



# **TENNESSEE FAMILY SUPPORT GUIDELINES**

**DEPARTMENT OF INTELLECTUAL AND  
DEVELOPMENTAL DISABILITIES**

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# Tennessee Family Support Guidelines

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# SECTION 1

## ELIGIBILITY

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### PRINCIPLES

Under the Family Support Act there is a two-prong test for eligibility. Eligible families/individuals must fall within the definition of family, including the definition of a family member with a severe or developmental disability, and the individual with a severe or developmental disability must be residing in the community in an unsupported setting.

Several key principles guide eligibility determination. First, eligibility determination should be kept as simple as possible. The process should not be intrusive on a family and should require a minimum of paperwork. Eligibility is distinctly different from enrollment or selection for the program. Many families may be eligible for the Family Support Program, but may not actually receive services, based on funds available, selection criteria, and other factors. Eligibility determination is a simple process that answers three broad questions.

- 1) Is this a family?
- 2) Is there a family member with a severe or developmental disability?
- 3) Is the family member with a severe or developmental disability residing in the family, in the community, in an unsupported setting? (*A supported setting is a residential setting that is state or federally funded and includes supportive services e.g. institutions, group homes, supported living or state funded foster homes. Persons residing in such setting are not eligible for Family Support services.*)

Another key principle is that determination of the presence of severe or developmental disability is based on functional rather than diagnostic definitions. Disability type or label is not an issue; the impact of the disability on a person's life and on family life is what is critical. Severe or developmental disability is defined by its effects on major life functions, by its permanence, and by a person's need for supportive services.

### GUIDELINES

The primary focus of the Family Support Program is supporting:

- Families with children with a severe or developmental disability, school age and younger,
- Adults with a severe or developmental disability who choose to live with their families; and
- Adults with a severe or developmental disability who are residing in the community in an unsupported setting (not a state or federally funded program).

#### Family

To be eligible for Family Support a family must have a family member with a severe or developmental disability. A family may be:

- ◆ a unit that consists of a person with a severe or developmental disability and the parent, relative or other caregiver who resides in the same household, or
- ◆ a family of one. A person with a severe or developmental disability who lives without a parent, relative, or other caregiver support.

## Residence

The individual must be a full-time Tennessee resident as required by and defined in Section 70-5-120 of the Tennessee Codes Annotated at time of application and when services are delivered (Appendix G).

To be eligible for Family Support the family/individual must be living in the community in an unsupported setting. Families/individuals who reside in state or federally funded residential settings, e.g. institutions, group homes, supported living, or state funded foster homes are not eligible for Family Support services. Individuals who live in the community in subsidized housing (Section 8) or boarding homes are eligible because the living situation is not a "residential service" and does not include supportive services.

## Family Member with a Severe or Developmental Disability

An individual with a severe or developmental disability has a disability that:

- a) is attributable to a mental or physical impairment or a combination of physical and mental impairments;
- b) is likely to continue indefinitely;
- c) results in substantial functional limitations in three or more of the following areas of major life activity:
  - ♦ self-care
  - ♦ receptive and expressive language
  - ♦ learning
  - ♦ mobility
  - ♦ self direction
  - ♦ capacity for independent living
  - ♦ economic self-sufficiency; and
- d) reflects the person's need for special, interdisciplinary or generic care, treatment, or other services that are of lifelong duration and must be individually planned and coordinated.

When the term "severe or developmental disability" is applied to infants and young children, it means individuals from birth to age five inclusively, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in severe disabilities if services are not provided.

The basic definitions of family and residence are straightforward; however, further guidance on the definition of a severe or developmental disability may prove helpful. Family Support uses the functional definition from the Developmental Disabilities Act, without the requirement of an early age of onset.

For each piece of the definition, there are some specific ideas or concepts to consider when determining the presence of a severe disability.

- a) *"is attributable to a mental or physical impairment or combination of mental and physical impairments"*  
- For Family Support eligibility is limited to families with members who have a severe or developmental disability. If a mental or physical impairment or combination exists, then parts b, c, & d in the definition will help determine if the impairment is severe or developmental.
- b) *"is likely to continue indefinitely"* - The continued presence of the impairment/disability is one of the ways to determine severity. The disability is not acute or temporary. It must be continuous and lifelong in nature, without any expectation of "cure" or substantial improvement.

- c) *"results in substantial functional limitations in three or more of the following areas of major life activity"*  
- The functional limitations experienced must be attributable to the disability, not to other life factors or circumstances. Substantial functional limitations are those that are pervasive. They have cumulative effects within and across areas of major life activity. A substantial functional limitation is more than just having difficulty in a major life area, or facing challenges in engaging in activities. It usually means that the person with a disability needs support or assistance to accomplish activities.

For children, it is sometimes more difficult to determine whether a limitation is due to disability or to age, development, or maturity. In general, typical children need support for major life activities. For children with a severe or developmental disability, the support needed is significantly over and above that which is needed for a typical child of the same age.

REMEMBER: In all cases, the presence or provision of support does not eliminate the limitation. The support just helps the person to be more independent and minimizes the limitation caused by a disability. For example, a person who uses an assistive communication device to speak still has a substantial functional limitation in language, despite having the ability to communicate with the support of the device. Likewise, a person who uses a wheelchair still has limitations in mobility, despite being able to get around using the wheelchair.

### **Major Life Activities:**

*Self care* - Self care refers to personal skills that are required daily to maintain a healthy existence. It includes such things as dressing, eating, and personal hygiene. Substantial limitations are those which are related to a disability and which prohibit a person from being able to complete self care tasks independently. A person may need physical assistance, cues or direction, or some other form of support in order to engage in these activities.

*Receptive and expressive language* - Substantial functional limitations in expressive language refer to the effects of a disability on a person's ability to use language to communicate to others in ways typical to their culture and community. Alternative forms of communication or assistive techniques or devices may be required. Receptive language limitations are those which substantially affect a person's ability to receive and use information/communication from others. In both cases, the limitations may have their roots in a cognitive impairment that affects processing ability, a sensory disability, or a physical impairment that affects language and communication ability.

*Learning* - Substantial limitations in learning may be caused by disabilities that have an impact on a person's ability to learn without additional supports and services.

Being a student in special education does not necessarily mean that a person has a severe or developmental disability or a substantial limitation in learning. Usually, having a substantial limitation will mean that a high level of supports and services are needed in an educational setting.

*Mobility* - Mobility has to do with being able to move around and use one's physical abilities in the environment. A person with a substantial limitation in mobility requires supportive aids and devices.

*Self direction* - Self direction refers to the ability to use judgment and common sense, to make decisions based on information and reasoning. It also refers to personal behavior, for example, behavior which affects the safety of one's self and others. It involves being able to act appropriately for the context and environment. A substantial functional limitation is one that is directly related to a disability and which affects a person's ability to use his/her skills to act on good judgment and decision making and to act and interact in a range of typical situations. Self direction is often affected by age and other factors. It is important to look at the effect of the disability, not other variables.

*Capacity for independent living* - This refers to the ability to engage in the activities needed to live, work, and recreate in the community. Examples may include such things as shopping, cooking, money management, time management (getting to work on time, keeping appointments) or, traveling about in

the community. A person may need assistance and/or supports in order to be able to accomplish these activities.

It would be a good idea to look broadly at a range of activities related to independent living that are typical to the culture or community in which a person lives. Most people will have areas of strength and weakness. Understanding the scope of limitations and need for supports is part of judging the severity of the limitations.

*Economic self-sufficiency* - This refers to the ability to obtain and retain a job in a competitive work environment. A substantial limitation related to disability is one that needs to be addressed by the provision of supports and assistance above those which a typical person may need to get and maintain employment.

- d) *"reflects the person's need for special, interdisciplinary, or generic care, treatment, or other services that are of lifelong duration and must be individually planned and coordinated"* - Many of the sections above have referred to the need for supports, assistance, or specialized services as indicators of the presence of a substantial limitation. If special, interdisciplinary, or generic care, treatment, or other services are not needed, or will not be needed over the entire life of the person, then the person's disability does not meet all elements of the definition of severe or developmental disability for Family Support.

### **Presumptive Eligibility**

If an individual is currently receiving SSI (Supplementary Security Income), that person will be assumed to be an individual with a severe or developmental disability for the purposes of eligibility for Family Support services. An individual will also be considered to have a severe or developmental disability for the purposes of eligibility for Family Support services if that individual has been determined eligible for or is currently being served in another service funded by the Department of Intellectual and Developmental Disabilities (DIDD), or in the case of young children (ages birth - 5), are eligible for services through PART H/the Tennessee Early Intervention System, or preschool special education through an LEA. There needs to be proof of a severe or developmental disability in the individual file from a certifiable resource (Appendix B).

### **Review**

Continued eligibility for families/individuals receiving services will be reviewed at least annually. For families/individuals on the waiting list, eligibility will be reviewed before service provision begins.

### **NOTES**

An eligibility checklist (Appendix B) has been developed to assist in eligibility determination. It consists of two parts. The intake form provides a location to keep basic information about a family who is applying to the Family Support Program. The eligibility checklist is designed to assist Family Support staff in receiving the information needed to make an eligibility determination. The eligibility checklist consists of checkboxes to help Family Support staff determine a family's eligibility. Therefore, it is advised that the Family Support staff complete the form not the family. Family situations change and it is recommended that the Family Support staff review this form at least annually with families that are approved for an additional year.

The questions on the checklist are those that need to be answered by Family Support staff in order to determine eligibility. The questions do not have to be specifically asked of family members the way they appear on the list, but should serve as a guide for a dialogue between family members and staff (DIDD staff have an expanded version of the checklist if the agency would like a copy for their personal use when interviewing families). Family Support staff should be encouraged to meet with a family who has been referred, at a time and place convenient to the family. Meeting in the family home is preferable, if the family is willing. At such a meeting, the family and support staff can address the issues that will determine eligibility.

Families who believe that an eligibility decision may be erroneous may appeal the decision through the grievance/appeals procedures outlined in Section 9.

## **SECTION 2**

### **SELECTION AND ENROLLMENT**

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#### **PRINCIPLES**

All families who meet the statutory definition are considered eligible for the Family Support Program, however, it is expected that demand may outstrip resources in some areas. When that is the case, decisions will have to be made about which families are to be selected and enrolled in the program. Selection and enrollment should take place in ways that are fair and equitable and that respect family diversity in regard to cultural, economic, social, and spiritual differences. They should also take into account local and district differences.

The values of the Family Support Program are rooted in family involvement and empowerment. The program is based on a supportive model that makes use of formal programs and services (generic and specialized), and the informal networks of friends, neighbors, extended family and others. It is advantageous then, to have selection and enrollment decisions for the program made at the local level. The community is where family needs and available supports are best known.

#### **GUIDELINES**

##### **Selection**

The selection process is different from the process of determining eligibility, and in many ways is more challenging. There is a great deal of flexibility in the selection process, which relies on consumer councils to assist in establishing priorities for services and addressing other issues.

The State Family Support Council has discussed the issue of selection in some depth and has tried to understand the intent of the Family Support Act. At all times, it is important to maximize the use of limited funds available to the program. The council has reached consensus that the following are priorities and issues that need to be considered as decisions about selection are made.

##### **Source of Disability**

A primary focus of the Family Support Program is to provide services to families whose family member:

- ◆ was born with a severe or developmental disability, or acquired it in childhood;
- ◆ has been severely disabled by injury or trauma, e.g. brain injury, spinal cord injury, loss of limbs;
- ◆ has neurological and /or neuromuscular disorders, e.g. ALS, MD, MS.

##### **Other Considerations**

- ◆ The availability of other supportive services from existing programs or agencies. The State Council supports the concept that if an individual is eligible to receive Family Support and is receiving services under any Waiver, that individual will be placed at the bottom of the Family Support waiting list. This limitation includes Waiver services from all state departments. Individuals receiving Medicaid only (health care benefits) from TennCare are not subject to this limitation.
- ◆ The impact of the disability on the activities of every day life for the whole family.

## **Family Support Agencies**

Administering agencies will establish their own procedures for enrollment and selection. Each agency will have primary responsibility for eligibility determination, intake, and decisions about enrollment and selection in their catchment area. Those decisions will be based on a variety of factors including the priorities established by the Local and District Councils.

Some factors may include, but are not limited to

- ◆ family needs, including services currently available and in use, informal support systems available to the family, and the condition of family members, (Note: The State Council supports the concept that if an individual is eligible to receive Family Support and is receiving services under any Waiver, that individual will be placed at the bottom of the Family Support waiting list. This limitation includes Waiver services from all state departments. Individuals receiving Medicaid only (health care benefits) from TennCare are not subject to this limitation.)
- ◆ the immediacy of need, e.g. crisis or emergency,
- ◆ severity of the family problems,
- ◆ time awaiting services

## **Eligible but Unserved Applicants**

A list of eligible but unserved applicants shall be maintained by the agency. A family must first be determined to be eligible for the program. After that determination, if the family is not enrolled, the family is placed on the eligible but unserved list. Data from the list shall be shared with the DIDD, the DIDD Regional Office, and Family Support Councils. The data will be used for determining future district/local and statewide program needs.

Agencies should keep information that identifies the family (name) and the date services were requested.

