# <u>Sedgwick County Developmental Disability Organization</u> Incidental Consumer Supports

### **PURPOSE**

To assist individuals eligible for intellectual and/or developmental disability (IDD) services with needs not met by Medicaid, Home and Community Based Services (HCBS) Program Funds, or other private insurances. Funds may be requested at any time to address the needs of an IDD eligible individual in the Sedgwick County Developmental Disability Service system related to avoiding a restrictive living environment and who does not have the ability to pay. Examples include, but are not restricted to: consumer emergent needs, assistive technology, one-time unfunded dental services, or housing start-up and/or rent/utility deposits. Funds may also be requested to address the needs of a person served who needs financial assistance to purchase work related items, such as clothing, shoes and other mandated items related to employment.

#### **PROCEDURES**

- 1. The Targeted Case Manager (TCM) is responsible for reviewing guidelines for incidental consumer support requests with individuals who are applying for assistance.
- 2. The current Incidental Consumer Support request packet is located on the Sedgwick County Developmental Disability Organization (SCDDO) website 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.
  - 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, therefore 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**

- Housing startup funds are limited to \$300 per request. The purpose of these funds is to assist
  an individual in moving toward greater independence; a lack of money should not be a barrier.
  TCM should submit a detailed list of essential items for daily living that are being requested; to
  include item name and cost. These funds could also include rent and/or utility deposits when
  moving to or remaining in an independent living environment
- 2. 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.
- 3. These funds cannot be used to purchase day, residential, respite, or Personal Care Services.
- 4. TCMs will submit the completed Recipient Statement to SCDDO within 30 days of receipt of the funding. Included in the form the individual/family will indicate the satisfaction of the home modification/equipment purchased. This form may be sent via fax to 316-660-4894 or e-mailed to CDDOFinance@sedgwick.gov.

## **FUNDING COMMITTEE DECISION**

If the individual does not agree and would like to ask for a reconsideration or appeal please see Funding Committee General Process guide for details.