
(FY 2020) New Mexico Family Supports and Reimbursement Program

PURPOSE:

The New Mexico Family Supports and Reimbursement Program is intended to assist individuals with developmental disabilities and their families that do not qualify for Medicaid State Plan benefits. The Family Supports and Reimbursement Program will utilize State General Fund dollars to offer services and supports to individuals and their families as a resource to aid, enhance family stability, and to have a positive impact on the individual directly related to their health, safety, personal growth, and engagement within their community. The Family Supports and Reimbursement Program will be based on the principles of self-direction and person-centeredness enabling the individual and family to make decisions on services and supports that best suits their needs.

Eligibility:

- The applicant must be a New Mexico resident.
- The applicant must be registered with the New Department of Health, Developmental Disabilities Supports Division's Central Registry and placed on the Waiting List.
- The individual must meet New Mexico's state definition for developmental disability as stated in New Mexico Administrative Code (NMAC) 8.290.400.
- The applicant is not eligible for Medicaid Centennial Care benefits.
- The applicant is not receiving any State General Fund service.

SCOPE OF SERVICE:

Services and Supports based on the needs of the individual with a developmental disability may include but are not limited to the purchase of Adaptive Equipment, Clothing, Crisis Situations, Dental, Adult Depends, Special Diet, Eyeglass/Hearing Aid Devices, Furniture, Guardianship, Special Needs Trusts, Medication Co-Pays, Physician Co-Pays, Out of State Travel, Respite, Supplements, Technology, Therapies, and Transportation.

ITEM SPECIFIC GUIDELINES: These are overall guidelines to follow for specific items and/or service requests. This list is not an all-inclusive list and requests for any additional items and/or services can be considered by the DDS on a case by case basis.

Adaptive Equipment:

- 1) Supportive documentation is provided from a licensed physician or clinician (Occupational Therapist, Physical Therapist, or Speech Language Pathologist) stating that the specific item requested is needed and would be beneficial for the individual.
- 2) Funding is not the responsibility of another provider such as Public Education or an Early Intervention Program.
- 3) Item is not covered by another funding source such as another Family Reimbursement Program, health insurance, HCBS waiver and/or Medicaid. Documentation of denial is required.

Clothing:

Requests for the extra cost for specialized clothing or extra clothing which may be adaptive in nature or necessary for the health and safety due to the individual's developmental disability can be considered. If health and safety is an issue, request will require documentation to verify. Documentation will be needed from a licensed physician or clinician.

Crisis Situations:

Each person may utilize up to \$1,000 per year for expenses such as rent, utilities, pest control, home modifications and repairs. To access funding in this category, there must be a clear description of how this request for reimbursement addresses an **immediate short-term crisis** that impacts the **health and safety** of the individual. For rent and utility reimbursement, the individual/family cannot be more than two (2) months behind. For rental reimbursement, the individual must have documentation by the landlord indicating they are at risk of eviction or have received a notice of eviction. In addition, there needs to be a plan in place to prevent reoccurrence.

Dental:

Families are responsible for providing documentation showing the link between the individual's developmental disability and the need for oral or dental intervention, i.e. provide documentation on Williams Syndrome.

Adult Depends/Diapers for Children/Pull-Ups/Wipes:

- 1) Parents are responsible for the purchase of diapers/pull-ups/wipes for children ages 0 to 3 years old.
- 2) Families need to apply to Medicaid first to receive a denial before a reimbursement request will be considered for individuals **3 years old**.
- 3) Families who do receive approval from Medicaid for adult depends/diapers/pull-ups/wipes and need more are required to justify why.
- 4) Families who are choosing not to use Medicaid approved adult depends/diapers/pull-ups/wipes are required to justify why.

Diet:

Reimbursement requests for special diet purchases may be considered for approval under the following conditions:

- 1) A current written recommendation or prescription by a licensed physician or clinician for a specialized diet accompanies the request or is on file with the reimbursement agency.
- 2) Dietary items, even though listed as allowable under the specific diet regimen, should only be covered if they are considered "special foods"; routine grocery items will not be considered.
- 3) For diets with a specific menu plan, a copy of the menu must be submitted with the application for items to be considered.
- 4) All dietary items will be reimbursed at 75% of the cost of the item.