Families on the list should be contacted for an update at least annually, if they remain on the list that long, to determine their needs and interest in remaining on the eligible but unserved list.

## **NOTES**

It is important to note the distinction between eligibility and selection and enrollment. Many families who apply to the Family Support Program may be approved as eligible for services based on the definition of family, severe or developmental disability, and living circumstance. However, depending on Family Support resources and priorities, a fewer number of families may actually be selected to receive services and enrolled in the program.

There are many issues to be addressed in the selection and enrollment process that go well beyond the choice of participant families. There are many complex situations that may arise. For example, a family may receive services, drop out of the program for a year or more, and then ask to have services reinstated. A local agency must then decide if this is a new applicant family, an existing participant family, or if the family should be treated in some other way.

Administering agencies will be confronted with the need to make complicated decisions that will affect families and communities. The Local and District Family Support Councils will provide oversight of the agencies.

Family members who are paid to provide respite or personal assistance services shall not be the spouse and shall not be the parent or guardian of an adult or minor child, nor shall they be another family member living in the same residence as the person requiring these services. Exceptions to this restrictive provision may be made at the discretion of the Local Council.

If a family encounters a problem with the selection and enrollment process, there is a grievance procedure available. It is outlined in Section 9.

## SECTION 3 PLAN FOR SERVICES

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### PRINCIPLES

The Family Support Program is designed to be simple, easy to access, with a minimum of paperwork. The Family Support Act requires a written plan for each family/individual served, based on the needs and preferences of the family/individual. The plan shall be developed by the Family Support coordinator and the family, with the family taking the lead in identifying and prioritizing family needs. The plan should maintain or increase the control of families in determining the kinds of goods and services provided to them and in choosing the providers of these supports.

### GUIDELINES

#### **The Plan for Services**

A plan requires seven elements:

1. The name of the family member with a severe or developmental disability and the primary responsible family member (if different than the individual).
2. The date the plan was approved by the Local Council.
3. A statement of the needs and preferences of the family.
4. A list of specific services to be provided with details about responsibility, frequency and duration, costs, and payment methods for each.
5. A statement of the maximum financial commitment made by the agency.
6. A statement of agreement with the plan.
7. Signatures of family members and agency representatives involved in plan development.

The written plan must be reviewed at least annually and revised as necessary.

#### **Services**

The Family Support Program may provide funds to families to purchase goods and services included in the plan. Any good or service which is supportive of a family may be included as a part of the plan. Such Family Support services may include, BUT ARE NOT LIMITED TO:

- ◆ Respite Care
- ◆ Personal Assistance
- ◆ Child Care
- ◆ Homemaker
- ◆ Minor Home Modifications and Vehicular Modifications
- ◆ Specialized Equipment and Maintenance and Repair
- ◆ Specialized Nutrition and Clothing and Supplies
- ◆ Transportation Services
- ◆ Health-Related Costs not otherwise covered
- ◆ Licensed Nursing and Nurses Aid Services and
- ◆ Family Counseling, Training, and Support Groups
- ◆ Medical Travel

## **In Home Services**

There are two forms to document in home services – Advanced Payment for In Home Services and an Invoice for In Home Services (Appendix C). The agency needs to be sure that the Service Plan and the In Home Service Form correlate. In most cases, the family will be reimbursed for services provided and will complete the Invoice for In Home Services. If a family is unable to receive in home services due to their financial situation, the agency can advance money to the family utilizing the Advanced Payment Form. The agency needs to ensure that the family submits a receipt when the service has been provided. Until the receipt for the advanced payment has been submitted, the agency cannot assist this family for further services.

## **Limits on Benefits**

The DIDD, with the participation of the State Family Support Council, is responsible for establishing monetary limits on the benefits available from the Family Support Program. The limit applies to the maximum number of state Family Support dollars that may be available to a family. The current limit on benefits is \$4,000.00 per individual with a severe or developmental disability in a family.

## **NOTES**

A form for a written plan is appended to this document. It includes all seven elements on a single page.

A written plan may be developed for as long as a year. The plan is drafted by the family and Family Support coordinator, and represents a commitment for the goods and services listed. However, it should be noted that state funds cannot be committed beyond the end of a fiscal year. A plan may be reviewed and revised as often as family needs indicate. When a plan has been approved for a family to receive Family Support funding for a fiscal year the money will follow the family if they move from one county (agency) to another county (agency) in the state. The old agency will pay the family the money to continue receiving Family Support for the fiscal year that the Service Plan has been approved.

The planning process should be family driven, but will generally be a negotiation process as the family and Family Support coordinator work to provide needed and preferred supports. Not every family will receive support services up to the maximum benefit. The level of services will be based on the differing needs of the family and the funding and resources available in the community.

Services to families may be either short or long term. In some cases a service will have a distinct beginning and end, such as an equipment purchase, emergency respite, or funding for a parenting class. In other cases the support may be ongoing, such as the provision of specialized supplies, or ongoing childcare. When working with families, agencies must plan carefully in the development of the program and services to balance program resources and family needs in ways which will allow the agency to have resources available for family emergencies and other contingencies.

The agencies are encouraged to ask the families/individuals to circle the items on submitted receipts related to the family member with the disability. If it is an unusual item/service, assure that the Service Plan gives a statement about an approval.

## **SECTION 4**

### **SERVICE COORDINATION**

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#### **PRINCIPLES**

Service coordination is a central element to the Family Support Program. It is the process of providing assistance to families in obtaining access to services, programs, benefits, and information. Service coordination is a supportive rather than a directive function.

#### **GUIDELINES**

Service coordination is the process through which coordinators and families together ensure that services are obtained to best meet family preferences. These families receive information and referral services, coordination services, or other types of services that do not require direct service dollars.

Family Support coordinators assist families in considering and selecting needed supports and services, and in exercising control over their services. They help to secure access to integrated generic services in the community whenever possible.

Family Support coordinators are professionals with knowledge of disabilities and community resources and who have the ability to relate to families with diverse ethnic, economic, and cultural backgrounds and circumstances.

Family Support coordinators must have organizational skills to manage the tracking of services, and necessary documentation for the program.

The role of the Family Support coordinator is to:

- a. establish an open and sensitive relationship with the families;
- b. provide advice and support to the families as needed and requested, including being available to listen to problems and concerns as well as successes and gains;
- c. trouble shoot problems in the system;
- d. coordinate with local agencies and resources;
- e. complete all necessary paperwork.

#### **NOTES**

Service coordination should be carried out in a manner that is supportive and empowering for families. Families should be able to direct the scope and focus of service coordination, receiving the level of support they prefer.



## **SECTION 5**

### **FAMILY SUPPORT COUNCILS**

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#### **PRINCIPLES**

Families are the greatest resource available to each other and to individuals who have a severe or developmental disability. The Family Support Program is rooted in the philosophy that Family Support services must be family driven and family controlled. This means that staff treat people with a severe or developmental disability and their families with dignity by respecting their individual choices and preferences, that services are flexible, keyed to those preferences, and that families have a lead role in all stages of the program, policy making, planning, implementation, evaluation, and program revision.

Family Support agencies should actively support families in their participation with Family Support Councils.

At the state level, a Family Support Council, a majority of whose members are individuals with disabilities or family members participates with the DIDD in the development of program policies and procedures, and implementation of Family Support. The program also includes District and Local Family Support Councils which advise Family Support agencies, provide oversight, and make recommendations to the State Council on funding needs and priorities for services.

#### **GUIDELINES**

##### **State Council**

Operating and Procedures Subcommittee Recommendations

- 1) Terms of Service
- 2) Meeting Attendance
- 3) Expenses
- 4) Standing Committees

##### **I. Terms of Service**

- A. Three year terms for State Council members, limited to two consecutive terms.
- B. The nomination committee will announce its slate for membership at the September meeting. The slate for District Council membership will be presented at the July meeting.
- C. The State Council will ask the following agencies to recommend a representative for appointment to the Council by the Commissioner:
  - Council on Developmental Disabilities
  - Tennessee Disability Coalition
  - Tennessee Network of Community Organizations (TNCO)
  - Centers for Independent Living (every two year term, representatives will be rotated among the federally funded centers)
  - Department of Mental Health and Developmental Disabilities 1
  - Department of Mental Health and Developmental Disabilities 2

- D. Officers, election, and terms
  - 1. Officers: a) Chair b) Vice-Chair
  - 2. Officers may not be a state employee, an employee of a Family Support agency, or employees of contracted agencies
  - 3. Officers will not be nominated from the appointed members listed above in "C"
  - 4. Officer term limits will be one year term only due to the three year term limits. However, if an officer remains on the Council, or is reappointed, he/she may be nominated for a second one year term as an officer.
  - 5. District Council Representatives:
    - a. Must be consumers (i.e., an individual with a severe or developmental disability or member of a family containing a member with a severe or developmental disability).
    - b. District Council representative may serve two consecutive three-year terms on State Council. If over the two-term limit, must send another District Council representative.

## II. Meetings

- A. When an appointed Council member from one of the six agencies cannot attend a scheduled meeting, the agency representative may send another representative from that agency to the Council meeting.
- B. When a District Council member cannot attend a scheduled meeting, the District Council may designate a representative to attend that meeting; however, the designee should be a consumer.
- C. If a council member sends a proxy or designee to a scheduled meeting, it is considered as attendance in the meeting.
- D. To assure appropriate consumer/agency representation on District Councils, there will be a yearly review of nominations and membership by the State Council.
- E. Frequency of Meetings:
  - 1. Five meetings will be projected each council year (July 1st to June 30th) with a minimum of four meetings fulfilled.
  - 2. To aid in the timely receipt of data to the State Council, State Council meetings will be held during the months listed below.
    - August (orientation for new members)
    - November
    - February
    - May
- F. Quorum

The State Council consists of fifteen voting members, six are appointed agency and nine are district representatives. Eight voting members must be in attendance to account for more than one-half of the Council membership, or a majority. Therefore, eight members are required to fulfill this policy at a quorum call. The eight members must be present whether or not the Council membership possesses the stated fifteen members at that particular point in time. If a council member cannot attend a scheduled quarterly meeting they are required to inform state staff to insure a quorum at each meeting.
- G. The State Council may request that appointed council members be replaced if they miss three consecutive meetings or 50% of the meetings held in a fiscal year.

III. Expenses of District Council members and non-State agency representatives for attendance at State Council meetings.

- A. The Division will reimburse for Personal Assistants (P.A.) or Respite care (in member's local area) for District Council members and non-State agency members who need such service in order to attend State Council meetings.
- B. The State Council will budget monies for one night's optional lodging for each District Council member and non-State agency members attending the council meeting who requires lodging. This lodging option is available only to council members living in excess of 150 miles from Nashville (food and mileage expenses will be reimbursed according to State rules).
- C. \$3,500 in Family Support funds will be budgeted to cover the cost of personal assistance and respite for council members.

IV. Standing Committees

A. Executive Committee

- 1. The State Council Executive Committee will consist of the Chair, Vice-Chair, and two other council members who will be voted on by the Council at the August meeting.
- 2. The role of this committee is to continue council business with the Division between meetings. In addition, the Executive Committee may meet before council meetings in order to make recommendations to the council.
- 3. The Executive Committee will appoint the nominating committee at the May meeting.
- 4. The Executive Committee will provide orientation to all incoming State Council members.

B. Nominating Committee

- 1. The State Council Nominating Committee will annually review the District Council nominations.
- 2. The Nominating Committee is responsible for State Council Officer nominations.
- 3. This committee will review the status of the State Council appointments.

C. Policies & Procedures/Program Evaluation

This committee will be accountable for:

- 1. Recommending council policies
- 2. Program guidelines and operating procedures
- 3. Development and implementation of State level program evaluation.

D. Public Awareness/Training

- 1. Responsible for training activities and materials for agencies, staff, and councils.
- 2. Accountable for oversight of agency outreach efforts. Check data.
- 3. Offers assistance to agencies in developing outreach strategies and materials.

V. Duties of the State Council:

A. The State Council shall adopt policies and procedures regarding:

- (1) Development of appropriations requested for Family Support;
- (2) Program specifications:
  - (A) Criteria for program services;
  - (B) Methodology for allocating resources to families within the funds available;
  - (C) Eligibility determination and admissions; and
  - (D) Limits on benefits;
- (3) Coordination of the Family Support Program and the use of its funds equitably throughout the state, with other publicly funded programs, including Medicaid;
- (4) Resolution of grievances filed by families pertaining to actions of the Family Support Program, and an appeals process;
- (5) Quality assurance; and
- (6) Annual evaluation of services, including consumer satisfaction.

## Local Council

Each contract agency shall initiate or assist in establishing and maintaining a Local Family Support Council.

### A. Composition of the Local Family Support Council:

1. The Local Council shall be composed of persons familiar with Family Support services who reside within the service area. (The agency coordinator shall provide orientation to all incoming Local Council members)
2. A majority of the Local Council shall be consumers (i.e., an individual with a severe or developmental disability or member of a family containing a member with a severe or developmental disability).
3. The Local Council shall contain at least five members (agency personnel paid through the Family Support Program cannot be counted as one of these five members; agency personnel provide staff support only). If a Local Council has more than one member of a household or family attending meetings, the Local Council is to designate one person to be the official voting member.
4. A quorum for meetings must account for more than one half of the council membership or a majority.

