

FAMILY SELECTED SERVICES -ADMINISTRATIVE PROCEDURES

Purpose : The Family Selected Services program assists a family who keeps at home a family member with a developmental disability. It also assists the individual to maximize self-sufficiency and prevent inappropriate institutionalization.

Philosophy: All individuals with developmental disabilities have a right to live in a stable home, have access to the array and quantity of supports needed to enable them to participate in the life of their communities to the degree they choose. They also have the right to experience enduring relationships with brothers, sisters, other family members and friends committed to their welfare, To this end Family Selected Services will reimburse service and supports tailored to the -unique needs of individuals with developmental disabilities and their families.

PLANNING

Effective July 1, 2010 all state family support services funding through Ohio Department of DD will be used as Waiver match to provide Waiver services. Families will continue to be served from local funding. The Board shall determine the funds available for FSS every six months. The Board may contract with another agency to administer all or part of the FSS program. Funding for the FSS program will be directed to serve a broad base of families.

FSS is considered the payment of last resort. Families are to utilize other funding available to pay for supports they request through the FSS program. To ensure this occurs, the family, upon filling out a request for service, signs that they have checked other sources such as private insurance, Medicaid, Medicare, United Cerebral Palsy, Easter Seals, BCMH, Waiver, public health departments, and other civic organizations. The FSS Coordinator or the enrollee's Service Coordinator may assist in contacting other resources.

The Board shall assist families in developing individual plans and strategies for family supports through the service coordination process. FSS shall be considered a component of the individual planning process.

DEFINITIONS:

Administrative Costs - means a cost to the Carroll County Board of DD for all routine administrative and general costs associated with the implementation of the Family Selected Services Program. These include the cost of acting upon requests for services and monitoring providers. The administrative costs shall not exceed seven percent of the Carroll County Board of DD allocation for this program. These do not include the administrative costs of the direct provision of services including, but not limited to, recruitment and training of respite providers.

County Board -means a County Board of Developmental Disabilities.

Developmental Disability - a disability that occurs before a person's 22nd birthday, causes the person to experience limitations prior to the age of 22, continues for an indefinite period of time, and is attributed to one of the following:

Mental retardation, cerebral palsy, epilepsy/other seizure disorders, autism, traumatic head injury, muscular dystrophy, sensory impairments, seizure disorders, or orthopedic impairments; Any other found to be closely related to mental retardation because, it results in impairment of general intellectual functioning or adaptive behavior similar to that of a person who has mental retardation or requires treatment and services similar to those required to such individuals; Dyslexia resulting from a disability described in this definition

- D. Emergency - means a sudden, unexpected occurrence involving a family (as defined above) and requiring a determination of eligibility for temporary emergency respite care. Such determination will be made by the Superintendent or his/her designee.
- E. "Family", as stated in these procedures means parent(s), brother(s), sister(s), spouse(s), son(s), daughter(s), grandparent(s), aunt(s), uncle(s), cousin(s), or guardian(s), of the individual with mental retardation and/or developmental disabilities. and includes the individual with mental retardation or developmental disabilities. "Family" also means person(s) acting in a role similar to those specified in this definition even though no legal or blood relationship exists if the individual with mental retardation or developmental disabilities lives with the person(s) and is dependent on the person to the extent that if supports were withdrawn another living arrangement would have to be found. The person(s) shall verify the relationship by signature.
- F. Habilitation -- means the process by which the staff or a facility or agency assists a person who has mental retardation or other substantial developmental disability in acquiring and maintaining those life skills that enable the person to cope more effectively with the demands of his own person and environment, and in raising the level of the person's physical, mental, social, and vocational efficiency. This may include, but not be limited to, structured education and training.
- G. Mental Retardation - means having significantly sub-average general intelligence functioning, existing concurrently with deficits in adaptive behavior manifested during the developmental period.
- H. Respite Care - means appropriate, temporary care (less than 30 continuous days) that is provided to a person who has mental retardation or other substantial developmental disability to sustain the family structure or to meet planned or emergency needs of the family. In-home respite is provided in the home of the person. Out-of-home respite is provided in a place other than the home of the person.
- T. Home Modification - means any permanent or temporary adaptation to the residence of an individual with a disability. The adaptation must assist the family in maintaining the person at home.
- J. Equipment - means any durable equipment or adaptive modification to special equipment that is prescribed by a licensed or qualified professional, and which assists the family in maintaining the person at home.

