

FAMILY SUPPORT FUNDING GUIDE

Family Support Funding is intended to provide services and supports for your child that are related to your child's Developmental Delay or Intellectual and Developmental Disability (IDD) and are above and beyond typical age-related needs.

- * Funding requests are only for services and items that have not yet been provided. Please plan ahead, and request funding before your child needs the service or item. We cannot reimburse families for items that have already been purchased, or services already rendered by the date of your funding request.
- * All purchases and services must be provided in the most cost-effective manner, meaning the least expensive manner to meet the need.
- * Family Support funding is the payer of last resort, all other funding sources (private insurance, Medicaid, waiver benefits) must be accessed first. If a service or an item is denied by insurance, Medicaid/Insurance denial documentation is required.
- * Funding requests are limited to state rule approved categories. Typical age related needs are not fundable under FSSP
- * Please note that checks for approved funding requests are disbursed at the beginning of the month following approval of all funding requests.

Funding will be allocated as follows from July 1, 2024 – June 30th, 2025:

- **MIN of 0-19 = \$1,000 per year**
- **MIN of 20-39 = \$2,000 per year**
- **MIN of 40+ = \$3,000 per year**

Steps to request Family Support Funds:

Step 1: Contact your Case Manager who will submit a Family Support Funding request.

Step 2: Keep track of how you use your funding and ensure required documentation is submitted back to RMHS so future funding requests can be approved.

Step 3: Provide your Case Manager with any required supporting documentation for the funding you use (see below for details).

Step 4: Families are required to submit detailed receipts for FS funding allocated, per State guidelines. Please see separate [FS Receipt Policy and Guidelines](#)

FSSP Funding Categories:

Assistive Technology- Equipment or upgrades to equipment, which are necessary for the individual with an IDD or Developmental Delay to communicate through expressive and receptive communication, move through or manipulate his or her environment, control his or her environment, or remain safe in the family home.

Required Supporting Documentation:

- Letter of recommendation dated within last year from licensed/certified therapist.
- Insurance denial or copy of insurance policy exclusion page.

Camp- Please supply specific camp information including name of camp program, dates, cost, and type of camp (individual or family), and camp registration confirmation when available.

Required Supporting Documentation:

- Letter of recommendation dated within last year from licensed/certified therapist or physician that includes name of camp requested and specifically relates camp benefits to child's I/DD.

Environmental Engineering: Home or vehicle modification needed due to the individual's disability and is not a regular maintenance or modification needed by all owners. Modifications to the home or vehicle must be necessary due to the individual's IDD or Developmental Delay; or needed due to health and safety; or to allow the individual to attain more independence; and completed in a cost-effective manner. Home modifications are to be limited to the common areas of the home the individual with an IDD frequents, the individual's bedroom, and one bathroom. All devices and adaptations must be provided in accordance with applicable state or local building codes and/or applicable standards of manufacturing, design, and installation. Only homes or vehicles occupied and owned by the family where the eligible individual resides may be modified. Minor modifications may be made to rental units with the permission of the landlord. Rental modifications must be made in a way that the modification can be moved with the eligible individual during a change in residence.

Required Supporting Documentation:

- Occupational Therapist evaluation that specifically recommends modifications for client's needs.
- Two contractor estimates

Medical/Dental- Funding for out-of-pocket medical/dental expenses such as co-pays, and uninsured costs for the care of the FS client: Medical and dental items prescribed by a licensed medical professional qualified to prescribe such items and are needed to maintain or attain physical health. Medical, dental,



and vision services, exams and procedures are available when not covered by another source. Over the counter medications and vitamins are excluded, except when prescribed by licensed medical professional qualified to write such prescriptions.

Required supporting documentation:

- Insurance denial or copy of insurance policy exclusion page
- Written estimate of expected medical/dental expense (i.e., surgery, extensive dental work)
- Copy of physician's prescription.

Parent/Sibling Support- This funding is for services to directly benefit the parents and/or siblings of the family member with a disability. The need for the service is related to the disability, such as a membership to a support organization, registration fees to conferences, counseling for parents/sibling, special resource materials or publications, or behavioral services.

Required Supporting Documentation:

- Letter of recommendation dated within last year for counseling, behavioral services.

Professional Services- Funding for therapies and other professional services provided by a certified or licensed professional that are not covered by insurance or Medicaid.

Required supporting documentation:

- Letter of recommendation dated within last year from either a physician or licensed/certified therapist.
- Insurance denial or copy of insurance policy exclusion page

Respite- Is the temporary care of an individual with an IDD that provides relief to the family. FS respite funding is to pay for a provider of your choice to care for the family member with a developmental disability to give the parent/legal guardian a occasional break from care giving responsibilities. It is not to be used for daily child care, or day care to allow parents/guardians to work or attend school.

Transportation- Transportation is the direct cost to the family that is higher than costs typically incurred by other families because of specialty medical appointments or therapies. Specialty medical appointments or therapies are defined as appointments needed due to the individual's IDD or Developmental Delay. This is mileage expense (.44/mile) for the family vehicle for transportation needs related to your child's medical or therapy needs, or the cost of a bus pass for those without a family vehicle.

Other- This is to be used for any services or items which may be provided for the person with the developmental disability which would not otherwise fall into the other categories. Examples of Other expenses might include special diets, specialized clothing, adaptive recreation.

- Adaptive Recreation –The state general fund does not pay for activities that fall under typical recreation activities including gymnastics, team sports, or music lessons. Need must be related to client’s I/DD and above and beyond the needs of typical child’s needs In addition to an LOR, please submit the adaptive rec. program documentation/ description to support a true adaptive recreation program. (Note: cannot fund Parallel Play thru FSSP).

Required Supporting Documentation:

- * Letter of recommendation dated within last year from either a physician or licensed/certified therapist.
 - Adaptive recreation program documentation/description to support a true adaptive recreation program.