### B. Duties of the Local Family Support Council:

1. The Local Council shall elect a Chair and a Vice Chair to preside over the meetings. The agency will keep the Chair and Vice Chair apprised of program activities between the meetings.
2. The Local Council shall meet a minimum of once a quarter (Two out of four meetings can be conducted by conference call or electronically. Members that do not have electronic access will be contacted by the Council Chair).
3. The Local Council shall serve as the first step in the resolution of grievances or appeals.
4. The Local Council shall provide oversight of the operation of Family Support services within the area that the agency contracts for, including:
  - a) serving as the primary decision making group which selects the families to be funded by the Family Support Program and determines the amount of funds from the program which is provided to the family,
  - b) establishing priorities for service recipients and if there are any changes of funding levels for the next fiscal year they will notify families within 30 days after the 2<sup>nd</sup> quarter meeting,
  - c) offering advice and counsel to the agency regarding complicated decisions that will affect families and communities,
  - d) reviewing agency quarterly reports, and
  - e) reviewing the operation and effectiveness of service delivery and recommend any necessary changes in the services
5. The Local Council assists the agency in writing responses to the DIDD regarding the feedback received from the Family Support Review.
6. The Local Council will have a copy of the agency application.
7. The Local Council shall periodically review expenditure or disbursement of Family Support funds in the service area.

8. The Local Council must submit all changes and recommendations such as funding and priorities to the District Council for approval prior to implementing. If there is a combined Local and District Council they must submit all changes to the State Council for approval prior to implementation.

9. The Local Council shall promote Family Support in the community and work to build consensus and capacity in the community.
10. The Local Council shall have a representative on the District Council.
11. The Local Council shall fulfill other duties, as needed.
12. The Local Council shall designate an individual to take notes of each meeting. The Local Council will submit an approved summary to the agency for filing. The agency will send a copy of this summary to the DIDD Regional Office.

The above position of the Local Councils indicated throughout the guidelines shall be interpreted as this procedure indicates.

### **District Council**

There shall be a District Family Support Council within each of the nine developmental districts of the state. The DIDD Regional Office will provide staff support to the councils.

#### **A. Composition of the District Family Support Council:**

1. The District Council shall be composed of persons familiar with Family Support services who reside within the district. (The DIDD Regional Coordinator shall provide orientation to all incoming District Council members.)
2. One member from each Local Family Support Council shall be selected by the members of that council to serve on the District Council. Additional members shall be nominated by Family Support agencies and/or the DIDD Regional Office and approved by the State Family Support Council. The District Councils should have at least five members.
3. A majority of the members on the District Council shall be consumers (i.e., an individual with a severe or developmental disability or member of a family containing a member with a severe or developmental disability). If a District Council has more than one member of a household or family attending meetings, the District Council is to designate one person to be the official voting member.
4. A quorum for meetings must account for more than one half of the council membership or a majority.

#### **B. Duties of the District Family Support Council:**

1. The District Council shall elect a Chair and a Vice Chair to preside over the meetings. The Regional Family Support Coordinator will keep the Chair and Vice Chair apprised of program activities between the meetings.
2. The District Council shall meet a minimum of once a quarter (Two out of four meetings can be conducted by conference call or electronically. Members that do not have electronic access will be contacted by the Council Chair).
3. The District Council assists as the second step in the resolution of grievances or appeals.
4. The District Council shall provide oversight of the operation of Family Support services within the district, including:
  - a) overseeing priorities for selection of service recipients,
  - b) reviewing quarterly reports from contract agencies and public providers,
  - c) reviewing the operation and effectiveness of service delivery and recommend any necessary changes in the services, and

- d) reviewing the performance of service providers and recommend continuation or changes where necessary.

5. The District Council shall review the expenditure of Family Support funds and make recommendations to the State Council on funding needs and priorities within the district.
6. The District Council shall approve changes and recommendations such as funding and priorities for agencies in the District.
7. The District Council shall organize grassroots efforts in supporting Family Support services within the district.
8. The District Council shall be represented on the State Family Support Council. In the case that the State Council nominee is unable to attend the quarterly State Family Support Council meetings another District Council member can be chosen to represent the District Council.
9. In the event that there is only one Family Support agency in a district of the state, there may be a District Council appointed to fulfill the functions of both Local and District Councils.
10. The District Council shall nominate a secretary to take notes of each District Council meeting and distribute the meeting summary to the District Council members and the DIDD and the DIDD Regional Office.

## **SECTION 6**

### **ROLE OF REGIONAL OFFICES**

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#### **GUIDELINES**

The DIDD Regional Office shall assign staff to work with the Family Support Program. The Regional Office will be responsible for:

1. Technical Assistance for Community Providers
  - a. Help identify, recruit, and train Local Council members.
  - b. Periodically attend Local Council meetings.
  - c. Schedule, plan, and facilitate quarterly regional meetings with Family Support agency coordinators.
  - d. Problem solve with families and agencies when a problem is identified in the Family Satisfaction Surveys.
  - e. Coordinate the grievance/appeals process at each Council level and compile meeting summaries of the findings.
  
2. Staff Support to the District Councils
  - a. Identify, recruit, and train new District Council members.
  - b. Attend all District Council meetings.
  - c. Collaborate with the District Council Chair(s) to schedule quarterly meetings, prepare agendas, send meeting notices, secure and distribute meeting summaries and other paperwork to the District Council and DIDD.
  
3. Grant Application and Agency Review
  - a. Schedule District Council meetings with the Chair to review Grant Applications every three years and more often if needed.
  - b. Review all Grant Applications and check for accuracy and comprehensiveness.
  - c. Facilitate the Grant Application selection process with the District Councils. Assure that any requests for application changes are returned and that the amendment is shared with the District Councils.
  - d. Summarize and submit the District Councils Grant Application recommendations to the State Council.
  - e. Schedule the Agency Review during years 2 and 3 of the three year agency contract and recruit District Council volunteers for each Agency Review.
  - f. Participate in and facilitate the Agency Review process.
  - g. Assure that agencies submit responses to the Agency Review Team's recommendations within thirty days, and share these responses with the District Councils at their next scheduled meeting for approval/disapproval.
  - h. Assure that the agencies receive documentation from the District Council for approval/disapproval of their response within thirty days of the District Council meeting.

4. Traditional Duties
  - a. Assure that the Local Councils are meeting quarterly, and distribute Local Council meeting summaries to the appropriate District Council and DIDD.
  - b. Review all Local Council meeting summaries to assure compliance with Local Council priorities and Family Support Guidelines.
  - c. Attend quarterly State Council meetings and provide an overview of the regional activities.
  - d. Review agency quarterly reports and make recommendations to agencies and councils.
5. Non-Traditional Duties
  - a. Oversee areas where no local provider exists, explore establishment of a local base of support for individuals and families, and help to solicit community providers for Family Support services.
  - b. Provide Family Support services in areas where no local provider exists. Financial obligations will be through a contracted state agency.
  - c. Upon termination of a Family Support agency the Regional Office Family Support coordinator will oversee the transfer of files to the new agency.

## SECTION 7 CONTRACTING

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### PRINCIPLES

Because of the nature and philosophy of Family Support, services should be community-based and locally operated. Family and community involvement and empowerment are critical components of Family Support. Because Family Support uses a combination of formal programs and services, and the informal networks of friends, neighbors, extended family and others, it is important to have local stakeholders involved. Community based and operated services build capacity, commitment, and accountability. Developing contracts with local administering agencies brings Family Support to localities.

### GUIDELINES

#### **Establishment of Grants/Contracts**

The DIDD, as the lead agency for Family Support services, shall assist in developing community based Family Support services by:

- a. operating a program of grants to local agencies and providers, both public and private non-profit, and to consumer groups to establish or develop Family Support services;
- b. actively encouraging providers, both public and private, including consumer groups, to establish services where services are not readily available; and
- c. providing Family Support services directly only when other public and private providers are not available or willing to provide services.

#### **Grant and Contract Procedures**

The DIDD will contract annually with the community based provider for the provision of Family Support services. Contract and payment procedures are as follows:

- a. DIDD and the DIDD Regional Office and the State Family Support Council will request applications from community based providers for the provision of Family Support services within a designated area as needed, and statewide every three years.
- b. Applications submitted by providers will be reviewed by Districts Councils (if there is a combined Local/District Council the review of applications will be conducted by one member of the Local/District Council and two District Council members from outside the district) and recommendations for funding will be made to the State Council and the DIDD. Applications will be approved for a minimum of one year and may be renewed.
- c. Funds for Family Support services are allocated on an equitable basis, ordinarily by the general population within a county. A minimum allocation per county is established.
- d. Funds are allocated on a per county basis. Expenditures in a county should approximate that county's allocation. No transfers of funds shall occur prior to the 3<sup>rd</sup> quarter without State Council approval. Transfers of 25% or more from the original allocation must receive approval from the District Council or from the State Council if this is a combined Local and District Council.
- e. All funds allocated for Family Support services must be spent on Family Support services. Excess funds from the 85% budget for direct expenditures cannot be used for other purposes. Any funds remaining at the end of a fiscal year may not be carried over, and will be recouped by the DIDD.

- f. The grantee must comply with Title VI – the Civil Right Act that requires its activities to be conducted without regard to race, color, or national origin. Individuals that receive funding from the Family Support Program must be informed that discrimination is prohibited and sign a form each year that they received notification of this requirement (see Grant Contract and DIDD Provider Manual). The original form and signatures must be in the individual's file. Also, the grantee will submit data to DIDD each July 31<sup>st</sup>, which will document the number of persons in the program and their race and gender (see FSG, Appendix H).

**Roles and Responsibilities of Contract Agencies**

All grantees/contract agencies for the provision of Family Support services will assure that their programs will:

- a. implement the program within the entire designated service area;
- b. designate one person to serve as the primary contact for the overall implementation and coordination of the program;
- c. establish and maintain a Local Family Support Council and follow the Local Council guidelines in Section 5 of the Family Support Guidelines;
- d. involve the Local Council in any grant application changes and submit these changes to the District Council for approval;
- e. in cooperation with the family;
  - 1. identify eligible families and with them determine their needs and preferences for services;
  - 2. identify and coordinate all available resources, both formal and informal, public and private, to meet the identified needs and preferences of families;
  - 3. develop a written plan for the delivery and payment for services; and
  - 4. periodically reevaluate the family's needs, priorities, preferences, and concerns at least once a year;
- f. ensure that agency personnel involved in Family Support services are adequately trained to carry out their assigned functions, including annual training on “Individual Rights and the ADA” and “Prevention and Reporting of Abuse and Neglect” (see Appendix F - Policy Letters for further information regarding staff training);
- g. disseminate information so that eligible families will know of the availability of services;
- h. comply with all applicable DIDD fiscal policies and procedures;
- i. attempt to obtain competitive bids for goods, materials, and supplies for anything over \$2,000;
- j. keep program/client information available for the previous three years and the current year of a contract;
- k. submit quarterly reports and other informational data to the State Family Support Council and the DIDD and DIDD Regional Office. The schedule for agencies to submit quarterly data to the DIDD Regional Office is:

<b>Fiscal Year</b>		<b>Agency Report Due</b>
Quarter 1	July 1 – September 30	October 31
Quarter 2	October 1 – December 31	January 31
Quarter 3	January 1 – March 31	April 30
Quarter 4	April 1 – June 30	July 31

- l. utilize the forms in the guidelines, if an agency wants to gather more information they can attach a supplement to the existing forms; and
- m. each quarter submit a summary of outreach and PR activities to the DIDD Regional Office.

## **SECTION 8 BILLING AND PAYMENTS**

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### **PRINCIPLES**

Because Family Support services are flexible and individualized, billing and payment procedures should embody and support the same concepts. Contract agencies should utilize payment methods that enable families to make decisions about the nature of the support they want and how they will use it. Agencies should facilitate the flow of dollars to families and for families without placing an undue burden on families. In the same way, the flow of dollars from the state to contract agencies should not place an undue burden on the state or agencies.

### **GUIDELINES**

#### **Payments for Family Support Services by Contracted Agencies**

Each contracted agency will need to establish an accounting system for services provided by Family Support funds. Each agency will develop their own procedures specifying the circumstances as to when families need to attach receipts or documentation of obtaining bids and specifying the nature or type of those receipts and documentation. In establishing these procedures, the agency will need to consider their organization's internal control accounting requirements, documentation requirements, cost benefit associated with requiring receipts of families and review of the receipts and the burden the documentation places on families.

Distribution of funding to families for services may take a variety of forms depending on the needs and desires of the family. A voucher method or any method which ensures an auditable record of all services and goods purchased with Family Support funds may be used. The contract agency may pay the vendor directly, may reimburse the family for completed services, or may provide the family with an advance for approved services. If the family chooses to make direct payments for goods and services and is reimbursed by the contract agency, the agency should ensure that it maintains appropriate documentation, including receipts.

The following guidelines should be adhered to in expending Family Support funds:

- a. A support services plan must be completed prior to payment.
- b. All payments to families and on behalf of families must be for Family Support services as approved in the plan.
- c. Equipment purchased for families becomes the property of the family.