- K. Special Diet - means diet or special food items that are prescribed for the individual who has mental retardation or other substantial developmental disability by a license physician or qualified dietician.
- L. Substantial Developmental Disability -- as related to eligibility for County Board services means:
- 1) for a child birth through age 2 having one developmental delay or an established risk;
 - 2) for children ages 3 through 5, it means having two developmental delays or an established risk;
 - 3) for children ages 6 through 16, it means having a developmental disability that is severe and chronic and is characterized by all of the following:
 - a) is attributed to a mental and/or physical impairment other than a sole diagnosis of mental illness
 - b) is likely to continue indefinitely
 - c) results in 2 substantial functional limitations as determined by: the Children's Ohio Eligibility Determination Instrument, (COEDI) for individuals 6 through 15 by utilizing the areas of self care, receptive and expressive language, learning, mobility, self-direction, and capacity for independent living; or 3 substantial functional limitations as determined by the Ohio Eligibility Determination Instrument (OEDI) for individuals 16 and older which also includes the area of economic self-sufficiency.
- M. Education, Training or Counseling - means any instruction, direction, guidance or consultation provided individually or in groups to family members to assist them in maintaining the disabled person in the home. The need for such services must be documented by a qualified or licensed professional or by the assessment of the Family Selected Services Coordinator.
- N. Substantial Handicap --- means a handicap that result in significant deficits in two or more areas of adaptive behavior. Individuals are substantially developmentally disabled under this definition when deficits in two (2) or more areas of adaptive behavior are commensurate with those of an individual diagnosed as moderately, severely, or profoundly mentally retarded. The intent of this definition is to include those individuals with substantial disabilities that are developmental in nature who are having significant difficulties functioning in society.
- O. Support - means those resources necessary to maintain the family member with mental retardation or other substantial developmental disability within the home. These resources include, but are not limited, to financial, physical, and emotional needs of the family member.

ELIGIBILITY DETERMINATION FOR FAMILY Support SERVICES

In order to establish eligibility for Family Selected Services a family must complete an Application and "Eligibility Determination Form" and submit it to the FSS Coordinator. These forms include information about family income, which is necessary in order to determine if the individual is eligible for services. The Income Verification form includes demographic information of the family and eligible individual and requires the family to disclose its self reported family income or the eligible individual's self reported income if he/she is 18+yrs. The self reported income is verified by signature as well as tax returns and pay stubs if requested. In some instances a W9 form may be required.

All portions of the Application and "Eligibility-Determination" forms must be completed in full. Upon request, the FSS Coordinator of the Board will be available to assist families with the completion of the forms. When completed Application and "Eligibility-Determination" forms are received by the Board, they will be reviewed and, within seven (7) days, the family will be issued a statement to the effect that it is either:

1. Eligible for reimbursement for Family Selected Services as specified in the Board's plan; or
2. Determination of Ineligibility for FSS. In the instance of a denial of eligibility, family shall be notified in writing of the reasons why and be informed of their Due Process rights and Administrative Resolution of Complaints Process. This information shall be presented in the native language of the family or other mode of communication used by the family unless it is clearly not feasible.

Criteria to be approved for Family Selected Services are:

- From birth to 2 years old the child must be enrolled with Help Me Grow and Early Intervention.
- From 3 to 5 years old the child must have an Individual Education Plan (IEP)
- From 6-15 years old the child must have completed a Children's Eligibility Determination Instrument and have a Form for Eligibility Determination (CFED) stating they are eligible for County Board of Developmental Disability services.
- From age 16 years and older the applicant must have completed an Ohio Eligibility Determination Instrument and have a Form for Eligibility Determination (FED) stating they are eligible for County Board of Developmental Disabilities services.
- **The Family must earn less than \$60,000 per year. The \$60,000 per year shall be based on the family's taxable income (after applicable deductions) as certified by their signature on the Application form. Family taxable income means the sum total of all individuals' income that is available for the care of the individual with the delay or disability, EXCLUSIVE OF THE INDIVIDUAL WITH THE DELAY OR DISABILITY.**

Family Selected Services application will be presented to the Carroll County Board of Developmental Disabilities Ethics Committee for approval. Then the Ethics Committee will make recommendations to the County Board for final approval.

