BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES
DIVISION OF INTELLECTUAL/DEVELOPMENTAL DISABILITIES
SPECIALIZED FUNDS POLICY

Effective Date: July 1, 2014

Unmet Needs Fund

PURPOSE

The *Unmet Needs Fund* helps West Virginia citizens with disabilities who reside in supervised, out of home settings meet essential needs necessary to maintain basic health and safety, when those needs cannot be met using available local resources. Examples will include adaptive equipment, environmental modifications, and medical costs, such as dental and vision services.

Funding for this program is limited. Participants may be eligible for up to $3,500.00 per Fiscal Year.

Grants will be awarded on a first-come, first-serve basis, and separate application will 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. (ID/DD Waiver Consumers & Medley Class Members are eligible,) or have a diagnosis of traumatic brain injury prior to the age of 22.
- The individual must reside in a setting outside the natural or adoptive home setting. (Individuals residing with a natural or adoptive family member may apply to the applicable regional Family Support Program. Information is included in this document).
- The individual's representative team verifies the request cannot be accommodated through any other resources.

ELIGIBLE SERVICES:

1. **Medical:** Services and supplies verified as necessary by professional assessment (e.g., , nutritional supplement).
2. **Dental:** Services and supplies verified as necessary by professional assessment including anesthesia for dental procedures.
3. **Vision/Hearing:** Services and supplies verified as necessary by professional assessment.
4. **Adaptive Equipment/OT/PT**: Assurance of daily living needs using services and items to safeguard the consumer's health and safety, such as Durable Medical Equipment, Adaptive Equipment, Home Modifications, Therapies (Occupational Therapy {OT}, Physical Therapy {PT}).

Start up Funds (Client Essential Maintenance): Cost of essential items needed to start a home when a move is necessary.

Examples of Eligible Start up Expenses:

- One month rent and set up fees or deposits for utilities (water, sewer, gas, electric)
- Security deposit that is required to obtain a lease on an apartment or house.
- Essential and basic household furnishings (furniture (must be indoor) appliances, cooking supplies, dining supplies, linens, towels).

5. **Other:** All other items needed that do not fit into any other category. Examples are furniture and/or household requests not related to a move or start up of home that pose a risk to health and safety.

FUNDING QUALIFICATIONS AND LIMITATIONS

1. Funding approvals will not exceed a combined service category limit of **$3,500.00 per fiscal year. (**See individual service category limits listed below.)

   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, notification must be given to the Division of Developmental Disabilities.

   - Medical cap…… $2,300.00/per FY
   - Dental cap…… $2,300.00/per FY
   - Adaptive Equipment/Home Modifications …… $2,300.00/per FY
   - Vision…… $1,000.00/per FY
   - Traumatic Brain Injury(Funds for You)…… $2,000.00/per FY
   - Other …… $2,000.00/per FY
   - Essential Client Maintenance …… $2,000.00/per FY

2. **Unmet Needs will only approve services for current fiscal year. Requests for outside current fiscal year will be denied.**

3. Typically, the following costs are **not eligible** under the Unmet Needs criteria: cable hookup and maintenance; phone hookup and maintenance, pictures for walls, food, entertainment items, personal hygiene supplies, outdoor furniture/decorative items, lawn care and related supplies, recreation items, pet care or pet expense items, UNLESS the item is needed to assure health and safety and is accompanied by medical documentation and physician order (for example, an air conditioner). Standard monthly co-pays for prescriptions will not be covered.

Costs associated with **Bed Bugs Infestation** will not be covered, including but not limited to: Pest Control, temporary housing, and furniture replacement

4. Items purchased with Unmet Needs Funds will be deemed the property of the individual.

5. Recipients of funding agree to have the funding agency review or observe completed goods and services.

6. Checks will be made payable to the vendor, contractor or entity providing the goods and services requested in this application. Checks will not be made payable to the individual receiving the goods and services.

7. Maintenance and service of purchased goods is the sole responsibility of the individual.

APPLICATION PROCESS

1. Service coordination agency completes the application, including all required documentation and signatures.

    - Include justification for the request in the narrative.
    - 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
    - Attach the last three months of the individual's financial statement, (include Trust Funds if applicable).
    - Essential Client Maintenance: Submit a list of household items owned, a list of items that need replaced with pictures, and a list of news items needed.

    Income Information Please indicate in the narrative the amount the individual will contribute to the cost of the requested items.

2. Application is forwarded to Bureau for Behavioral Health and Health Facilities by mail, email or fax.

    Mail: WV Department of Health & Human Resources, Bureau for Behavioral Health & Health Facilities, Division of Intellectual/Developmental Disabilities, *ATTENTION:* I/DD Division Specialized Funds, 350 Capitol Street, Room 350, Charleston, WV 25301-3702

Fax: Division of Intellectual/Developmental Disabilities, *ATTENTION:* I/DD Division Specialized Funds; 304-558-0161

3. Bureau for Behavioral Health and Health Facilities will send service coordination agency notification of receipt.

APPLICATION DETERMINATON

Upon review of the application, the Division of Intellectual/Developmental Disabilities will make one of the following decisions:

1. **Pending** - Application is incomplete and additional information is requested. Request is sent to designated contact and service coordinator with notification of missing information.
2. **Approval of application** - Application complete with appropriate documentation of an approvable expense. Approval is sent to agency designated contact and service coordinator.
3. **Partial approval** - Application complete with appropriate documentation of approvable expense which exceeds amount allowable OR in case of start up funds, not all items requested are approvable expenses. Based on CAPS, financial statements and limited funds from the grant, individuals will contribute to the total cost of the approved request. Email and fax notification is sent to agency designated contact and service coordinator.
4. **Denial** - Application with non-approvable expense will be denied. Email and fax notification is sent to agency designated contact and service coordinator.
5. **Closure** - Additional information has not been received as requested within the 14 day time period and case is closed. Email and fax notification is sent to agency designated contact and service coordinator.

FUND DISBURSEMENT AND REVIEW

Payment will be made to the agency submitting the application on behalf of the individual via the State of West Virginia's Financial Information Management System (WVFIMS). Each agency has an official vendor name, address, and vendor number on file with WVFIMS. Payment will be made to the agency according to arrangements made with WVFIMS electronically or by check. This grant is based upon the availability of State funds, which are designated on a fiscal basis (July 1 – June 30).

The funds must be used to purchase items listed on the application and any unused funds should be returned within 90 days of receipt with corresponding I doc number. All funds should be returned using a check or money order to: WV Department of Health & Human Resources, Bureau for Behavioral Health & Health Facilities, *ATTENTION*: Finance & Technology, 350 Capitol Street, Room 350, Charleston, WV 25301-3702.

Original receipts for all services/items/equipment must be kept on file by the service coordination agency.

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

For additional information, contact: I/DD Specialized Funds 350 Capitol St Room 350 Charleston, WV 25301. Phone number: 304-356-4811. Fax number: 304-558-0161.