#### **Payments by DIDD to Contracted Agencies**

The DIDD will annually contract with community providers to purchase Family Support services. Contract and payment procedures for the Family Support Program are:

- a. The amount of funds in the contract with providers is to be considered and managed as restricted funds. Family Support services funds can only be used for Family Support services and cannot be transferred to other agency programs.
- b. Of the funds in a contract, a maximum of fifteen percent (15%) can be used for personnel or other administrative services. At least eighty five percent (85%) must be used for goods and services for eligible families.

- c. Funding for Family Support will be treated as a pass through program. Therefore, allocation of indirect costs will not be required.
- d. Grant funds will be reimbursed to the provider agency on the actual expenses incurred monthly.
- e. Agencies will submit a monthly invoice on amount spent and quarterly reports on expenditures to the DIDD Regional Office in accordance with the Division's Operations Manual.
- f. At the end of the third quarter, agencies will report any funds that will not be expended by June 30. These funds can then be transferred to other agencies within the district in need of additional Family Support funds.

### **NOTES**

As stated, several methods may be considered by the agency for the distribution of Family Support funds, depending on the needs and desires of the families. The possibilities range from the agency taking complete responsibility for payment of services or goods to giving complete control to the family, or some combination of these. For example, a family may wish to have a flat grant to pay out of pocket expenses for baby-sitting, special clothing, and other items, at the same time preferring the agency purchase large items such as a ramp or a piece of special equipment. To the extent possible, each family should be allowed to make decisions concerning payment options. Staff working with the program should discuss the various payment options with each family and together determine the most desirable option.

See Appendix F - Policy Letters for documentation of policies pertaining to "Billing and Payment" that have been changed or added since the conception of the program.

## SECTION 9 GRIEVANCE/APPEALS

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### PRINCIPLES

Families should have a non-threatening, easy to use mechanism available for settling disputes over program practices, or complaining about program operations, staff, or decisions. The grievance/appeals process should be easy to access and to understand. Families should be made aware of the process and how to use it. When addressing a complaint or grievance, every effort should be made to settle the issue as quickly as possible and as close to the source as possible. If resolution is not possible at the agency level, an appeals process should be available.

In keeping with the family focus and control principles of Family Support services, families should be a part of the team which makes the final decision in response to an appeal or complaint.

### GUIDELINES

If attempts at resolution are unsuccessful at the agency level the following procedure shall be followed to resolve any complaint or grievance regarding Family Support services.

1. *Local Council Review* - The family should contact the DIDD Regional Office Family Support staff in writing or by phone. This notification should occur within thirty days of the aggrieved occurrence. The Regional Office will forward the source of complaint in writing to the Local Council for resolution. The Local Council shall meet with the agency and family separately to discuss the grievance and present evidence. It is the family's choice to attend the meeting in person, attend the meeting with an advocate, choose to send an advocate to the meeting on their behalf, or rely on written documentation of the complaint to be presented at the meeting. This meeting shall occur no later than thirty days following the receipt of the written grievance. Within ten days following the meeting the Local Council will compile a meeting summary and submit this to the DIDD Regional Office Family Support staff and will also notify the family of its decision in writing.
2. *District Council Review* - If the family is not satisfied with the Local Council decision the family should contact the DIDD Regional Office Family Support staff in writing or by phone within ten days following notification from the Local Council. The Regional Office will forward the complaint in writing to the District Council for resolution. The District Council shall meet with the agency and the family separately to discuss the grievance and present evidence. It is the family's choice to attend the meeting in person, attend the meeting with an advocate, choose to send an advocate to the meeting on their behalf, or rely on written documentation of the complaint to be presented at the meeting. This meeting shall occur no later than thirty days following the receipt of the written grievance. Within ten days following the meeting the District Council will compile a meeting summary and submit this to the DIDD Regional Office Family Support staff and will also notify the family of its decision in writing.
3. *State Council Review* - If the family is not satisfied with the District Council decision the family should contact the DIDD Regional Office Family Support staff in writing or by phone within ten days upon notification from the District Council. The Regional Office staff will forward the source of complaint in writing to the Chairperson of the Family Support State Council and to the State Coordinator of the Family Support Program. All parties involved will present the complaint or grievance before the Family Support State Council. It is the family's choice to attend the meeting in person, attend the meeting with an advocate, choose to send an advocate to the meetings on their behalf, or rely on written documentation of the complaint to be presented at the meeting. This meeting shall occur at the next scheduled meeting for the Family Support State Council. The Regional Office staff will help the family compile a written form of findings for the Family Support State Council meeting. The State

Council will notify the family of its decision in writing within ten days following the meeting. The decision of the Family Support State Council is final.

**DIDD Regional Office Family Support Staff**

**West**

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(901) 745-7778

**Middle**

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(615) 884-1921

**East**

5908 Lyons View Drive  
Knoxville, Tenn. 37919  
(865) 588-0508; ext. 169

## **SECTION 10**

### **PROGRAM EVALUATION**

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#### **PRINCIPLES**

Program evaluation is critical to sustaining a responsive and effective Family Support Program. All aspects of the program should be evaluated periodically to determine its effectiveness in assisting families. Program evaluation can be used to assist both agencies and the DIDD and the DIDD Regional Office to refine and improve the program.

Consistent measures and procedures should be utilized by the evaluators in order to obtain data that are applicable on a state-wide basis. Issues such as effectiveness of outreach and public awareness to families throughout the catchment area, ease of family access to the program, timeliness of response to request and start-up of service, availability of services, responsiveness to family needs and preferences, and customer satisfaction should all be considered in the system of evaluation that is developed for this program.

#### **GUIDELINES**

##### **Methods of Evaluation**

1. Family Support Evaluation

A standard form is used statewide for Family Support Evaluation. The evaluation will gather sufficient information to allow for effective planning, refinement, and improvement of the program to meet the needs and desires of local families. The evaluation will be distributed annually.

To avoid confusion for the families each agency needs to submit a cover letter with their agency name and a contact person for the families to call if they have questions. Each Family Support agency will send the cover letter and mailing labels of all the families they serve in the Family Support Program to DIDD during the first week in February. DIDD will mail the evaluations to families in early March. The evaluations will be due each April and DIDD will compile the results and distribute the outcome to the appropriate agency and the State Council in May.

This evaluation should address the following:

- ♦ Family satisfaction and program responsiveness



## **SECTION 11**

### **FAMILY SUPPORT REVIEW**

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#### **PRINCIPLES**

Because of the nature and philosophy of Family Support, services should be community-based and locally operated. Family and community involvement and empowerment are critical components of Family Support. Because Family Support uses a combination of formal programs and services, and the informal networks of friends, neighbors, extended family and others, it is important to have local stakeholders involved. Community based and operated services build capacity, commitment, and accountability. Developing contracts with local administering agencies brings Family Support to localities.

#### **GUIDELINES**

The purpose of a Family Support Review is to assure that each agency follows the requirements in the Family Support Guidelines and implement the activities written in its application. The State Council will oversee the Family Support Review.

The services provided by each agency that contracts with the DIDD to provide Family Support will be reviewed at least once during the agency's three year contract and more often if needed. The DIDD and the DIDD Regional Office will schedule dates and recruit volunteers from the State Council and District Councils to conduct a Family Support Review of agencies that contract for Family Support. When there is an agency that contracts for an entire district, there will be one State Council member from outside the district, one District Council member from the agency that oversees the entire district, and one District Council member from another district conducting the review.

#### **Family Support Review Schedule**

Agencies will be reviewed during years two or three of their contract. The DIDD will notify agencies of the date and the documents to be reviewed one - three months prior to the scheduled visit.

#### **Review Procedures**

The review will address requirements in the Family Support Guidelines and focus on the agency's application. The review procedures will include:

- ◆ an interview with the agency Family Support Coordinator
- ◆ interviews with one or more families receiving Family Support
- ◆ interviews with one or more Local Council members
- ◆ an examination of records

## **Exit Conference**

Following the Family Support Review an exit conference will summarize the results of the review and may resolve issues identified during the process. The agency Director, the agency Family Support Coordinator, Local Council members, and any other interested individuals may participate in the exit conference.

## **Follow-Up**

The review team will develop a written response following the completion of the review and forward a copy to the agency director within thirty days. The agency must respond to the plan in writing if the response identifies recommendations for improving the agency's services. The agency will be responsible for developing a plan of action that responds to the recommendations and returning its response to the DIDD and the DIDD Regional Office within thirty days (the Local Council will assist the agency in this process). The DIDD Regional Office will share the report and the agency plan with the District Council at their next scheduled quarterly meeting for approval or disapproval and the agency will receive a response from the District Council within thirty days.

The District Council will be responsible for overseeing that agencies follow the Family Support Guidelines and implement the activities proposed in their application to the DIDD. The District Council will assure that an agency plan is followed. If a plan is not followed, the District Council will report its findings to the State Family Support Council. The State Family Support State Council will review the conclusions and base their decision on the following if they feel the agency is out of compliance:

"The State Family Support Council thinks it is basic that the agency fulfill the Mission and Purpose stated in the application submitted. The agency will be held accountable to fulfill the application and adhere to the Family Support Guidelines. Accountability includes the State Family Support Council recommending to the Department of Intellectual and Developmental Disabilities the termination of the contract of agencies that are out of compliance."

## **APPENDIX A**

### **GUIDE TO FAMILY SUPPORT LEGISLATION**

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## Title 33

### Part Definitions

#### Chapter 5; Part 2

33-5-201

As used in this part, unless the context otherwise requires:

- (1) "Council" means the State Family Support Council appointed under § 33-5-208;
- (2) "Family" means a unit that consists of either a person with a severe or developmental disability and the parent, relative, or other care giver who resides in the same household or a person with a severe or developmental disability who lives alone without such support;
- (3) "Family Support" means goods and services needed by families to care for their family members with a severe or developmental disability and to enjoy a quality of life comparable to other community members;
- (4) "Family Support Program" means a coordinated system of family support services administered by the department directly or through contracts;
- (5) "Severe disability" means a disability that is functionally similar to a developmental disability but occurred after the person was twenty-two (22) years old; and
- (6) "State Family Support Council" means the council established by the department to carry out the responsibilities specified in this part.

### Title Definitions

#### Chapter 1; Part 1

33-1-101

As used in this part, unless the context otherwise requires:

- (9) "Department" means the Department of Intellectual and Developmental Disabilities when the statute at issue deals with intellectual and developmental disabilities.
- (11) "Developmental Disability" means a condition based on having either a severe chronic disability or intellectual disability.
- (24) (A) "Severe, chronic disability" in a person over five (5) years of age means a condition that:
  - (i) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
  - (ii) Is manifested before twenty-two (22) years of age;
  - (iii) Is likely to continue indefinitely;
  - (iv) Results in substantial functional limitations in three (3) or more of the following major life activities:
    - (a) Self-care;
    - (b) Receptive and expressive language;
    - (c) Learning;
    - (d) Mobility;
    - (e) Self-direction;
    - (f) Capacity for independent living;
    - (g) Economic self-sufficiency; and
  - (v) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic services, supports, or other assistance that is likely to continue indefinitely and to need to be individually planned and coordinated.
- (B) "Severe, chronic disability" in a person up to five (5) years of age means a condition of substantial services developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disability as defined for persons over five (5) years of age if and supports are not provided.

## **State Policy – Principles for Developing Programs**

### **Chapter 5; Part 2**

33-5-202

- (a) The policy of the state is that persons with severe or developmental disabilities and their families be afforded supports that emphasize community living and enable them to enjoy typical lifestyles.
- (b) Programs to support families shall be based on the following principles:
  - (1) Families and individuals with severe or developmental disabilities are best able to determine their own needs and should be empowered to make decisions concerning necessary, desirable, and appropriate services and supports;
  - (2) Families should receive the support necessary to care for their relatives at home;
  - (3) Family support is needed throughout the life span of the person who has a severe or developmental disability;
  - (4) Family Support services should be sensitive to the unique needs, strengths, and values of the person and the family, and should be responsive to the needs of the entire family;
  - (5) Family Support should build on existing social networks and natural sources of support in communities;
  - (6) Family Support services should be provided in a manner that develops comprehensive, responsive, and flexible support to families as their needs evolve over time;
  - (7) Family Support services should be provided equitably across the state and be coordinated across the numerous agencies likely to provide resources and services and supports to families; and
  - (8) Family, individual and community-based services and supports should be based on sharing ordinary places, developing meaningful relationships, learning things that are useful, and making choices as well as increasing the status and enhancing the reputation of persons served.

## **Primary Focus**

### **Chapter 5; Part 2**

33-5-203

The primary focus of the Family Support Program is supporting:

- (1) Families with children with severe or developmental disabilities, school age and younger;
- (2) Adults with a severe or developmental disabilities who choose to live with their families; and
- (3) Adults with a severe or developmental disabilities who are residing in the community in an unsupported setting (not a state or federally funded program).

## **Duties of Contacting Agency**

### **Chapter 5; Part 2**

33-5-204

The contracted agency shall be responsible for assisting each family for whom services and support will be provided in assessing each family's needs and shall prepare a written plan with the person and family. The needs and preferences of the family and individual will be the basis for determining what goods and services will be made available within the resources available.

