



Association for Habilitation and Residential Care

## **FAMILY SUPPORT SERVICES REIMBURSEMENT APPLICATION GUIDELINES**

**Updated: January 1, 2024**

AHRC Suffolk assists families living in Suffolk County to access the NYS FSS grant program. The Family Reimbursement Program is intended to assist the family caring for their family member with an intellectual or developmental disability. The goods and services provided must be related to the individual's intellectual or developmental disability, outside of the typical expenses of any family. The requests should have a significant, definable, positive impact on the individual/family directly related to health, safety, accessibility to services, and the personal growth and development of the individual. Priority will be given to those goods and services which directly address health and safety issues.

**Please note that families receiving other funding sources such as HCBS Medicaid Waiver and Self Direction are not considered a priority and will be placed on a waitlist.**

Applications are prioritized in accordance with OPWDD guidelines. Families in crisis are **Tier 1**. As part of the Justification of Need, families in crisis must provide a clear description of how this request for reimbursement addresses an immediate, short term crisis that impacts the health and safety of the individual, attempts that have been made to alleviate the crisis, and the plan to prevent reoccurrence upon receiving funds. Allowable one time reimbursements for items otherwise not covered may be granted in crisis situations.

**Tier 2:** Requests for reimbursements for individuals who are in the process of waiver enrollment, are enrolled in the waiver but currently unable to access waiver services, or who will not be enrolling in the waiver.

**Tier 3:** Requests for reimbursements for individuals who are enrolled in the HCBS Waiver. Please note that the LIDDRO will use their discretion when approving grant funds for people on the Tier 3 wait list, after all other Tier 1 and Tier 2 regional lists have been exhausted.

Goods and services that are reimbursable through the FSS program include, but are not limited to:

Goods/Services:

Goods and services that directly pertain to your family member's disability. Items/Services that are not covered or available through other means and are reviewed and approved by the committee. We cannot approve items that would ordinarily be the responsibility of the family or the responsibility of the school district.

### Respite

The Respite Verification Form must be submitted and signed by the parent and the respite provider. Each date of service as well as the number of hours of service must be documented. Respite workers must be at least 18 years of age and paid minimum wage, unless justified otherwise. Childcare costs, such as day care for working parents, is not outside of what a typical child needs, and therefore is not considered for reimbursement.

### Camp:

Unless the camp is certified by OPWDD, the camp must have a permit issued by the NYS Department of Health and /or Local Department of Health pursuant to Subpart 7 of the NYS Sanitary Code. Verification from the camp that the individual attended camp, and the date of the invoice paid must be submitted. Camp payment is not reimbursable if the person did not attend the camp, even when the camp payment is not refundable.

### Recreation:

Proof of payment in the form of a letter from the recreation program provider indicating the amount paid and dates of participation or any other receipt that clearly states the name of the organization, name of participant (your family member), date and amount paid is acceptable. Expenses that parents would be responsible for providing to a typical child, for example general admission tickets, will not be covered. Attractions or Recreation programs out of NY State are not covered. Recreation Programs in the Grant Book should be explored first and are not reimbursable. Instructional classes not offered in the Grant Book (ie; Karate, Swimming, Horseback Riding, Dance, etc) need to be specifically listed on the application, with exact cost amount. **Proof of attendance** will be required in order to be reimbursed for the classes.

### Electronic Devices:

Clinical justification is required for all technology and electronic equipment such as tablets, iPads, and iPods. Justification must specify how the device will be used (i.e. applications or programs used and for what purpose) and how it relates to their developmental disability. If the device is being used for communication purposes, a communication assessment must be submitted that has been completed within the past year by a Speech Pathologist specifying the program/application to be used and how it relates to the individual's developmental disability in relation to communication. In addition, it must indicate that the individual has the necessary communication prerequisites and ability to use the device and its software.

Any device is not eligible for reimbursement if the primary use is for educational purposes; in this case it would be the responsibility of the school district to purchase the device. If the device is utilized outside of school for other purposes, then this could be considered for reimbursement.

Any device that is lost, stolen or damaged will not be replaced by Family Reimbursement.

Protective cases/covers and warranty for the life of the device must be purchased with the device and can be included in the reimbursement.

Limit to one electronic device will be approved every three years. Each request must indicate the date of last electronic device purchased through Family Reimbursement.

Voucher Reimbursement will reimburse the basic version of the device only.

### Medical or Clinical Services/Therapy or Supplies:

Supplements that are approved by a clinician and outlined in the individual's treatment plan.

