

# **Sedgwick County Developmental Disability Organization**

## **One Time Funds**

### **PURPOSE**

One-time funds are used to fund the following services and items not covered by Medicaid or private insurance:

- Dental services over \$1000
- Home Modifications
- Wheelchairs
- Van Lifts
- Assistive Technology over \$1000

### **PROCEDURES**

1. The Targeted Case Manager (TCM) is responsible for reviewing guidelines for one-time funds requests with individuals who are applying for assistance.
2. The current One-Time Funds request packet is located on the Sedgwick County Developmental Disability Organization (SCDDO) website [www.sedgwickcounty.org/cddo](http://www.sedgwickcounty.org/cddo).
3. Each request should include the following supporting documentation. (See General Process – Funding Committee guide for further details)
  - a. Person centered support plan, include signature page.
  - b. Income verification documentation for each individual that lives in the household and documentation of each type of income reported in the request. If age 18 or older, only the individual requesting funding is required to provide income verification.
  - c. Other documentation which justifies the need for the item/service such as behavior support plan, psychotropic medication plan, Individualized Education Plan, Mental Health Treatment Plan, etc. Include the signature page of each plan submitted.
  - d. Doctor's orders / professional recommendation, if applicable.
  - e. Two bids for each item requested
  - f. Dental requests may only have one bid, but must include a treatment plan and quote from the CDDO contracted dental provider. (If sedation is required, any community provider can be utilized. If no sedation, must utilize contracted provider.) Requests should include the timeframe/schedule of when the dental work will begin and end.

4. Explanation of natural supports, community resources or alternative funding which has been fully explored and exhausted. Disposable income is taken into consideration, income and expense accuracy is essential.
5. To determine the potential level of funding please see the SCDDO Sliding Fee Scale.
6. Individuals who have experienced significant decreases in income or are seeking an exception to the sliding fee scale shall provide details for consideration by the committee.
7. Funds allocated are not transferable unless approved by the funding committee.
8. Allocation of funds will be considered for the current state fiscal year ending June 30<sup>th</sup>. The maximum amount available to each eligible individual is determined by the SCDDO at the start of each fiscal year and can be located on the current years request forms.

#### **GENERAL INFORMATION**

1. Contractors used for home modifications must be licensed contractors in the city the work is to be completed in and licensed for the type of work they are completing. For example: a licensed plumber is not licensed to complete home modifications.
2. TCMs will submit the completed Recipient Statement to SCDDO within 30 days of receipt of the funding. Included in the form the family will indicate the satisfaction of the home modification/equipment bought. This form may be sent via fax to 316-660-4894 or e-mailed to [CDDOFinance@sedgwick.gov](mailto:CDDOFinance@sedgwick.gov).