

Keep For your Records

Your Family Support plan is based on a Fiscal Year, not a calendar year. Our Fiscal Year begins July 1st and ends June 30th.

- **What the program will/will not pay for**
- **Statement of Understanding for your records**
- **Reimbursement dates**
- **Grievance and Appeals**
- **Vendor resource**

What Family Support Will Pay For

<p style="text-align: center;">Health Related</p> <ul style="list-style-type: none"> • Doctor, therapy, or dental treatment bills * • Medication (prescription and over-the-counter)-pharmacy printout only * • Glasses, dentures, partials * • Medical supplies i.e. gauze * <p>*amount not covered by insurance</p>	<p style="text-align: center;">Specialized Equipment, Repair and/or Maintenance</p> <ul style="list-style-type: none"> • Wheelchair, cane, crutches* • Scooters, Orthotic braces* • Personal emergency response systems and monthly monitoring cost • Hearing aids and batteries <p>* amount not covered by insurance</p>	<p style="text-align: center;">Specialized Nutrition, Clothing, and Supplies</p> <ul style="list-style-type: none"> • Diapers/briefs • Blood pressure cuffs • Ensure/other nutrition supplements • Specialized diet (must have doctor's order) • Orthopedic shoes, orthotics, compression stockings
<p style="text-align: center;">Daycare/ Adult Daycare, Before/After School care</p> <ul style="list-style-type: none"> • Care programs outside of the home • Day programs for persons with disabilities 	<p style="text-align: center;">In-home Respite, Homemaker, Personal Assistant, Nursing care <u>Use invoice for in-home service form</u></p> <p style="text-align: center;">Provider must live outside home</p> <ul style="list-style-type: none"> • Homemaker services such as housecleaning • Nursing/Nurse's Aid • Personal Assistance • Respite (sitting services) 	<p style="text-align: center;">Recreation/ Summer Camp</p> <ul style="list-style-type: none"> • Gym membership • Sports camps/league and equipment/ uniforms • Music lessons
<p style="text-align: center;">Other</p> <ul style="list-style-type: none"> • Conservatorship/attorney fees 	<p style="text-align: center;">Service Animals</p> <ul style="list-style-type: none"> • Training expenses • Veterinary bills 	<p style="text-align: center;">Behavior Services</p> <ul style="list-style-type: none"> • ABA Sessions* <p>* amount not covered by insurance</p>
<p style="text-align: center;">Transportation</p> <ul style="list-style-type: none"> • Car repairs, maintenance, and registration for primary and secondary vehicles • Taxi/rideshare programs, Wego tickets - must have receipt (reimbursement only) • Medical mileage (form available on www.arcddc.org) • Handicap vehicle insurance premium (Wilson Co. participants only) 	<p style="text-align: center;">Emergency Living Expenses</p> <p>*Only for those who depend on electricity to operate medically necessary equipment*</p> <ul style="list-style-type: none"> • Utility payments related to the nature of the disability 	<p style="text-align: center;">Home Modifications</p> <ul style="list-style-type: none"> • Widen doors • Make sinks/bathrooms more accessible • Wheelchair ramps
<p style="text-align: center;">Family Counseling</p> <ul style="list-style-type: none"> • Marriage/ individual counseling • Family therapy 	<p style="text-align: center;">Training</p> <ul style="list-style-type: none"> • Tutoring, educational costs, advocacy, conference cost • -Computers/iPads, printers, and learning software 	<p style="text-align: center;">Vehicular Modifications</p> <ul style="list-style-type: none"> • Wheelchair lifts • Other adaptive features

What Family Support Will Not Pay For

- ✓ Rent / Mortgage / Utilities (such as gas, electricity, water) unless related to the nature of the disability and approved by the Local Council
- ✓ Cable / Internet
- ✓ Medical Insurance
- ✓ Food from Grocery Stores (unless doctor ordered specialized diet)
- ✓ Food from Restaurants
- ✓ Money orders, Tips, Gratuity, or Charitable Donations
- ✓ Repayment of Loans
- ✓ Property Taxes
- ✓ School Uniforms and clothing
- ✓ School supplies
- ✓ Receipts without Company Info/Logo (all businesses must be licensed and verifiable)
- ✓ Receipts without dates
- ✓ Lay-away
- ✓ Homeowner and Life Insurance Policies
- ✓ Cellphones, Cellphone bills and Landline bills
- ✓ Automotive Expenses such as gas, insurance, and car payments
- ✓ Rentals - includes rent to own items/stores, rental cars
- ✓ Respite Care if the provider lives in the home
- ✓ Furniture (unless medically necessary such as hospital bed)
- ✓ Appliances
- ✓ Training and veterinary care for emotional support or companion animals
- ✓ Child Support
- ✓ Gaming Systems (Xbox, PlayStation, Nintendo)
- ✓ HVAC units or repairs
- ✓ Airline tickets, theme/ amusement park admission tickets
- ✓ Other items deemed inappropriate by the Local Council

