

<p style="text-align: center;">Operating Procedures for State Contract Funded Family Support Service</p>

Purpose: The purpose of these Family Support Operating Procedures is to establish the parameters within which Family Support programs under contract with The Department of Behavioral Health and Developmental Disabilities (DBHDD) may provide and purchase Family Support services and goods. These Operating Procedures cover Family Support services provided under:

- Budget 400 for individuals with mental retardation, and
- Budget 440 for individuals with autism, and
- Budget 490 for individuals with other developmental disabilities.

Definition: Family Support is an array of goods and services aimed at providing families with the highly individualized support needed to continue to care for a family member with disabilities at home. Family Support is not generally seen as a crisis service. Rather, it is provided to families with the goal of preventing crises that can result in the need for out of home placements or higher intensity services.

Eligibility: For the purposes of Family Support, "family" may be considered as the individual with disabilities living with his/her birth or adoptive parents, members of the extended family, a full guardian, legal custodian or a person acting in place of a parent or family member and living as a family unit. While families are the principal targets of Family Support, a family's eligibility for service is determined by the presence of an eligible member with disabilities.

The family is eligible only if the member with disabilities is residing in the family's home, or if the Family Support funds are to be used to prepare the home and family for the return of the member with disabilities from an alternate care placement. Families will be determined eligible for services through a team process, utilizing the following criteria: 1) the individual with disabilities is three years or older with mental retardation, autism, or other developmental disabilities, and meets the Department's criteria for "Most in Need" and that the service is not educationally related and is not available through federally mandated education or through the EDPST Program (Note: Children aged 0-3 years may be served if it is documented that Early Intervention funding has been exhausted.); 2) the family wishes for the member to remain in (or return) home, but

requires support and/or assistance in order for the individual to live in the home, and 3) the authorized goods and services are sufficient to support and/or assist the continuance or return to home care.

Eligibility for services does not equate to an entitlement to services. Prioritizing eligible families to receive services will be the responsibility of the staff or agency designated by the Region, utilizing a team and family assessment process with consideration of (1) the necessity of need to family functioning and well-being, and (2) the family's financial ability to obtain services. Continued eligibility will be determined at least every six months and based on the availability of funds.

Accessing Family Support Services: The Regional DBHDD Office is responsible for designating and publicizing one or more Family Support agencies to receive referrals from the Regional Intake and Assessment Agency. Each Contracted Agency will complete an application for Family Support services to gather pertinent information about the needs of the individual with the disability and his/her family. The contracted Family Support provider agency assesses a family's application based on: (1) consideration of the whole life needs of the disabled individual; (2) consideration of the needs of the family as primary caregiver; (3) consideration of the community supports necessary to meet those needs and (4) consideration of the current Individual Family Support Plan, if applicable.

The contracted agency must notify the family in writing of the approval or disapproval of their application for Family Support services within 30 days after receipt of the application. If the family is notified that they have been approved for admission into Family Support services, a meeting is scheduled for the purpose of developing an Individual Family Support Plan (in the case of a disapproval, see Provider Responsibilities, C. Grievances/Appeal Process).

Individual Family Support Plan (IFSP): All families/individuals receiving Family Support services must have an IFSP. The region's designated Family Support provider agency is responsible for developing the IFSP through a group process that includes the family. IFSP is a written participation agreement, signed by the individual and/or family, a representative of the contracted Family Support agency, and the designated Family Support Coordinator. The IFSP includes:

1. A description of the individual, the family and its support network, the physical

environment, and current services;

2. A description of the needs of the individual and family, based on the assessment described above;

3. A listing of the specific goods/services (including a funding cap) that the family is authorized to receive through Family Support Funding. The types of goods and services that may be purchased with Family Support funding are detailed in the section, "Authorized Goods and Services."

4. Documentation that the authorized goods and services are not available through other programs or sources.

5. A Family Support Agreement (Appendix 3).

Plan Review: Individual Family Support Plans should be reviewed and updated at least once every six months. Documentation of family resources should occur on an annual basis. Plans should be reviewed and updated more often if family and individual needs change, or in the event of a change in the family's resources. The family is responsible for informing the provider in the event of a change in the family's/individual's needs or of a change in the family's financial or other resources. The need for review or changes in the plan may be requested by the agency or by the family. Families should be informed in writing at the time of the initial assessment of the planned review cycle and of the family's right to participate and request changes, and of their duty to inform the Family Support Coordinator in the event of any significant changes in their needs or resources. If changes are made in the family's IFSP, the reason for the changes is included in the record. The individual and/or a family member, the Family Support Coordinator, and a representative of the contracted Family Support provider agency should sign the amended agreement. Amendments to the IFSP are not considered to be in effect until signed by the Contractor.

