



C U Y A H O G A C O U N T Y Board of Developmental Disabilities

Family Selected Provider Process

Provider Qualifications

First, the family identifies a provider for respite-care services. Family Selected Providers must:

- Be at least 18 years old.
- Not live in the same house as the respite-care recipient.
- Not be the biological parent of the respite-care recipient.

If the provider qualifies, congratulations! They are approved. They can provide services immediately.

Pay Rates

The family and provider will negotiate all pay rates. For services up to 10 hours/day, use an hourly rate not exceeding \$20.50 per hour. For services over 11 hours in a row, use a daily rate that does not exceed \$205 a day. Providers must state the negotiated rates on each invoice.

Required Paperwork

Submit paperwork to NEON after receiving respite services once you receive the provider's first invoice.

DO NOT submit this paperwork without the invoice.

- **Family Selected Provider Process** – Signed by both the family and provider
- **Waiver of Provider Training for Family Selected Providers:** You complete this. Once done, both the family and the provider sign the waiver.
- **W-9 (provider):** Providers operate as independent contractors. We do not withhold taxes from earnings. We report earnings to the IRS through a 1099 form if a provider has earned \$600 or more in a year. The provider receives a 1099 each year for their tax return.
- **Direct Deposit Enrollment (provider):** Direct deposit is the only payment method. We do not send paper checks. If the provider's banking information changes, they must submit an updated copy of the Direct Deposit Enrollment form.
- **Provider's Driver's License or State ID (copy)**
- **Provider's Social Security Card (copy)**

You only need to submit this paperwork once. You may make copies for future services. Address information is at the end of this document.

Invoices

After receiving respite services, the family and Family Selected Provider must complete the **Family Supports Program Invoice**.

Both the family and the provider must verify the invoice. Pay close attention! Your signature confirms the invoice's accuracy.

You may submit invoices weekly or monthly. We process invoices within 15 business days of receipt. Business days do not include weekends or holidays.

Family Supports Program Allotment

NEON is not responsible for paying invoices that exceed your Family Supports Program allotment.

It is your responsibility to track allotment spending.

You will receive an *Explanation of Benefits* (EOB) identifying your remaining allotment. It arrives the month after you use any of your allotment.

By signing below, we confirm that we have reviewed and understand the Family Selected Provider Process.

Household Contact Signature: _____

Print Name: _____

Provider Signature: _____

Print Name: _____

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