Parent Connections

Getting Connected and Accessing Funds
Hamilton County Developmental Disability Services

November 12, 2024
Parent Presenter, Lauren Paley

Agenda:

- ➔ Introductions
- ➔ Understanding DDS, Eligibility and How to Apply
- ➔ DDS Services and Supports
- ➔ Accessing Funds
- ➔ Sharing of Questions, Concerns, Resources and Experiences

What is DDS and how do you determine eligibility?

DDS is an agency that provides free birth to death services and supports for people with cognitive or developmental disabilities to help ensure full community access.

Eligibility is determined by a screening and assessment process through your county.

INTRODUCTION & ELIGIBILITY

To qualify for services, you must live in Hamilton County and have a documented cognitive or developmental disability that manifested before the age of 22. Referrals are accepted from the person seeking services if they are 18 or older with no court-appointed legal guardian, the court-appointed legal guardian for someone (regardless of age), and the parent or custodial parent of a child under the age of 18 who resides in Hamilton County.

Eligibility Prescreen

We'll start with a brief conversation about your disability and any unmet needs. If we are the best agency to meet your needs and can accept the referral, we'll ask for your Social Security number and the Medicaid 12-digit MMIS number if the person is a Medicaid recipient. After providing this information, you'll be assigned to an HCDDS Introduction Specialist to help you continue the eligibility process.

Complete and return the packet

The Introduction Specialist will create a packet requesting more information and send it to you. You have a **30-day period** to complete and return the packet, including releases, medical records, and other documents requested. Your specialist can help you if you have questions. Once the packet is reviewed and approved for a qualifying diagnosis, they will set you up for an assessment with an Elgibility Specailist.

Schedule Assessment

After HCDDS receives your information packet, the Eligibility Specialist will contact you within **45 days** to schedule a time for an assessment in person or remotely using the Ohio tool called COEDI if a child or the OEDI for adults to determine significant functional limitations. *Please note that the individual seeking services is required to be present.* After the assessment, you'll receive a letter in the mail or an email confirming your eligibility status.

Eligibility Process Completed

After the assessment, if you're eligible to receive services, we will assist in connecting you to support and resources. If you are ineligible, we will provide you with other community resources that may help, as well as instructions on your right to appeal

513-559-6990 | **intro@hamiltondds.org**

DDS Services and Supports

Early Intervention, School Age, Transition, Adulthood

- Early Intervention Services: speech, OT, PT, parent classes, home visits/monitoring and other services based on child/family need
- School Age: Service Support Administrator (SSA) to connect you with community agencies, behavioral support and access to funds
- Transition: Transition consultants work with IEP teams to determine needs, services and supports to transition to adulthood.
- Adulthood: Supports employment and community engagement.

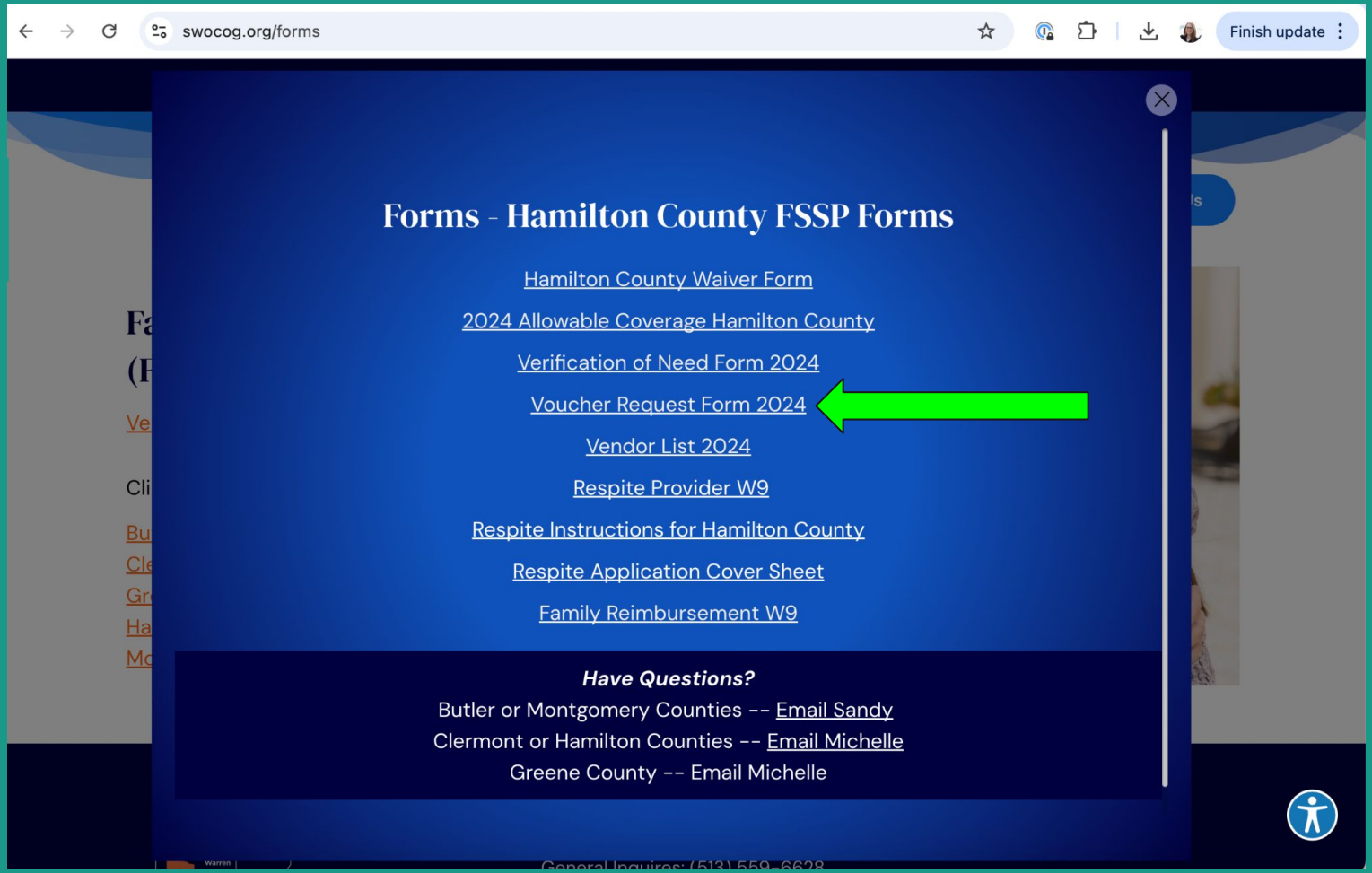
Family Support Services Program (FSSP Funds)