## **Scope of Family Support Services**

### **Chapter 5; Part 2**

33-5-205

The Family Support services included in this program include, but are not limited to, family support services coordination, information, referral, advocacy, educational materials, emergency and outreach services, and other individual and family-centered assistance services, such as:

- (1) Respite care;
- (2) Personal assistance services;
- (3) Child care;
- (4) Homemaker services;
- (5) Minor home modifications and vehicular modifications;
- (6) Specialized equipment and maintenance and repair;
- (7) Specialized nutrition and clothing and supplies;
- (8) Transportation services;
- (9) Health-related costs not otherwise covered;

- (10) Licensed nursing and nurses aid services; and
- (11) Family counseling, training and support groups.

### **Coordination of Services**

#### **Chapter 5; Part 2**

33-5-206

As a part of the Family Support Program, the contracted agency shall provide service coordination for each family that includes information, coordination, and other assistance as needed by the family.

### **Families of Adults with Disabilities – Services and Resources**

#### **Chapter 5; Part 2**

33-5-207

The Family Support Program shall assist families of adults with a severe or developmental disabilities in planning and obtaining community living arrangements, employment services, and other resources needed to achieve, to the greatest extent possible, independence, productivity, and integration into the community.

### **State Family Support Council**

#### **Chapter 5; Part 2**

33-5-208

The commissioner shall appoint a State Family Support Council comprised of fifteen (15) members, of whom at least a majority shall be persons with a severe or developmental disabilities or their parents or primary care givers. The council shall have one (1) representative from each development district of the state, one (1) representative of the Council on Developmental Disabilities, one (1) representative of the Tennessee Disability Coalition, one (1) representative of the Tennessee Community Agencies, and one (1) representative of a Center for Independent Living. The commissioner shall appoint two (2) at-large members for the department.

### **Department to Participate with Council – Policies and Procedures**

#### **Chapter 5; Part 2**

33-5-209

The department shall participate with the State Family Support Council and shall adopt policies and procedures regarding:

- (1) Development of appropriations requested for Family Support;
- (2) Program specifications:
  - (A) Criteria for program services;
  - (B) Methodology for allocating resources to families within the funds available;
  - (C) Eligibility determination and admissions; and
  - (D) Limits on benefits;
- (3) Coordination of the Family Support Program and the use of its funds equitably throughout the state, with other publicly funded programs, including Medicaid;
- (4) Resolution of grievances filed by families pertaining to actions of the Family Support Program, and an appeals process;
- (5) Quality assurance; and
- (6) Annual evaluation of services, including consumer satisfaction.

### **Meetings – Duties – Expenses**

#### **Chapter 5; Part 2**

33-5-210

The State Family Support Council shall meet at least quarterly. The council shall participate in the development of program policies and procedures, and perform other duties as are necessary for statewide implementation of the Family Support Program. All reimbursement for travel expenses shall be in conformity with the comprehensive state travel regulations as promulgated by the Commissioner of Finance and Administration and approved by the Attorney General and reporter.

### **Administration of Program – Funding**

#### **Chapter 5; Part 2**

33-5-211

The department shall administer the Family Support services program and shall establish annual benefit

levels per family served. Implementation of this part and the program and annual benefit levels, or any portion of the program or benefits levels, are contingent upon annual line item appropriation of sufficient funding for the programs and benefits.



**APPENDIX B**

**INTAKE FORM  
AND  
ELIGIBILITY CHECKLIST**

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### Family Support Services Intake Form

Date \_\_\_\_\_

Name of Family Member with a Severe or Developmental Disability \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Primary Family Member(s) \_\_\_\_\_  
(if different than above)

Family's Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

County \_\_\_\_\_

Reason for Referral to Family Support Services (include information on the impact of disability on family)

\_\_\_\_\_  
\_\_\_\_\_

#### Potential Support Services Needed/Requested:

Respite <input type="checkbox"/>	Vehicular Modifications <input type="checkbox"/>	Transportation <input type="checkbox"/>	Nursing/Aide <input type="checkbox"/>
B/A Care <input type="checkbox"/>	Sp Eq & Repair/Maint <input type="checkbox"/>	Homemaker <input type="checkbox"/>	Counseling <input type="checkbox"/>
Day Care <input type="checkbox"/>	Nutrition/Cloth/Supp <input type="checkbox"/>	Housing <input type="checkbox"/>	Summer Camp <input type="checkbox"/>
Home Mod <input type="checkbox"/>	Personal Asst <input type="checkbox"/>	Health Related <input type="checkbox"/>	Evaluation <input type="checkbox"/>
Training <input type="checkbox"/>			

Other \_\_\_\_\_

\_\_\_\_\_

#### Is the Individual or Family Currently Receiving Other Services?

Medicaid <input type="checkbox"/>	Choices <input type="checkbox"/>	TEIS <input type="checkbox"/>	Voc Rehab <input type="checkbox"/>
Medicare <input type="checkbox"/>	SSI <input type="checkbox"/>	Food Stamps <input type="checkbox"/>	Private Insurance <input type="checkbox"/>
TennCare <input type="checkbox"/>	SSDI <input type="checkbox"/>		
Elderly & Disabled Waiver <input type="checkbox"/>		Dept. of Intellectual & Dev. Disabilities <input type="checkbox"/>	

Other \_\_\_\_\_

\_\_\_\_\_

In order to prevent discrimination (Title VI) the following information is needed:

Caucasian  African-American  Hispanic  Other

Male  Female

If Someone Other than the Family/Individual is Making a Referral:

Name of individual making referral to Family Support \_\_\_\_\_

Agency \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Family Support Services Intake Form, page 2**

**Information about Person's Disability**

The following information is requested for data purposes only and does not impact the provision of services in any way. A person does not have to be categorized into one of these disability groups to receive Family Support. Family Support coordinators should use their best judgment: documentation is not required

**Primary Disability** – Identify which of the following major disability categories is most relevant to the family member with a severe disability as a primary diagnosis:

- |  |  |
|--|--|
| <input type="checkbox"/> Autism                      | <input type="checkbox"/> Intellectual Disability                   |
| <input type="checkbox"/> Cerebral Palsy              | <input type="checkbox"/> Neurological Impairment                   |
| <input type="checkbox"/> Deaf and/or Blind           | <input type="checkbox"/> Orthopedic Impairment/Physical Disability |
| <input type="checkbox"/> Developmental Delay (0 – 8) | <input type="checkbox"/> Spinal Cord Injury                        |
| <input type="checkbox"/> Health Impairment           | <input type="checkbox"/> Traumatic Brain Injury                    |
| <input type="checkbox"/> Mental Illness/Emotional    |  |

Other Disability \_\_\_\_\_

**Did the person's primary disability occur:**

- Prior to age 22  
 At age 22 or after

NOTES

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## Eligibility Checklist

Date \_\_\_\_\_ Proof of Residency on File (circle one)    Yes    No

Proof of Disability on File (circle one)    Yes    No  
(Needs to be from a certifiable resource)

Person with Severe or Developmental Disability \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Family Member Interviewed for Eligibility Checklist \_\_\_\_\_

Agency Coordinator \_\_\_\_\_

Based on the Information Provided, is this Family Eligible for Family Support Services?

(Circle One)

**Eligible**

**Not Eligible**

***Before a Service Plan is written all sections must be completed.***

The definitions of “family” and “family member with a severe or developmental disability” are provided in the Family Support Guidelines. This checklist is designed to assist in identifying those families who are eligible for Family Support services. To be eligible for Family Support a family must meet Section 1 (yes), Section 2 (no), and EITHER Section 3 or Section 4. Eligibility does not automatically imply selection and enrollment. Selection is based on each county’s funding, resources, and priorities.

**SECTION 1 – Family** - A family must have a member with a severe or developmental disability.

Does the individual with a severe or developmental disability reside in a home, either alone or with a parent, relative, or other caregiver (or will be when Family Support services are provided)?	YES	NO
---	-----	----

**SECTION 2 - Residence**

Does the individual reside in a state or federally funded setting where there is a paid caregiver? This includes settings such as group homes, state-funded foster homes, supported living, and institutions. It does not include subsidized housing such as Section 8, or situations in which a caregiver is privately paid.	YES	NO
---	-----	----

**SECTION 3 – Presumptive Disability** (if A, B, or C is yes the family is considered eligible for this section)

- |  |     |    |
|--|-----|----|
| A. Is the individual with a severe or developmental disability currently eligible for and/or receiving SSI (assure SSI is for the disability and not aging purposes)?                                      | YES | NO |
| B. Is the individual currently eligible for or receiving services from a DIDD funded program?  | YES | NO |
| C. If the individual is a young child, is the child eligible for or receiving services from the TEIS? Or, is the young child receiving preschool special education services from a local education agency? | YES | NO |

**Eligibility Checklist, page 2**

**SECTION 4 – Functional Assessment** (Section 4 must be completed)

A. Does the individual have substantial functional limitations in **three or more areas** of major life activity? (For children, please consider activities in relationship to other children of the same age.)      YES      NO

**For each area marked yes, briefly describe the limitations.**      YES      NO

Self Care \_\_\_\_\_

\_\_\_\_\_

Receptive & Expressive Language \_\_\_\_\_

\_\_\_\_\_

Learning \_\_\_\_\_

\_\_\_\_\_

Mobility \_\_\_\_\_

\_\_\_\_\_

Self-Direction \_\_\_\_\_

\_\_\_\_\_

Capacity for Independent Living \_\_\_\_\_

\_\_\_\_\_

Economic Self-Sufficiency \_\_\_\_\_

\_\_\_\_\_

B. Does the individual have a disability that is likely to continue indefinitely, and which will require lifelong services that are individually planned and coordinated?      YES      NO

If yes, please comment on the disability and why it may continue.

\_\_\_\_\_

\_\_\_\_\_

C. Is there an available record of the individual's disability? If yes, identify source and type of record (request applicable portions of the record).      YES      NO

\_\_\_\_\_

\_\_\_\_\_



**Eligibility Checklist, page 4**

Family situations and disability can change. It is recommended that the Family Support staff review the Eligibility Checklist at least annually with families that are approved for an additional year and document the contact below.

Family Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Family Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Family Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Family Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Family Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Family Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Family Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Family Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Family Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Family Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Family Contact: \_\_\_\_\_ Date: \_\_\_\_\_

## **APPENDIX C**

### **SERVICE PLAN IN HOME SERVICES MEDICAL TRAVEL**

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Family Support  
Service Plan

\_\_\_\_\_  
Date of Local Council Approval

**This plan is valid through June 30, 20\_\_  
unless amended or changed by signing parties.**

Name of the Individual with a Disability \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_

Name of Primary Family Member(s) \_\_\_\_\_  
(if different than the individual with a disability)

Family's Needs for Support \_\_\_\_\_

Family Support Services to be Provided

- | Short Term               | Extended                 |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Service _____                       |
|                          |                          | Frequency/Duration _____ Cost _____    |
|                          |                          | Agency or Individual Responsible _____ |
|                          |                          | Method for Payment of Services _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Service _____                       |
|                          |                          | Frequency/Duration _____ Cost _____    |
|                          |                          | Agency or Individual Responsible _____ |
|                          |                          | Method for Payment of Services _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Service _____                       |
|                          |                          | Frequency/Duration _____ Cost _____    |
|                          |                          | Agency or Individual Responsible _____ |
|                          |                          | Method for Payment of Services _____   |

Maximum Financial Commitment of the Family Support Agency \_\_\_\_\_

Agreement

The persons who have signed below have participated in the development of this plan and indicate their agreement to the plan by their signatures.

\_\_\_\_\_  
Family Representative                      Agency Representative                      Date

A Grievance/Appeals process has been attached to your Service Plan form.  
Please sign and date that you received a copy.

\_\_\_\_\_  
Family Representative                      Agency Representative                      Date

Services are subject to the availability of funds

November 2005



**FAMILY SUPPORT PROGRAM  
INVOICE FOR IN HOME SERVICES**  
**MONTH/YEAR** \_\_\_\_\_

RECIPIENT'S NAME \_\_\_\_\_

COUNTY \_\_\_\_\_

SERVICE(S) APPROVED FOR (check one)					
	Respite <i>Includes babysitting</i>	Personal Assistance	Nursing	Homemaker	Other: _____

AMOUNT REQUESTED \$

MAKE CHECK PAYABLE TO:  
NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
*If the check is written to the service provider the provider must give  
their SS# and Phone #*

SOCIAL SECURITY NUMBER \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

The **Family/Guardian/Recipient** certifies by the signature given below that:  
Services for the total amount shown for the month listed above have been provided.

\_\_\_\_\_  
**Family/Guardian/Recipient** **Date**

The **Provider** certifies by the signature below that:  
Services for the total amount shown for the month listed above have been provided.

