



Office for People With Developmental Disabilities

ANDREW M. CUOMO
Governor

KERRY A. DELANEY
Acting Commissioner

Dear Parent:

Thank you for your interest in our Family Reimbursement Program. This program assists families with costs that are above and beyond typical expenses incurred by their family member's developmental disability.

Please carefully review the attached guidelines for the 2019 fiscal year, as they must be strictly adhered to. In order to service as many families as possible, a new application must be submitted each fiscal year with **priority given to first-time applicants**.

Please complete the attached **Universal Reimbursement Request** form and mail to the following address as soon as possible:

**AHRC FAMILY SUPPORT SERVICES
115 E. BETHPAGE ROAD
PLAINVIEW, NY 11803
Attention: Reimbursement #8**

For a complete listing of other helpful *Family Support Service* programs, please go to **LIFSSAC.com** – click on FSS Grant List. **Please note that programs listed in the “Grant Programs” booklet are not eligible for reimbursement.**

If you require further assistance, please call Loretta Goldson at (516) 293-1111 extension 5610

Sincerely,

Leonard Giarraputo

Assistant Director Family Support Services

Enc: Respite Form

**2019 FISCAL YEAR
UNIVERSAL APPLICATION
FAMILY SUPPORT SERVICES REIMBURSEMENT GUIDELINES for
ACDS, Angela's House, Nassau AHRC, Citizens, Suffolk AHRC, East End Disability Associates, Inc.,
FREE, Head Injury Association, Greater 5 Towns JCC, LIFE, LIDDRO
SCO Family of Services, UCP Nassau, UCP Suffolk**

INSTRUCTIONS

Please state your request for goods or services clearly (including the amount of money needed). Please provide all bills, Explanation of Benefits (EOB) from your insurance company, statements, or purchase receipts for which you are requesting reimbursement. All receipts must be for the current fiscal year, and reflect that payment has been made. This program is designed to reimburse you part or all of the money (dependent on cost) that you have paid for the goods or service.

**PLEASE REVIEW THESE GUIDELINES CAREFULLY
AND SAVE FOR FUTURE REFERENCE:**

APPROVAL PROCESS

All requests will be submitted to the Reimbursement Committee for acceptance. If the criteria have been met and your request approved, you will receive a letter confirming the reimbursement allocation. If other than approved, you will receive correspondence to inform you of your application status.

Please review the information below before submitting your application to ensure that your request meets the guidelines.

Please note the following:

1. You cannot be reimbursed for services provided by programs in the Family Support Services Grant Programs directory. (See www.lifssac.com).
2. Proof of eligibility for OPWDD services must be submitted with your application. Your application cannot be processed without this information.
3. You may submit receipts with your application if you have them but it is not required. Receipts can be submitted as you incur expenses throughout the year if you are approved for the program.
4. Please only complete the ***Receipt of Payment*** form if you are requesting reimbursement for respite. Your payment cannot be processed without this information.
5. Family Reimbursement Program funds are reserved for families who have loved ones living at home who are receiving no other services. Families receiving other funding sources such as HCBS Medicaid Waiver are not considered a priority.
6. First-time applicants, families in crisis, single parent are given priority.
7. Families can only accept Family Reimbursement funds from **one** Family Support Service (FSS) provider agency. The FSS provider agencies are listed in the heading of this document as well the in the heading of the ***Universal Reimbursement Request*** application form.
8. New York State cannot reimburse for sales tax or shipping.

- **Purchase of Goods:**

You will need to submit original receipts for all items purchased. Receipts should only be for the item(s) for which you are requesting reimbursement. **Please do not use a highlighter on store receipts** as it erases the print. Please get a **separate receipt** for all diaper and wipe purchases as this will speed up your reimbursement process.

- **Respite/ABA Services:**

Each date of service as well as the number of hours of service must be documented on the **Receipt of Payment** form and signed by your respite worker.

- **Recreation:**

Proof of payment in the form of a letter from the recreation provider indicating the amount paid and dates of participation or any other receipt that clearly states the name of the organization, name of participant (your family member), date and amount paid is acceptable.

- **Camp:**

Proof of payment to the camp, (such as a cancelled check and a paid invoice), will be sufficient to encumber funds for reimbursement. However, a letter from the camp, on camp letterhead, indicating both the dates of attendance and the amount paid, is required to receive a reimbursement check. Camp letters are due after your child finishes camp.

- **Medical/Dental:**

All requests for these services must have a direct correlation to the individual's disability. Requests for reimbursement of expenses for general health care issues and over the counter medications are not reimbursable. General Anesthesia for dental procedures is reimbursable. An EOB from your insurance company is required for medical/dental reimbursement requests. For eligible medication co-payments, such as seizure medication, a pharmacy receipt is required.

- **Eye Glasses:**

Eye glasses will only be considered for reimbursement if it is specifically related to the individual's disability. You will also need to provide an EOB from your insurance company along with a letter from the prescribing doctor verifying necessity.

- **Goods/Services:**

We can only approve items that directly pertain to your family member's disability. We cannot approve items that would ordinarily be the responsibility of the family, such as utilities, clothing, food, as well as goods/services that are the responsibility of the school district. Reimbursement requests for adaptive devices must include a justification letter from the prescribing doctor/clinician.

- **Transportation:**

This applies only to public transportation, (including SCAT and Able-Ride), to and from social/recreational activities that promote community integration, including programs listed in the Family Support Services Grant Programs directory. Please ask the transportation provider for a receipt. Reimbursement for medical transportation is not covered.

- **FSS Reimbursement is the Payee of Last Resort:**

This means that all other funding sources (i.e. Medicaid, private insurance, D.S.S., school, etc.) have been explored and are unable to cover the cost of the goods/services that you are requesting reimbursement for. Please provide verification such as a denial letter.

- **Summary**

1. All requests must be associated with the individual's developmental disability.
2. This program does not cover the cost of utilities.
3. Diapers are reimbursable only for individuals 5 and older.
4. Reimbursement for camp requires letters verifying that your child attended camp.
5. Request for medical co-pays or payments must include letters from an MD or clinician that states that the treatment is specific to the developmental disability and include rejection verification or an EOB from your insurance company.
6. Dentistry will be approved only if the cause is related to the individual's disability. As above, denial or and EOB from the insurance company is required.
7. Food, clothes, and lodging are not reimbursable.
8. Educational materials are not reimbursable.
9. Physical therapy, occupational therapy, and speech therapy are not reimbursable.

Please complete your application in full, and submit for approval to:

**AHRC FAMILY SUPPORT SERVICES
115 E. BETHPAGE ROAD
PLAINVIEW, NY 11803
Attention: Reimbursement #8**

Incomplete applications will be sent back to you for completion, and will delay the application process.

All questions specifically related to Reimbursement can be directed to:

Loretta Goldson (516) 293-2019 ext. 5610