- ➔ Vouchers ($2,000)
- ➔ Equipment, Devices and Services ($500)
- ➔ Requests for funding by early December

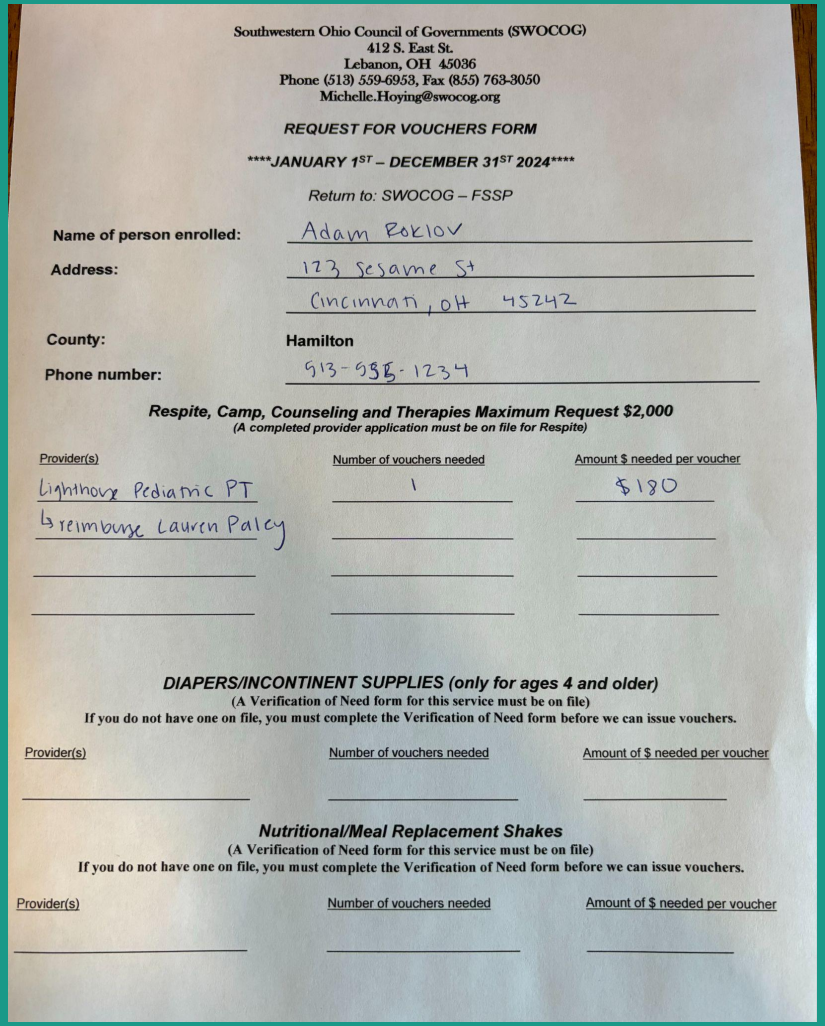
Point of Contact: Michelle Hoying with SWOCOG
(Southwesterns Ohio Council of Government)
michelle.hoying@swocog.org

Vouchers

- $2,000 for Respite, Therapies and Community Programs
  - Therapies not covered by insurance
  - Programs like swim lessons, tumblebees, Nature Tots, dance class, camps
  - Respite care (additional steps for this)
- Can use as direct payment to service provider if on the approved list or can receive reimbursement
  - Reimbursement is more straightforward
    - Family pays upfront, reimbursement check is mailed to you
    - Versus receive check made out to vendor mailed to you, you pay vendor using the check
- Utilize the “Voucher Request Form”



https://www.swocog.org/forms



Southwestern Ohio Council of Governments (SWOCOG)
412 S. East St.
Lebanon, OH 45036
Phone (513) 559-6953, Fax (855) 763-3050
Michelle.Hoying@swocog.org

REQUEST FOR VOUCHERS FORM

****JANUARY 1ST – DECEMBER 31ST 2024****

Return to: SWOCOG – FSSP

Name of person enrolled: Adam Roklov

Address: 123 Sesame St
Cincinnati, OH 45242

County: Hamilton

Phone number: 513-555-1234

Respite, Camp, Counseling and Therapies Maximum Request $2,000
(A completed provider application must be on file for Respite)

Provider(s)	Number of vouchers needed	Amount $ needed per voucher
Lighthouse Pediatric PT	1	$180
↳ reimburse Lauren Paley		

DIAPERS/INCONTINENT SUPPLIES (only for ages 4 and older)
(A Verification of Need form for this service must be on file)
If you do not have one on file, you must complete the Verification of Need form before we can issue vouchers.

Provider(s)	Number of vouchers needed	Amount of $ needed per voucher

Nutritional/Meal Replacement Shakes
(A Verification of Need form for this service must be on file)
If you do not have one on file, you must complete the Verification of Need form before we can issue vouchers.