Eyeglasses/Hearing Aide Devices:

- 1) If the first pair/device breaks and there is sufficient documentation that shows the individual has a difficult time maintaining the proper care for the initial pair, then a request can be submitted for a second pair if not covered by insurance.
- 2) Families are responsible for providing documentation to show the link between the individual's developmental disability and the need for eyeglasses/hearing aid devices.

Furniture:

Requests could be considered if primarily for the benefit of the individual with the developmental disability, adaptive in nature, or necessary for the health and safety of the individual with the developmental disability. If for health and safety reasons, requests will require documentation to verify. Purchasing guidelines for beds include mattress, frame, and box spring.

Guardianship and Special Needs Trusts:

Families may submit for reimbursement for assistance in obtaining guardianship and special needs trusts. Services provided by the vendor must be outlined on an itemized receipt.

Medication and Physician Co-Pays:

- 1) All medications must be FDA approved to consider eligible for reimbursement.
- 2) All medications must be identified by a licensed physician or clinician as to how it relates to the individual's developmental disability.
- 3) All medical and therapy professionals that provide service are to be licensed in the state of New Mexico.

Out of State Travel:

- 1) All requests will be reviewed on a case by case basis by DDSD.
- 2) All requests must be accompanied by a written justification for going out of state, e.g., for research, treatment, and/or conferences (Health and Safety).
- 3) Each travel request for reimbursement will be approved for the individual with the developmental disability and one immediate family member.
- 4) Reimbursable expenses can include hotel cost, mileage, tolls, conference registration fees, airline costs, etc.

Respite:

Respite is intended to provide temporary relief to the unpaid primary caregiver from the demands of care giving, which helps reduce overall family stress. The following guidelines apply to respite reimbursement. Respite service costs must be reasonable based upon the needs of the individual and established rates for similar services. As a guideline, respite services should **not exceed the range of \$15.00 per hour**, unless the individual has intensive medical or behavioral needs which should be justified on the application. Final amount is to be determined by family. Anyone requesting respite during hours of sleep will need to justify the rate of pay. The respite rate could be decreased or denied if not determined to be appropriate for reimbursement.

Supplements:

All families must have documentation that the use of a supplement is approved by the individual's licensed physician or clinician with treatment goal(s) and how it is related to the individual's developmental disability. This is to be provided to the Family Reimbursement Program Coordinator to keep in their files. For the purposes of clarification, supplements will be defined by the following categories:

- 1) Primary Nutrition Source: The supplement is the only means of nutritional intake for the individual. It can be administered orally or by a tube feeding.
- 2) Supplemental Feeding: Enhance or increase the food intake of the individual to provide additional calories and nutrients. This includes such items as Ensure or Boost.
- 3) Vitamin or Mineral supplements: Taken to enhance a person's food intake but has a specific benefit to the person's disability.

Technology:

Purchasing guidelines:

- 1) Clinical justification required for all technology and electronic equipment such as tablets, iPad, iPod, and computer. Justification must specify how the device will be used (i.e.: applications or programs used and for what purpose) and how it relates to their developmental disability. If the device is being used for communication purposes, a communication assessment must be submitted that has been completed within the past year by a Speech Language Pathologist specifying the program/application to be used and how it relates to the individual's developmental disability in the area of communication. In addition, it must indicate that the individual has the necessary communication prerequisites and ability to use the device and its software.
- 2) Any device is not eligible for reimbursement if the primary use is for educational purposes; in this case it would be the responsibility of the school district to purchase the device. If the device is utilized outside of school for other purposes, then this could be considered for reimbursement.
- 3) Any device that is lost, stolen, or damaged will not be replaced by Family Reimbursement. Protective cases/covers and warranties can also be considered at the time of purchase.
- 4) Family Reimbursement will reimburse the basic version of the device only, unless justification is provided as to why other features are necessary. If it is determined that the device is used by others in the home, it will be considered not to be solely for the individual with developmental disabilities communication needs and use, therefore if funded the cost will be prorated by the number of people in the home.