The Arc Davidson County and Greater Nashville Family Support Statement of Understanding

- Receipts, invoices, and estimates for services **must** be turned in by **June 1, 2024**. We encourage you to submit receipts throughout the fiscal year.
- Maximum amount per invoice for in-home service form/timesheet is \$500.00 a month.
- Home modification and car repair/maintenance work must be completed by a licensed business or contractor in order to receive reimbursement or vendor payments.
- To be reimbursed for medications, a printout of out-of-pocket costs **must** be obtained from the pharmacy. The receipt stapled to the bag is **not** acceptable.
- Effective 7-1-21, we will no longer purchase bus tickets. Public transportation bus tickets and ride share receipts will continue to be reimbursable expenses. No individual ticket stubs will be accepted.
- It is the responsibility of the participant/guardian to immediately update our agency with any banking account changes. You must submit a new voided check or letter from financial institution with new account and routing numbers. We are unable to accept handwritten account/routing numbers.
- If you are submitting receipts for specialized nutritional needs or medical supplies that can be bought over the counter, please pay for them **separately** and submit the receipt **only** for those items.
- If you select pick up check, your check **must** be deposited or cashed within two business days.
- For medical bill reimbursement, you **MUST** submit the actual bill **and** proof of payment in order to be reimbursed (cancelled check, payment confirmation, printed receipt).
- Methods to submit receipts, estimates, and invoices:
 - Mail to office address ➤ Fax 615-627-1405
 - Drop off to Family Support office staff ➤ Place in afterhours drop box located outside our office door
 - Email to FSreceipts@arcadc.org
- **If you have not used at least 75% of your Family Support funds by March 1, 2024, you will be at risk of receiving a partial allocation or not receiving a Family Support plan at all for the 2024-2025 fiscal year. If you are holding off for a late purchase or camp, please contact us by March 1, 2024.**
- We will make every attempt to verify all submitted receipts/invoices and any supporting documentation. Submitting false/fraudulent receipts is grounds for termination of Family Support.
- In the event of death, please notify Family Support as soon as possible. Any remaining funds may be used to pay for funeral/cremation services paid directly to the funeral home/crematorium.

There will be no exceptions regarding this form.
Services are based on the availability of funds.



**APPEALS/GRIEVANCE PROCEDURE
AND FRAUD, WASTE AND ABUSE POLICY**

Appeals/Grievance Procedure

The following procedure shall be followed should a family become dissatisfied or have a dispute pertaining to program operations, staff, services provided, or decisions made. Every effort shall be made to settle the issue as quickly as possible and as close to the source as possible.

The complaint shall first be brought to the attention of the Family Support Coordinator at [insert agency name and contact information] The coordinator will attempt to remedy the situation to the satisfaction of all parties.

If attempts at resolution are unsuccessful at the agency level, the following procedure shall be followed to resolve any complaint or grievance regarding Family Support services:

1. *Local Council Review* - The family shall contact the DIDD Regional Office Family Support staff in writing or by phone.

Tammie Browning
275 Stewarts Ferry Pike
Nashville, TN 37214
615-231-5057

This notification shall occur within thirty (30) days of the aggrieved occurrence. The Regional Office shall forward the source of complaint in writing to the Local Council for resolution. The Local Council shall meet with the agency and family separately to discuss the grievance and for supporting documentation to be reviewed. It is the family's choice to attend the meeting in person, attend the meeting with an advocate, send an advocate to the meeting on their behalf, or rely upon written documentation of the complaint to be presented at the meeting. This meeting shall occur no later than thirty (30) calendar days following the receipt of the written grievance. Within ten (10) calendar days following the meeting, the Local Council shall compile a meeting summary and submit it to the DIDD Regional Office and Family Support staff, as well as notify the family of its decision in writing.