Provider(s)	Number of vouchers needed	Amount of $ needed per voucher

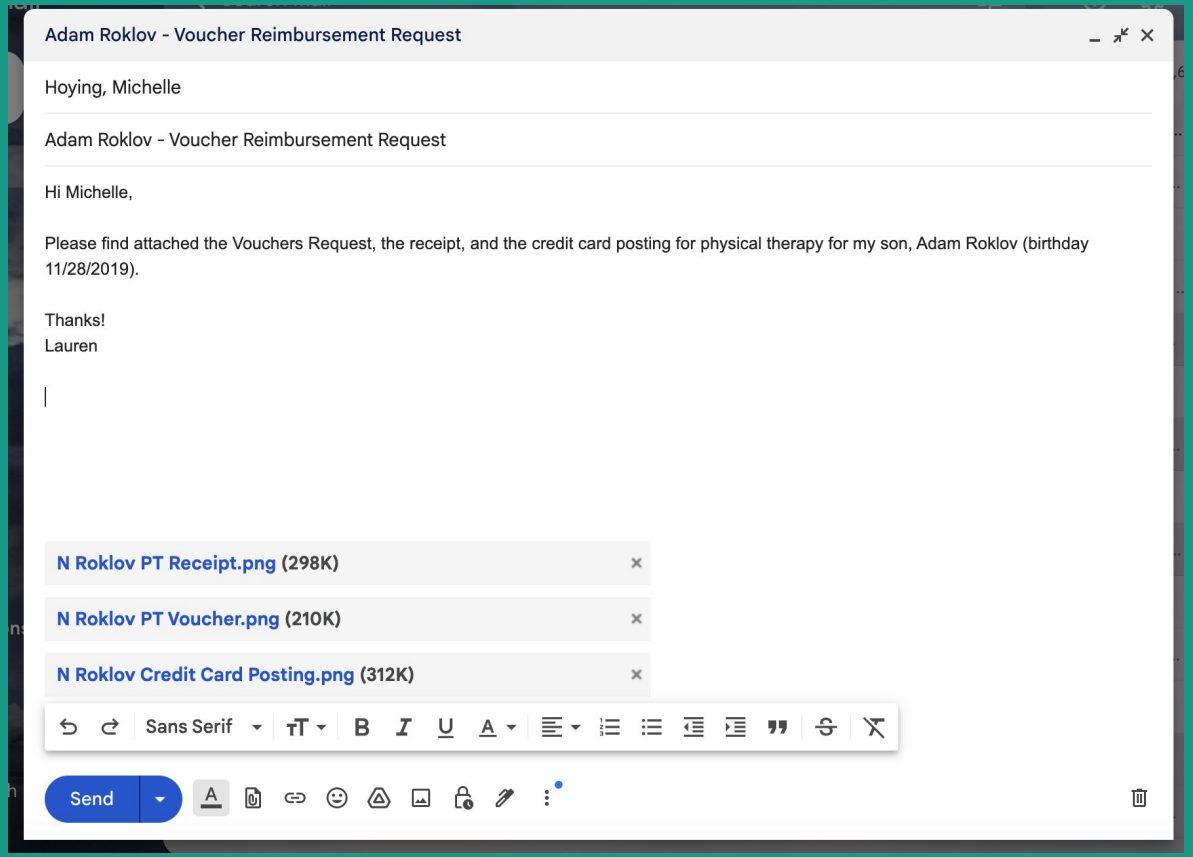
VOUCHER FORM

Section 1:
Fill this out with you and your child's information

Section 2:
- List the provider/vendor (indicate reimbursement)
-Choose amount of vouchers needed
-Indicate amount per voucher

****IF YOU PLAN ON REIMBURSEMENT****
*You will also need to gather a (digital) **receipt** from the program and a screenshot of the **credit card charge** posted in your account*

VOUCHER REIMBURSEMENT NEXT STEPS



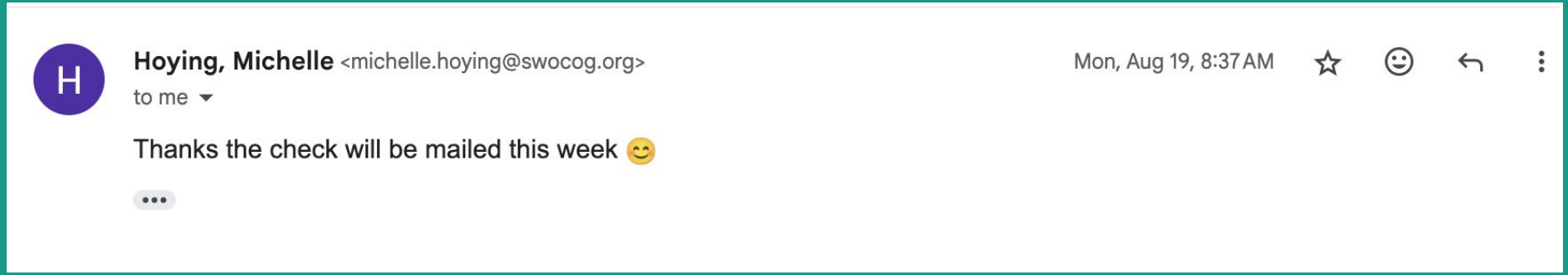
Email Michelle:
michelle.hoying@swocog.org

Include your child's first and last name in the email subject line

Attach

1. Voucher form
2. Copy of the receipt
3. Credit card posting

REIMBURSEMENT NEXT STEPS



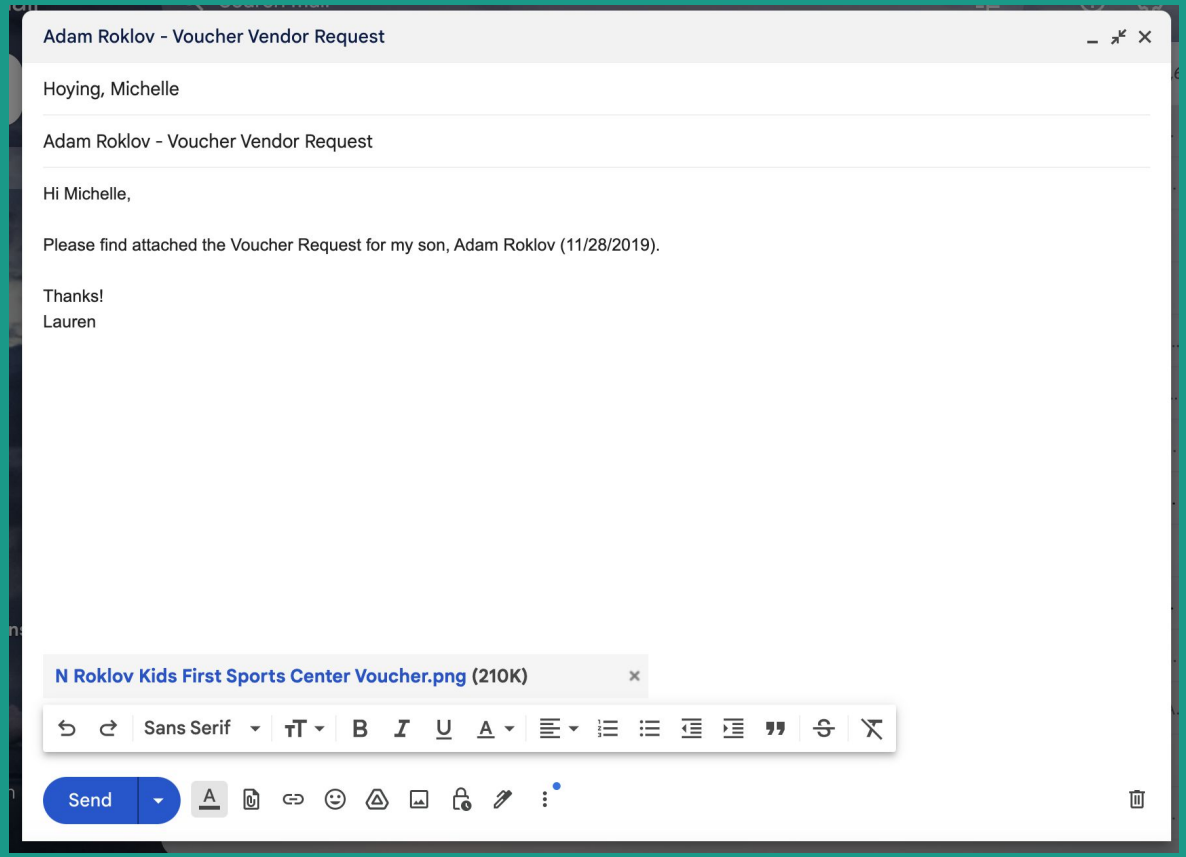
Hoying, Michelle <michelle.hoying@swocog.org> Mon, Aug 19, 8:37 AM

to me

Thanks the check will be mailed this week 😊

The check will arrive a within a few days written out to parent/guardian who completed the request

