

## Frequently Asked Questions Regarding the OPWDD FSS Family Reimbursement ADM 2022-02 Responses as of June 27, 2022

	Question	Response
1.	Do new applications need to be submitted for applications/pre-authorized goods/services already approved in before the ADM is effective 7/1/22?	No. As long as what was previously approved meets the requirements outlined in the ADM, the previously approved application can remain.
2.	Are providers required to accept receipts/requests for reimbursements 90 days after the contract year ends?	No. Providers aren't required to accept receipts/requests for reimbursement 90 days after the end of the year. They can choose to restrict it to less than 90 days. The 90 days was suggested to give providers enough time to close out everything from the previous year.
3.	Does the committee need to meet for an emergency reimbursement or can that just be done at the provider level?	Yes. The committee is required to meet for all types of reimbursements, including emergency reimbursement.
4.	How should providers handle the spending cap changing halfway through the contract year?	It's going to depend on the available resources of the provider to determine if they can reimburse for over \$3,000 in this contract year. The provider must adhere to the priority tiers and will have to balance how much they can reimburse for with the number of people they are expected to serve within their contract work plan.
5.	Can providers set a cap lower than the statewide cap for a specific good/service? For example, \$750 per individual for respite only.	Yes. The ADM does not prevent providers from setting a cap <i>lower</i> than the statewide cap for a specific good/service.
6.	Do applications and respite verification forms require original signatures or are digital/electronic signatures allowable?	Electronic/digital signatures are allowable. Please note that OPWDD has removed references to "original signatures" from the ADM and all attachments.
7.	Under Section B: Eligibility, it indicates that the individual must reside with a non-paid family member. What does that mean? We have parents that access CDPAP, does this mean they are disqualified?	Paid Caregivers are not eligible for Family Reimbursement.
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.

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	<b>Question</b>	<b>Response</b>
<b>10.</b>	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.
<b>11.</b>	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.
<b>12.</b>	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"> <li>i. Individual(s) with developmental disabilities; or</li> <li>ii. Family members or advocates of individuals with developmental disabilities; and</li> <li>iii. At least two (2) people not employed by the FSS provider agency.</li> </ul> <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"> <li>i. Individual has established eligibility for OPWDD services;</li> <li>ii. Individual/family meets FSS eligibility criteria;</li> <li>iii. Reimbursement request cannot be funded by any other funding mechanism;</li> <li>iv. Reimbursement request does not exceed contractual limits and/or individual spending cap;</li> <li>v. Requested item or service: <ul style="list-style-type: none"> <li>a. Is related to the individual's intellectual or developmental disability;</li> <li>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;</li> <li>c. Maximizes the potential of the individual; and</li> <li>d. Supports the individual to remain at home with their family.</li> </ul> </li> </ul>