2. *District Council Review* - If the family is not satisfied with the Local Council decision, the family shall contact the DIDD Regional Office Family Support staff [insert Regional Office contact information]) in writing or by phone within ten (10) calendar days following receipt of the notification from the Local Council. The Regional Office shall forward the complaint in writing to the District Council for resolution. The District Council shall meet with the agency and the family separately to discuss the grievance and review any supporting documentation provided. It is the family's choice to attend the meeting in person, attend the meeting with an advocate, send an advocate to the meeting on their behalf, or rely on written documentation of the complaint to be presented at the meeting. This meeting shall occur no later than thirty (30) calendar days following the receipt of the written grievance. Within ten (10) calendar days following the meeting, the District Council shall compile a meeting summary and submit it to the DIDD Regional Office and Family Support staff, as well as notify the family of its decision in writing.



3. *State Council Review* - If the family is not satisfied with the District Council decision the family shall contact the DIDD Regional Office Family Support staff [insert Regional Office contact information] in writing or by phone within ten (10) calendar days upon notification from the District Council. The Regional Office staff shall forward the source of complaint in writing to the chairperson of the Family Support State Council and to the State Coordinator of the Family Support Program. All parties involved will present the complaint or grievance before the Family Support State Council. It is the family's choice to attend the meeting in person, attend the meeting with an advocate, send an advocate to the meeting on their behalf, or rely on written documentation of the complaint to be presented at the meeting. This meeting shall occur at the next scheduled meeting for the Family Support State Council. The Regional Office staff shall help the family compile a written form of findings for the Family Support State Council meeting. The State Council shall notify the family of its decision in writing within ten (10) calendar days following the meeting. The decision of the Family Support State Council shall be final.

Fraud, Waste and Abuse Policy

The Family Support Program and its staff, provider agencies and volunteers shall comply with DIDD Policy 70.2.1 related to preventing, detecting, and reporting fraud, waste and abuse of government funding. Individuals enrolled in the Family Support Program (and/or his/her guardian/conservator) shall comply with DIDD Policy 70.2.1, as applicable. See appendix (*new appendix # with policy*).

It is expected that the provider agency, volunteers, service providers and the individual enrolled in the Family Support Program (or his/her guardian/conservator) shall cooperate with investigative matters. Failure to cooperate could result in denial of a claim, termination of the Family Support contract, disenrollment from the program and/or a criminal investigation. Disenrollment from the program would prevent reapplication in subsequent years.

By signing and dating this form, I, the person supported or legal representative, understand that I must abide by the procedures stated above and as applicable, incorporated in the Family Support Guidelines. Furthermore, I understand that providing invalid, inaccurate, or incomplete information may be considered as fraud, waste or abuse and may result in denial of a claim, disenrollment from the program and/or criminal investigation. Disenrollment from the program would prevent reapplication in subsequent years.

A full copy of the Family Support Guidelines can be located at:
https://www.tn.gov/content/dam/tn/didd/documents/consumers/family-support/Family_Support_Program_-_Guidelines.pdf

Note: A hard copy may be requested from the agency

*****A signed acknowledgement form must be maintained in the file*****

YOUR BENEFITS WITH PM

MEET YOUR INSIDE ACCOUNT MANAGER

Stephanie Stokes

WHAT I LOVE ABOUT PMF

"The best part of my job would have to be building relationships with my customers."



SPECIALIZATIONS

- Incontinence Product Consultation
- Bulk Quotes and Pricing
- Delivery Options and Set-Up
- Sample Selection
- Ordering and Specialized Reports

REACH ME AT:

Office: 877-516-4582 EXT 119
EMAIL: sstokes@choosepmf.com

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DIRECT DELIVERY

Save yourself the hassle of multiple trips to stores to pick up supplies. With our warehouses across the US, we offer fast delivery straight to your door. You can also opt for automatic deliveries—and don't worry. You can change or cancel automatic deliveries any time.

ONE INVOICE

Your monthly order will be on one invoice. No more saving and shuffling receipts! Get all of the information you need when you need it!

FREE SAMPLES

PMF offers a huge variety of brands and products, many of which are not available in stores. We can give you free samples to help you determine the size and type of product that will work best for your family member. No store will take care of you like we will!

QUANTITY OPTIONS

We also offer quantity options. Many of our products come in cases or packages. You may purchase either, or a combination of both. We even break cases on many of our nutritional products so you can get the exact number of cans that are needed each month—no waste!

