



**Board of Developmental  
Disabilities Services**

# **Family Support Services**

## **Program Guidelines**

**January - December 2023**

# Family Support Services Program

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



## **Board of Developmental Disabilities Services**

8112 N. Main Street  
Dayton, OH 45415  
[www.mcbdds.org](http://www.mcbdds.org)

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:

Southwestern Ohio Council of Governments (SWOCOG)  
412 South East Street, Lebanon, OH 45036  
Phone: 513-559-6800  
Toll Free: 877-423-6900  
Fax: 855-763-3050  
[Sandy.Schutte@swocog.org](mailto:Sandy.Schutte@swocog.org)

## TABLE OF CONTENTS

Information on services is listed below alphabetically.

I.	Allocations	Page 4
II.	Appeal Process	Page 10
III.	Denials	Pages 10-11
IV.	Description of forms	Page 13
V.	Eligibility	Page 3
VI.	Emergency Procedures	Pages 9-10
VII.	Fees Not Covered and/or Reimbursed	Page 11
VIII.	Fraud Alert	Page 12
IX.	Overview	Page 3
X.	Redetermination of Eligibility	Page 3
XI.	Reimbursement Procedures	Page 9
XII.	Services	Pages 5-9
	• Adaptive Equipment & Hand-Held Devices/iPads	Page 6
	• Board-Sponsored Recreation	Page 9
	• Camps	Page 6
	• Counseling, Training, Education & Therapy	Pages 7-8
	• Diapers	Page 8
	• Home Modifications	Page 7
	• Respite Care (in and out of home)	Pages 5-6
	• Special Diets/Supplements	Page 7
XIII.	Vendor and Provider Approval	Page 9
XIV.	Where Do I Submit My Requests?	Page 4

## **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, 2023 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) 258-1446
- 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. Failure to utilize private sources first could 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 2023, the allocation to individuals will be \$1,500.00 with the exception of individuals ages 6 to 18, who may access another \$500.00 for summer camp or respite from June 1 through August 31.

**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 encouraged 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@swocog.org](mailto:Sandy.Schutte@swocog.org). 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 ages birth to 5 (early intervention and preschool), please contact one of the support staff below:

Wynette Blacknell	937-732-3707	Lisa Raters	937-581-9403
Erica Hudson	937-640-2394	Ettamarie Valdez	937-212-3612

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

Katelyn Howard	937-797-4117	Bobbi Lakes	937-239-2969
James Mallory	937-212-3107	Stacy Mullens	937-546-7416
Kiersten Sargent	937-266-6327	Traci Craig	937-266-6824
Lauren Kuhn	937-520-6720		

## **SERVICES**

This section lists reimbursable services that are available through the FSSP. When requesting items or services through FSSP, the item or service must be submitted on a REQUEST FOR VOUCHERS FORM and approved by the FSSP prior to a purchase or service taking place. Some services may require a VERIFICATION OF NEED FORM to be submitted with the REQUEST FOR VOUCHERS FORM; please reference criteria under each service. Services or purchases taking place prior to approval or enrollment in FSSP will not be paid and/or reimbursed.

- **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 12 hours a day and is negotiated between the family and family-selected provider.
- Day Unit Rate – The maximum day rate paid is \$175 for one client, \$225 for two clients, and \$250 for three clients. The day rate is used for 13 or more 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.
- **Adaptive Equipment & Hand-Held Devices/iPads** - All requests must be submitted by completing a VERIFICATION OF NEED FORM. Requests for funding adaptive or special equipment must also include a written recommendation from a medical professional with appropriate credentials working with the individual. The request must also include a quote that includes the name of the provider, a description of the item requested, and the cost of item(s). Make sure to include any shipping, etc., if applicable. All requests will be handled as a reimbursement to the family unless the provider accepts SWOCOG's vouchers or checks.

Hand-held devices such as iPads may be considered for individuals ages 6 and up required for communication. Micro Center and Got-Special Kids accept our checks. FSSP will consider funding these devices and software applications that:

- Meet an assessed need by a professional, e.g., speech therapist
- Can be functionally utilized by the individual with a disability making the request
- Provide benefit to the individual or assist in the development or delivery of programmatic services as related to their developmental disability
- Are not for the purpose of meeting an educational need or service

**Families may request funding for adaptive toys that require switch interface and are therapy based, at a cost of up to two hundred and fifty dollars (\$250) per year. We may require proof the equipment is not covered by your private insurance, Medicaid, or Medicare before approving the request.**

- **Home Modifications** - A home modification would be any addition to or modification of the family's living environment that would specifically aid in caring for the developmentally disabled individual. The most commonly required type of modifications may include, but are not limited to, ramps, bathroom modifications, grab bars, bath rails, widening of doorways, and stair lift installation. Modifications must be adaptive in nature. Basic house maintenance, repairs, home additions, or expanding the overall square footage of the home are not funded. Modifications to rental property are reviewed on a case-by-case basis and may require written permission from the landlord.

All requests must be submitted by completing a VERIFICATION OF NEED FORM and must include a written recommendation from any doctor or therapist working with the individual. The request must also include a quote that includes the name of the provider, a description of the item requested, and the cost of item(s) or service(s). All requests will be handled as a reimbursement to the family unless the provider accepts SWOCOG's vouchers or checks.