USING AN APPROVED VENDOR FOR VOUCHERS



Email Michelle:
michelle.hoying@swocog.org

Include your child's first and last name in the email subject line

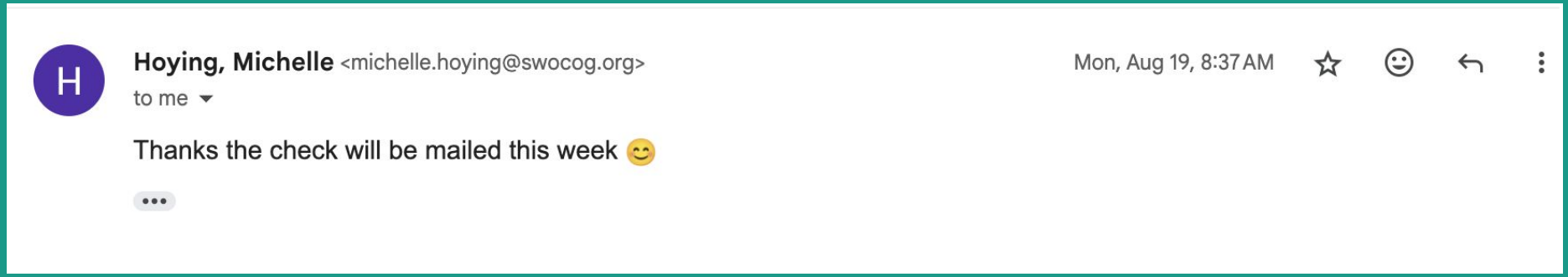
Attach the Vouchers Form

TIPS

Confirm with both Michelle and the vendor that they will accept the voucher

Coordinate the voucher payment process with the vendor - timing can be tricky

VENDOR NEXT STEPS



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Hoying, Michelle <michelle.hoying@swocog.org>

Mon, Aug 19, 8:37 AM

to me

Thanks the check will be mailed this week 😊

•••

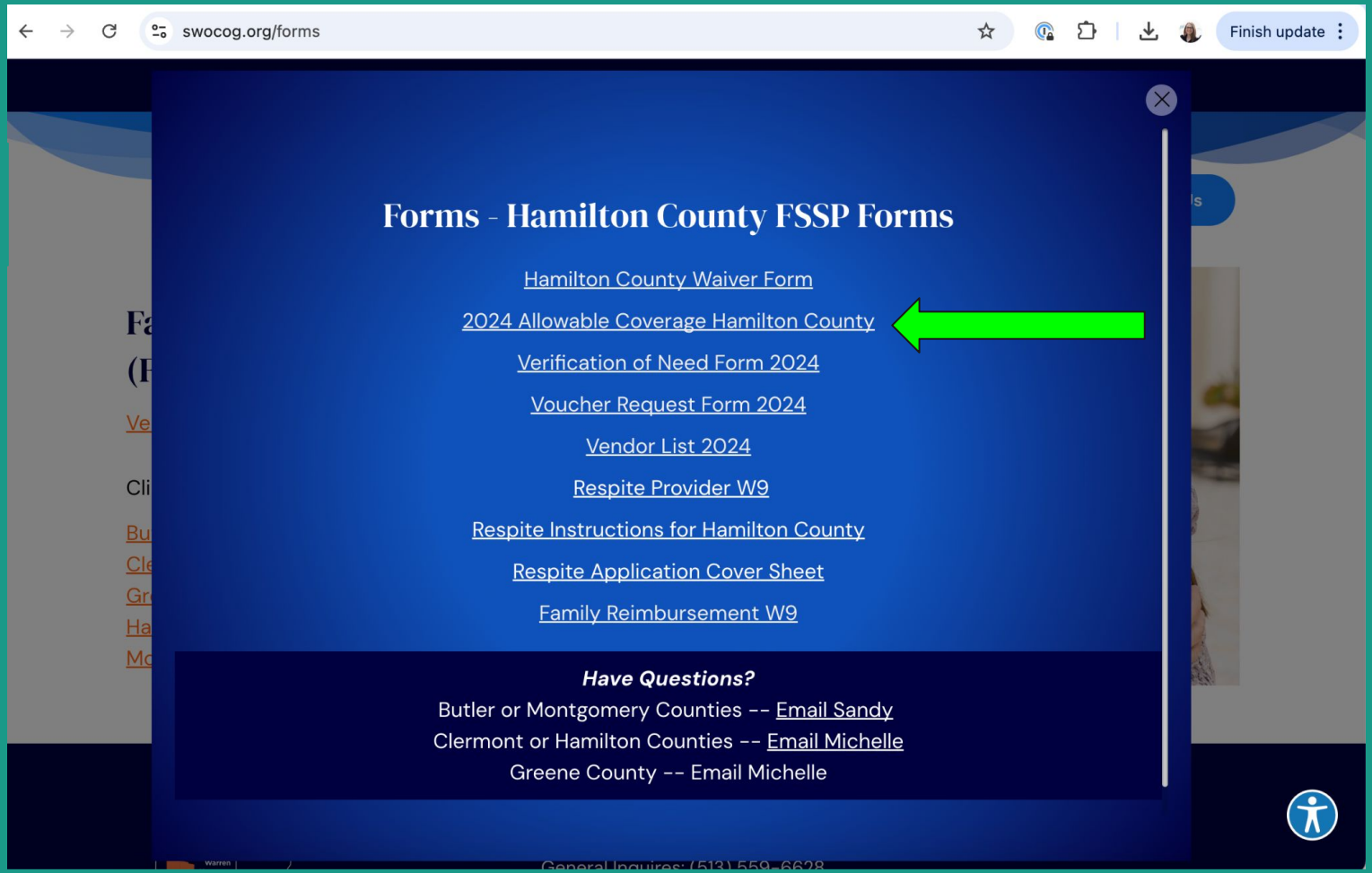
The check will arrive a few days later and it will be written out to the vendor

You are responsible for bringing the check to the vendor and completing the transaction!

