people, and the professionals who serve both these individuals and their families;
  - b. Build on the unique strengths and characteristics of each family;
  - c. Utilize the resources in each family's social network and home community; and
  - d. Respect the beliefs, values and structures of each family.
4. Any individual that is currently receiving a Medicaid Waiver, Home Health Service, RSS Funding, and any other Medicaid-related services, is not eligible for FSSP. The intent of this program is for people that have no services available to the family.

## **II. Family Eligibility**

"Family," as stated in this policy, means parent(s), brother(s), sister(s), spouse, son(s), daughter(s), grandparent(s), aunt(s), uncle(s), cousin(s), or guardian(s) of the individual with developmental disabilities and the individual with the developmental disabilities. "Family" also means person(s) acting in a role similar to those specified in this paragraph even though no legal or blood relationship exists if the individual with developmental disabilities lives with the person(s) and is dependent on the person to the extent that if the supports were withdrawn another living arrangement would have to be found. The person(s) shall verify the relationship by signature.

1. Planned services: A family shall be eligible for reimbursement of FSS if it includes a family member who resides at home and has been determined eligible for the ACBDD according to section 5126.01 of the Revised Code.
2. Emergency services: These services can be provided to eligible persons in accordance with section 5126.042 of the Revised Code which defines an emergency as "any situation that creates for an individual with developmental disabilities a risk of substantial self-harm or substantial harm to others if action is not taken within thirty days.
3. If resources are not available, the ACBDD shall place the family on a waiting list for FSSP.

### III. Request Process

1. The request for services shall be initiated by a family. The family's request for FSSP shall be honored if funds and services are available and consistent with our policy, and section 5123: 2-1-09, and 5126.11. The ACBDD shall work with the family to obtain supports and services. At the family's request, the ACBDD shall assist families in developing individual plans and strategies for family supports. FSSP shall be considered a component of the individual planning process. The ACBDD shall respond within seven working days to an eligible family's request.

2. FSSP may be provided in a county other than Adams. The ACBDD is responsible for determining that providers meet the requirements of rule. The person served must be a resident of Adams County.

3. A Family Services Support Packet will initially be sent to all families of persons currently being served by the ACBDD. Packets will also be sent per individual request. A FSS packet includes;

- a. Cover page and ACBDD FSSP Policy
- b. Eligibility guidelines
- c. Reimbursable services
- d. Maximum annual reimbursements
- e. Co-payment scale
- f. Application Form-to determine income guidelines and other resources-Must be approved prior to requests.
- g. "Things you need to know about me" form
- h. Service Request Form-Must be approved prior to services delivered.
- i. Respite Care Liability Form
- j. Administrative Resolution of Complaints

4. The FSS Request Process is as follows:

- a. ACBDD receives an application and determines eligibility. Application is approved or denied and family is notified.
- b. Service request form is received. If request is for respite, "Things you need to know about me" and possibly a Respite Care Liability Form is received. In the event of an emergency, 24 hour notice is required.
- c. Family is notified of approval/denial.
- d. Board office requests purchase order from Auditor's office. This purchase order may be to the provider or the family if they choose to be reimbursed.
- e. Verification of Services form received. This form must be received by the Tuesday prior to the monthly Board of DD meeting which is held the second Thursday of each month.



f. Bill approved by the Board at the next scheduled meeting or by the Superintendent.

g. Bill paid by the Adams County Auditor within 45 days.

5. The family may request a list of certified respite providers from the ACBDD before deciding on a provider, or the family may recommend a provider, at least 18 years of age, not living in the same household.

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

7. All required paperwork must be submitted and approved before payment is made including, but not limited to, all FSS forms and recommendation letters from doctors, teachers, therapists, etc.

