



Responses as of March 22, 2023

Table with 2 columns: Question and Response. Contains 7 rows of Q&A regarding reimbursement rules.

	Question	Response
	CDPAP, does this mean they are disqualified?	<p>CDPAP to. CDPAP also allows for someone who lives outside of the home to provide CDPAP services.</p> <p>Family/caregivers who provide CDPAP to a person they live with are ineligible for FSS family reimbursement. When a person receives CDPAP only from one or more staff who live outside of their home, their family is eligible to apply for FSS family reimbursement.</p>
8.	Can an individual receive FSS reimbursement if they have a self-direction budget and have exhausted OTPS, IDGS and/or FRR?	No. Individuals can consider accessing FSS family reimbursement if they have explored those self-direction specific funding mechanisms (i.e., OTPS, IDGS, FRR) and have been denied or as an emergency reimbursement.
9.	Does an individual need to have a care manager or be enrolled in care coordination to receive FSS family reimbursement?	No, care management is not a requirement to request FSS family reimbursement.
10.	How often are emergency reimbursement requests allowed per individual?	Emergency requests may be allowed only onetime per each type of emergency listed in the ADM.
11.	How should goods/services be treated that aren't specifically listed as allowable or non-allowable in the ADM?	Providers can continue to reimburse for goods/services they have already pre-approved if they meet the criteria outlined in the ADM. Providers must send any items that are not covered on the list in the ADM to their Regional Office to be reviewed by Central Office for consideration before the individual is reimbursed to ensure consistency statewide.
12.	What are the requirements of the family reimbursement committee?	<p>As noted on pg. 5 of the ADM: FSS providers must have a Family Reimbursement Committee (the "Committee") to review reimbursement requests. Committees must contain at least four (4) members, and must include:</p> <ul style="list-style-type: none"> i. Individual(s) with developmental disabilities; or ii. Family members or advocates of individuals with developmental disabilities; and iii. At least two (2) people not employed by the FSS provider agency.

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		<p>The Committee must meet as needed to review applications. The Committee can only approve applications for reimbursements through FSS where the application establishes that the:</p> <ul style="list-style-type: none"> i. Individual has established eligibility for OPWDD services; ii. Individual/family meets FSS eligibility criteria; iii. Reimbursement request cannot be funded by any other funding mechanism; iv. Reimbursement request does not exceed contractual limits and/or individual spending cap; v. Requested item or service: <ul style="list-style-type: none"> a. Is related to the individual’s intellectual or developmental disability; b. Supports a quality of life comparable, to the extent practicable, to that of similarly situated families without a family member having a developmental disability; c. Maximizes the potential of the individual; and d. Supports the individual to remain at home with their family.
13.	Can an individual enrolled in Self-Direction, but still in the start-up phase receive family reimbursement?	The person is only eligible for family reimbursement prior to approval of the person’s initial Self-Direction budget or in circumstances as described in question 8.
14.	What are the requirements for an allowable clothing reimbursement request?	Clinical justification would be needed if the clothing request is based on behaviors directly connected to the individual’s I/DD diagnosis and needs to be included in the life plan if someone is enrolled in a CCO. When clothing is requested as a necessity, a clinical justification would not be required.
15.	What is specifically need for a proper clinical justification?	The family must provide the FSS provider with a clinical justification that indicates a significant, definable, positive impact on the individual/family directly relating to health, safety and emotional well-being, normalization of life, accessibility to needed services, personal growth and/or development of the individual. The clinical justification must be clinically indicated and substantiate the need for

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		<p>the item or service that is being requested. The clinical justification must be supported by a clinician and demonstrate a clear connection to the individual's developmental and/or intellectual disability. Clinical justification from clinician(s) working within their scope of practice including but not limited to physical therapist, occupational therapist, speech therapist, physician, registered nurse, is acceptable. The clinician must provide a signed letter dated within a year of request (on formal letterhead) that demonstrates the need based on the criteria listed above in this paragraph.</p>
16.	<p>Is partial reimbursement of a good or service allowable?</p>	<p>Per the ADM, as a state paid service, any goods or services must be cost effective meaning whenever a comparable item is available at a lesser cost, the lesser cost item must be purchased or utilized. Partial reimbursement for goods and services is at the discretion of the provider.</p>
17.	<p>How should individuals requesting respite reimbursement be prioritized in terms of waiver enrollment?</p>	<p>Individuals enrolled in any waiver service must explore waiver respite prior to accessing FSS family reimbursed respite. The individual/family with their care manager if applicable must explore if waiver respite opportunities are available. If staffing is not available from any waiver respite providers, individuals/families can then apply for FSS family reimbursed respite.</p>
18.	<p>How should FSS family reimbursement be documented in an individual's life-plan</p>	<p>Per the ADM, for those that are enrolled in a Care Management Service (FSS) should be listed in Section V of the Life Plan. In addition, reference to the requested goods or services must be included in Section I of the life plan. This is needed to provide a better understanding of why the good or service is being considered for family reimbursement.</p>