Equipment, Devices and Services

- $500 for “goods”
  - Broken down into categories
  - Categories have caps
  - Utilize the “Verification of Needs” Form

V.O.N. form must be filled out by a professional who works with your child justifying why this item is beneficial



https://www.swocog.org/forms

CATEGORY	CAP
ADAPTIVE EQUIPMENT AND SENSORY ITEMS	$500
Items that could be considered for payment under this category include wheelchairs, walkers, scooters, lifts, weighted pressure vests and blankets, body sock, etc. The need must be disability related. • Swings, trampolines, sand and water tables and pools can qualify as adaptive equipment only if the need is justified as a sensory need. • **Any adaptive equipment requests must have a verification of need form filled out by a Doctor or therapist.**	

CATEGORY	CAP
DEVELOPMENTAL ITEMS	$150 each category
Items that could be considered for payment under this category include ***developmental tools*** *(toys, bikes, ride on toys, workbooks, software, puzzles, books, etc.)* ***developmental equipment*** *(beds, high chairs, strollers, car seats, storage items, safety items, etc.)*	

https://www.swocog.org/forms

CATEGORY	CAP
INCONTINENCE SUPPLIES	$500
Items that could be considered for payment under this category include diapers, wipes, pullups, and protective bed covers. • FSSP will fund diapers/incontinent supplies if the individual is 4 or older. • We can issue vouchers for Kroger as an option.	

CATEGORY	CAP
TECHNOLOGY ITEMS	$500 laptop, iPad, computer $150 for learning tablet
Items that could be considered for payment under this category include communication devices, iPads, computers, tablets, etc. • A computer, laptop, **or** iPad can be funded once every three years **for individuals 12 and older. They are not funded for kids under 12.** • There is no age requirement for Learning tablets**.**	

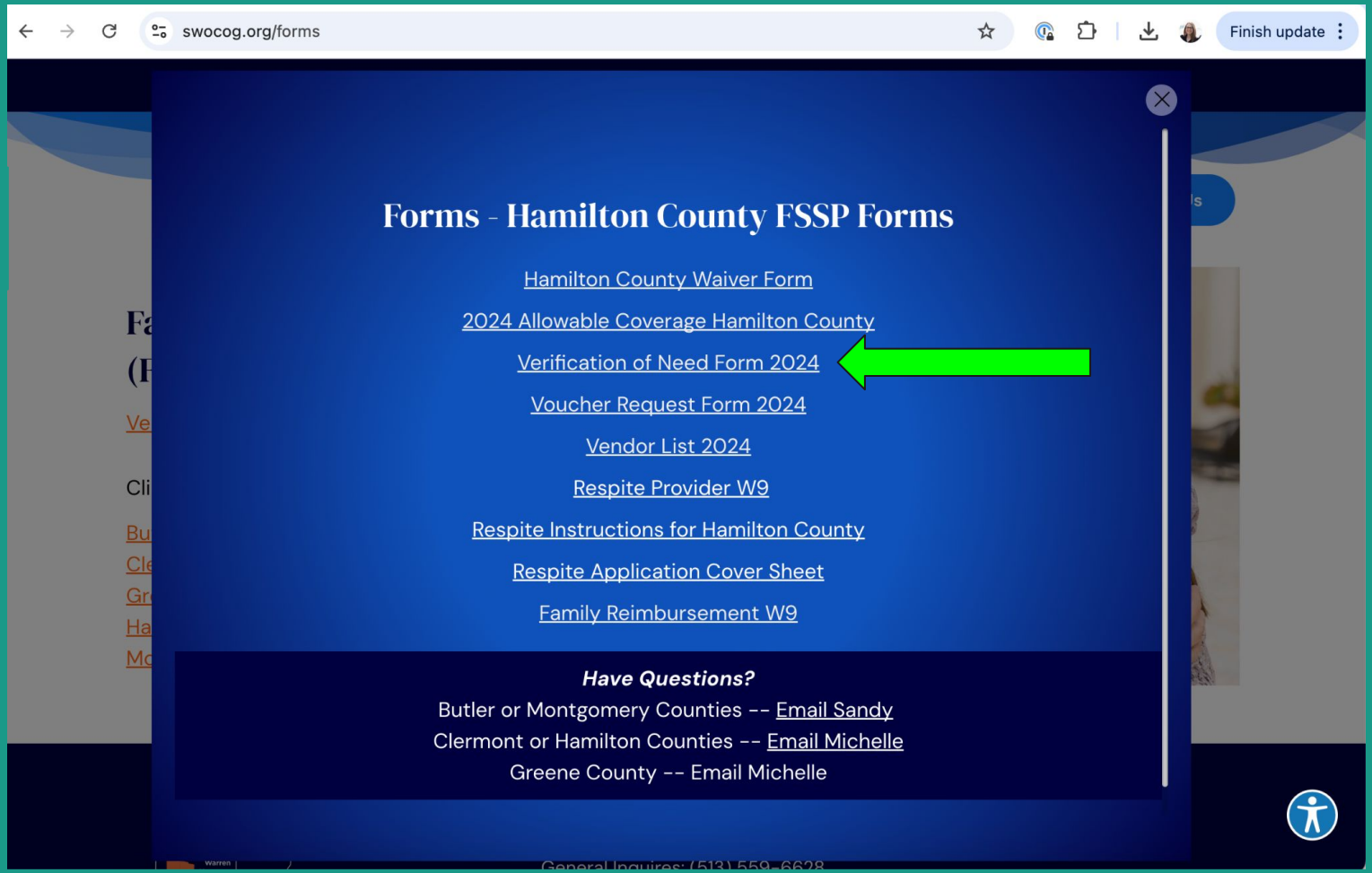
https://www.swocog.org/forms

CATEGORY	CAP
HOME MODIFICATIONS	$500
Items that could be considered for payment under this category include wheelchair ramps, bathroom modifications, etc. We do not cover basic house maintenance and the home must be owned by the parent/guardian. • **All requests must be approved by FSS before work begins.** • All requests must be submitted by filling out a verification of need form **and must be justified by a professional**. The request must also include a price quote that includes the name of the provider, address, a description of the service, and the price.	

CATEGORY	CAP
SPECIAL DIETARY ITEMS	$500
Items that could be considered for payment under this category include Ensure, Pediasure, fat free or lactose free foods, etc. • We can issue Kroger vouchers as an option for special dietary items.	