FSS ALLOCATION TO **ELIGIBLE** FAMILIES

The maximum allocation to an eligible family for an individual family member who has developmental disabilities shall not exceed the recommended maximum allocation per family as recommended each *year* by the Board's Ethics Council resulting from review of the Board's Annual Action Plan. The current level maximum family allocation is not to exceed \$700.00 per year per eligible individual (July 1 through June 30). Families will be limited to \$65 per 24 hour period for respite services with a maximum of \$200 per month for respite. Respite providers will be paid Minimum wage up to the limit of \$65 per 24 hour period and \$200 per month.

In extraordinary circumstances as determined by the Superintendent or his/her designee (the FSS Coordinator), a family may receive an additional Family Selected allocation, greater than the maximum annual amount. **In no case, however, shall the annual allocation be greater than \$1,400.**

SERVICES AVAILABLE THROUGH FAMILY **Selected** Services:

1. Respite Care, both in-home and out-of-home, is care which helps maintain the family structure or assists in meeting planned or emergency situations;
2. Adaptive equipment includes items that are needed to improve the living environment or to facilitate the care of the individual at home. Requests for adaptive equipment should be linked to the individual's Individual Plan and/or be recommended by a licensed professional, i. e., Teacher, Occupational Therapist, Physical Therapist, Speech Therapist, Physician, etc.;
3. Home Modification includes changes that are needed in the home or family property to make it accessible for the individual receiving services;
4. Education, Training and Counseling is to provide the services necessary to enable all family members the education and skills to allow the individual to live at home, including how to address special behavioral, medical, emotional, therapeutic, or personal needs of the individual;
5. Special Diets includes foods necessary for the individual for a medical, behavioral, or disabling condition. Requests shall be accompanied with documentation and substantiation from a qualified Dietician or Licensed Physician;
6. Medication and medical supplies necessary for the well being, either physically or medically, for the individual and not covered by other sources;
7. Family trips including the person covered;
8. Recreational outings, memberships, and passes for individual served;
9. Special clothing needed because of the person's disability;
10. Relevant reading material limited to \$50.00 per 6 month period;
11. Transportation costs, as payer of last resort, for transportation related to the needs of the individual with developmental disability;
12. Air conditioners – requests must be made prior to June 1 of each year;
13. Training and counseling for family members;
14. Other is a broad-based category that the family may request services not covered under any of the previous categories but must be approved by the Superintendent.

Documentation of need by professionals familiar with the individual and/or family may be necessary.

Items that will not be paid for include:

1. Mortgage or rent payments
2. Utilities
3. Appliances
4. Routine maintenance of vehicles
5. Televisions, videotapes, DVDs, videogames
6. Clothing not specific to individual's disability
7. Furniture not specific to individual's disability

Misuse of FSS funds may disqualify a family for use of FSS for a designated period of time.

Planned Services. A family shall be eligible for Family Selected Services if:

The family resides in Carroll County; and the family includes a member who resides at the family's home who has mental retardation or other substantial developmental disability, as determined by appropriate data or screening tool, and who needs habilitation services.

Eligibility for planned services means that a family may qualify for any of the services currently offered under the Board's Family Selected Services Program. Determination of actual reimbursement awards for eligible families will be made by using the Service Request Procedures.

Emergency Services. A family shall be eligible for temporary emergency respite care funding, for not more than five (5) days, to permit a determination of eligibility, if:

The Family resides in Carroll County; and the family includes a member who has mental retardation or other substantial developmental disability that is determined by the Superintendent, his/her designee, or the FSS Coordinator, as eligible for temporary emergency respite care.

VERIFYING THAT FAMILIES HAVE EXHAUSTED ALL OTHER SOURCES OF PAYMENT

For all requests for FSS with the exception of respite care, families must complete the Carroll County Board of DD Family Support Services Request form and verify through signature that the family has exhausted all other potential sources of payment.

The signed FSS request form shall be maintained in the office of the FSS Coordinator.

Respite Care is available to eligible families based upon the Board's annual assessment of FSS funding needs.

