



**Board of Developmental  
Disabilities Services**

# **Family Support Services**

## **Program Guidelines**

**January - December 2026**

# Family Support Services Program 2026

The Montgomery County Board of Developmental Disabilities Services'  
**Family Support Services Program (FSSP)**  
is a component of its  
**Residential and Family Services Department.**



**Board of Developmental  
Disabilities Services**

8114 North Main Street  
Dayton, OH 45415  
[MCBDDS website](#)

MCBDDS is a Human Services Levy-Funded Agency.

**FSSP services are funded by the Montgomery County Board of Developmental Disabilities Services, and are administered by the Southwestern Ohio Council of Governments (SWOCOG).** SWOCOG is located at 412 South East Street, Lebanon, OH 45036.

Phone: 513-559-6800. Toll Free: 877-423-6900. Fax: 855-763-3050.

Email contact is [Sandy Schutte](#)

## Table of Contents

<b>OVERVIEW</b> .....	3
<b>ELIGIBILITY</b> .....	3
<b>REDETERMINATION OF ELIGIBILITY</b> .....	3
<b>PLANNING AND BUDGETING RESOURCES</b> .....	3
<b>ALLOCATIONS</b> .....	4
<b>WHERE DO I SUBMIT MY REQUESTS?</b> .....	4
<b>SERVICES</b> .....	5
<b>VENDOR AND PROVIDER APPROVAL</b> .....	6
<b>REIMBURSEMENT PROCEDURES</b> .....	6
<b>EMERGENCY PROCEDURES</b> .....	6
<b>APPEAL PROCESS</b> .....	7
<b>DENIAL</b> .....	7
<b>FEES NOT COVERED AND/OR REIMBURSED</b> .....	8
<b>FRAUD ALERT</b> .....	9
<b>DESCRIPTION OF FORMS: MCBDDS</b> .....	9

## OVERVIEW

These procedures shall establish guidelines for the distribution of Family Support Services Program (FSSP) funds through the Southwestern Ohio Council of Governments (SWOCOG) for the period from January 1 through December 31, 2026 for the Montgomery County Board of Developmental Disabilities Services (MCBDDS).

The FSSP provides funding for supports and services to families living in Montgomery County caring for a family member with developmental disabilities that is living at home with their parent, guardian or primary caregiver.

Individuals living in licensed or certified residential facilities, foster homes, group homes, or who are living semi-independently or independently are not eligible to receive funding from the FSSP. Foster families are not eligible.

## ELIGIBILITY

The MCBDDS Intake and Eligibility Division determines eligibility for the FSSP after a referral is completed by one of the following: Intake & Transition Specialist, Early Childhood Support Specialist, Community Service and Support Administrator, Eligibility and Service and Support Administrator, or Transition Service and Support Administrator. For more information about this process, please contact:

- Age birth to 5 years – (937) 890-0730
- Age 6 years and up – (937) 457-2888

When the individual is enrolled in the FSSP, a Welcome Packet is sent to the family by SWOCOG, which contains a letter pertaining to the individual's allotment, explanation of program, forms, and contact person.

## REDETERMINATION OF ELIGIBILITY

When the eligible individual with a developmental disability reaches one of the "milestone" ages (i.e., 3 years old, 6 years old, and 16 years old) or completes their schooling, the Intake and Eligibility Division will contact the family to re-determine eligibility. The Intake and Eligibility Division will notify the family and the FSSP office of their redetermination.

## PLANNING AND BUDGETING RESOURCES

Families are required to utilize private insurance, Medicaid and Medicare prior to requesting FSSP support. Failure to utilize private sources first will 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 FSSP operates on a calendar year, from January 1 through December 31. Allocations may vary from year to year based on the availability of funds. For calendar year 2026, the allocation to individuals will be \$500.00 per child, up to a maximum of 3 children/\$1,500.00 per family.

**An Allocation does not mean that the FSSP 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 they have a need. The funds are not an entitlement, and are disbursed on a first-come, first-served basis.

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 required to access all avenues of funding prior to submitting a request for funding through the FSSP.

## 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](#). Any questions relating to the FSSP can be directed to Sandy Schutte at **(513) 559-6800**.

Families may also contact their family member's assigned support staff (*Intake & Transition Specialist, Early Childhood Support Specialist, Community Service and Support Administrator, Eligibility Service and Support Administrator, or Transition Service and Support Administrator*) for assistance.

