

# 2026 Arc of Onondaga Family Support Services (FSS) Reimbursement Checklist for Families/Care Managers

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## 1. Before You Apply – Confirm Eligibility

To qualify for FSS reimbursement, the following must all be true:

- The individual has established OPWDD eligibility.
- The individual lives with a non-paid caregiver/family member.
- No other funding source can cover the requested item/service (e.g., Medicaid, private insurance, school district).
- The requested item/service is directly related to the individual’s OPWDD eligible disability and is necessary to support health, safety, emotional well-being, access to services, and/or personal growth.

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## 2. Required Documents

Your reimbursement packet must include:

### A. OPWDD FSS Family Reimbursement Application

**Link to form:** [https://opwdd.ny.gov/system/files/documents/2025/06/attachment-a-family-reimbursement-application\\_5-23-23.pdf](https://opwdd.ny.gov/system/files/documents/2025/06/attachment-a-family-reimbursement-application_5-23-23.pdf)

- Complete and sign all three pages
- Question #10 must:
  - State the specific disability,
  - State what you are requesting, and
  - Provide a justification showing a significant, definable, positive impact on health, safety, emotional well-being, normalization of life, service access, or development
  - Example (#10):
    - *“My child has Autism. We are requesting Family Support Services for Respite. He needs adult support with activities of daily living and safety/oversight. Using respite will give his family a much-needed break in his care.”*

### B. Additional Required Documentation

- **Verification of OPWDD eligibility**

- **Itemized receipts** (must be dated within the current contract year; must be clear, itemized, and labeled)
  - *Receipts may be submitted later if the application is approved and the purchase hasn't occurred yet.*
- **Completed verification logs**, with accurate totals, signatures, and dates

**If applicable, include:**

**Life Plan / Plan of Care**

- Section I must request “**Family Support Services**” and explain how the item/service relates to the disability.
- Arc of Onondaga must be listed as the **FSS provider agency** in Section V.

**Other Required Documents (case-by-case)**

- **Medicaid denial letter**
- **Clinical justification letter**
- **Supporting documentation for non-respite requests:**
  - **Emergency documentation** (eviction notice, utility shutoff, extermination invoice, etc.)
  - **Camp documentation:** proof of attendance + dated invoice; camp must have a valid **NYS DOH permit**
  - **Electronics:**
    - Clinical justification
    - Protective case
    - Warranty
- **Respite documentation:**
  - Verification log
  - Justification for below-minimum-wage rates (if applicable)
  - Proof provider is **18+**
  - *Funds must be issued to the family applying for reimbursement.*

**Out-of-region purchases:** require written DDRO approval

**Document Format Requirement**

✓ **All forms, logs, receipts, and invoices must be submitted as PDF files.**

\*Reimbursement through FSS is, pursuant to Section 41.43 of the NYS Mental Hygiene Law

**3. Spending Limits**

- **Maximum \$3,000** per contract year (Jan 1 – Dec 31).

- Items/services must be **purchased within the current calendar year.**
  - **Minimum request: \$10**
  - **Maximum: 25 items per application**
  - **Respite reimbursement:**
    - Up to **\$1,500** per first application
    - A second application may request an additional **\$1,500** once the first is fully used
  - Unused funds **do not carry over** to the next year.
  - **Emergency reimbursements** (e.g., rent/utilities) are **once per lifetime per category** and do not count toward the \$3,000 limit.
  - Shipping fees and sales tax are **not** reimbursable.
  - FSS is **funding of last resort**; approval is not guaranteed.
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#### 4. Timelines & Deadlines

- **Completed applications due by November 28, 2026.**
  - Submit receipts within 90 days of purchase.
  - End-of-year purchases: receipts/verification documents due by **January 5** of the new year.
  - If your application is incomplete, you have **2 weeks** to provide missing items.
    - No additional documentation accepted after **November 28<sup>th</sup>, 2026.**
  - If denied:
    - You have **15 days** from receipt of denial to request reconsideration.
    - New justification and/or supporting documentation must be provided **within 30 days** of the request.
    - The agency will issue a decision **within 30 days**
  - If denial is upheld:
    - You may appeal to **Developmental Disabilities Regional Offices (DDRO)** within **7 days** of receiving the final denial decision from the agency's reconsideration letter.
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#### 5. Additional Notes

- FSS Reimbursement **cannot** be used for:
  - Real property, taxes, vehicles, fines
  - Sales tax or shipping fees
  - Luxury items
  - Funeral expenses
  - Experimental treatments
  - General household items (unless prorated)
  - School-covered services.
- Additional rules:

- For individuals using **Self-Direction**, reimbursement must be included in the Self-Direction budget and only when IDGS, OTPS, or FRR cannot cover the cost.
  - **FSS Respite cannot be used when a parent is working** or during school hours.
  - Applications are reviewed quarterly by an internal committee and **require state-level approval**.
  - Payments are issued as **paper checks** and mailed unless pickup is requested (**\*identification is required to pick up checks in person**).
  - A W-9 is required; all payees are screened through the Medicaid Exclusion List, which identifies individuals and entities barred from receiving reimbursement for items or services furnished, ordered, or prescribed in federal healthcare programs, including Medicaid. Additional information may be requested to confirm identifying information.
  - Fraudulent claims will result in required repayment and loss of future FSS eligibility.
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✦ **Tip:** Keep copies of all receipts, Life Plan updates, and correspondence with your Care Manager. Submit requests as early as possible to avoid delays.

**OPWDD's FSS Family Reimbursement Allowable/Non-Allowable item/service list:**

[https://opwdd.ny.gov/system/files/documents/2024/06/fss-reimbursement-allowable-and-non-allowable-items\\_-revised\\_6.10.24-002.pdf](https://opwdd.ny.gov/system/files/documents/2024/06/fss-reimbursement-allowable-and-non-allowable-items_-revised_6.10.24-002.pdf)

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