

**2021 FISCAL YEAR  
UNIVERSAL APPLICATION  
FAMILY SUPPORT SERVICES REIMBURSEMENT GUIDELINES for  
ACLD, Angela's House, Nassau AHRC, Citizens, Suffolk AHRC, DDI  
FREE, Head Injury Association, The Marion & Aaron Gural JCC, LIDDRO  
SCO Family of Services, UCP Nassau, UCP Suffolk**

**INSTRUCTIONS**

Please state your justification of need for goods or services clearly and how it relates to the individual's disability. Please provide supporting documentation such as bills, Explanation of Benefits (EOB) from your insurance company, statements, purchase receipts, denial letters 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 the money (dependent on cost) that you have paid for the goods or service.

Justification of Need examples:

- individual has a diagnosis of Williams Syndrome therefore requiring general anesthesia when undergoing dental procedure. The anesthesia is not covered by insurance.
- individual has a seizure disorder and broke eyeglasses upon falling to the ground. Insurance does not cover second pair of eyeglasses.
- non-verbal individual has aged out of school and needs an iPad to communicate. Insurance does not cover iPad. Supporting documentation secured from Speech Pathologist and last IEP.

**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](http://www.lifssac.com))
2. Please submit all receipts with your application and complete the enclosed ***Quick Pay Voucher***. Only complete the ***Receipt of Payment*** form if you are requesting

reimbursement for respite. Your application cannot be processed without this information, and it will be returned to you.

3. The Family Reimbursement Program is intended to assist the family caring for their family member with a developmental disability. The goods and services provided should have a significant, definable, positive impact on the individual/family directly related to health, safety, 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. Families receiving other funding sources such as HCBS Medicaid Waiver are not considered a priority.
4. First-time applicants, families in crisis, and single parent households are given priority. As part of the Justification of Need, families in crisis must provide a clear description of how this request for reimbursement addresses an immediate, short term crisis that impacts health and safety of the individual. Attempts that have been made to alleviate the crisis and plan to prevent reoccurrence upon receiving funds.
5. Families can only accept Family Reimbursement funds from **one** Family Support Service (FSS) provider agency listed in the heading of this document as well as in the heading of the ***Universal Reimbursement Request*** application form.
6. **Items not covered include but are not limited to:**  
Taxes, fines, shipping fees, the outright purchase of homes, vehicles, luxury items. Good and services such as education and health-related services that are covered through other funding mechanisms ex: state or federal sources, Medicaid, other insurances.
7. **Supporting Documentation:**  
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.

**Reimbursable Items (this is not an all-inclusive list and additional items/services can be considered by the agency/DDRO on a case by case basis.):**

1. **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 or the responsibility of the school district.
2. **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. Childcare costs, such as day care for working parents, will not be considered for reimbursement.

3. **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. Expenses that parents would be responsible for providing to a typical child will not be covered.

4. **Camp:**

Proof of camp payment, (such as a cancelled check and a paid invoice), will be enough to encumber funds for reimbursement. However, a letter with proof of dates attended, amount paid, and attendees name is required to receive a reimbursement check. Camp letters must be on business letterhead and is due upon camp completion.

5. **Medical/Dental:**

- 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. Families are responsible for providing documentation showing the link between the individual's developmental disability and the need for oral or dental intervention. Ex: provide documentation on Williams Syndrome if that is the cause.
- An EOB from your insurance company is required for medical/dental reimbursement requests.
- All medical professionals that provide service are to be licensed in the state of New York.

6. **Medication and Doctor Co-Pay:**

- All medication requests must be FDA approved to be considered for reimbursement. Medication requests must be supported by an MD with clear justification as to how it relates to the individual's developmental disability.
- For eligible medication co-payments, such as seizure medication, a pharmacy receipt is required.
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7. **Therapies:**

- Any therapy requested must be recommended by an appropriate physician or clinical therapist. A documented need should be submitted with the request and should be no more than 1 year old.
- Provision of therapy is not the responsibility of another provider/agency such as State Education Department or State Department of Health.
- Therapy is not covered by health insurance and/or Medicaid.
- Therapist is a recognized, NYS credentialed professional in that specific therapy area.

8. **Eyeglasses/Hearing Aid Devices:**

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

#### **9. Adaptive Equipment/Durable Goods:**

- Supportive documentation must be provided from an appropriate physician or clinician (OT, PT, Speech Pathologist) stating that the specific item requested is needed and would be beneficial for the individual.
- Funding must not be the responsibility of another provider such as State Education or an Early Intervention Program. An EOB must also be provided from the insurance company declining payment for adaptive devices.
- Item must NOT be covered by another funding source such as another Voucher Reimbursement Program, health insurance, HCBS waiver and/or Medicaid. Documentation of denial is required.

#### **10. Technology:**

- Clinical justification is required for all technology and electronic equipment such as tablets, iPads, and iPods. 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 Pathologist specifying the program/application to be used and how it relates to the individual's developmental disability in relation to communication. In addition, it must indicate that the individual has the necessary communication prerequisites and ability to use the device and its software.
- 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.
- Any device that is lost, stolen or damages will not be replaced by Family Reimbursement. Protective cases/covers and warranties must be purchased with the device and can be included in the reimbursement.
- Limit to one electronic device will be approved every three years. Each request must indicate the date of last electronic device purchased through Family Reimbursement.
- Voucher Reimbursement will reimburse the basic version of the device only.

#### **11. 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 you are unable to cover the cost of the goods/services that you are requesting reimbursement for. Please provide verification such as a denial letter.

#### **12. Summary**

- All requests must be associated with the individual's developmental disability.

- This program does not cover items that would be the cost of utilities.
- Diapers are reimbursable only for individuals 4 and older.
- Reimbursement for camp requires letters verifying that your child attended camp.
- 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.
- Dentistry will be approved only if the cause is related to the individual's disability. As above, denial or an EOB from the insurance company is required.
- Educational materials are not reimbursable.

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

E-Mail: [lbasile@suffahrc.org](mailto:lbasile@suffahrc.org)

Or mail to:

**AHRC Suffolk**  
**2900 Veterans Memorial Highway**  
**Bohemia, NY 11716**  
**Attention: Lisa Basile**  
**FSS Reimbursement**

Incomplete applications will delay the application process.

All questions specifically related to Reimbursement can be directed to: **Lisa Basile, Quality Specialist, at 631-585-0100 extension 535.**