IDENTIFYING AND DEVELOPING PROVIDERS

Maintaining a List of Certified Respite Care Providers for Families

County Board shall identify, develop and maintain a list of Certified Respite Care Providers for families seeking in-home and out-of-home services. All County Board Certified Providers shall meet FSS procedural guidelines for maintaining their approved provider status. Any County Board Certified Respite Care Providers not Meeting the 'procedural guidelines- for-certification shall-be removed from the Respite Care Provider List. Families may request a list of County Board Certified Providers from the FSS Coordinator.

Any family selected providers wishing to become a County Board Certified Provider may do so by contacting the FSS Coordinator.

The Non-Family Selected Respite Provider:

All non-family selected respite providers shall be County Board certified. Individuals interested in becoming certified county Board respite providers shall apply at the office of FSS Coordinator. Board certified providers shall receive up to forty hours of training which includes but is not limited to OAC {5123:2-1-09(H)(2)}. The FSS Coordinator office is located at: the Carroll Hills Family & Children's Program Center, 2167 Kensington Road N.E., Carrollton, Ohio. 44615.

The Family Selected Respite Provider:

All family selected respite providers shall submit a Limited Provider Request form to the FSS coordinator to be kept on file. The Limited Provider Request form includes provision for waiving training or experience requirements required for certified county board providers.

CERTIFYING INDIVIDUAL RESPITE PROVIDERS

Family selected respite providers need not be county board certified. However, when using a family selected provider, the family shall sign an assurance assuming responsibility that the health and safety needs of the individual will be met and that no liability shall be incurred by the County Board.

All non-family selected respite providers shall be County Board certified. County Board certified providers shall receive up to 40 hours of Board approved training which shall include, but not be limited to: 1) a supervised practicum; 2) documented time spent with individuals with mental retardation and/or developmental disabilities with their families; 3) CPR and 4) First Aid. In addition, the County Board shall perform a criminal background check on all non-family selected County Board certified respite providers. County Board Certified Respite Providers must be free of violations as outlined in individual certification requirements pursuant to OAC 5123:2-12-02. County Board Certified Respite Providers must be eighteen years of age.

The Superintendent or designee may waive the 40-hours of Board approved training if the provider has documented experience with persons with mental retardation and/or developmental disabilities.

Direct Monitoring of County Board Certified Providers

The Board shall conduct direct monitoring of any County Board Certified Providers through an extensive quality assurance procedure. Prior to providing any respite in-home or out-of-home services, all County Board Certified Providers shall be certified and meet the 40-hours of Board approved training required unless waived by the Superintendent.

Those County Board Certified Providers providing in-home respite care shall be monitored through the following methods:

Formal Signed Satisfaction Verification via the respite voucher/satisfaction input form completed by families and submitted to the Family Support Services Coordinator following the provision of respite services; Information gathered as a result of the Agency's annual needs assessment specific to the County Board Certified Provider;
Informal personal contact and feedback received from families receiving in-home respite services;
Periodic and ongoing follow-up training specific to the initial certification training requirements;
Review of any documented Unusual Incident or Major Unusual Incident Reports generated during the provision of in-home respite services.

Those County Board Certified Providers providing out-of-home respite shall be monitored through the following methods:

An initial on-site visit shall be conducted by the FSS Coordinator prior to approving a County Board Certified Provider to provide out-of-home respite care;
Periodic on-site visits shall be conducted by the FSS Coordinator at least annually for each out-of-home County Board Certified Provider;
The County Board Certified Providers of out-of-home respite care shall be subject to applicable requirements of OAC 5123:2-12-01 (Supported Living Quality Assurance Standards) specific to housing, health and safety requirements; Formal Signed Satisfaction Verification via the Respite Voucher/Satisfaction Input form completed by families and submitted to the Family Support Services Coordinator following the provision of respite services. Additional written feedback will be solicited from the family following the first respite care session provided by each newly approved County Board Certified Provider;
Information gathered as a result of the Agency's annual needs assessment specific to the County Board Certified Provider;
Informal personal contact and feedback received from families receiving out-of-home respite services;
Periodic and ongoing follow-up training specific to the initial certification training requirements;
Review of any documented Unusual Incident or Major Unusual Incident Reports generated during the provision of out-of-home respite services.

Reimbursing Families for Services

The family shall initiate requests for services. The family request for Family Selected Services shall be honored if the funds and services are available and consistent with the Family Selected Services section of the County Board's Annual Action Plan and the written Board Philosophy. If resources are not available, the County Board shall place the family on a waiting list for Family Selected Services. At the family's request, the county board may assist families in developing individual plans and strategies for family supports. Family Selected Services may be considered a component of the individual planning process.