Authorized Goods and Services: The following is a listing of goods and services, which may be purchased with Family Support funds. All goods and services purchased with Family Support funding must be provided in accordance with the *Standards for All Providers* in Part II of the FY2009 Provider Manual and these Operating Procedures for Family Support Services.

1. Community Living Support (CLS): An array of services to assist persons to perform activities of daily living. Community Living Supports includes the following:

a. Assistance with, and/or training in, activities of daily living, such as

- bathing, dressing, grooming, other personal hygiene, feeding, toileting, transferring and other similar tasks;
- b. Accompanying individuals and facilitating their participation in visits for medical care, therapies, personal shopping, recreation and other community activities (This category includes staff to serve as interpreters and communicators and the transportation costs to provide the service.);
 - c. Training or assisting in household care, such as meal preparation, clothes laundering, bed-making, housecleaning, shopping, simple home repair, yard care and other similar tasks;
 - d. Assisting with therapeutic exercises, supervising self-administration of medication and performing other services essential to health care at home; and
 - e. Training and support in the areas of social, emotional, physical and special intellectual development. This category includes mobility training as well as programming, intervention and/or consultation to reduce inappropriate or maladaptive behaviors.

2. Dental Services: Any of the full array of services designed to care for the teeth, oral cavity and maxillo-facial area, provided by or under the direct supervision of a licensed dentist; in-patient or outpatient. For children, if the child has Medicaid, that funding source would need to be exhausted.

3. Medical Care: Services provided by or under the direct supervision of a licensed physician or by other licensed or certified health care professionals when recommended by a licensed physician. The array of Medical Care services are inclusive of diagnosis/evaluation, service provision and consultation with other medical/health care providers or non-medical service providers, provided by a licensed physician. Services may be inpatient or outpatient. If the person has Medicaid, that funding source would need to be exhausted.

4. Specialized Clothing: Services, which include the assessment of need, design, construction, fitting and cost of an article of clothing, which is necessitated by the handicapping condition of the individual with disabilities.

5. Specialized Diagnostic Services: Specific investigative procedures determined needed by the family and inter-disciplinary team but not provided by the inter-disciplinary team

that are necessary to complete the assessment of needs of the individual with disabilities and/or family.

6. Recreation/Leisure Activities: Activities and or goods designed to support the participation of the individual with disabilities in recreational/leisure activities in the home and/or community.

7. Environmental Modifications: Changes, additions or repairs to the personal home of the caregiver which are designed to increase their ability to enhance the development/functioning, health or well being of the individual with disabilities when such changes, additions or repairs are not structurally permanent.

8. Specialized Equipment: Adaptive and therapeutic devices specifically prescribed to meet habilitative needs of the individual with disabilities or devices and equipment needed by the family to better provide for the disability specific needs of the disabled member. (See Appendix “*FAMILY SUPPORT SERVICES SPECIALIZED EQUIPMENT DEFINITIONS*” for more detail regarding specialized equipment.) If the person has Medicaid, that funding source would need to be exhausted.

9. Therapeutic Services: A direct intervention service provided by a specifically trained therapist aimed at reducing or eliminating physical manifestations of a disability or in improving/acquiring specific skills precluded by the disability; services proceed from assessment/evaluation to service provision. Therapeutic services are inclusive of audiology, physical therapy, occupational therapy and speech therapy. If the person is a child and attends school, that funding source would need to be exhausted.

10. Counseling: Services utilizing a varied number of specific psycho-social approaches, clinical or non-clinical, family or individual, which are aimed at assisting individuals to cope with life circumstances. If the person has Medicaid, that funding source would need to be exhausted.

11. Parent/Family Training: Information and training for parents/family members to enhance understanding and to better address the family member’s needs. Training may be one time or on-going and may be delivered in or out of the home.

12. Specialized Nutrition: An array of services inclusive of assessment, planning,

counseling, supervision and provision of specific dietary, nutritional and feeding needs of the individual with disabilities by a nutritionist qualified by state standards.

13. Supplies: Any number of items which, while not specialized or specific to the needs of individuals with disabilities, may require frequent usage due to the disability or any number of items which, while not specialized, are necessary to the on-going operation or maintenance of specialized devices or any number of items which are needed by the family to better provide for the disability specific needs of the member with disabilities. The need for such supplies must be clearly documented in the IFSP. If the person has Medicaid, that funding source would need to be exhausted.

14. Financial and Life Planning Assistance: Professional services which assistance the family in planning for the future service and/or financial needs of the family member with disabilities.

15. Exceptional Disability Related Living Costs: This category could be used to pay living expenses that are higher than normal due to the nature of the person's disability or to cover unexpected emergency costs. For example, a person who is heat sensitive may require air conditioning during the summer months. The family support budget may include extra costs to cover the higher electrical bills during the summer months so as not to stress the family's household budget. This might also cover higher electrical bills caused by the individual with disabilities being on special monitoring machines. Exceptional Disability Related Living Costs may be approved on a one time, emergency basis, or for ongoing needs. When approved on an ongoing basis, the contracted Family Support Provider must document continued need at least every six months.