Requests for medical or clinical services/supplies (e.g. adaptive equipment not covered by Medicaid DME) must include a current physician's order and/or clinical justification from an appropriate physician or clinician. Individualized Education Plans, Occupational, Physical or Speech-Language evaluation reports, or medical reports are not sufficient documentation. Requests for medical or clinical services must include documentation that the medical or clinical services will be provided by an appropriately licensed or certified practitioner and were denied by insurance and for what reason. All medical professionals that provide service are to be licensed in the state of New York. Requests for reimbursement of expenses for general health care issues and over the counter medications are not reimbursable. Prescription Medications should be covered by insurance.

Experimental treatments are not covered. Medical Co Pays are not reimbursable.

General Anesthesia for dental procedures may be reimbursable. Families are responsible for providing documentation showing the link between the individual's developmental disability and the need for oral or dental intervention. Ex: provide documentation on Williams Syndrome if that is the cause. An EOB from your insurance company is required for medical/dental reimbursement requests.

#### Legal fees:

Legal fees related to guardianship and special needs trusts;

#### Clothing:

Clothing as a necessity in relationship to the disability or if there are specific needs related to the intellectual/developmental disability (I/DD) (e.g., excessive chewing, destruction due to behavior or urination) as clinically indicated (i.e., included in the Life Plan or with other appropriate documentation requested by the DDRO);

#### Other items as deemed appropriate and reimbursable by the DDRO:

Specific items not otherwise listed need to be submitted for consideration to OPWDD. Justification that the item is not able to be funded from another source is required.

#### **Goods and services that are NOT reimbursable through the FSS program include, but are not limited to:**

- Diapers and Sanitary wipes, incontinence supplies;
- Real property (e.g., home or apartment related costs); Utilities (electric, internet, etc)
- Finance charges;
- Tax bills;
- Sales tax;
- Fines;
- Shipping fees
- Transportation (including SCAT and Driving Lessons)
- Luxury items (e.g., swimming pools, piano);
- Amusement Park admission tickets

- Vehicles (e.g., cars, motorcycles); Related transportation costs; ie fuel
- Co-pays; and Insurance deductibles
- Experimental treatments;
- CBD or marijuana products;
- Upgrades to items/services covered by HCBS Waiver or other sources, including self-direction budgets (e.g., upgrading fencing materials, additional funding for a higher cost camp);
  
- Items and services that an individual is eligible for in the context of their educational services (e.g., Occupational Therapy, Physical Therapy, Speech Therapy); and health-related services ie; Psychotherapy that should be covered through other insurance funding mechanisms ex: state or federal sources, Medicaid, other private insurances.
  
- Funeral expenses;
- Back to School supplies
- Food/Nutrition
- General Clothing
- Other items deemed not appropriate for reimbursement by the DDRO.

APPLICATION TIPS

- Please clearly state your justification of need for goods and/or services and how it relates to the individual’s disability. Justification of Need examples:  
 Individual has a diagnosis of Williams Syndrome therefore requiring general anesthesia when undergoing dental procedure. The anesthesia is not covered by insurance.  
 Non-verbal individual has aged out of school and needs an iPad to communicate. Insurance does not cover iPad. Supporting documentation secured from Speech Pathologist and last IEP.
  
- Supporting Documentation:

Please provide supporting documentation such as Life Plans, clinical reports, Insurance Explanation of Benefits (EOB) from your insurance company, billing statements, purchase receipts, Recreation Program and Camp verification of attendance, insurance denial letters, etc. for which you are requesting reimbursement.

All receipts must be for the current fiscal year reflecting that payment has been made. You will need to submit receipts for all items purchased. Receipts should only be for the item(s) for which you are requesting reimbursement. Please do not use a highlighter on store receipts as it erases the print.

APPLICATION APPROVAL PROCESS

Once a complete application and supporting documentation have been submitted to the AHRC Suffolk Family Reimbursement Committee, the request for specific needs reimbursement will be reviewed by the Committee. AHRC Suffolk’s committee typically meets once a month to review applications. If all criteria has been met and your request is approved by the committee, the individual’s Tabs # is submitted to OPWDD for vetting. Upon approval from OPWDD, you will

receive a letter confirming the Committee's decision for reimbursement. If other than approved, you will receive correspondence from a committee member to inform you of your application status.

Please review the information below before submitting your application to ensure that your request meets the guidelines. Please note the following:

1. You cannot be reimbursed for services provided already by programs in the Family Support Services Grant Programs directory. (See [www.lifssac.com](http://www.lifssac.com))
2. You may submit receipts with your application if you have them. Only complete the *Respite Verification Form* if you are requesting reimbursement for respite. All forms in your application packet must be submitted to be processed.