CATEGORY	CAP
EMERGENCY ASSISTANCE	$200 every other year
Items that could be considered for payment under this category include limited emergency assistance in times of crisis including rent, utilities, or vehicle repairs • We can only assist with one emergency once every other year up to the maximum amount of $200. This means if you use rent, utilities or a vehicle repair in **2022** then you wouldn't be eligible for any other emergency assistance until **2024**.	

https://www.swocog.org/forms



https://www.swocog.org/forms

VERIFICATION OF NEED FORM

Southwestern Ohio Council of Governments (SWOC
412 S. East St.
Lebanon, OH 45036
Phone (513) 559-6953, Fax (855) 763-3050
Michelle.Hoying@swocog.org

VERIFICATION OF NEED FORM /FUNDING REQUEST (FSSP) 2024

Name of person enrolled: Adam Roklov Date: 11/8/24

Address: 123 Sesame St Phone: 513-555-1234

DOB 11/28/2019 County: HAMILTON

Contact person: Lauren Paley Phone: 513-555-1234

Email address: myemail@gmail.com

If the check or voucher is to be sent to someone other than the family, please indicate here:

Type of item(s) requested and how it will help Sensory item - crash pad - to help with emotional regulation

We will also need a printed price quote from the provider for equipment purchases or home modifications that list the name and address of the provider, the item or modification needed, and the total cost with this form including taxes, shipping and handling fees.

Please indicate if you would like to have this request handled as a reimbursement Yes ☑ No ☐
*****Do not purchase any item until you have been notified by FSSP that the item has been approved*****

If item is not to be handled as a reimbursement, the request will be processed according to your county guidelines. If a check is issued, you are REQUIRED to provide a receipt to verify funds were spent appropriately.

Please indicate by either an "X" or "N/A" the alternate funding resource applied for or denied to the family.

Family's Insurance
Medicaid/Medicare
BCMH (Bureau for Children w/Medical Handicaps)
BVR (Bureau of Vocational Rehabilitation)
Board of DD Services/waiver

The mission of the Southwestern Ohio Council of Governments is to provide support and solutions to county boards of developmental disabilities through cost-effective shared services that deliver value, satisfaction, and maximization of resources.

e: Sign here

Adam Roklov

County: HAMILTON

This section to be completed by the professional recommending the item(s) requested. The professional completing this section can be the doctor, therapist, case manager, or County Board of DD Services professional, working with the person enrolled. If you enclose a separate letter of need from the professional, we do not need this section completed.

Professional's name: Title:

Address: Phone:

Email:

Signature:

Statement of why service/item is needed and how it relates to the persons disability. (If requesting an iPad, computer, or laptop, the item must meet an assessed need; can be functionally utilized by the individual with the disability making the request; is not for the purpose of meeting an educational need or service as required by the IEP. An iPad, computer, or laptop will only be considered for individuals age twelve and older in Hamilton County.)

Here in this box, have your therapist/professional write 2-5 sentences explaining how and why this item will support your child.

The section to be completed by a county board of developmental disabilities representative only.

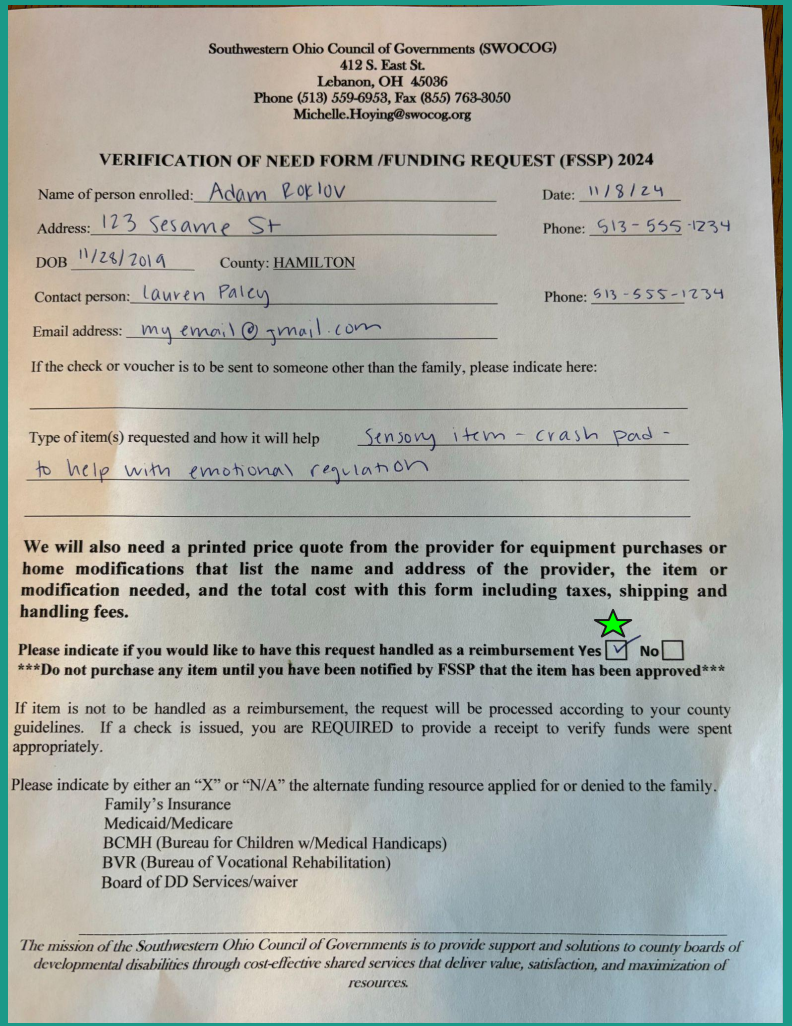
Representative's name:

Title:

Signature:

Date:

