Family Reimbursement Program
Application tracker questions

To whom it may concern: Individual's Name_____ Date: _____

Thank you for applying for consideration for Family Reimbursement funding. Below are questions that are required to be submitted with every application. Once the questions are all answered please email this form back to me. If you need assistance, please reach out to your Care Coordinator. If you do not have a coordinator, contact me as information is provided below.

1. Enrolled in Medicaid?
2. Enrolled in HCBS Waiver?
3. Enrolled in Self-Direction?
4. Is this request <u>One Time or Ongoing</u>?

   If Ongoing, how often? (Circle one)

   Weekly bi-weekly Monthly Annually Bi-Annually Quarterly As needed
5. Do you have Clinical Justification from a Doctor?
6. Have other cost-effective options been explored? If yes, please list.
7. Alternative Funding Sources Explored? If yes, please list.
8. Please provide a weblink to the item if applicable.
9. *(You are not required to have a Life Plan to apply for Family Reimbursement. However, if you have a Life Plan, **each item** must be listed in section I of the plan detailing how it relates directly to the developmental disability and why it's needed.*
   Section V must specifically state, "Family Reimbursement" and our agency name.
   We also must have the finalized version submitted with your request.)

   Is the item Listed in section I of the Life plan with Connection to Disability and Why it's Needed?

   Is "Family Reimbursement" and our Agency listed in section V?

The following questions are for reimbursement requests of RESPITE ONLY.

10. Is the individual enrolled in HCBS waiver? If not, please provide why.

11. If the individual is enrolled in HCBS waiver, the following questions are:

- Has an application for Waiver Respite Services been submitted (Request Service Authorization) through the local Regional Office? If yes, when/what date?

- Have Respite Hours through the waiver been approved by the local Regional Office?

- What agencies has the individual then applied to for waiver respite services? (list each agency and the date they were contacted)

- What have the agencies responded when the application/request for respite services to be provided came into them (i.e., waitlisted, no staffing, etc.)?

HCBS waiver services must be <u>fully</u> explored before consideration for FSS FR respite can be given. If an individual is enrolled in waiver and a valid attempt has been made to seek respite through the waiver and the response to the application from the agency is there is no staffing, for example, then individuals can apply for respite through FSS FR.

If families are paying respite providers in cash, we are encouraging the use of those electronic cash transfer apps, if possible. Those apps have receipts and are time stamped. We're finding that those apps have been a preferred method for many families. We've also received feedback from families that cash apps seem to be the least intrusive method also, but other methods such as a canceled check, to provide another example, are also acceptable. FSS FR providers do have the responsibility to verify that the exchange of funds occurred. FSS FR should be utilized as a short-term solution (when alternative funding sources have been exhausted). The program isn't meant to be a long-term solution. It's meant to be a compliment not a supplement. The family situation or need for respite may not be temporary. The funding or the money available to individuals in FSS FR, however, is temporary and limited. If a family's need for respite is high and continuous then FSS FR isn't sustainable. Maybe longer-term solutions such as a self-direction plan, etc.... should be considered to help better meet the family's needs.

Helpful tips for payment and receipts

1. When paying **cash**, please include a signed and dated receipt.

2. When paying with an **electronic payment form,** include a screenshot of the payments that is time stamped and includes the sending and receiving parties as well as a signed and dated receipt.
3. When paying with **a check**, include a copy of the check. Be sure to add in the note what payment is for (Respite). Also include a signed and dated receipt from the recipient.

Sincerely,

Cherokee “Dawn” Shattuck - CSO Program Manager
Arc Allegany-Steuben
One Arc Way
Bath, NY 14810
Phone: (607) 622-1888 OR Email: Cherokee.Shattuck@thearcas.org

*****Final determination of eligibility for Reimbursement Services will be determined by OPWDD*****