

## **Family Support 360**

### **FINANCIAL ASSISTANCE GUIDELINES**

1. Service Coordinators will pursue all other resources prior to accessing funding available through Family Support.
2. When services being requested are for a participant under the age of 22 always rule out the school district's responsibility before committing to paying for services or supports that are educationally related when the participant does not have a signed diploma.
3. Whenever possible, cost share with other agencies on major expenses such as home modifications and van lifts. The independent living centers are very good resources if the participant/family income meet the income guidelines. Additional information on independent living centers can be found at <http://dhs.sd.gov/rehabservices/il.aspx>
4. Make payments to the vendor to avoid out-of-pocket expenses for the participant/family. Maintain supporting documentation for each purchase or transaction i.e., invoice, receipt, cash register tape, or other supporting documentation that itemizes what was purchased. Waiver funding cannot be paid directly to a participant and/or family member {Note: a parent may be paid utilizing waiver funding if the parent is providing companion care, personal care, or respite care services and have been approved through the agency with choice process}.
5. Be sure that all purchases are specified in the support plan. If an unapproved purchase is made, the Service Coordinator will be responsible for reimbursement to the program budget.
6. If a necessary purchase is not identified in these guidelines/categories, the Service Coordinator may contact the Division of Developmental Disabilities (DDD) for approval prior to purchase.
7. All waiver services must meet requirements of the Family Support waiver.
8. The use of 100% general funded waiver services (services authorized in the waiver yet funded by general funds: service coordination, personal care, companion care, SMAES, environmental accessibility adaptive equipment, vehicle modifications, nutritional supplements, and supported employment) are only to be used for non-waiver participants except when service coordination is delivered in accordance with ARSD 46:11:09:11 and when approved vehicle modification services are delivered to repair the participant's vehicle. Waiver participants shall access FSW coded waiver services; nonwaiver services coded as General only (services not funded by federal funds: child care, counseling/support groups, training/education, housing assistance, medical dental, recreation, transportation, and other) may also be accessed by waiver participants after approval. If necessary, community support providers shall reallocate funds within their program budget or through the 799-form process. Respite Care shall only be accessed by waiver participants. Nonwaiver participants shall be referred to the Respite Care Program - <http://dhs.sd.gov/developmentaldisabilities/respitecare.aspx>.

## FINANCIAL ASSISTANCE CATEGORIES

### **3001-G: Child Care – General Funding**

Service Coordinators must first refer the family to the Department of Social Services (DSS) Child Care Assistance Program (Phone: 773-4766) and receive a denial for that program prior to accessing Family Support and provide evidence of denial to the DDD. **Family Support will fund only the portion above what “normal” childcare costs are for a child thirteen and under without a disability, i.e., the extra costs because the child has a disability;** within program budget and amounts as agreed upon by family, Coordinator, and the DDD. DSS Child Care Assistance Program rules may be found at <https://dss.sd.gov/childcare/childcareassistance/factsheet.aspx>.

### **3002-G: Counseling/Support Groups – General Funding**

Assist the participant/family with the costs of counseling on a sliding fee scale when not covered by Medicaid or other resources. Department of Social Services, Community Behavioral Health resources (Community Mental Health Centers) or other community services must first be exhausted, and evidence provided to DDD. Fees related for support groups would also be billed under this category.

### **3003-G: Training/Education – General Funding**

Service Coordinators need to refer the participant/family to the Council on Developmental Disabilities prior to accessing Family Support funding for conference registration fees. Costs associated with conference registration, cost of room/meals at the conference, training materials, publications, and educational materials specific to a participant/family’s needs can be covered. Training and education provided by the service coordinator shall be bill under “Service Coordination” category. Transportation costs should go under “Transportation” category.

### **3004-G: Housing Assistance – General Funding**

Assist the participant/family in a crisis situation for rent, insurance payment (to prevent loss of coverage), utility payment (in rare circumstances when the utility will be shut off), security deposit on a rental, utility deposit (to enable a move), devices that promote safety (e.g. smoke and carbon monoxide detectors, fire extinguishers) and purchase/repair of home appliance due to the needs of the participant. Repair of damage to the participant or families owned home, i.e., cement for walkway or patio to increase the participant’s accessibility in wheelchair. A crisis situation means the participant is at imminent risk of being homeless or institutionalized, currently residing in an abusive, neglectful, exploitive or life-threatening situation, or whose health, welfare, or safety is in jeopardy.