For individuals under age 6 (early intervention and preschool), please contact:

Ages 0 to 2: Your Early Intervention Primary Service Provider

Ages 3 to 5: Wynette Blacknell 937-732-3707  
Lisa Raters 937-581-9403

For individuals ages 6 and up (school age and adults), please contact one of the Intake and Eligibility Department Professionals below:

Callie Hoffmann	937-239-4831	Bobbi Lakes	937-239-2969
James Mallory	937-212-3107	Stacy Mullens	937-546-7416
Asia Lucas	937-546-6928	Valorie Guerrero	937-239-9574
Brittany Schwaberow	937-559-6555	Jim Harper	937-520-3059

## SERVICES

This section lists reimbursable services that are available through the FSSP. When requesting respite through FSSP, a REQUEST FOR VOUCHERS FORM must be submitted to and approved by the FSSP prior to a service taking place. Services taking place prior to approval or enrollment in FSSP will not be paid and/or reimbursed.

**During calendar year January 1, 2026 through December 31, 2026, FSSP funding may only be used for respite and camps.**

- **Respite care** - Daycare, childcare, babysitting, latchkey & companion care. Respite care may be provided in the family home or in an out-of-home setting. Care can be offered by a certified and approved provider, a family-chosen provider, an agency, or through a structured, supervised event where the individual does not need to be accompanied by a parent or guardian. Tuition at private schools or special education/tutoring services is not eligible for funding.

A REQUEST FOR VOUCHERS FORM must be completed for respite care prior to providing services. When approved, the family will receive a voucher. Families using family-selected providers will also receive a Timesheet to document hours. Services must be provided before the Voucher and Timesheet are returned for payment.

- Hourly Unit Rate – The maximum hourly rate paid is \$20 for one client, \$30 for two clients, and \$40 for three clients. The hourly rate is used for services up to (8) hours a day and is negotiated between the family and family-selected provider.
- Day Unit Rate – The maximum day rate paid is \$200 for one client, \$225 for two clients, and \$250 for three clients. The day rate is used for more than (8) hours of continuous service and is negotiated between the family and family-selected provider.

**Please note: Families have the option to pay their 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:

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

Each family-selected provider must complete a family provider application. The family is also required to complete a family waiver and must sign both forms. The provider must

also complete a W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION FORM if receiving payment.

The family-selected provider works for the family and is not employed by the FSSP, the MCBDDS 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 received payments of \$599.00 or less must contact the SWOCOG for a financial disclosure statement.

- **Camps** - Allocations may be used to pay for the cost of camp. A REQUEST FOR VOUCHERS FORM must be completed for camp prior to the individual attending camp. A Voucher will be mailed to the family. If you are participating in a camp/program that does not accept the Voucher, the Family Support Services Program will issue a check to the camp or reimbursement to the family. **Please note:** Families paying for camps before obtaining prior approval will not be reimbursed.

## VENDOR AND PROVIDER APPROVAL

If the family or family member is requesting reimbursement or payment to a company, organization, agency, daycare, etc., the company, organization, agency, and/or daycare will need to complete the W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION FORM prior to using services and/or purchasing services to become an approved vendor. A family utilizing services and/or purchasing services by their own arrangements without obtaining prior approval as required shall not be reimbursed by the FSSP.

## 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 SWOCOG on behalf of MCBDDS.

## EMERGENCY PROCEDURES

Emergency Requests: An individual or family in an emergency situation shall receive first priority for services. An emergency status means an individual is facing a situation that creates for the individual a risk of substantial self-harm or substantial harm to others if action is not taken within thirty (30) days. Emergencies may result from, but are not limited to, one or more of the following:

1. Unexpected hospitalization, sickness, death, etc.
2. Loss of present residence for any reason, including legal action.
3. Loss of present caretaker for any reason, including serious illness of caretaker, change in caretaker's status, or inability of the caretaker to perform effectively for the individual.
4. Abuse, neglect or exploitation of the individual.
5. Health and safety conditions that pose a serious risk to the individual or other immediate harm or death.
6. Change in emotional or physical condition of the individual that necessitates substantial accommodations that cannot be reasonably provided by the individual's existing caretaker.

Emergency requests can be called into the MCBDDS MUI Department during regular office hours of 8:30 a.m. to 4:30 p.m. After-office hours and weekend calls will be directed to the HelpLink answering service. The emergency number is **937-457-2765**. Please provide your name, phone number where you can be reached, and a brief description of the emergency to the answering service. An on-call staff member will return your call.

**Please Note:** An acceptance of an emergency request does not mean that it will be approved. Other factors pertaining to the approval status of a provider, family, agency, company, or organization and/or the service requested will still apply.