16. Homemaker Services: Light household work or tasks provided in the home which are necessitated by the lack of a family member capable of performing such tasks or by the incapacity or absence of the family member who normally performs the tasks and which are not available through an existing program such as the Community Care Waiver.

17. Transportation: Travel and travel related costs (including subsistence costs) associated with the receipt of a plan service, and documented by the provider to be necessary to meet the needs of the family.

18. Respite Care: Services designed to relieve families/care givers of physical or emotional stress associated with the care of the members with disabilities by the provision of temporary care of the member with disabilities; may be provided in or out of home. Also may include care of young children who are members of the family when necessary for the primary care givers(s) to devote exclusive time to attend to the care and well being of the member with disabilities.

For additional requirements regarding state funded Respite, see the *State Funded Respite Policy*.

19. Other Services: Any other service not listed above, which, in the opinion of the family and inter-disciplinary team, is necessary to meet the needs of an eligible individual/family, when written request is made to and approval received from the DBHDD-Regional Coordinator. (See Appendix: *Family Support Waiver Request Form*.)

Provider Responsibilities

A. Administration/Records

Eligible families will receive Family Support services within the limits of the funding available. The Contractor retains ultimate responsibility for appropriate administration and for all documentation. Family Support services have been defined broadly to allow as much flexibility, and thus, individualization as possible. A fundamental responsibility of the contracted Family Support provider agency is maintaining this programmatic flexibility while assuring appropriate fiscal controls. The Contractor is responsible for maintaining all records including (but not limited to) service vouchers/purchase orders, a registry of approved service providers, receipts for services and all documentation of family and individual needs and resources. In addition to all applicable DBHDD Fiscal Policies, Family Support provider agencies must have documentation of the following:

- Funding of Last Resort: Family Support funding is “funding of last resort”. Documentation should cite efforts to secure goods and services through other sources such as Medicaid, EPDST, Education, local charitable organizations, or other generic resources. Family Support funds may be utilized in combination with other agency, community or individual family resources.

- Established Limits: Documentation including receipts of authorized and the contracted Family Support provider, for each eligible person, will maintain actual costs of family support services, both provided and purchased. **The Regional Coordinator must approve costs that exceed established limits in advance prior to applying for Family Support services.** A request to exceed an established rate may be made on the *Family Support Waiver Request Form*. Note: Families providing care for more than one member with disabilities may be eligible to receive the capped annual per family rate for each eligible person. Justification should be based on whether assessed need and planned-for services have a "shared" benefit to each member with disabilities. For example, such services as Counseling or Environmental Modifications may benefit members equally while the benefits of others, such as Supplies or Specialized Equipment, may not be easily shared.
- Fee for Services: DD providers should not charge any fees to individuals receiving services funded by the DD waivers or through DD state funds contracts. DD providers may charge fees to other individuals to whom they provide services. However, DD providers must report fees generated on a quarterly basis to BHDD and identify how those fees will be used to maintain or increase the quantity and quality of disability services. DD providers who charge fees must have policy on how the fees are assessed, and review this policy with individuals being assessed fees.
- Payment Documentation: The Contractor is responsible for maintaining all financial records. Families may be reimbursed for authorized Family Support expenditures, but funds are never "advanced". Contractors are responsible for obtaining receipts and/or other appropriate documentation prior to dispersing Family Support funds.
- All documentation must be maintained in an easily accessible place for monitoring/auditing purposes.

B. Grievances/Appeal Process

When family support services have been denied, reduced or discontinued families be

notified in writing of the reasons for denial, discontinuation or reduction of benefits and must be informed in writing of their right to appeal these decisions. The Contractor established client appeal procedures should be consistent with the grievance procedures detailed in the Provider Manual.

C. Reporting

The Contractor will submit reports as required by the Regional DBHDD Office.

D. Regional Office Responsibilities

The Region is responsible for reviewing documentation and assuring that the contracted providers comply with the provision of these Operating Procedures. At a minimum, on a quarterly basis, regions should conduct a record review of 5% of the individuals served in Family Support services.

"The State is prohibited from expending funds for permanent modifications on real property to which it does not hold fee simple title because the State might lose the modifications if the owner appropriates the property to uses other than for which state funds were expended. In such case, the expenditure would result in a gift or gratuity prohibited by Georgia Constitution, Art.3, sec. 6 Op. ATT'Y Gen., 1972, p. 299". Excerpted from a memo by Division of Mental Health Mental Retardation and Substance Abuse Legal Officer, Sandy Laszlo, dated May 1, 1991.