8. Payments may be made for the following services:

- a. Respite care, in or out of the home, must be initiated by the family and to be used primarily for occasional respite and emergencies. At least 24 hour notice is required for non-emergencies. Individuals receiving Medicaid Waiver or RSS assistance will not be eligible for respite but may be eligible for other FSS services that the waiver or RSS eligible for respite but may be eligible for other FSS services that the waiver or RSS won't cover.
- b. Counseling, supervision, training and education of the individual, individual's caregivers, and members of the individual's family that aid the family in providing proper care for the individual, provide for the special needs of the family, and assist in all aspects of an individual's daily living;
- c. Special diets, purchase or lease of special equipment or modifications of the home, if such diets, equipment, or modifications are necessary to improve or facilitate the care and living environment of the individual.
- d. Providing support necessary for the individual's continued skill development, including such services as development of interventions to cope with unique problems that may occur within the complexity of the family, enrollment of the individual in special summer programs, provision of appropriate leisure activities, and other social skills development activities. These funds are not intended for regular leisure/recreation activities.
- e. Any other services that are consistent with the Purpose and Philosophy found in Section 1.

9. Limited or Excluded Expenditures

- a. Computers - will be purchased only once every five years.

\*No computer supplies such as paper, disks, ink, and Internet Service.

- b. Toys - No more than \$100 per year for toys accompanied by a letter of recommendation from a physician or therapist. This is not meant to be a source of funds for Christmas toys.
- c. No swimming pools.
- d. No trampolines.
- e. Fence – One time only. Must have letter of approval from landlord if renting.
- d. Air Conditioner – Must have letters of denial from JFS and ABCAP and there must be a medical necessity attested to by a physician.
- f. Utilities – The needs of the qualifying individual must be met first. The family must first work out a level billing plan with the service provider to prevent large balances during the winter season. Denials must be produced from all other available funding sources including, but not limited to, JFS and ABCAP. The Board will pay a single utility bill not more than once every two years (24 months) up to \$500 in emergency situations only. An emergency will be determined by the FSS Committee on a case by case basis.
- g. Sidewalks for Wheelchairs – Each request will be evaluated individually and the Superintendent will ultimately make the decision.
- h. Clothing – May be purchased only for emergency reasons or if the clothing is adaptive in any way. These funds are not meant to be used for Christmas purchases/presents.
- i. Appliances – A one time per year allocation of \$75 may be used for the purchase or repair of an appliance.
- j. No vehicle purchases or vehicle repairs.
- k. No electronic game systems such as Nintendo, PS, Wii, etc.
- l. Exterminator Fees – Spraying for Bed Bugs and Roaches will be an approved service, up to three sprayings. Authorized spraying will be scheduled after the home has been inspected by a county board staff and the Pest Control Company agrees that all the necessary bagging, cleaning, or destroying of furniture has been completed. Instruction sheet will be given to the family and gone over so the explanation is clear on what is to be done before spraying can occur.

#### **IV. Family Reimbursement or Provider Payment**

1. Maximum Annual Reimbursement as determined by the ACBDD FSS Committee
  - a. Reimbursement to a family shall be determined annually per fiscal year (July 1-June 30) of funds appropriated by the general assembly for one individual family member who has developmental disabilities.
  - b. A family that has more than one family member who has a developmental disability using FSS may be reimbursed an additional amount per fiscal year to be determined annually.
  - c. The ACBDD may limit a family's reimbursement to an amount that is less than the maximum allowed if sufficient funds are not available.
  - d. When extraordinary circumstances exist, as determined by the FSS Committee, the ACBDD may reimburse a family at a level greater than the current allocation.



2. Upon approval of the request for FSS, co-payment will be determined and a purchase order in the amount of the reimbursement or provider payment will be obtained. Co-payments must be made prior to purchase of items or payment of services.

a. The co-payment schedule for a family shall be based on the family's taxable income as certified by their signature. Income shall be based on the federal taxable income (after applicable deductions.) The individual or family shall be responsible for reporting any changes in income.

b. Income Schedule

\$27,258 or less	0% contribution
\$27,259 - \$37,759	10% contribution
\$37,760 - \$48,260	30% contribution
\$48,261 - \$62,262	50% contribution
\$62,262 - \$79,762	75% contribution
\$79,763 and over	100% contribution

3. Families will be asked to sign a verification of satisfactory completion of the service being reimbursed. It is the responsibility of the provider to obtain the family's verification and submit it along with request for payment.