\_\_\_\_\_  
**Provider** **Date**

For Agency Use:  
Circle One:    Approved       Denied

\_\_\_\_\_  
Agency Coordinator Date

***All recipients of the Family Support Program sign an annual Service Plan with the agency.  
The Service Plan documents the service and amount approved for the year.  
This Invoice is to reimburse you for the service you are approved for.***

**FAMILY SUPPORT PROGRAM  
REQUEST FOR ADVANCE PAYMENT FOR IN HOME SERVICES**

**MONTH/YEAR** \_\_\_\_\_

RECIPIENT'S NAME \_\_\_\_\_

COUNTY \_\_\_\_\_

SERVICE(S) APPROVED FOR (check one)					
	Respite <i>Includes babysitting</i>	Personal Assistance	Nursing	Homemaker	Other: _____

AMOUNT REQUESTED \$

PAID TO:  
NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

*If the check is written to the service provider the provider must give  
their SS# and Phone #*

SOCIAL SECURITY NUMBER \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

The **Family/Guardian/Recipient** certifies by the signature given below that:  
Approved services and the total amount shown for the month listed will be provided. It is the responsibility of the Family/Guardian/Recipient to submit a receipt for provided services within 30 days of the completion of the service.

\_\_\_\_\_  
**Family/Guardian/Recipient** Date

The **Provider** certifies by the signature below that:  
Services and the total amount shown for the month listed above will be provided.

\_\_\_\_\_  
**Provider** Date

For Agency Use:	
Circle One:    Approved    Denied	Receipt Obtained
_____ Agency Coordinator                      Date	_____ Initials                                      Date

***All recipients of the Family Support Program sign an annual Service Plan with the agency.  
The Service Plan documents the service and amount approved for the year.  
This Invoice is to advance payment to you for the approved service.  
Additional funds will not be allocated until this completed form and a receipt is submitted.***



**APPENDIX D**

**QUARTERLY REPORTING FORM  
AND  
INSTRUCTIONS**

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## FAMILY SUPPORT QUARTERLY REPORT

Agency Reporting \_\_\_\_\_

**Services Rendered:** Enter the number of individuals who received each service during the quarter and the number of new individuals who received each service year-to-date (one mark per individual per service for year-to-date).

Fiscal Year \_\_\_\_\_ Quarter \_\_\_\_\_

Enter the amount spent on each service type for the quarter, and amount spent year-to date for each service type.

Annual Budget \_\_\_\_\_

Budget for Direct Services (>85% of annual budget) \_\_\_\_\_

\$ Spent during Quarter \_\_\_\_\_

\$ Spent Year-to-Date \_\_\_\_\_

\$ Committed in Plans (for the year) \_\_\_\_\_

\$ Remaining (not spent or committed for the year) \_\_\_\_\_

*This report reflects \$ spent from the DIDD contract.  
List other revenue the agency has for the FSP:*

Type	Qtr. Amount	Y-to-D Amount

Services Provided	Number of Individuals		Amount Spent	
	Quarter	Yr-to-Date	Quarter	Yr-to-Date
Respite				
Before/After Care				
Day Care				
Home Modifications				
Vehicular Modifications				
Specialized Equipment & Repair/Maintenance				
Nutrition/Clothing/Supplies				
Personal Assistance				
Transportation				
Homemaker Services				
Housing Costs				
Health Related				
Nursing/Nurses Aide				
Family Counseling				
Recreation/Summer Camp				
Behavior Therapy				
Training				
Medical Travel				
Other:				
Other:				
<b>TOTAL</b>				

	Yes	No
Service Coordination Provided		



## Instructions for Completing the Quarterly Report for the Family Support Program

### Page 1 – Left side (General Information)

Agency Reporting: Name of the agency.  
Fiscal Year/Quarter: For clarity please list fiscal year and quarter, e.g., Fiscal year 08/09 Quarter 1.  
Annual Budget: List the amount of your contract for family support services. This may change if the Division provides an increase mid-year.  
Budget for Direct Svcs: List the amount of your contract that is budgeted for direct services to individuals. This must be at least 85% of the annual budget amount, though it may be more.  
\$ Spent during Quarter: List the amount that your agency has spent on direct services to individuals during the quarter. Do not include amounts that were spent on administrative costs.  
\$ Spent Yr-to-Date: The cumulative total for the fiscal year goes here.  
\$ Committed in Plans: The amount that your agency has committed to spend in family support plans for the year is entered here.  
\$ Remaining: List the amount of funds for direct services that are still available at the end of the quarter. This is the amount that is still available to write into family support plans for the year.  
Other Revenue: List other revenue the agency or Local Council obtains for individuals outside of the DIDD contract.

### Page 1 – Right Side (Service Category)

#### Services Rendered

REMINDER: This list is not intended to be exhaustive! It provides a mechanism for the collection of data in a manner that lends itself for some consistency. It is not meant to limit, in any way, the range of services provided to families through this program. The quarterly data form has spaces to add additional services provided.

Respite	Spec. Nutrition/Clothing/Supplies	Family Counseling
Before/After Care	Personal Assistance	Recreation/Summer Camp
Day Care	Transportation	Behavior Services
Home Modifications	Homemaker Services	Training
Vehicular Modifications	Housing Costs	Medical Travel
Specialized Equipment & Maintenance/Repair	Health Related	Other
	Nursing/Nurse's Aid	

#### General Definitions

The following definitions provide-clarification on the scope of frequently used Family Support services.

**Respite** Respite is a service that provides a break from caregiving responsibilities. Respite may be short or long term and may take place at home or somewhere else. Respite may be a service that is planned in advance or may be also provided in emergency circumstances. The services that have sometimes been called sitter should be included in this category. Family members may be paid to provide respite but cannot be the spouse, the parent or guardian/conservator of a minor child or an adult, or another family member living in the same residence as the person receiving the respite. Exceptions to these provisions may be made at the discretion of the Local Council.

**Before/After Care** Before/after care is a form of day care provided to either children or adults. It is provided either before or after school or a day activity. Its typical purpose is to enable the caregiver to work.

**Day Care**

Day care is a service that typically provides out of home care for a child or adult on a regular ongoing basis. Generally, day care is provided to enable a caregiver to engage in a regularly scheduled activity such as employment. Day care services may or may not be provided in a licensed program.

**Home Modifications**

Home modifications include interior or exterior physical modifications to a person's place of residence that are needed to ensure the health, welfare, and safety of the person or to enable the person to function with greater independence. Examples include, but are not limited to: wheelchair ramps, widening of doorways, modifications of bathroom and kitchen facilities, and installation of specialized electrical or plumbing system to accommodate necessary medical equipment and supplies.

**Vehicular Modifications**

Vehicular modifications include interior or exterior physical modifications to a vehicle owned by a person with a disability or by the primary caregiver of a person with a disability and which is routinely available for transporting the person with a disability. Examples include, but are not limited to: lifts that allow access to the vehicle, interior modifications such as grab bars, head/leg rests, devices to secure wheelchairs in a stationary position, roof modifications, safety belts, steering control adaptations, changes to car pedals, and remote switches.

**Specialized Equipment & Repair/Maintenance**

Specialized equipment and repair/maintenance means assistive devices, adaptive aids, controls or appliances which enable a person to perform activities of daily living or to perceive, control or communicate with the environment. The service also includes accessories and supplies for the equipment as well as repairs or maintenance for the proper functioning of such items. Examples include, but are not limited to: communication devices, hearing devices, personal emergency response systems, specialized lifts, positioning equipment, wheelchairs, seating devices, assistive technology and software.

**Specialized Nutrition/  
Clothing/Supplies**

Specialized nutrition may include services performed by a Nutritionist/Dietician and food items such as ensure, boost, gluten free products, and other dietary products necessary for the health and well being of persons with disabilities.

Specialized clothing may be necessary for individuals who, due to their disability, need larger or smaller clothes than generally available, need clothing with more reinforcement than generally available, need clothing with fasteners other than what is generally available, etc.

Supplies are to benefit the person with a disability whose needs go beyond those of the general population for cleanliness, warmth, cooling, etc.

<b>Personal Assistance</b>	Personal assistance provides in-home or community support to a person with a disability. Services may include, but are not limited to, assistance with activities of daily living (for example, bathing, dressing, personal hygiene, eating), related household activities or chores (for example, meal preparation, washing dishes, personal laundry, general housecleaning), and budget management. Personal assistance may also be provided in the community but is not intended to replace services covered by schools or other programs. Community-based services may include, but are not limited to, accompanying the enrollee on personal errands such as grocery shopping, picking up prescriptions, paying bills; trips to the post office, and medical appointments as well as assisting the person with interpersonal and social skills building in community settings. Family members may be paid to provide personal assistance but cannot be the spouse, the parent or guardian/conservator of an adult or minor child, or another family member living in the same residence as the person receiving the personal assistance. Exceptions to these provisions may be made at the discretion of the Local Council.
<b>Transportation</b>	Transportation includes the cost of directly transporting a person with a disability to day services, his or her job, non-medical appointments, or various related activities. Transportation may also include the cost of a bus ticket, taxis, or other types of transportation used to enable the person to participate in community activities. Transportation may include vehicle repairs or an emergency car insurance premium.
<b>Homemaker</b>	These services are provided to the whole family or household. Homemaker services include general household activities and chores such as sweeping, mopping, dusting, changing linens, making beds, washing dishes, doing personal laundry, ironing, mending, meal preparation, and assistance with maintenance of a safe environment. Family members may be paid to provide homemaker services but cannot be the spouse, the parent or guardian/conservator of a minor child or an adult, or another family member living in the same residence as the person receiving the homemaker services. Exceptions to these provisions may be made at the discretion of the Local Council.
<b>Housing Costs</b>	Housing Costs may cover the establishment of a home or emergency housing expenses that are necessary to prevent the loss of the home or to protect the health, safety or welfare of the person with a disability (for example, utilities, propane, or insurance premiums (seek public assistance first))- but should not cover ongoing expenses such as mortgage, rent, or utility expenses.
<b>Health Related</b>	Health related include services provided by a licensed health provider and may include, but are not limited to, medicine, dentist visits, dentures, medical bills, therapy, respiratory, vision, hearing. Health Related may also cover the cost of non-prescription items such as over the counter medications, first aid supplies and other items needed for the health or welfare of the person with a disability.
<b>Nursing/Nurses Aid</b>	Nursing includes services provided by registered nurses, licensed practical nurses, or nurse's aides that are ordered by the person's physician, physician assistant or nurse practitioner. These services may be provided in home and community settings, but may not be provided in inpatient hospitals.
<b>Family Counseling</b>	Counseling provided to the person or caregiver related to challenges in the life of the person with a disability.

**Recreation/  
Summer Camp**

Recreation/summer camp may include, but is not limited to, the cost of attendance at camp for either a child or adult with disabilities, therapeutic activities, horse therapy, swimming, YMCA activities, and participation in other community recreational activities.

**Behavior Services**

Behavior Services includes the assessment or analysis of behavior that presents a health or safety risk to the person or others or that significantly interferes with home or community activities, assessment of the settings in which such behaviors occur and the events which precipitate the behaviors; the development, monitoring, and revision of crisis prevention and behavior intervention strategies; and training of the caregivers. Behavior Services must be provided by a credentialed professional.

**Training**

Training may include services provided directly to the person with a disability or to the person's caregiver and may include, but is not limited to, conference costs, lodging costs, educational activities, and consumer training.

**Medical Travel**

Medical travel includes the cost of mileage, meals, and/or lodging associated with transporting a person with a disability from rural areas to a distant medical appointment. A Medical Travel Reimbursement Rate Schedule in Appendix C of the Family Support Guidelines must be completed to invoice for this service.

***Number in Quarter***

Services provided/rendered in this section means: An eligible individual has a plan and a particular type of service was provided one or more times during the quarter. An individual may be counted more than once across service categories, but should not be counted more than once within a service category. The service can be counted even if final payment has not been made for the service during the quarter.

***Number Year to Date***

Services provided/rendered in this section means: An eligible individual has a plan and a particular type of service was provided during the year. An individual may be counted more than once across service categories, but should not be counted more than once per service for year-to-date (only new 1<sup>st</sup> time recipients are added for the year-to-date figures).

Example: The Smith's are part of the Family Support Program. They have a Family Support plan that includes 80 hours of respite care over the year, and a special food supplement each month. During the first quarter the Smith's received the food supplement stipend each month (three times). They did not use any respite care service. On the first quarter report the Smith's are marked as 1 in the specialized nutrition category of service. During the second quarter, they continued to receive the food supplement stipend each month. They also used respite care to get away for a weekend. On the second quarter report the Smith's are marked as 1 in the specialized nutrition category, and are also marked as 1 in the respite category. For the whole year the Smith's will only be counted once in the year-to-date column for specialized nutrition and respite.

***Amount Spent in Quarter and Year to Date***

The amount spent in each category of service should be listed. In the first column list the quarterly amounts. In the next column, add the amount spent each quarter, as listed on previous quarterly forms during the current fiscal year.

## Page 2 - Left Side (Disability and Age)

### Persons Served

This demographic information is only useful to make generalized statements about the breadth of persons being served. It is O.K. to estimate in this section. For example - if an individual turned 19 during the quarter being reported, it is O.K. to list that person as either 6-18 or 19-21. The disability labels have no specific value in terms of eligibility or service provision. No one in the program should be personally identified in data collection by disability label. It is more appropriate to choose a **primary** disability that appears to fit an individual to the best of the agency's knowledge, rather than to make an issue of labeling.

Persons served in this section means: The individual has been accepted into the program, has an active plan developed with the Family Support coordinator, and the money has been promised and spent. This information should be provided year-to-date.

At the bottom of the chart for persons served document if the disability occurred prior to the age of 22 or after.