### **3005-G: Medical/Dental – General Funding**

Assist the participant with emergency medical/dental work and co-payments for prescription medication not covered by another source. Financial assistance may also be provided for over the

counter medication needed for specific medical condition prescribed by a **medical doctor**. Service Coordinators will access all other resources to pay for medication and dental including RX Access (website is <http://www.rxaccess.sd.gov/>), Drug Company Programs, Delta Dental (phone: 224-7345), etc. This funding assistance does not include over the counter medication for everyday use (e.g., aspirin, Tylenol, cough syrup, cotton ball, q-tip).

**3006-G: Recreation, Leisure and Social Opportunities – General Funding \$1,000 per plan year**

Funding will be provided for the participant (also cost for sibling or friend to accompany if no other funding is available and it would make a difference in the friend going or not going) when the plan demonstrates that recreational opportunities promote inclusion, social relationships with others in the community, and provide a sense of purpose, shaping who the individual is and how the individual fits into the community. Examples: cost of summer camp, Health club/YMCA class fee/membership, activity league fees, or other inclusive community activities.

**3007-G: Transportation – General Funding**

Service Coordinators can reimburse for mileage, or when needed pay in advance for mileage, or for a vehicle rental when the participant/family car is not reliable for the participant to attend a medical appointment or attend a conference out of their hometown. Coordinators will follow the mileage, hotel, and meal reimbursement rates as prescribed by their fiscal agent. Financial assistance can be provided to secure public transportation services to medical appointments or to a conference within their hometown. Financial assistance may also be provided to secure public transportation services to promote independence and community integration.

Family Support /Medicaid recipients must first access Title 19 transportation reimbursement (Phone: 773-3656). Family Support will reimburse above what Medicaid reimburses for transportation.

**T1016: Service Coordination – Waiver Funding- 15 minute unit at \$17.21/unit**

**T1016-G: Service Coordination – General Funding- 15 minute unit at \$17.21/unit**

Services which will assist participants who receive waiver services in gaining access to needed waiver and other State plan services, as well as needed medical, social, educational and other services, regardless of the funding source for the services to which access is gained. Service Coordinators shall be responsible for monitoring the provision of services included in the participant's plan at least quarterly.

Service Coordinators shall initiate and oversee the process of assessment and reassessment of the participant's level of care and the review of plans of care. Includes assisting the participant/family to access resources, develop services and resources, purchase services, arrange for natural supports and assessment, and monitor activities.

Service Coordinators assist people with developmental disabilities and/or their families throughout the self-direction process by providing training and assistance to recruit, interview, hire, and train prospective providers. Service Coordinators can provide resources on the hiring process, including assisting the participant/family by providing examples on how to write a want ad, examples of appropriate/not appropriate interview questions, etc.

**T1005 - Respite Care – Waiver Funding - Provider must be age 16. DSS monthly waiver limit is \$2,000.**

Services provided to participants unable to care for themselves; furnished on a frequency as determined in the plan of care because of the absence or need for relief of those persons normally providing the care. Respite care may not be utilized when the parent/caregiver is working. Respite Care may be provided in the following locations: Participant's home or place of residence; foster home; Medicaid certified Hospital; Group home; a home approved in the plan of care which may be a private residence; Licensed Day Care.

The Department of Human Services (DHS) Respite Care Program shall not be utilized when the participant is on the waiver.

**A9900: Specialized Medical and Adaptive Equipment and Supplies (SMAES) – Waiver Funding. DSS monthly waiver limit is \$7,500.**

**A9900-G: Specialized Medical and Adaptive Equipment and Supplies (SMAES) – General Funding**

Therapies cannot be billed using waiver funding

SMAES include devices, controls, or appliances, specified in the plan of care, which enable participants to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live.

This service also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State plan. Items reimbursed with waiver funds shall be in addition to any medical equipment and supplies furnished under the State plan and shall exclude those items which are not of direct medical or remedial benefit to the participant. All items shall meet applicable standards of manufacture, design and installation.