4. No reimbursement shall be made on behalf of an individual who is living in a residential facility that is providing services that are funded according to section 5123.18 of the ORC or Title XIX of the Social Security Act or by the ACBDD.

5. No reimbursement for respite care for those individual receiving RSS, Supported Living Funds or Medicaid Waivers that pay for respite and other in-home services.

6. Returning any items purchased with FSS funds through mail order is the responsibility of the family.

## V. Identifying and Developing Providers

1. Potential providers shall be contacted to explain FSSP and to seek their participation. Application process shall include, but not be limited to, determining the provider's qualifications to deliver services, costs of such service, agreement to accept payment through purchase orders, and agreement to allow periodic monitoring of service delivery.

2. Efforts will be made to approve providers in all FSS areas. The ACBDD will maintain a list of certified providers.

3. Certified Respite Providers must comply with the following criteria:

- a. Criminal background check
- b. Up to 40 hours of training which includes but is not limited to:
  - 1). Practicum
  - 2) Time spent with individuals with mental retardation and/or developmental disabilities and their families
  - 3) CPR and First Aid
  - 4) Training may be waived by Superintendent if the Provider has experience with persons with DD.

4. County Board certified providers of out-of-home respite shall be subject to the provisions of rule 5123:2-12-01 (Supported Living Quality Assurance Standards) of the Administrative Code that consider the health and safety of the individual:

a. Housing.

The individual has housing that meets local requirements for residential homes, is secure, and has adequate heating, water, and electricity. The individual has the basic furnishing necessary for daily living including, but not limited to a bed, chairs, table, kitchen facilities, and lighting.

b. Health

The individual's health is maintained through adequate hygiene, nutrition, exercise, safe behavior, medical and dental monitoring, and appropriate medications when needed. The individual receives prompt and up-to-date treatment for physical problems.

c. Safety

Potential dangers in the environment are minimized. The individual has access to prompt and appropriate emergency services, when needed, such as police, fire department, ambulance, and crisis line.

d. Major Unusual Incidents

Shall be reported in compliance with 5123:2-17-02 of the Administrative Code.

5. The ACBDD shall assure quality control of the county board certified providers of respite through:

- a. An initial on-site visit before providing certification of out-of-home providers.
- b. A periodic on-site visit at least annually to each out-of-home provider conducted in the county by county board personnel.
- c. Structured, written feedback from a significant sample of respite sessions completed by the family and the county board certified respite provider. The sample shall include the first respite session by each newly certified provider.

6. Non-Certified Providers are those providers chosen solely by the family and need not be county certified. The family must sign a Respite Care Liability Form.