## Page 2 - Right Side (County and Waiting List)

### County

List each county in your catchment area. For each county, list the amount of direct service allocation (county allocation without the 15% administrative cost).

List the number of individuals that have been served in each county (using the same definition as age and disability above), and the amount spent in each county **year-to-date**.

### Waiting Lists

List the total number of individuals that are eligible but unserved year-to-date in each county. When an individual is approved for services they will be removed from the waiting list since they will be documented elsewhere in the report as active.

At the bottom of the chart for county information use the waiting list data to document if the disability occurred prior to the age of 22 or after and if the individual has an intellectual disability.



**APPENDIX E**

**FAMILY SUPPORT AGENCY  
EVALUATION FORM**

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DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES  
 TENNESSEE FAMILY SUPPORT PROGRAM  
 FAMILY SATISFACTION SURVEY – FY 20\_\_\_\_

Please list your county for documentation purposes: \_\_\_\_\_

	Always	Usually	Sometimes	Seldom	Never	N/A
1. The Family Support Coordinator respects your individual choices and preferences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Your Family Support Coordinator contacts you at least once a year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The coordinator was knowledgeable and helpful in arranging supports and services for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If you received reimbursement for a service, was it received in a timely manner (30 days or less)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were you given the choice of time and place to meet to discuss services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you receive help in identifying the services you need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If your needs change, can you change your mind about the services you receive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The Family Support Program makes your life easier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**9. What would happen if this type of financial assistance were no longer available?  
 Please check all the boxes that apply:**

- I could not pay for respite or personal assistance.
- I could not get medicine, food supplements, supplies or equipment.
- I could not attend workshops, classes. or school.
- I would not be able to work.
- My family member could not attend activities outside the home.
- I would not be able to spend quality time with myself or other family members.
- I could not stay in my own home.
- My family member would have to live somewhere else.
- Other:

**10. How did you hear about the Family Support Program?  
 Please check only "one" box below:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Friend                | <input type="checkbox"/> Home Health Agency | <input type="checkbox"/> Doctor/Nurse      |
| <input type="checkbox"/> Another Parent        | <input type="checkbox"/> TEIS               | <input type="checkbox"/> DIDD              |
| <input type="checkbox"/> Family                | <input type="checkbox"/> School             | <input type="checkbox"/> Media             |
| <input type="checkbox"/> Family Support Agency | <input type="checkbox"/> Social Worker      | <input type="checkbox"/> Health Department |
| <input type="checkbox"/> Social Service Agency | <input type="checkbox"/> Hospital/Rehab.    | <input type="checkbox"/> SSI/SSA/TennCare  |
| <input type="checkbox"/> Web Site              | <input type="checkbox"/> Brochure           | <input type="checkbox"/> Other:            |

**TENNESSEE FAMILY SUPPORT PROGRAM SURVEY – FY 20\_\_\_\_, con't**

11. Do you have additional needs not currently met by the Family Support Program or other programs? Yes  No

**If yes, list them:**

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*The Tennessee Legislators approve funding for the Tennessee Family Support Program. If there is anything you would like to share with them please feel free to write any comments you might have.*

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***Please provide your name, address, and phone number, if you choose to.***

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***Please Send Your Completed Survey To Us  
Within The Next Three Weeks!  
Thank you for taking the time to fill out this survey.***

## **APPENDIX F**

### **POLICY LETTERS**

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STATE OF TENNESSEE  
DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION  
GATEWAY PLAZA  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-0675  
March 8, 1995

MEMORANDUM

TO: Family Support Contracted Agencies

FROM: Larry L. Durbin, Ed.D., Assistant Commissioner  
Mental Retardation Services Division

SUBJECT: Family Support Allocations

The Family Support state council voted to discontinue the 20% allocation for the first month of each fiscal year for Family Support. This decision has been approved. Beginning July 1, 1995 the annual allocation for Family Support will be divided into twelve equal monthly payments.

If you have any questions or concerns, please call Jan Coatney (615) 532-6552.

LLD/jc

cc: Regional Directors  
Bill Carlisle



STATE OF TENNESSEE  
DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION  
GATEWAY PLAZA  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-0675

MEMORANDUM

TO: Family Support Contracted Agencies

FROM: Larry L. Durbin, Ed.D., Assistant Commissioner  
Mental Retardation Services Division

DATE: March 22, 1995

SUBJECT: Family Support Closure

At their latest meeting on February 14, the Family Support state council voted to recommend that Family Support be closed separately from other programs at the end of the fiscal year beginning FY 1994 - 1995. Following discussion with Fiscal Services, the Division has agreed to support this recommendation. Therefore, excess money from the 85% budget for direct expenditures cannot be used to supplement other programs at the end of the fiscal year. The administrative cost will be limited to 15% of the total cost, or your actual cost, if less than 15%.

Any funds which are not spent during the current fiscal year may not be carried through to the following fiscal year. Therefore, any funds left over in the Family Support allocation will be recouped at the end of each fiscal year. There are many persons waiting for Family Support services across the state and the funds will be reserved annually for this purpose.

If you have any questions about these issues, please call Jan Coatney, (615) 532-6552.

LLD/jc

cc: Chris Gingles  
Regional Directors



STATE OF TENNESSEE  
DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION  
GATEWAY PLAZA  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-0675  
June 7, 1995

MEMORANDUM

TO: Family Support Contracted Agencies

FROM: Larry L. Durbin, Ed.D., Assistant Commissioner  
Department of Intellectual and Developmental Disabilities

SUBJECT: Family Support Issues

During FY 1994-95, all counties received a 1.5% increase in their Family Support allocations which raised the funding floor for counties with small populations from \$12,000 to \$12,180. As its most recent meeting, the Family Support Council proposed that the funding floor for counties with a small population revert to an annual amount of \$12,000. This request has been approved by the Division.

The state council has expressed concerns that the data collection for the quarterly reports is still creating problems for some agencies. The Council recommended the agency's Business Manager, rather than the Family Support Coordinators, complete the quarterly reports. The Business Managers handle fiscal reports and are more familiar with departmental reporting procedures.

If you have any questions about these issues, please call Jan Coatney, (615) 532-6530.

Thank you.

LLD/jc

cc: Regional Directors  
Bill Carlisle  
Family Support State Council  
Family Support Coordinators



STATE OF TENNESSEE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
DIVISION OF MENTAL RETARDATION SERVICES  
11TH FLOOR, ANDREW JOHNSON TOWER  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-0675

MEMORANDUM

To: Agencies Providing Family Support Services  
From: Jan Coatney, Program Specialist  
Date: June 4, 1997  
Subject: 1099 Forms

The Family Support State Council met for a scheduled quarterly meeting, April 18, 1997. An issue was raised regarding 1099 forms being sent to families. There was concern that some agencies had sent 1099 forms to the IRS with a copy to families stating that the money spent through the Family Support Program was taxable income in the family's name.

The State Council stated that a 1099 form should not be sent to the families. If your agency has done so the State Council asks that you contact the families and the IRS regarding this error. You need to ask for the forms to be returned to you and forward them to the families to enable them to amend their 1040 form if they wish to do so.

If you have any questions you may contact me at the above address or by phone, (615) 532-6552.

cc: Beverly Bell  
Barbara Brent  
William Edington  
Kathy Jordan-Grimes  
Tom Sullivan  
Susan Sweetser  
New Agencies Providing Family Support



**STATE OF TENNESSEE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
DIVISION OF MENTAL RETARDATION SERVICES  
11TH FLOOR, ANDREW JOHNSON TOWER  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-0675**

**MEMORANDUM**

**To:** Agencies Providing Family Support Services

**From:** Thomas J. Sullivan, Deputy Commissioner  
Department of Intellectual and Developmental Disabilities

**Date:** April 15, 1998

**Subject:** 1099 Forms

The Division's Family Support Coordinator receives many phone calls pertaining to whether families receiving Family Support funds should receive a 1099 form from the agency. The Family Support State Council asked that a letter be sent to agencies in 1997 stating that families should not be sent the 1099 form. However, agencies allocate their Family Support funds differently and the manner in which the funds are disseminated may impact on the answer to this issue. Therefore, the Division is unable to provide guidance on this issue. These questions should be directed to the agency's attorney, tax accountant, or the IRS. A form that the IRS publishes that may be helpful is "Household Employer's Tax Guide - Publication 926".

If you have any questions you may contact Jan Coatney, the Division's Family Support Coordinator at the above address or by phone, (615) 532-6552.

**cc:** Barbara DeAngelus  
William Edington  
Kathy Jordan-Grimes  
Susan Sweetser  
Agency Coordinators  
Family Support State Council  
Regional Directors



**STATE OF TENNESSEE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
DIVISION OF MENTAL RETARDATION SERVICES  
5TH FLOOR, CORDELL HULL BUILDING  
425 FIFTH AVENUE, NORTH  
NASHVILLE, TENNESSEE 37243**

Memorandum

To: Agencies Providing Family Support Services  
From: Jan Coatney, Family Support Coordinator  
Date: June 24, 1998  
Subject: New Billing Requirement for Family Support

You will recall that the State's grant contract removes the Division's ability to pay grants in twelve equal payments. Once the Division became aware of that requirement, we offered Family Support agencies the choice of two options for future billing to meet this invoice requirement.

Option 1: Report the value of actual services provided during the month.

Option 2: Report the amount of allowable expenditures for the month.

The majority of the agencies chose Option 1, which means that the agency's monthly invoice will be based on the value of actual services provided. The mechanism to be used is the "Agency Service Report" which is used to report other services provided with Division funding. The "Agency Service Report" typically lists the names of persons and the services they received fee-for-service contracts through both Waiver and state funding. Although the The Division will use this same report, we will not list persons names and services. The Division will provide a blank for the agency to use to reflect the value of actual services provided during the month plus 15% for your administrative costs.

Please remember that you will receive an advance for the July payment during the first week of August for 1/12<sup>th</sup> of your annual grant amount. Thereafter, the billing mechanism described above will be used for the remaining 11 payments.

Family Support Agencies  
Billing Requirement  
June 24, 1998  
Page 2

Procedures for "Agency Service Report"

First day of each month - An "Agency Service Report" will be mailed to the agency.

15<sup>th</sup> day of the month - The completed report is due in Fiscal Services. Delays will result in a delay of payment until the following month.

First day of the following month - A check will be sent for the services you provided during the previous month.

If you have any questions you may contact me at the above address or by phone (615) 532-6552.

Thank you.

cc: Barbara DeAngelus  
Kathy Jordan-Grimes  
Susan Sweetser  
Regional Directors  
Family Support State Council  
Tom Sullivan  
Barbara Brent  
William Edington  
Glenda Tant  
John Lewis



STATE OF TENNESSEE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
DIVISION OF MENTAL RETARDATION SERVICES  
5TH FLOOR, CORDELL HULL BUILDING  
425 FIFTH AVENUE, NORTH  
NASHVILLE, TENNESSEE 37243

Memorandum

To: Agencies Providing Family Support Services

From: Jan Coatney

Date: September 22, 1998

Subject: Staff Training for Family Support Coordinators

The Department of Intellectual and Developmental Disabilities has established staff training requirements that include Family Support coordinators. Family Support coordinators are required to receive training on "Individual Rights and the ADA" and "Prevention and Reporting of Abuse and Neglect". Current Family Support staff need to take these two courses as soon as possible. For new staff this training must be completed within sixty days of employment date. "Individual Rights and the ADA" and "Prevention and Reporting of Abuse and Neglect" is a one time requirement and does not have to be completed annually. To acquire dates that training will be available for these two courses can be obtained from the following individuals:

<u>Regional Office for DMRS</u>	<u>Contact Person</u>	<u>Phone Number</u>
West Tennessee	Paula Arrington	(901) 421-5165
Middle Tennessee	Dot Williams	(615) 231-5105
East Tennessee	Alice Taylor	(423) 787-6757, ext. 112

*(Contact information is old – contact the DIDD Regional Office if you have questions about staff training.)  
July 2006*

Additional information regarding training for the Family Support coordinators can be found in the Department of Intellectual and Developmental Disabilities Operations Manual for Community Providers in Chapter 4: Provider Issues; page 16.

The Family Support Guidelines are being amended to reflect several changes in the program and this training requirement will be added to the guidelines during the next several months.

cc: Regional Training Coordinators  
Family Support Agency Coordinators  
Family Support Regional Coordinators



**STATE OF TENNESSEE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
DIVISION OF MENTAL RETARDATION SERVICES  
5TH FLOOR, CORDELL HULL BUILDING  
425 FIFTH AVENUE, NORTH  
NASHVILLE, TENNESSEE 37243**

Memorandum

To: Agencies Providing Family Support Services

From: Barbara Brent, Deputy Commissioner  
Department of Intellectual and Developmental Disabilities

Date: July 13, 2000

Subject: Training Requirements for Family Support Coordinators

The Department of Intellectual and Developmental Disabilities has training requirements for staff, which includes Family Support coordinators. Originally Family Support coordinators were required to attend a one-time training for "Individual Rights and the ADA" and "Prevention and Reporting of Abuse and Neglect" (Memo dated September 22, 1998). This training is now required annually. Please refer to the Division's Operations Manual for further information regarding this training.