Includes modified bicycles or tricycles, wheelchair parts and repairs, adaptive clothing, specialized shoes, communication devices/books, bathing lifts/chairs, adaptive beds, eating and cooking utensils, picture cook books, medication minders, communication aides (Coordinators will assist with purchasing the device recommended by the therapist, school, or doctor), thickening agents, and incontinence supplies (briefs or attends, wipes, incontinence pads; **child must be at least 2 ½** to qualify for incontinent supply assistance). For specialized car seats first contact the Department of Social Services, Child Care Services, Child Safety Seat Distribution Program <https://dss.sd.gov/childcare/childsafetyseat/>

**Computers/ Tablet Devices**

Financial assistance may be provided to purchase a computer if the participant/family does not already have a computer, computer software, and adaptations for a computer system due to the participant's developmental disability. The participant must be using a computer in school and documentation from the school or therapist must be obtained indicating that the participant would benefit from having a computer at home. This also includes a computer needed for post-secondary education based on the participant's need due to their disability. The ISP must document how the computer will increase their abilities to perform activities of daily living.

When the need for a computer is based on the participant's need for communication then Medicaid needs to be explored and exhausted first. Coordinators will assist with purchasing the specific device/computer as recommended by the therapist, school, or doctor. Increased memory

or features not needed to meet the participant's need for the computer are the responsibility of the participant/family. Coordinators shall provide evidence of the most affordable device to meet participant's needs.

**S5165: Environmental Accessibility Adaptive Equipment – Waiver Funding. DSS monthly waiver limit is \$10,000.**

**S5165-G: Environmental Accessibility Adaptive Equipment & Repair – General Funding**

Those physical adaptations to the home, owned by the participant or the participant's family, required by the participant's plan of care, which are necessary to ensure the health, welfare and safety of the participant, or which enable the participant to function with greater independence in the home, and without which, the participant would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, door alarms, fence (i.e. chain link) or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the participant. Service Coordinators will access all other resources, i.e., Independent Living Centers and/or local service groups as alternate resources prior to accessing Family Support funding. All services shall be provided in accordance with applicable State or local building codes.

Excluded are those adaptations or improvements to the home which are of general utility, and are not of direct medical or remedial benefit to the participant, such as carpeting, roof repair, central air conditioning, etc. Adaptations which add to the total square footage of the home are excluded from this benefit.

**T2039: Vehicle Modification – Waiver Funding – DSS monthly waiver limit is \$15,000**

Vehicle Modifications consist of adaptations or alterations to an automobile or van that is the waiver participant's primary means of transportation in order to accommodate the special needs of the participant. Vehicle adaptations are specified by the service plan as necessary to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant. **The following are specifically excluded:**

1. Adaptations or improvements to the vehicle that are of general utility, and are not of direct medical or remedial benefit to the participant;
2. Purchase or lease of a vehicle; and
3. Regularly scheduled upkeep and maintenance of a vehicle except upkeep and maintenance of modifications.

**T2039-G: Vehicle modifications/repair - General Funding**

Financial assistance may be provided to assist the participant/family in a crisis situation to repair the primary vehicle used for transportation of the participant to enable the participant and/or family to travel to necessary medical appointments. A crisis situation means the participant is at imminent risk of not receiving necessary medical care as a result of maintenance issues involving the primary vehicle used for transportation of the participant.

**S5125: Personal Care Services – Waiver Funding DSS monthly waiver limit is \$2,500.**

**S5125-NW: Personal Care Services – General Funding.**

Services allowable are to assist the participant in accessing the community or assist the participant in the home with bathing, dressing, personal hygiene, activities of daily living and eating. This service may include assistance with preparation of meals, but does not include the

cost of the meals themselves. When specified in the plan of care, this service may also include such housekeeping chores as bedmaking, dusting and vacuuming, which are incidental to the care furnished, or which are essential to the health and welfare of the participant, rather than the participant's family. Personal care providers must meet State standards for this service. Personal care providers may be members of the participant's family. Payment will not be made for services furnished to a minor by the child's parent or to a participant's spouse.