Therapies:

Reimbursement requests for therapy services may be considered under the following conditions:

- 1) Specific therapy requested is recommended by an appropriate licensed physician, clinician, or clinical therapist. Documented need (justification) must be submitted with the request and cannot be older than three (3) years old.
- 2) Provision of therapy is not the responsibility of another provider/agency such as the Public Education Department.
- 3) Therapy is not covered by health insurance and/or Medicaid.
- 4) Therapist is a recognized, licensed professional in that specific therapy area.

Transportation:

For cases that families must take extraordinary measures to transport an individual, expenses may be covered at the current federal rate of mileage. Documentation needs to be provided indicating need and mileage to/from locations.

SERVICE REQUIREMENTS:

Within amounts made available, the purpose of the program will be to enhance an individual or family's ability to care to their family members with a developmental disability. In administering the program, to the extent practicable, the fiscal intermediary shall abide by the standards of eligibility established by the Division, to reimburse individuals and/or families of individual with disabilities. The goods and services provided should have a significant, definable, positive impact on the individual/family directly related to health, safety, emotional well-being and normalization of life, as well as, accessibility to needed services and the personal growth and development of the individual. Priority will be given to those goods and services which directly address health and safety issues.

Funding for the Family Reimbursement Program runs on State Fiscal Year beginning July 1, 2019 through June 30, 2020. Reimbursement can only be considered for the receipts dated in the fiscal year. The service does not need to be provided within the fiscal year. Applications cannot be accepted to reimburse for an item/service purchased in a previous fiscal year.

The item being reimbursed must be related to the needs of the individual with a developmental disability. If this item will be shared by other family members, the item may be pro-rated based on the number of family members in the household.

An application must be completed in full. If an application is not completed in full, it will not be processed. Applications must have original signatures. Original receipts must be submitted. Receipts must have the name of the vendor (store, recreation program etc.) on them and must be dated. Hand written receipts will not be accepted. Grocery receipts should be stapled to the clinical justification form for the specific diet. Do NOT highlight purchases on receipts as this may degrade what is written on the tape.

The application must clearly indicate how the request is directly related to the individual's developmental disability. DDS will be utilizing this justification when deciding if the request can be reimbursed.

Clinical Justification is required for medical or clinical services, diets, adaptive equipment etc. A physician's order and/or a clinical rationale/justification letter from an appropriate licensed physician or clinician is required. There must also be documentation that the medical/clinical services will be provided by an appropriately licensed or certified practitioner.

For purposes of the program, reimbursements can be made available for goods, services, and subsidies, determined by the family/individual, which are provided to meet the goals of:

- 1) Providing a quality of life comparable, to the extent practicable, to that of similarly situated families without a family member having a developmental disability;
- 2) Maintaining family unity;
- 3) Preventing premature or inappropriate out-of-home placement;
- 4) Reuniting families;
- 5) Enhancing parenting skills

Billing/Reimbursement:

- Each applicant may apply for up to \$1,470.00 per FSP application. An applicant may be eligible for up to \$1,470.00 per FSP application but this amount is not a guaranteed approval.
- Approval is contingent upon justification for each service(s) within the FSP application.
- The fiscal intermediary will make related payments as approved within the FSP application authorized by DDS and the individual/family.
- Funding is contingent upon State appropriation. If State funding is exhausted requests may not be approved. Funding for the Family Supports and Reimbursement Program is based on the state of New Mexico fiscal year (July 1 through June 30).
- Individuals/families must re-apply for funds each year as the FSP application expires.

Service Limits:

- Funding will not cover monthly fees associated with incurring costs associated with Assistive Technology (For example: Will not cover monthly cell phone fees, home internet fees, etc.).
- Reimbursement can only be considered for services rendered during the FSP application approval term or State Fiscal Year.
- Applications cannot be accepted for reimbursement for services rendered in a previous FSP application approval.
- Service(s) and/or service amounts rendered not authorized within the FSP application will not be reimbursed.
- Respite services cannot be provided by a spouse and cannot be provided by anyone living in the same household/dwelling.