VERIFICATION OF NEED PAGE ONE



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Board of DD Services/waiver

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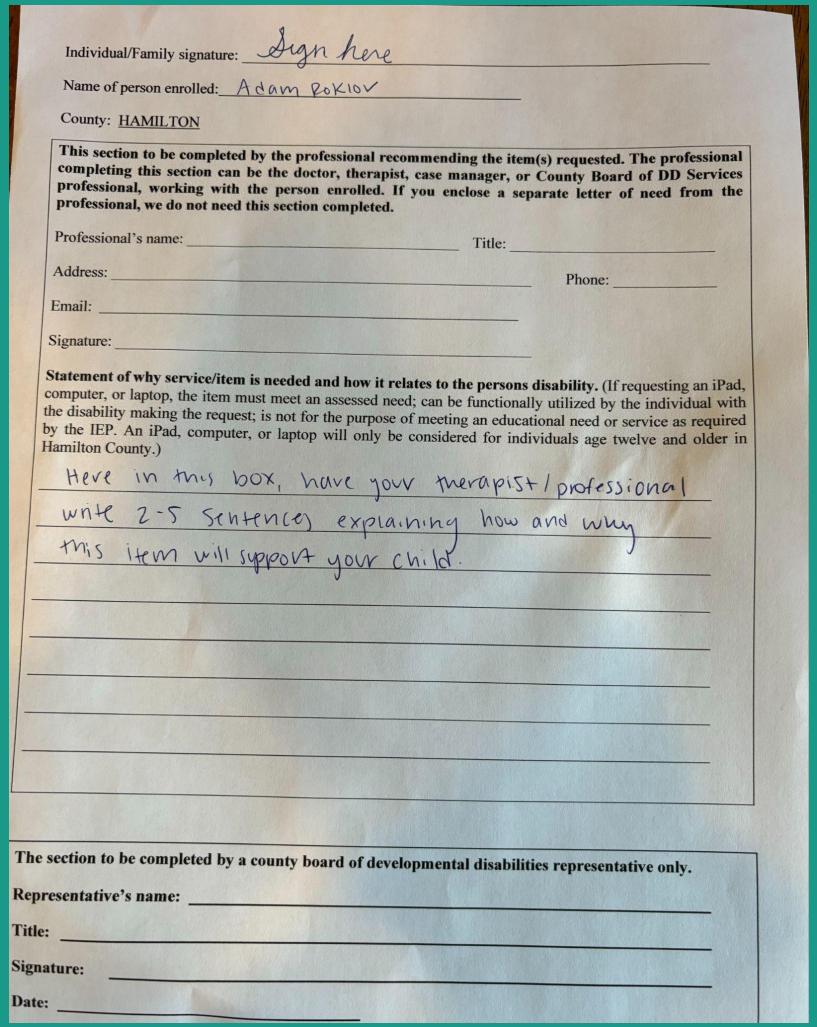
Section 1:
Fill this out with you and your child's information

Section 2:
-Name the item you're requesting, which category it falls under, and a brief explanation as to why it will be helpful
-Check "yes" for reimbursement

VERIFICATION OF NEED PAGE TWO



Individual/Family signature: Sign here

Name of person enrolled: Adam Rokiov

County: HAMILTON

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Professional's name: _____ Title: _____

Address: _____ Phone: _____

Email: _____

Signature: _____

Statement of why service/item is needed and how it relates to the persons disability. (If requesting an iPad, computer, or laptop, the item must meet an assessed need; can be functionally utilized by the individual with the disability making the request; is not for the purpose of meeting an educational need or service as required by the IEP. An iPad, computer, or laptop will only be considered for individuals age twelve and older in Hamilton County.)

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The section to be completed by a county board of developmental disabilities representative only.

Representative's name: _____

Title: _____

Signature: _____

Date: _____

Sign your name and fill out your child's name below

Therapist's Section to complete

*Filled out by therapist
*Have them describe the need
*Must be 2-5 sentences

Tips:
*Make sure your therapist understands FSSP funds
*Send a link or picture if they are unfamiliar with the item
*Bring the hard copy to therapy
*They can either fill out and return the hard copy or scan and send you a digital copy

Once verification of need filled out, take a screenshot of the item in your cart <u>DO NOT BUY IT YET</u>

Delivering to Lauren Paley [redacted] Change

Add delivery instructions

Paying with Visa 6240 Change

Use a gift card, voucher, or promo code

Arriving Nov 13, 2024

Wednesday, Nov 13
FREE Delivery

Milliard Crash Pad Sensory Pad with Foam Blocks for Kids and Adults with Washable Cover (5 feet x 5 feet) (Blue)
$174.99
Ships from Home Wise
Sold by Home Wise

1

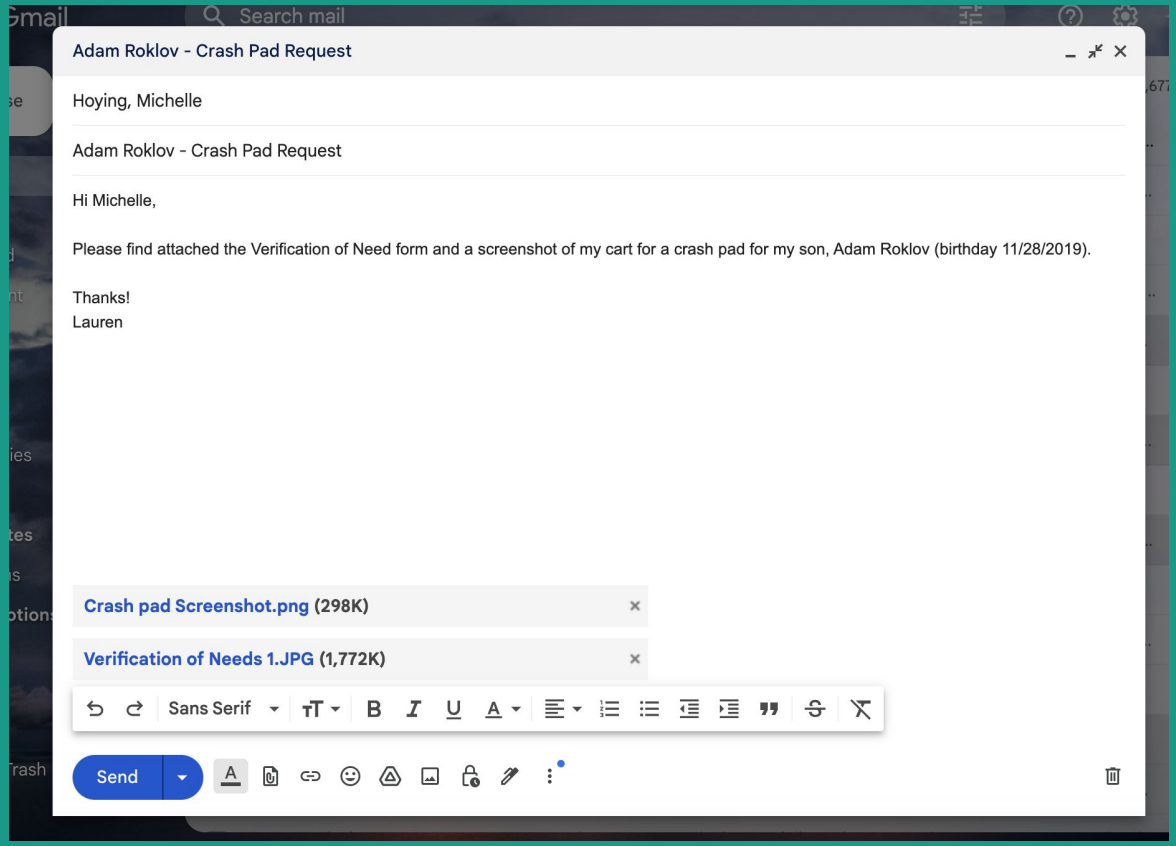
Gift options not available

Place your order

By placing your order, you agree to Amazon's privacy notice and conditions of use.