Provider qualifications: The provider will be at least age 18 and older unless there is an occasion when a qualified provider age 18 is not available. On those occasions the provider must be at least 16 years old. Oversight of the provider will be provided by the participant receiving the services or the legal guardian, advocate or family member. Family members who provide personal care services must meet the same standards as providers who are unrelated to the participant. Services may be provided by family members and/or providers who are unrelated to the participant. The provider will be able to follow written or verbal instruction given by the participant receiving the service or legal guardian, advocate or family member. The provider must have the ability or skills necessary to meet the participant's needs as delineated in the plan of care. The provider will receive training from the participant or legal guardian, advocate or family member in the performance of all personal care services delineated in the plan of care. The coordinator shall assist with the self-directed needs of the participant when recruiting, hiring, and training personal care staff.

**T1019-ES: Personal Care Services Extended State Plan – Waiver Funding – DSS monthly waiver limit is \$750**

Personal Care Extended State Plan is a range of assistance provided to enable waiver participants to accomplish tasks that they would normally do for themselves if they did not have a disability, including assistance with eating, bathing, personal hygiene, and activities of daily living. This assistance may take the form of hands-on assistance (actually performing a task for a participant) or cuing/prompting the participant to perform a task. Personal Care Extended State Plan is provided as indicated in the approved service plan. Personal Care Extended State Plan services may be provided on an sporadic or on a continuing basis. The amount of Personal Care Extended State Plan service chargeable as a waiver service is the amount incurred after any limits in State Plan service through the Home Health Agency (see below for qualifications) are exhausted.

Personal Care Extended State Plan services provided through the Family Support waiver can enhance the amount, duration, or frequency of State Plan services. Providers qualified to perform Personal Care Extended State Plan services are limited to Home Health Agencies – an organization which is primarily engaged in providing skilled nursing, medical social services, or home health aide services and meets Code of Federal Regulation requirements of a home health provider.

**T1020: Companion Services – Waiver Funding DSS monthly waiver limit is \$2,500.**

**T1020-G: Companion Services – General Funding.**

Companion services are non-medical and include supervised integrated socialization, role modeling, and independent living skill development. Skill development may include such tasks as assistance and/or supervision of meal preparation, laundry and shopping, navigation of public transportation, assistance and/or supervision with acquisition, retention or improvement in self-help, socialization, and adaptive skills. This may take the form of hands-on assistance or cuing to prompt the participant to perform a task. Companion care is provided in accordance with a goal

in the service plan. The coordinator shall assist with the self-directed needs of the participant when recruiting, hiring, and training companion care staff.

Documentation is maintained in the file of each participant receiving this service that the service is not available under a program funded under the Rehabilitation Act of 1973 or P.L. 94-142. Provider qualifications: The provider will be at least age 18 and older unless there is an occasion when a qualified provider age 18 and older is not available. On those occasions the provider must be at least 16 years old. Oversight of the provider will be provided by the participant receiving the service or the legal guardian, advocate or family member. The provider will be of good health, have the ability to read, write and follow instructions. The provider will be able to report changes in a participant's condition or needs to the legal guardian, advocate or family member, or Service Coordinator. The provider will maintain confidentiality, and complete required record keeping. The provider will have the ability or skills necessary to meet the participant's needs as delineated in the plan of care.

**T2018: Supported Employment – Waiver Funding. DSS monthly Waiver limit is \$750.**

**T2018-G: Supported Employment – General Funding.**

Service Coordinators will refer participants to the Division of Rehabilitation Services (students age 16 and older for Project Skills) prior to accessing Family Support Supported Employment Services. Supported employment services, which consist of paid employment for participants for whom competitive employment at or above the minimum wage is unlikely, and who, because of their disabilities, need intensive ongoing support to perform in a work setting.

Supported employment is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed. Supported employment includes activities needed to sustain paid work by participants receiving waiver services, including supervision and training. When supported employment services are provided at a worksite in which persons without disabilities are employed, payment will be made only for the adaptations, supervision and training required by participants receiving waiver services as a result of their disabilities, and will not include payment for the supervisory activities rendered as a normal part of the business setting. Supported employment services do not include production of goods or services, nor compensation for participants. Supported employment services are directed towards assisting participants to obtain and retain paid employment in community settings. These services include job search and job placement activities, situational evaluations and trial placements; and long-term support to help participants maintain a desired, integrated employment status. The coordinator shall assist with the self-directed needs of the participant when recruiting, hiring, and training supported employment staff.

