Unmet Needs Fund Policy

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 that cannot be met using available local resources. Examples of unmet needs include adaptive equipment, environmental modifications, and medical costs such as dental, physical, 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 the same application will be used for more than one service category when multiple requests are made at the same time.

Eligibility

The following eligibility criteria must be met to participate in this program:

1. The individual must be a citizen of the State of West Virginia.
2. The individual must have a medically confirmed diagnosis of intellectual and or developmental disability (IDD Waiver consumers and Medley Class Members are eligible) or have a diagnosis of traumatic brain injury prior to the age of 22.
3. The individual must reside in a setting outside the natural or adoptive home (individuals residing with a natural or adoptive family member may apply to the applicable regional Family Support Program).
4. The individual’s representative team will verify the request cannot be accommodated through any other resources.

Eligible Services:

1. Medical: Services and supplies verified as necessary by professional assessment (example nutritional supplement).
2. Dental: Services and supplies verified as necessary by professional assessment, including anesthesia for dental procedures. (Note: Effective 01/01/2021, dental services with prior approval are covered by Medicaid up to $1,000.00 per calendar year.)

Effective Date: 5/1/2023
3. **Vision/Hearing:** Services and supplies verified as necessary by professional assessment.

4. **Adaptive Equipment/OP/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}).

5. **Start-up Funds (Essential Client Maintenance):** Cost of essential items needed to start a home when a move is necessary. Maximum allowance is $2,000.00 per 3 year period.

   **Examples of Eligible Start-up Expenses:**
   1. One month rent and set up fees or deposits for utilities (water, sewer, gas, electric, etc.)
   2. Security deposit that is required to obtain a lease on an apartment or house.
   3. Essential and basic household furnishings (indoor furniture, appliances, cooking supplies, dining supplies, linens, towels, etc.)

6. **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 a home that pose a risk to health and safety.

**Funding Qualifications and Limitations**

1. Funding approvals must 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 whom the funds were requested and for the items or services for which approval was given. Should the need for such approved funds change, notification must be given to LiveAbility to obtain approval from the committee to use funds for another item or service otherwise funds must be returned to LiveAbility in full.

   - Dental cap……………………………………………$2,300.00/per FY
   - Medical cap…………………………………………..$2,300.00/per FY
   - Vision………………………………………………….$1,000.00/per FY
   - Adaptive Equipment………………………………...$2,300.00/per FY
   - Home Modifications…………………………………$2,300.00/per FY
   - Start-up (Essential Client Maintenance)...............$2,000.00/per 3 yr
   - Other………………………………………………….$2,000.00/per FY

Effective Date: 5/1/2023
2. Unmet needs will only approve services for the current fiscal year, with the exception of some services that can be made six months prior to the date of application. Example: dental services.

3. Typically, the following costs are not eligible under the Unmet Needs criteria: cable hookup and maintenance, phone hookup and maintenance, pictures for walls, cleaning supplies, food, entertainment items such as, televisions, personal hygiene supplies, outdoor furniture and decorative items, lawn care and related supplies, recreation items, pet care or pet expense items, or any interest charges, unless the item is needed to assure health and safety and is accompanied by medical documentation and physician order. (for example: air conditioner). Standard monthly co-pays for prescriptions will not be covered. Costs associated with bed bug 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 and observe completed goods and services.

6. Checks will be made payable to the requesting agency of the goods and services requested in the 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 recipient.

Application Process

The submitting individual/agency will fill out the application, including all required documentation, along with signatures and dates of signatures. **If all documents needed for the request are not attached to the application when received at LiveAbility, the application will not be presented to the committee and will be denied. Below are examples of needed documents:**

1. Include justification for the request in the narrative.
2. Indicate in narrative if the individual will contribute any cost of requested items/services.
3. Attach a list of all contacted alternative resources which were accessed and/or sought.
4. Attach documentation of approval or denial from Medicaid.
5. Attach an itemized list for goods and services requested with cost estimates.

Effective Date: 5/1/2023
6. Attach relevant order/assessment from physician, physical therapist, or occupational therapist for requests for dental, medical, vision, therapeutic adaptive goods and services.

7. Attach the Human Rights Committee review decision, if applicable.

8. Attach the last three months of the individual’s financial statement, including trust funds if applicable.

9. For items requested for replacement, attach photo(s) and provide a narrative of items needed for replacement.

10. Start-up/Essential Client Maintenance: Submit a list of household items owned, a list of items that need replaced, with pictures, and a list of new items needed with cost estimates.

Submit application and information to Christine Wilcox at cwilcox@liveabilitywv.org
Questions contact Christine Wilcox. Call 304-296-6091 or text 304-288-6553.

Application Determination:

Twice a month, the applications will be reviewed by the Unmet Needs Committee. Upon review of the application, the Unmet Needs Committee will make one of the following decisions:

1. Pending: Application is incomplete and additional information is requested. A Request will then be sent to the designated contact with notification of missing information.

2. Approval: Application complete with appropriate documentation of an approvable expense. Approval will be sent to agency designated contact,

3. Partial approval: Application complete with appropriate documentation of approvable expenses which exceeds the 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 be able to contribute to the total cost of the approved request. Emails are sent to the agency designated contact.

4. Denial: Application with non-approvable expenses will be denied. Email notification is sent to the agency designated contact.

5. Closure: Additional information has not been received as requested within the 30 day time period and the case will be closed. Emails will be sent to the agency designated contact.
**Fund Disbursement and Review**

Payment will be made to the agency submitting the application on behalf of the individual via LiveAbility. (Submitting agency is the agency who completes and submits the application. The submitting agency must be a service provider for the individual who is not solely their payee).

The funds must be used to purchase items listed on the application and any unused funds should be returned within 90 days of receipt. All funds should be returned using a check or money order made payable to LiveAbility.

Original receipts for all services, items, or equipment must be kept on file by the submitting agency.

Reviews will be conducted on a random basis without notice by a representative of the Bureau for Behavioral Health, pursuant to W. Va. 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 WVDHHR, Bureau for Behavioral Health, Division of Adult Services. 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.