



Family Support Services Program Guidelines

The Ashtabula County Board of Developmental Disabilities recognizes and appreciates the vital support families provide to people with developmental disabilities who live at home with them. We want to help families in this caregiving role by providing funding for goods and services available through our Family Support Services program. We believe that using a portion of our tax levy revenue for this purpose will benefit many people with developmental disabilities throughout Ashtabula County.

ELIGIBILITY

To participate in the Family Support Services program, you must first be eligible for services from Ashtabula County Board of DD. If you are new to the county or not sure about your eligibility status, please contact the intake specialist at 440-335-1548. Staff will check your eligibility status and guide you through each step of the eligibility process, if needed.

The Family Support Services program is only available to persons eligible for services who are living at home with a family member, people who live on their own, or people who live in foster care.

The following individuals are not eligible for the Family Support Services program:

- People who are not eligible for Board Services
- People who are enrolled on a Medicaid Home and Community-Based Services Waiver (Level 1, Individual Options, or Self- Empowered Life Funding); or
- People who live in an Intermediate Care Facility (ICF), Nursing Facility or enrolled on Supported Living

ANNUAL ALLOWANCE

The Family Support Services program operates on a calendar year, beginning on January 1st. Maximum funding amounts per person may vary from year to year based on available funding and the number of people served. Ashtabula County Board of DD cannot guarantee funds will always be available. Applications are filled on a first-come, first-served basis. All FSS requests for the current calendar year must be received no later than December 10th.

There are currently no requirement to report household taxable income. The annual allotment is \$1,000 per person.

Eligible services as outlined below will be paid to the provider or reimbursed to the family. All services must be documented on an approved form and submitted to the Board prior to the service provision. Prior authorization for services may be obtained through the SSA/EI Service Coordinator.

TYPES OF FAMILY SUPPORT SERVICES & RESOURCES

SERVICES for INFANTS/TODDLERS

The Family Support Services program may assist in funding traditional therapies, such as Occupational Therapy, Physical Therapy, and Speech/Language Therapy for children under the age of three. For individuals three years old and above, therapies will not be funded by this program.

INCONTINENCE SUPPLIES

Incontinence supplies may be available for adults and children over the age of 3 who are not eligible for payment through Medicaid or another insurance program.

Examples of incontinence supply items that may be funded:

- Pull-ups
- Wipes
- Hygiene gloves
- Incontinence pads
- Plastic sheets
- Incontinence supplies funded under contract

SPECIALIZED NUTRITION

Specialized nutrition that complements a meal and which is required to meet daily caloric and nutritional requirements may be available. Physician's orders for the nutritional supplement, along with a corresponding diagnosis, are required.

Examples of specialized nutrition items that may be funded:

- Thickeners
- Dietary shakes prescribed to meet caloric and nutritional requirements

SPECIAL EQUIPMENT

Special equipment may be available upon the recommendation of any of the following professionals: Physician, EI Provider, Occupational Therapist, Physical Therapist, or Speech/Language Pathologist. The therapist may be required to complete an equipment request form and must attach a picture and description of the specialized piece of equipment.

Medical equipment cannot be purchased under the Family Support Services program. Typical toys are not considered specialized equipment and cannot be purchased under this program.

Examples of special equipment that may be funded:

- Sensory items
- Therapy balls
- Orthotics
- Communication devices
- Weighted blankets/vests
- Adapted utensils/plates
- Adapted strollers (ages 3 and older)
- Adapted car seats

RECREATION

Participation in these types of recreational activities may be funded:

- Music therapy
- Therapeutic horseback riding
- Aquatics activities
- Art activities
- Dance activities
- Sports activities

CAMP ASSISTANCE

Day or overnight camp opportunities that meet the needs of the person may be funded under this program.

RESPIRE CARE

Respite care is defined as an occasional break for families. Respite care may be accessed for people who require specialized care beyond what might be expected of an untrained provider. Types of Respite Care Providers:

- Family Selected Provider: This is a provider that the family knows and believes can care for the family member receiving services. This provider cannot live in the same house with the person and cannot be a parent of the program participant. Typically, a family selected provider is an extended family member, neighbor, friend, or other person that the family and person may know. Training for this provider is provided by the family. The Family Support Services program will pay the provider for the hours they are providing respite for your family member. The payment rate for respite services should be negotiated by the family with the provider. For a Family Selected Provider Packet or for any further questions regarding this type of provider, please contact your SSA/EI Service Coordinator.
- Certified Respite Providers: These providers must be certified by the Ohio Department of Developmental Disabilities (DoDD) as a Waiver Provider. The requirements for this type of certification include: a background check, training in courses related to individuals with disabilities, and First Aid and CPR.

A certified respite provider may provide services in the person's home or in the home of the provider.

The family will negotiate an hourly rate of pay for the respite service not to exceed \$34.68 per hour. If the service is over 5 hours, a daily rate must be negotiated not to exceed \$177.63 per day.

- Emergency Respite: This is a service available when something unexpected happens involving the primary caregiver that impacts the person's daily care over an extended period of time.

Caregiver's circumstance - Documentation of the emergency situation is required prior to approval.

- Documentation may include a letter from a physician or obituary notice. For personal illness of a caregiver, the letter should explain that the primary caregiver is ill and unable to provide daily care for another person/family member.

Family Support Services program Balance - Funds for Emergency Respite may be accessed after the total Family Support Services program allotment has been spent in full.

Emergency Respite service details:

- The maximum number of emergency respite days available in a calendar year is 30 days. These do not need to be consecutive days.
- The maximum hourly rate is \$34.68 per hour. The hourly rate will be used when services are provided for 5 hours or less per day.
- The maximum daily rate is \$177.63 per day. The daily rate will be used when services are provided for more than 5 hours in a day.

TRANSPORTATION

Transportation can be provided to eligible participants through a provider of your choosing including Uber, Lyft, taxi services, and private-pay transportation. It includes transportation to get to, from, between, or among: A place of employment, adult day workshop, career planning and individual/group employment supports, vocational habilitation, appointments, events, and volunteer activities.

HOME MODIFICATIONS

Substantial home modifications may be requested through the Family Support Services program. All modifications must be adaptive in nature. These projects typically require a process of evaluation, competitive bidding, and installation.

Examples of home modifications that may be funded:

- Ramps
- Bathroom modifications
- Porch lifts
- Stair glides
- Van lifts

REIMBURSEMENTS

Generally, all program funds will be submitted to eligible families and then the family is responsible for paying vendors directly. Proof of payment will be required prior to disbursement of the funds to the family or after a purchase for goods and/or services is completed. Direct payments to the vendor are available when necessary. All invoices from the previous calendar year must be received no later than January 31st. Payments for services cannot cross calendar years. The program will not fund any services provided if the person is not enrolled in the program.

It is important to remember that:

- Only supplies and/or services not eligible for payment through Medicaid or another insurance program can be funded under the Family Support Services program.
- Each time a supply or service is purchased, that amount is deducted from your annual allotment.
- You are responsible for the excess cost of any supplies or services that exceed your annual allotment.
- All invoices from the previous calendar year must be received no later than January 10th.

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