Documentation will be maintained in the file of each participant receiving this service that the service is not otherwise available under a program funded by either the Rehabilitation Act of 1973, or the IDEA. {The employment supports are not part of the participant's IEP or the participant has been determined to not meet eligibility or has had a successful closure from Vocational Rehabilitation.}

Transportation will not be provided between the participant's place of residence and the site of the habilitation services or between habilitation sites as a component part of habilitation services. The cost of this transportation is not included in the rate paid to providers of the supported employment.

Provider qualifications: The provider will be at least 18 years of age unless there is an occasion when a qualified provider at least 18 years of age is not available. On those occasions the provider must be at least 16 years old. Oversight of the provider will be provided by the participant receiving the service or the legal guardian, advocate or family member. The provider will be able to follow written or verbal instructions given by the participant, the legal guardian, advocate or family member. The provider will maintain confidentiality, and complete required record keeping. The provider will have the ability or skills necessary to meet the participant's needs as delineated in the plan of care. The provider will receive training from the participant or legal guardian, advocate or family member in the performance of all supported employment services delineated in the plan of care.

**B4222: Nutritional Supplements – Waiver Funding. DSS monthly Waiver limit is \$1,000**

**B4222-G: Nutritional Supplements – General Funding**

Assistance includes physician prescribed nutritional supplements when they are not available under the Department of Social Services, Early Periodic Screening Diagnostic Treatment (EPSDT) program or the Medicaid State Plan. The waiver can pay for *Nutrivene D*, *EnerPrime*, *Enzy-gest*, and similar supplements. Medicaid State plan pays for *Pediasure* and similar products and needs to be accessed prior to using Family Support. A prescription needs to be maintained in the file and updated yearly. Vitamins are not covered.

Contact the Department of Health (DOH) regarding diets for PKU. If the family is income eligible, the DOH will pay for PKU dietary needs. The purchase of groceries is not an allowable expense as a nutritional supplement.

**3009-G: OTHER – General Funding**

Avoid using this category unless the expense does not fit within any described service code above. Waiver funding cannot be utilized with the “other” code.

**The following are items that may go under the “Other” category:**

- Advertisement cost for respite care, personal care, or companion care providers;
- Birth certificates needed for Family Support documentation;
- Interpreter/Translation Services;
- GPS tracking system or similar devices when there is a need due to safety issues; and
- Cost of attorney fees for establishing a Guardianship up to \$750.

**100: Non billable Services – Not Funded through Family Support**

Includes services provided through natural supports, community organizations, agencies, churches, etc. Services paid for and provided by independent living centers, schools and state agencies, i.e., Department of Social Services, Division of Rehabilitation Services. Includes equipment, supplies, therapies, etc. that are funded through Medicaid or the local school district.

**Items/services not allowable (list is not all inclusive):**

- Vehicle or trailer purchase;
- Groceries
- Furniture (unless adaptive in nature);
- Weddings, Divorces, or Funerals;
- Swimming pools;



- **Cable or satellite television services (includes installation and monthly service charges);**
- **Internet or cell phone services (includes installation and monthly service charges);**
- **Gift cards;**
- **Cash advances;**
- **State and/or Federal taxes; and**
- **Excessive funding for recreational activities.**

**Reimbursement for items that have already been purchased by the participant/family**

Reimbursement is not allowed for items purchased by a participant/family that were not prior authorized by the Service Coordinator and the Division via the service plan.

**Education related expenses**

The participant/family, with the assistance of the Service Coordinator, needs to work with the school district to assure education related expenses are included in the IEP. The Service Coordinator should offer to advocate for the participant/family in these situations (at the participant/parent's request). Therapies, i.e., speech, occupational, physical and auditory training is considered an educational expense and funded by the school district.

**Waiver services provided to a participant exceeding the DSS monthly waiver limit must be approved by the Family Support 360 Waiver Administrator prior to the delivery of the service. Please provide the participant's name, waiver service category, date of service, and exact amount of the claim. If this process is not completed the claim will be denied by the DSS Medical Services.**