- **Special Diets** – Requests for funding for special diets and supplements must be prescribed by a physician and cannot your typical formulas such as Isomil, Enfamil, Go and Grow Soy, Osmolite, Polycose, etc. Funding may be considered for individuals over age one.

All requests must be submitted by completing a VERIFICATION OF NEED FORM and a REQUEST for VOUCHERS FORM. The request must also include a recommendation from a therapist or doctor and a quote that includes the name of the provider, a description of the item requested, and the cost of item(s). If this is an ongoing need, the initial VERIFICATION OF NEED FORM will remain on file and you will not need to file a new form each time you request additional supplies.

All requests will be handled as a reimbursement to the family unless the provider accepts SWOCOG's vouchers or checks. We have an account with Kroger, so we can issue vouchers for Kroger as an option.

- **Counseling, Training, Education and Therapy** – FSSP may fund registration costs for conferences, workshops, seminars, sign language classes, or training sessions to the individual and/or family member(s), which will aid the family in providing proper care for the individual (e.g., training seminar in behavior management techniques). Travel costs (e.g., plane fare, motels, meals, etc.) are not eligible for funding. A licensed or certified professional must provide services. Brochures and a description must be attached to the funding request form. Tuition at private schools or special education/tutoring services are not eligible for funding.



The FSSP will consider the following therapies: Applied Behavior Analysis, equine/hippo therapy, music therapy, occupational therapy, physical therapy, and speech therapy. Families requesting funding for therapy must have a referral from a recommending therapist that indicates the therapeutic need and benefit. Therapy must be offered in a non-educational setting or the family's home. Services must occur outside of typical school hours, including the extended school year. Organizations and/or centers providing equine therapy must be accredited and licensed. (Riding lessons for recreational purposes will not be approved.) Tuition at private schools or special education/tutoring services are not eligible for funding.

All requests must be submitted by completing a VERIFICATION OF NEED FORM and a REQUEST for VOUCHERS FORM. The request must also include a recommendation from a therapist or doctor.

If this is an ongoing need, the initial VERIFICATION OF NEED FORM will remain on file and you will not need to file a new form each time you request additional services.

All requests will be handled as a reimbursement to the family unless the provider accepts SWOCOG's vouchers or checks.

- **Diapers** - The FSSP will fund diapers if the individual is age 3 or older. All requests must be submitted by completing a REQUEST for VOUCHERS FORM. The FSSP will assist in funding disposable diapers such as Pull-ups, Depends, Poise, training pants, bed pads, and cloth diapers.

**We may require proof the incontinent supplies are not covered by your private insurance, Medicaid, or Medicare before approving the request.** Please be reminded that you must be approved and receive your Voucher before purchasing diapers. There are two options in requesting diapers:

**Option I** - A family can request to be a vendor to receive reimbursement by completing a W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION FORM. Once approved as a vendor, the family can submit a REQUEST FOR VOUCHERS FORM. Upon receipt of the Voucher, the family can purchase diapers from a store or company of their choice (including online companies), pay for the diapers, and return the receipt for reimbursement with the Voucher. **(It is required that the receipt be for diapers ONLY; no other items should be on the receipt.)**

**Option II** - A family can submit a Request for Vouchers form for one of the approved vendors as indicated below:

- a. **Duraline Medical Products** – Upon receipt of the Voucher, the family will need to contact Duraline and set up an account, inform them of their approval, order the diapers, and mail the Voucher to Duraline. Duraline will ship diapers to the family's

home and send the invoice and Voucher to the Family Support Services Program for payment.

- b. **Kroger** – Upon receipt of the Voucher, the family will need to take the Voucher to any Kroger store and purchase their diapers. **Please purchase them separately from your regular groceries.** The family will sign the Voucher and give to the cashier/teller. Kroger will send receipt and Voucher to the Family Support Services Program for payment.
- **Board-Sponsored Recreation Events or Activities** – Individuals enrolled in the FSSP can request funding for activities and/or events sponsored by the MCBDDS Recreation Department. The Recreation Department prints a *Recreation and You* booklet for adults and a *Recreation and Fun* booklet for children, which includes a registration form that indicates what activities and/or events can be funded through the FSSP. Families must have funds available in their FSSP account. Please follow the instructions on this form and submit to the Recreation Department or contact them at (937) 918-2110 for assistance.

#### **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 and/or items 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 Department of Safety and Protection during regular office hours of 8:30 a.m. to 4:30 p.m. After-office hours and weekends 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 at <https://www.mcbdds.org>.

### **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
- Therapy\*
- Counseling, Training and Education\*
- Diapers
- Special Diets\*

\*Must have recommendation on file; if no recommendation, use VERIFICATION OF NEED FORM and complete REQUEST FOR VOUCHERS FORM.

## **VERIFICATION OF NEED FORM**

- Therapy\*\*
- Counseling, Training and Education\*\*
- Special Diets\*\*
- Home modifications
- Adaptive equipment, switch toys
- iPads – reference guidelines for tablet and handheld device funding requests

\*\* No recommendation on file; if this is a new request, complete this form, attach recommendations, and complete the REQUEST FOR VOUCHERS FORM.

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