## VI. Family Services Support Committee

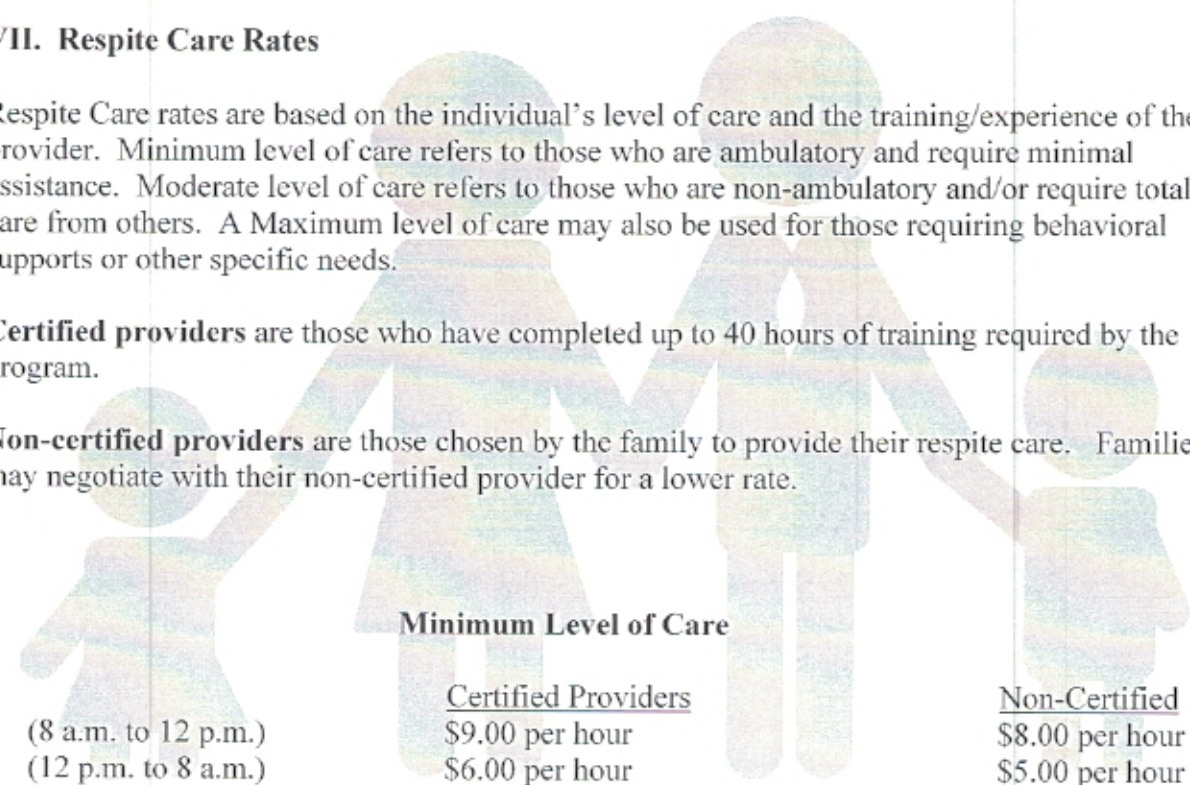
1. Shall be composed of the following:
  - a. ACBDD Superintendent
  - b. Family Support Service Coordinator
  - c. Business Manager
  - d. Service and Support Administrator
  - e. Parent
2. The Committee shall meet when necessary for the following purposes:
  - a. requests which exceed the annual allocation of this policy; and
  - b. pertinent issues surrounding the effective utilization of this program.

## VII. Respite Care Rates

Respite Care rates are based on the individual's level of care and the training/experience of the provider. Minimum level of care refers to those who are ambulatory and require minimal assistance. Moderate level of care refers to those who are non-ambulatory and/or require total care from others. A Maximum level of care may also be used for those requiring behavioral supports or other specific needs.

**Certified providers** are those who have completed up to 40 hours of training required by the program.

**Non-certified providers** are those chosen by the family to provide their respite care. Families may negotiate with their non-certified provider for a lower rate.



Minimum Level of Care		
	<u>Certified Providers</u>	<u>Non-Certified</u>
(8 a.m. to 12 p.m.)	\$9.00 per hour	\$8.00 per hour
(12 p.m. to 8 a.m.)	\$6.00 per hour	\$5.00 per hour
Moderate Level of Care		
	<u>Certified Providers</u>	<u>Non-Certified</u>
(8 a.m. to 12 p.m.)	\$10.50 per hour	\$9.00 per hour
(12 a.m. to 8 a.m.)	\$7.50 per hour	\$6.00 per hour
Maximum Level of Care		
	<u>Certified Providers</u>	<u>Non-Certified</u>
(8 a.m. to 12 p.m.)	\$12.00 per hour	\$10.50 per hour
(12 a.m. to 8 a.m.)	\$9.00 per hour	\$7.50 per hour