

# New York State Institute on Disability, Inc.

## REIMBURSEMENT REQUEST FORM

### 2023/2024 Fiscal Year

**NYSID WILL ACCEPT EMAILED APPLICATIONS**

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

**THIS FORM MUST ACCOMPANY ALL REIMBURSEMENT REQUESTS  
SUBMITTED TO NYSID**

930 Willowbrook Road  
(Bldg. 41-A)  
Staten Island, NY 10314  
Phone: 718-494-6457  
Fax: 718-494-6461

25 Beaver Street Rm 408A  
New York, NY 10004  
Phone: 646-766-3258  
Fax: 646-823-9990

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**Please answer these questions when submitting your reimbursement request:**

**Individuals Name** \_\_\_\_\_

**Tabs ID** \_\_\_\_\_ **County of Residence** \_\_\_\_\_

**Is the individual enrolled in Medicaid?** Yes or No

**Is the individual enrolled in Self-Direction Services?** Yes or No

**Is the individual enrolled in Medicaid Waiver?** Yes or No

**Is the request for the item/items** One time only or Ongoing

**If ongoing please indicate frequency** \_\_\_\_\_

**Does the individual reside at home with their family?** Yes or No

**How does this item support keeping the individual at home with their family/caregiver** \_\_\_\_\_

**Please provide website link for the item? (If applicable)**

**The State is allowing up to \$3,000 per fiscal year this amount is inclusive of camp, goods and services such as clothing, recreation programs, and sensory items etc. See list of allowable and non-allowable items**

<https://opwdd.ny.gov/system/files/documents/2023/05/fss-reimbursement-allowable-and-non-allowable-items-current-april-2023.pdf> - FSS Reimbursement Allowable and Non-Allowable Items

<https://opwdd.ny.gov/regulations-guidance/adm-2022-02-family-support-services-fss-reimbursement-guidelines> - OPWDD Guidelines

<https://opwdd.ny.gov/system/files/documents/2023/05/fss-family-reimbursement-adm-faq-3-22-23.pdf> - FAQ's

\* It would be advisable for a family to work with only one agency through the fiscal year in order for applications to be processed in a timely manner. Applying to multiple agencies delays the processing of an application.

If you have any questions or need more information, please call New York State Institute on Disability at 929-202-1115 / 718-494-6457 or email [info@nysidinc.org](mailto:info@nysidinc.org).

# New York State Institute on Disability, Inc.

## REIMBURSEMENT APPLICATION CHECKLIST

### 2023/2024 Fiscal Year

#### APPLICATIONS FOR GOODS AND SERVICES

*NYSID WILL ACCEPT EMAILED APPLICATIONS*

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

**ALL reimbursement application packets must include the following information.**

- \_\_\_\_\_ NYSID Reimbursement Request Form
- \_\_\_\_\_ OPWDD updated application has been submitted  
[https://opwdd.ny.gov/system/files/documents/2023/05/attachment-a-family-reimbursement-application\\_3-27-23.pdf](https://opwdd.ny.gov/system/files/documents/2023/05/attachment-a-family-reimbursement-application_3-27-23.pdf) -Application Link  
\* A family member/care manager must submit the new Fully Completed State Application and provide the appropriate clinical documentation.
- \_\_\_\_\_ **Application Form must have ALL questions answered; *if you answer YES to question 7c\_application will not be accepted; individual is not eligible for FSS reimbursement if a household member receives payment to care for the individual.***
- \_\_\_\_\_ **Included in section 8 ALL previous reimbursement applications within this fiscal year; when multiple applications are submitted.**
- \_\_\_\_\_ Clinical Justification \* A clinical justification letter for the goods and services **MUST MUST** relate to the individual's disability and explain **WHY** they are needed. The letter must be on letterhead, signed (an electronic signature is acceptable), and include the clinicians license number.
- \_\_\_\_\_ Individual's Life Plan submitted. \* An individual's Life Plan must accompany the application Life plan must also include the "why" the individual needs the item and "how" it is related to the individual's disability in section 1 summary and in section 5 must the life plan must include NYSID as the family support services provider (if it does not an agency cannot serve the individual).
- \_\_\_\_\_ Detailed Invoice/Receipts submitted. \* The receipts submitted must be within the fiscal year AND within 90 days of purchase. We do not accept screen shots of receipts. Recreational (swimming, music lessons, horseback riding etc.) receipts must include the individual's name, the dates the lessons were taken (we will not pay for lessons not yet taken), frequency of the lessons (weekly, monthly, etc..) with the cost of each lesson and payment method.
- \_\_\_\_\_ Individual's With a Self- Direction Budget must include NYSID as Family Support Services Provider \*If the individual has self-direction services they must provide a copy of the approved budget that includes the agency provider and amount approved for FSS.

New York State Institute on Disability, Inc.  
REIMBURSEMENT APPLICATION CHECKLIST  
2023/2024 Fiscal Year

**APPLICATIONS FOR CAMP REIMBURSEMENT**

**\* IF AN INDIVIDUAL IS ATTENDING A CAMP THAT BILLS FOR WAIVER/RESPITE, THEY WILL NOT BE ELIGIBLE TO RECEIVE FAMILY SUPPORT REIMBURSEMENT FOR THE BALANCE DUE TO THE CAMP. THIS WILL BE THE PARENTS' RESPONSIBILITY.**

**\*IF AN INDIVIDUAL HAS SELF-DIRECTION SERVICES, THEY ARE EXPECTED TO PAY FOR CAMP THROUGH THEIR BUDGET AND NOT WITH FAMILY SUPPORT SERVICES FUNDS.**

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[https://opwdd.ny.gov/system/files/documents/2023/05/attachment-a-family-reimbursement-application\\_3-27-23.pdf](https://opwdd.ny.gov/system/files/documents/2023/05/attachment-a-family-reimbursement-application_3-27-23.pdf) -Application Link  
\* A family member/care manager must submit the new Fully Completed State Application
- \_\_\_\_ **Application Form must have ALL questions answered; if you answer YES to question 7c\_application will not be accepted; individual is not eligible for FSS reimbursement if a household member receives payment to care for the individual.**
- \_\_\_\_ *Justification letter \* Camp applications do not require clinical justification; however, a justification letter is required explaining why the individual attends camp*
- \_\_\_\_ Individual's Life Plan submitted. \* An individual's Life Plan must accompany the application. Life plan must also include the "why" the individual needs the item and "how" it is related to the individual's disability in section 1 summary and in section 5 must the life plan must include NYSID as the family support services provider (if it does not an agency cannot serve the individual).
- \_\_\_\_ NYS Department of Health Certificate \* *All camp applications must have a current department of health certificate that matches the name of the camp on the invoice/bill.*
- \_\_\_\_ Camp Invoice/Paid Receipt \**Camp invoice must include the individuals name, dates of attendance; cost of camp, amount paid or balance due. We can pay the camp directly and will require proof of attendance by the end of the summer. \*If proof of attendance is not submitted the family /camp will be expected to refund this agency for any funds provided. \*We can only pay up to 14 days of overnight camp attendance. \*We can pay for more than 14 days for day camp attendance.*
- \_\_\_\_ Letter of Attestation from the camp confirming they do not bill for waiver respite for the individual.