

Licking County Board of Developmental Disabilities

Administrative Policy Manual

Policy: Family Support Services

Board Approved: 10/03

Revised: 2/04, 10/04, 3/05, 12/11, 8/16

Reviewed: 3/14, 9/14, 12/15

Section: 4.11

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POLICY

It is the policy of the Licking County Board of Developmental Disabilities, hereinafter referred to as “the Board,” to make available to Board-eligible children, adults and their families resources to acquire goods, services, and supports that address needs a family experiences when it includes someone with a developmental disability. These resources are available without regard to family income.

People with developmental disabilities have a right to live in a safe home, enjoy membership in a family, and have access to supports they need to participate, to the degree they choose, in the life of their community. They also have a right to experience enduring relationships with brothers, sisters, and other family members and friends committed to their well-being. Board resources used to support families should help to:

- a) Nurture partnerships between family members and other supportive people including professionals who serve these individuals and their families.
- b) Build on the unique strengths of each family.
- c) Utilize the resources in each family’s social network and home community.
- d) Respect the beliefs, values and structures of each family.

To be eligible for Family Support Services, a family member of any age who is eligible for Board services must reside in the family home or his/her own home. For the purpose of this policy family means Parent, Brother, Sister, Spouse, Son, Daughter, Grandparent, Aunt, Uncle, Cousin or Guardian of the individual with developmental disabilities. “Family” also means person(s) who are acting in a role similar to those specified in this paragraph, even though no legal or blood relationship exists.

If a non-family member is providing supports, that if withdrawn, would result in the need for alternative living arrangements, then the non-family member would be eligible to receive Family Support Services.

- Through their ongoing engagement with families, service coordinators help them identify needs and possible options for addressing these needs.
- Any available resources that the family could use to pay for the needed services, such as Medicaid and other state and local programs, are explored first. FSS funds

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will not be used to pay for services, supports, supplies, and equipment that can be purchased with a Medicaid card, or are available through a home and community-based Medicaid waiver, if the eligible person is enrolled on one.

- A family’s request for Family Support Services funding will be honored if the funds to pay for them are available, and the expenditure of funds is in accordance with the Board’s Payor of Last Resort and Use of Public Funds Policies. Resources may be made available for the following:
 - a. Respite care, in or out of the home;
 - b. Counseling, supervision, training and education for the eligible person, the person’s caregivers, and members of the person’s family that aid the family in providing proper care for the person, provide for the special needs of the family, and assist in all aspects of the person’s daily living;
 - c. Special diets, purchase or lease of special equipment or modifications of the home, if such diets, equipment, or modifications are necessary to improve or facilitate the care and living environment of the person;
 - d. Support necessary for the person’s continued personal development, including such services as development of interventions to cope with unique problems that may occur within the complexity of the family, enrollment of the individual in special summer programs, provision of leisure activities, and other opportunities to socialize;
 - e. Any other services that are consistent with the purposes specified in this policy and included in the person’s Individual Support Plan. Any other services that are consistent with the purposes specified in this policy are reflected on a child’s “one page profile” if he/she is under 18 years of age and is not enrolled on a waiver.
- The total allocation for Family Support Services expenditures is approved by the Board on an annual basis. The Board reserves the right to establish a cap on the total amount of reimbursement to each family. The amount allocated to each family is determined by the total amount available for allocation, the number of families that request assistance, and the amount set aside to meet emergency needs.
- When the Board’s annual allocation of Family Support Services funds is exhausted, no additional services will be approved until funds are available again.

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- On an annual basis, the Superintendent will determine what portion, if any, of the annual allocation of FSS dollars will be set aside to address emergency needs. A committee may be appointed by the Superintendent to respond to requests for emergency funds. Priority is given to requests that address health and welfare issues.
 - Family Support Services are included in the Individual Support Plan. For a child under 18 years of age and is not enrolled on a waiver, Family Support Services are included on the child's "one page profile."
 - To be assured reimbursement for non-respite services, the family will obtain the estimated cost and prior approval for the expenditure from the Board before agreeing to services or signing a contract with a provider or vendor.
 - a. Documentation supporting the need for the service/support, such as doctors' orders and referral letters, are required for electronics and/or educational/therapeutic toys.
 - b. Families will be notified of requests that require supporting documentation.
 - The Board will reimburse the family within thirty (30) days of receiving receipt(s) for approved expenditures.
 - Funds appropriated for the payment of Family Support Services will not be used to reimburse families for respite care or other family support services that are provided in an Intermediate Care Facility for the developmentally disabled.

PROVIDER SELECTION

- Families are responsible for choosing a provider(s) that meets the needs of the family member receiving care. In the majority of instances, respite providers are family members and others known to the family who know the person with a disability and are willing and able to provide the care or service. These providers are known as "family approved" providers.
- If needed and requested, the Board can provide a list of experienced providers to choose from who are licensed by an appropriate entity to perform the services for which they are qualified (such as a home health agency, occupational or physical therapist).

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- a.) Respite providers that are not “family approved” and are recommended for consideration by the Board must be certified by the Ohio Department of Developmental Disabilities as a provider of supported living services.
 - b.) The Board can recommend generic organizations and businesses with experience providing products and services to persons with developmental disabilities.
- Potential providers are interviewed by the family who chooses the successful provider.
 - The Board will assist the family to obtain specialized training for any family-approved provider if needed/warranted.