All requests for Family Selected Services are directed to the FSS Coordinator. For all non-respite care requests, the FSS Coordinator shall assist the family to determine if, and verify through signature, that the family has exhausted all other potential sources of payment. The family shall be responsible for reporting any changes in income. The Carroll County Board of DD shall notify all parties concerned of this policy verbally or in writing.

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. The County Board shall provide a response to a family's request for reimbursement within seven (7) days after receiving the request.

The requests shall be reviewed on the following criteria:

- a). The family is eligible for FSS,
- b). Funds are available and consistent with the FSS Section of the County Board's Annual Action Plan and Board Philosophy, and,
- c). The service is directly related to improving the living environment or facilitating the care of the individual who has mental retardation and/or developmental disabilities.

REIMBURSING FAMILIES AND REDEEMING VOUCHERS IN A TIMELY MANNER:

The County Board shall provide a response to a family's request for services within seven (7) days after receiving the request. If additional information is required to authorize requests, it will be the family's responsibility to submit the information. It is the Philosophy of the Board to utilize a reimbursement and/or payment system that is responsive to families needs. If families prefer, payment may be made directly to vendors in lieu of direct reimbursement to families for services delivered.

Reimbursement and/or payment of services that are approved shall be made by the County Board using the following procedures:

A. Respite Care:

Request for services will be approved and/or denied within seven (7) work days after receipt of the request. If additional information is required to authorize service requests, it will be the family's responsibility to submit information.

Upon approval of the request for Family Selected Services the County Board shall provide the family a voucher for reimbursement for the amount of the approved service. The family shall present the voucher listing the cost of the service and noting the family's shared cost of the service, if any, to the provider for signature when the service has been received or at a time mutually agreed. The family shall pay the provider upon satisfactory completion of the respite service.

The voucher will include:

1. The amount of the voucher.
2. A space for the provider's signature.
3. A space for signature by the family indicating that the service has been satisfactorily delivered.

After a family respite service has been provided, the signed voucher will be sent to the County Board. The FSS Coordinator will submit the invoice for services to the Carroll County Board of DD Administration Office for processing and a check will be issued through the Carroll County Auditor's Office to service provider or reimbursement to the family if the family has paid for the service. The County Board shall reimburse families within forty-five days after submission of the voucher.

Other Services:

A family's request for education, training or counseling for members of the family, special diets, adaptive equipment, or home modifications will be reviewed by the County Board to determine that the requested service is needed to improve the living environment or make easier the care of the individual.

For all approved requests a purchase order is generated by the County Board. Payment to vendors shall be made following shipment of products or delivery of service and the receipt of a valid invoice.

Home modification request require at least two estimates be submitted for consideration. If rental property, must have signed permission from landlord.

Special Diet requests must be accompanied with documentation from a physician or licensed dietician familiar with the individual.

Education, training, and counseling requests must be accompanied with documentation from professionals.

Adaptive equipment requests must be accompanied with documentation from professionals familiar with the individual. The County Board shall obtain a written estimate of the cost for the proposed equipment and service from the professional.

The County Board shall pay invoices within forty-five days after submission.

DENIAL OF REQUESTS FOR SERVICES:

Upon a denial of requests for services the FSS Coordinator shall inform the family in writing of the reason for the denial. The family shall also be informed of their Due Process rights and Administrative Resolution of Complaints Process. This information shall be presented in the native language of the family or other mode of communication used by the family unless it is clearly not feasible.

Denial shall be based on one of the following criteria:

1. The family is not eligible for FSS.
2. A provider is not available.
3. Funds are not available according to the County Board's FSS plan.
4. The requested service is not directly related to improving the living environment or facilitating the care of the individual who has mental retardation or other developmental disabilities.
5. The request was not from a qualified professional.

RESTRICTED USE OF FSS FUNDS

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 Revised Code or Title XIX of the Social Security Act or by a County Board.

FSS funds shall not be used to reimburse families for respite care provided in a bed in a facility if that bed is funded according to Section 5123.18 of the Revised Code or Title XIX of the Social Security Act.

Any requests determined as meeting the procedure definition for restricted use of FSS funds shall be referred by the FSS Coordinator to the Superintendent for disposition.

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