



**West Virginia Department of Human Services
Bureau for Behavioral Health
Specialized Funds Policy**

Effective Date: 003/01/2024

Family Support Program

PURPOSE

The *Family Support Program* assists West Virginia citizens with disabilities who reside in a natural or adoptive home environment and is designed to meet essential needs necessary to maintain basic health and safety, when those needs cannot be met using readily available local resources. Examples include clothing, adaptive equipment, health related issues, home/environmental modifications, respite, transportation, training, utilities/rent/mortgages.

Funding for this program is limited. Participant eligibility limits are dependent upon the county of residence.

Grants will be awarded on a first come, first-serve basis, and application may be made for more than one service category.

ELIGIBILITY

The following eligibility criteria must be met to participate in this program:

- The individual must be a citizen of the state of West Virginia.
- The individual must have a medically confirmed diagnosis of intellectual and/or developmental disability.
- The individual must reside in a natural or adoptive home setting.
- The individual's representative team verifies the request cannot be accommodated through any other resources.

ELIGIBLE SERVICES

1. Clothing
2. Adaptive Equipment/OT/PT: Assurance of daily living needs using services and items to safeguard the consumer's health and safety Durable Medical Equipment, Adaptive Equipment, Home Modifications Therapies (Occupational Therapy {OT}, Physical Therapy {PT}).
3. Home/Environmental Modifications: Modifications made to the home or environment to provide assurance that provides for optimum assurance of continued community integration and adaptability. The family must own the home or modifications need to be portable.



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4. Respite: Provision of temporary substitute care normally provided by a family member. The services are to be used for relief of the primary caregiver to help prevent the breakdown of the primary caregiver due to the physical burden and emotional stress of providing continuous support and care to the dependent member and/or have planned time from the caretaker role.
5. Transportation: Provision of transportation of individuals to needed services and or medical appointments not covered under Medicaid.
6. Training: Trainings/Conferences provided in state or out of state which facilitates growth for family members and caregivers in providing optimum assistance in maintaining the quality of life for individuals and their family members.
7. Utilities/Rent/Mortgages: Items necessary to maintain health & safety including heating, electric and basic shelter.
8. Other: All other services not covered under these categories.

FUNDING QUALIFICATIONS AND LIMITATIONS

1. Funding approvals will not exceed a combined category limit per fiscal year.
2. Items purchased with Family Support Funds will be deemed the property of the individual.
3. Recipients of funding agree to have the funding agency review or observe completed goods and services.
4. Checks will be made payable to the vendor, contractor or entity providing the goods and services requested in the application. Checks will not be made payable to the individual receiving the goods and services.
5. Maintenance and service of purchased goods is the sole responsibility of the individual.

Fund Usage/Caps:

Approved funds must be used for the individual for which the funds were requested and for the items/services for which approval was given. Should the need for such approved funds change, the applicant will notify the Family Support Coordinator who will then notify the Division of Developmental Disabilities.

APPLICATION PROCESS

Family Support coordinator receives an application, including all required documentation and signatures. Verification of I/DD diagnosis is verified at this time. This may have been previously verified by a service coordination agency through the appropriate documentation.

- Include justification for the request in the narrative.
- Denial from the school/IEP team, when applicable.
- Attach all contacted alternative resources which were accessed and/or sought.
- Attach documentation of approval or denial of Medicaid. Must apply for Medicaid items/services regardless of assumptions.
- Attach itemized list for goods and services requested with estimates.
- Attach relevant order/assessment from physician, physical therapist or occupational therapist for requests for medical/therapeutic/adaptive goods and services.
- Attach Human Rights Committee review decision, if applicable



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APPLICATION DETERMINATION:

Upon review of the application, the Family Support Council will make one of the following decisions:

1. Approval of application - Application complete with appropriate documentation of an approvable expense.
2. Partial approval - Application complete with appropriate documentation of approvable expense which exceeds amount allowable OR in case of startup funds all items requested are not approvable expenses.
3. Pending - Application is incomplete and additional information is requested.
4. Denial - Application with non-approvable expense will be denied.
5. Closure - Additional information was not received as requested within the 10- day time period and the case is closed.

FUND DISBURSEMENT AND REVIEW

Payment will be made to vendor, agency or service representative and will not be made to the individual. A copy of receipts for all services/items/equipment must be kept on file by the service coordination agency with a copy provided to the Region's Council. This grant is based upon the availability of State funds, which are designated on a state fiscal basis (July 1 – June 30).

Reviews will be conducted on a random basis without notice by a representative of the Bureau for Behavioral Health per West Virginia Code §12-4-14. Original receipts as verification of expenditures in accordance with the approved application must be provided and may be submitted to the State office once received. If receipts are not received within the time specified in the request, then a notification will be sent to your agency requesting return of funds. Return of funds will be requested for all unapproved purchases.

Individuals who currently reside with a natural or adoptive family member may apply for assistance through one of the following local WV Family Support Programs. Contact information is provided below.

Confidentiality:

All information regarding individuals for the Family Support Fund is considered confidential. Consumer and family names should always be protected during both formal and informal interactions with all other individuals.



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Councils that hear these applications are volunteers that serve their time to these regions and no two regions are the same as each is serving their individual need in their region

Region One – Hancock, Brook, Marshall, Ohio, Wetzel

1300 Potomac Ave
Suite C Upper-level
Weirton WV 26062
304-748-7850

Region Two – Berkeley, Jefferson, Morgan, Grant, Hampshire, Hardy, Mineral, Pendleton

Eastridge Health Systems
235 S. Water Street
Martinsburg, WV 25401
304-263-8954 Ext. 7065

Region Three- Calhoun, Jackson, Pleasant, Ritchie, Roane, Tyler, Wirt, Wood

Westbrook Health Systems
2501 Dudley Avenue STE 7B
Parkersburg, WV 26101
304-485-1721 Ext. 550

Region Four – Braxton, Doddridge, Gilmer, Harrison, Lewis, Monongalia, Marion, Preston, Taylor Barbour, Randolph, Tucker, Upshur

LiveAbility
601-3 E Brockway Ave.
Morgantown, WV 26501
304-296-6091

Region Five- Boone, Clay, Putnam, Logan, Mingo, Cabell, Lincoln, Mason, Wayne

Prestera Center
2002 7th Avenue
Huntington, WV 25703
304-525-7851 Ext. 2017



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Region Six - Fayette, Monroe, Raleigh, Summers

FMRS Health Systems
101 S. Eisenhower Drive Beckley, WV 25801
304-256-7100

Region Six- Mercer, McDowell, Wyoming

Southern Highlands CMHC
200 12th Street Extension
Princeton, WV 24740
304-425-9541

Region Six- Greenbrier, Nicholas, Pocahontas, Webster

Seneca Health Services
1 Stevens Road
Summersville, WV 26651
304-872-2090 Ext. 2305