## APPEAL PROCESS

If a family is denied reimbursement for a service and is not in agreement with the decision made by the FSSP, the family may request an administrative review of the decision. A copy of Board Policy IX.III, *Administrative Resolution of Complaints*, is available upon request or can be downloaded from [the MCBDDS website](#).

## DENIAL

Services can be denied to a family for any of the following reasons:

1. The family, custodial parent or guardian is not a resident of Montgomery County.
2. The individual is not county board eligible or the family refuses assessment to determine eligibility.
3. The individual is residing in a residential facility, group home, foster home, or independent or semi-independent living arrangement.
4. The person with a developmental disability does not reside with a family member.
5. The family has exceeded the maximum annual reimbursement.
6. The requested service is not directly related to improving the living environment or facilitating the care of the person with a developmental disability.
7. The potential provider or vendor is not approved, or a provider and/or vendor is not available.
8. Funds are not available according to the MCBDDS Plan or have been restricted or eliminated due to limited funding.
9. The request is for an item or service that is needed for a school-related or Adult Day Habilitation program, e.g., fees, supplies, vocational modifications, etc.

10. The family did not follow the procedures for requesting a service or did not make the request prior to the service being delivered.
11. It has been determined that it is not safe for the individual to utilize the item(s) being requested.
12. Fraudulent activity.

## FEES NOT COVERED AND/OR REIMBURSED

**Please note: This is not an exhaustive list.**

- Requests that have not been approved by the Family Support Services Program.
- In-kind contribution made by the family, such as meals, mileage, transportation, clothing, social activities, etc.
- Supplementing staff at camps, hospitals and other agencies providing respite or similar services.
- Fees for membership (health spas, gym, fitness class, organizations) or subscriptions.
- 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.
- Recreation activities where a parent or guardian must be present with the individual (swimming, horseback riding lessons, field trips, karate, aquatic, video gaming, admission prices, etc.).
- Daily needs/items (colostomy, ostomy, etc.).
- 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, high chairs, car seats, etc.). Adaptations to the item and/or item adapted by design may be considered. Diapers for children three years or older may be considered.
- Medical bills and supplies (co-pays, treatment, medication [prescription or non-prescription], vitamins, tubes, gauze, syringes, G-tubes, etc.).
- Furniture, household goods
- Transportation (bus, cab/taxi, etc.)
- Eyeglasses and vision services
- Dental and dental services
- Applied Behavior Analysis, rehabilitation therapy, chelation, ionic cleansing or therapy done in school setting.
- Rent, mortgage payments, utility bills, water bill, automobile repairs, house repairs, electrical, plumbing, fences, 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, physician services, rehabilitative services, day treatment programs, medical clinic, mental health, hearing, hospital services, laboratory services, long-term care, dialysis, durable medical equipment used for medical purposes.

## FRAUD ALERT

The MCBDDS recognizes the value and importance of families using funding through the FSSP to support services for their family member with a developmental disability, 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 often find people who misrepresent services, billing for services not actually provided, submitting false statements regarding addresses, family-selected providers, relationship to eligible individual, etc.

MCBDDS maintains a system for the reporting of fraud, including misuse of public money. It is our mission to promote and maintain the integrity of the MCBDDS through prevention, early detection, investigation, enforcement and recovery of improper use of funds.

The Provider Compliance Department has been designated to ensure ongoing monitoring and conformance with all legal and regulatory requirements with regard to fraud, fiscal mismanagement, and misappropriation of funds.

Fraudulent Family Support Services activity is a public record because the MCBDDS is a public county agency. "Public record" means record kept by a public office, including, but not limited to, State, County, City, Village, Township and School District units, but also by the non-profit or for-profit entity. MCBDDS and the programs provided are non-profit. The records of these agencies are open to the public.

## DESCRIPTION OF FORMS: MCBDDS

**PROVIDER ONLY:** Family will be reimbursed.

- Provider Information page and Family Waiver (complete by the Parent/Guardian)
- Parent/Guardian's W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION FORM

**PROVIDER ONLY:** Payment to be made to family-selected provider.

- Provider Information page and Family Waiver (completed by Parent/Guardian)
- Provider's W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION FORM

**FAMILY:** To be completed by the family who is requesting reimbursement.

- Parent/Guardian's W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION FORM

**VENDORS** (such as daycares, companies, organizations, agencies, etc.):

- Provider's W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION FORM

## **REQUEST FOR VOUCHERS FORM**

To request services for:

- Respite/camp

**VOUCHER:** Generated by SWOCOG and submitted to the family.