Items:	$174.99
Shipping & handling:	$0.00
Estimated tax to be collected:*	$13.65
Order total:	**$188.64**

EQUIPMENT, DEVICES, AND SERVICES NEXT STEPS:



Email Michelle:
michelle.hoying@swocog.org

*Include your child's first and last name in the email subject line

*Attach:

1. Verification of Needs Form
2. Screenshot of your "cart" with the item in it
   a. (make sure it shows tax, shipping, etc)

DO NOT PURCHASE THE ITEM YET

EQUIPMENT, DEVICES, AND SERVICES NEXT STEPS:

Hoying, Michelle Tue, Nov 5, 10:37 AM (3 days ago)

to me

Hi this has been approved. Please purchase and send me the receipt within no more than 15 days for reimbursement 😊

Thanks and have a great day!

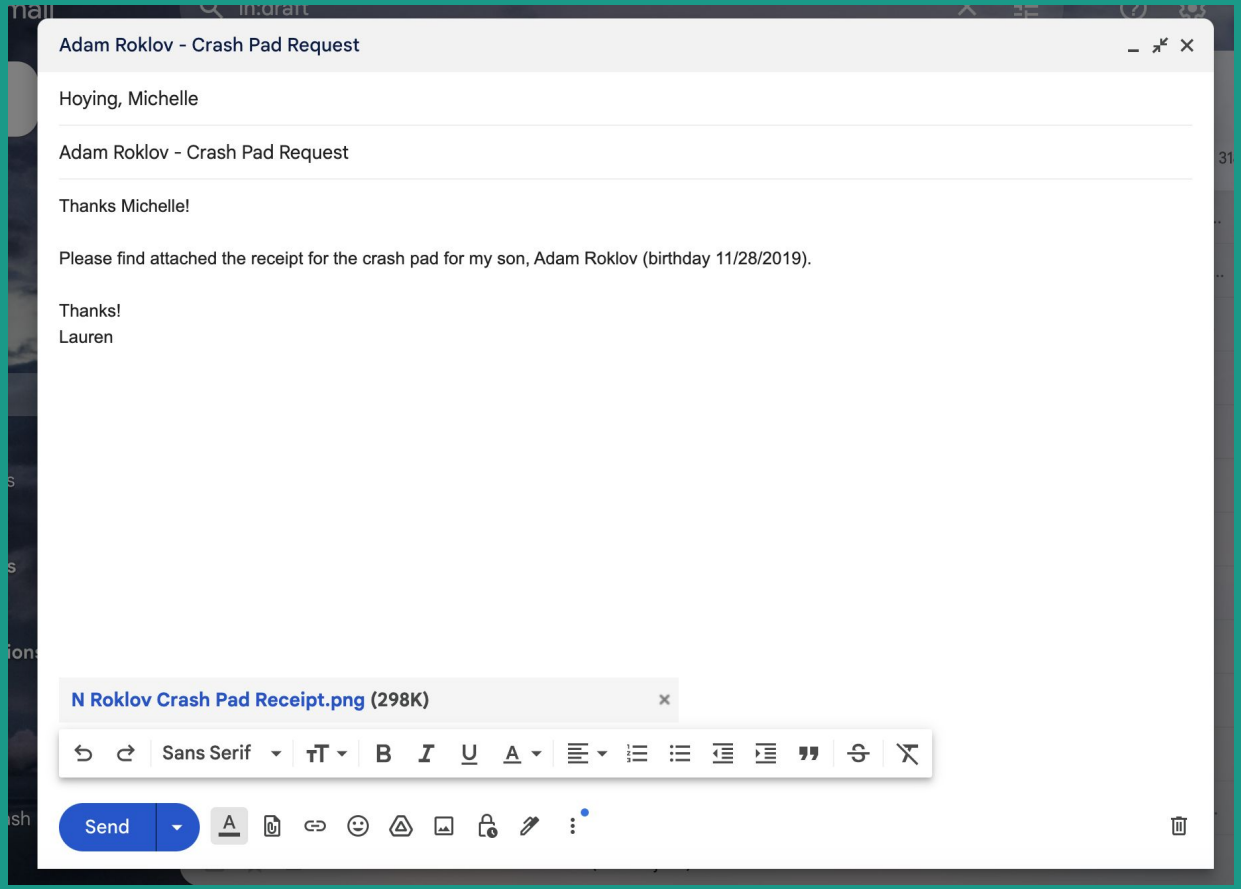
Michelle Hoying
Program Services Coordinator

(513) 559-6953 Work
(855) 763-3050 Fax
michelle.hoying@swocog.org
412 S. East St.
Lebanon OH 45036
www.swocog.org

EQUIPMENT, DEVICES, AND SERVICES NEXT STEPS:

Once you get the approval from Michelle, purchase the item! Woohoo!

EQUIPMENT, DEVICES, AND SERVICES NEXT STEPS:



Email Michelle:
michelle.hoying@swocog.org

*Include your child's first and last name in the email subject line

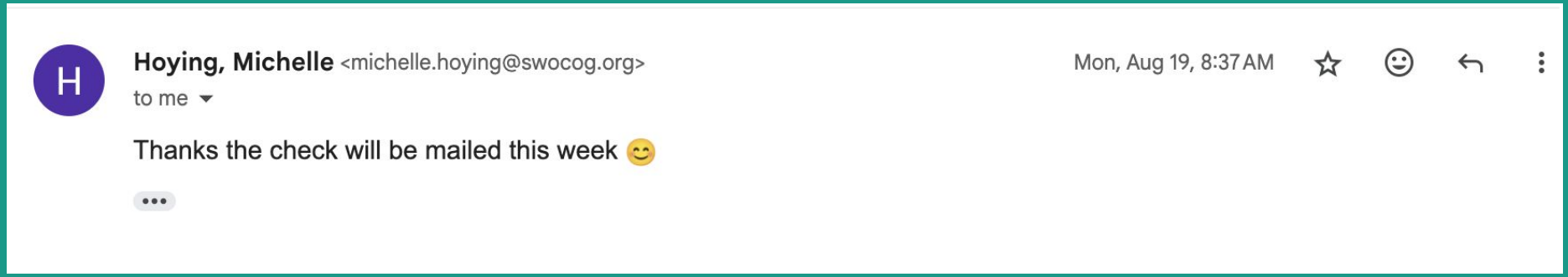
*Attach:

1. Receipt for item

Tips:

*Do this ASAP - it is easy to forget
*Make sure the receipt shows everything

EQUIPMENT, DEVICES, AND SERVICES NEXT STEPS:



The check will arrive a within a few days written out to parent/guardian who completed the request

Questions?

Please Contact . . .

Lauren Paley, Parent Connected to HCDDS
laurentpaley@gmail.com

Mandy Friend, Parent Mentor/Resource Coordinator
friendam@sycamoreschools.org