There has been some concern expressed that agencies do not wish to go into an individual's home and investigate a possible abuse situation. It is not your responsibility to investigate a possible abuse or neglect situation. Your responsibility as a Family Support coordinator is to report if you suspect there is an abuse/neglect situation with any of your families. The training for "Prevention and Reporting of Abuse and Neglect" will guide you on how this process works and to whom concerns should be reported.

If you have any questions or concerns please contact Jan Coatney, (615) 532-6552.

Thank you.

BB/jc

cc: Family Support Agency Coordinators  
Family Support Regional Coordinators  
William Edington



**STATE OF TENNESSEE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
DIVISION OF MENTAL RETARDATION SERVICES  
ANDREW JACKSON BUILDING, 15<sup>TH</sup> FLOOR  
500 DEADERICK STREET  
NASHVILLE, TENNESSEE 37243**

Memorandum

To: Family Support Agency Directors

From: Stephen H. Norris, Deputy Commissioner  
Department of Intellectual and Developmental Disabilities

Date: May 5, 2005

Subject: Health Insurance Portability and Accountability Act

The Department of Intellectual and Developmental Disabilities as a covered entity under the federal law, Health Insurance Portability and Accountability Act (HIPAAA) has the legal responsibility to safeguard the information that the Division receives, maintains, and transmits regarding individuals supported and provided for by the DIDD. All records and information regarding the individuals supported and/or provided for by DIDD are considered Protected Health Information (PHI).

The DIDD will eventually have a statewide secure e-mail system for us to exchange PHI information, but currently, the e-mail system is not secure for exchange of PHI. When you need to submit PHI to Jan Coatney through e-mail for Family Support recipient's you need to protect the document using the following instructions:

Write Protect a Document

Open the document

Click on Tools – Protect Document

Right click in the box under 2. Editing Restrictions and make sure that No Changes is selected

Under 3. Start Enforcement click on it to see the rest of the menus and then click on Yes, Start Enforcing Protection

Once the document is protected you may attach it to your e-mail and call and give your password to Jan

If you have any questions please call Jan Coatney, (615) 532-6552.

Cc: Family Support Coordinators  
Donna Allen  
Jan Coatney  
Larry Latham  
Regional Directors  
Regional FS Coordinators  
Regional FS Directors

SHN/jc



STATE OF TENNESSEE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
DIVISION OF MENTAL RETARDATION SERVICES  
ANDREW JACKSON BUILDING, 15<sup>TH</sup> FLOOR  
500 DEADERICK STREET  
NASHVILLE, TENNESSEE 37243

Memorandum

To: Family Support State Agency Directors

From: Stephen H. Norris, Deputy Commissioner  
Department of Intellectual and Developmental Disabilities

Date: May 5, 2005

Subject: Family Support Allocations

The Family Support program received an increase in FY 2004 but the allocation for the smaller counties remained the same. Several agencies expressed concerns that smaller counties often have fewer services than the larger counties and asked that the funding for the smaller counties be increased. For FY 2006 the Division has approved to increase the amount for the smaller counties by 10% (\$21,605 to \$23,800). The allocations for the other counties will remain the same.

If you have any questions, please call Jan Coatney, (615) 532-6530.

Cc: Family Support Agency Coordinators  
Regional Family Support Coordinators  
Regional Directors  
Regional Family Support Directors  
Regional Contract Officers  
Donna Allen  
Jan Coatney  
Fred Hix  
Larry Latham

SHN/jc



STATE OF TENNESSEE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
DIVISION OF MENTAL RETARDATION SERVICES  
ANDREW JACKSON BUILDING, 15<sup>TH</sup> FLOOR  
500 DEADERICK STREET  
NASHVILLE, TENNESSEE 37243

**MEMORANDUM**

To: Family Support Agency Directors

From: Fred Hix, Assistant Commissioner  
Administrative Services  
Department of Intellectual and Developmental Disabilities

Date: June 27, 2005

Subject: Fiscal Monitoring and Billing/Payment

The Department of Intellectual and Developmental Disabilities conducts fiscal monitoring of agencies that contract for the Family Support program. All of the corrective action plans submitted for fiscal monitoring for FY 2005 are approved. For fiscal reviews conducted during FY 2006 the agency should send its corrective action plans to Jan Coatney with a copy sent to the fiscal auditor. Ms. Coatney will approve or disapprove your corrective action plan.

There have been concerns about changing the accounting system for distribution of Family Support funds. The Family Support agencies are to continue operating the program as they have in the past. The Service Plan will be the binding contract between the agency and the family. The agency needs to assure that if a service or amount is changed during the year that this change is documented in the Service Plan. The Service Plan needs to match the checks that are written to the family during the year. Also, the agency needs to attempt to obtain receipts for purchases and have a paper trail for in-home services provided to the family. If the agency makes a direct payment to a vendor (rather than to the family) there must be written verification between the agency and the vendor of the service or item provided and the verification must include the vendor's signature.

The Department of Intellectual and Developmental Disabilities and the agencies are subject to monitoring from the Internal Audit Division as well as the Comptroller's office. Therefore, agencies need to assure that they keep a good internal accounting system that has appropriate documentation.

If you have any questions please call Jan Coatney, (615) 532-6552.

Cc: Family Support Coordinators  
Family Support State Council  
Donna Allen  
Jan Coatney  
Larry Latham  
DIDD Fiscal Monitors  
Regional Directors  
Regional FS Coordinators  
Regional FS Directors

FH/jc



STATE OF TENNESSEE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
DIVISION OF MENTAL RETARDATION SERVICES  
ANDREW JACKSON BUILDING, 15<sup>TH</sup> FLOOR  
500 DEADERICK STREET  
NASHVILLE, TENNESSEE 37243

**MEMORANDUM**

To: Family Support Agency Directors

From: Fred Hix, Assistant Commissioner  
Administrative Services  
Department of Intellectual and Developmental Disabilities

Date: September 13, 2005

Subject: Billing/Payment

This letter is to follow up on a memo that sent on June 27, 2005 regarding the accounting system for distribution of Family Support funds. The letter stated that if an agency makes a direct payment to a vendor (rather than to the family) there must be written verification between the agency and the vendor of the service or item provided and the verification must include the vendor's signature. There was great concern that it is difficult to get a signature for many transactions taking place over the phone to reimburse physicians, utility companies, drug stores... for services provided for a family. There needs to be verification of funding between the agency and the vendor but the only situation you would need a vendor signature is for in home services such as respite care, homemaker services, and personal assistance.

If you have any questions please call Jan Coatney, (615) 532-6552.

Cc: Family Support Coordinators  
Family Support State Council  
Donna Allen  
Jan Coatney  
Larry Latham  
DIDD Fiscal Monitors  
Regional Directors  
Regional FS Coordinators  
Regional FS Directors

FH/jc



STATE OF TENNESSEE  
DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES  
ANDREW JACKSON BUILDING, 15<sup>TH</sup> FLOOR  
500 DEADERICK STREET  
NASHVILLE, TENNESSEE 37243  
February 23, 2011

To Family Support Agencies,

The Family Support State Council met earlier this month and asked that we follow up with you on several topics.

**Competitive Bids**

FSG - Page 8; "The current limit on benefits is \$4,000.00 per individual with a severe or developmental disability in a family."

FSG - Page 20: "All grantees/contract agencies for the provision of Family Support services will assure that their programs will:

i) attempt to obtain competitive bids for goods, materials, and supplies for anything over \$2,000."

This \$2,000 competitive bid will remain in effect but make sure there is documentation of at least 2 bids in the individual files. Anytime there are not at least 2 bids for a purchase of over \$2,000 there should be a note in the file reflecting that attempts were made and why 2 bids were not obtained.

**In-Home Invoices**

You received a copy of the February 8<sup>th</sup> State Council meeting summary. The meeting summary addressed an issue of inconsistent signatures on some In-Home invoices submitted by the same provider. When reviewing invoices for In-Home Services make sure there is some comparison of signatures and names of providers. If there is any doubt about the validity of signatures, contact the Family Support DIDD staff and they will follow up with the providers for verification.

**Proof of Disability**

FSG – Page 4; "Continued eligibility for families/individuals receiving services will be reviewed at least annually." Notes: "Family situations change and it is recommended that the Family Support staff review the eligibility checklist at least annually with families that are approved for an additional year."

FSG – Appendix B; The Eligibility Checklist has a check box to verify that the proof of disability is on file. Also, there is an annual contact sheet on the back of the Eligibility Checklist that states: "Family situations and disability can change. It is recommended that the Family Support staff review the Eligibility Checklist at least annually with families that are approved for an additional year and document the contact below."

The agency staff will know when there is a disability that could possibly show some improvement and will want to ask for a periodic update of the status of the disability.

Family Support Agencies  
February 23, 2011  
Page 2

If you are ever unsure of a situation, let me know and I will contact the State Council Policy and Procedures Committee for guidance.

Please let us know if you have any questions or concerns.

Sincerely,

Jan Coatney  
State Family Support Coordinator

Cc: Family Support State Council  
DIDD Regional Directors and Family Support Supervisors  
Family Support Agency Directors and Staff  
Family Support Regional Coordinators  
Richard Strecker  
Lee Vestal

/jc



## **APPENDIX G**

### **RESIDENCY REQUIREMENT DETERMINATION**

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## 71-5-120. Residency Requirement - Determination

- (a) No period of residence in this state shall be required as a condition for eligibility for medical assistance under this chapter, but an individual who does not reside in this state shall not be eligible.
- (b) The rules shall require that state residency is not established unless the applicant does both of the following
  - (1) The applicant produces one (1) of the following:
    - (A) A current Tennessee rent or mortgage receipt or utility bill in the adult applicant's name;
    - (B) A current Tennessee motor vehicle driver's license or identification card issued by the Tennessee department of safety in the adult applicant's name;
    - (C) A current Tennessee motor vehicle registration in the adult applicant's name;
    - (D) A document showing that the adult applicant is employed in this state;
    - (E) A document showing that the adult applicant has registered with a public or private employment service in this state;
    - (F) Evidence that the adult applicant has enrolled the applicant's children in a school in this state;
    - (G) Evidence that the adult applicant is receiving public assistance in this state;
    - (H) Evidence of registration to vote in this state; or
    - (I) Other evidence deemed sufficient to the bureau and/or the department of human services as proof of residency in this state; and
  - (2) The adult applicant declares, under penalty of perjury, that all of the following apply:
    - (A) The adult applicant does not own or lease a principal residence outside of this state; and
    - (B) The adult applicant is not receiving public assistance outside of this state. As used in this subdivision (b)(2)(B), "public assistance" does not include unemployment insurance benefits.
  - (3) Residency for minors shall be determined as otherwise permitted under state and federal law. A minor for the purposes of this subdivision (b)(3) is a person younger than nineteen (19) years of age.
- (c) A denial of determination of residency may be appealed in the same manner as any other denial of eligibility. A determination of residency shall not be granted unless a preponderance of the credible evidence supports the adult applicant's intent to remain indefinitely in this state. In making determinations or verifications of residency, subject to the requirements of subsection (b), the department of human services shall apply the same policies and procedures as are applied in the determination of residency for other programs administered by the department to the extent permitted under or by federal law.  
**(The Family Support Program has its own Grievance/Appeals process that will be followed if a grievance is filed: Family Support Guidelines; Section 9)**



# **APPENDIX H**

## **TITLE VI**

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TITLE VI FORM  
DISCRIMINATION IS PROHIBITED

To assure that the agencies receive the latest version each spring for the following fiscal year it is recommended that the agencies print the form from the web site for the Department of Intellectual and Developmental Disabilities.

[http://www.tn.gov/didd/civil\\_rights/index.html](http://www.tn.gov/didd/civil_rights/index.html)



STATE OF TENNESSEE  
DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES  
ANDREW JACKSON BUILDING, 15<sup>TH</sup> FLOOR  
500 DEADERICK STREET  
NASHVILLE, TENNESSEE 37243

Family Support Program  
Title VI Self Survey Information

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Submit this information to the Family Support State Coordinator  
in Central Office by July 31<sup>st</sup> of each year**

This form needs to document the total number of persons that have received funding from the Family Support Program this fiscal year (July 1 through June 30).

Total Number of Service Recipients receiving funding during the reporting period:	
Total Number of Service Recipients receiving waiver services:	
Total Number of Service Recipients not receiving waiver services:	

Total Number of non-waiver\* Service Recipients by Ethnicity:

(\*This # does not include persons receiving waiver services through DIDD)

Caucasian	African-American	Hispanic	Other	Total

Total Number of non-waiver\* Service Recipients by Gender:

(\*This # does not include persons receiving waiver services through DIDD)

Male	Female	Total

## **APPENDIX I**

### **FAMILY SUPPORT STATE COUNCIL MEMBERS**

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TENNESSEE FAMILY SUPPORT COUNCIL  
FY 2011 - 2012

District 1	Rick Cutshaw
District 2	Linda Rutherford
District 3	Pam Jackson
District 4	Debbie Cross
District 5	Peggy Bryant
District 6	Diane Batdorf
District 7	Clarissa Williams
District 8	Sarah Harvey
District 9	
TN Council on Dev, Disabilities	Wanda Willis
Center for Independent Living	Mark Montgomery
TNCO	Bill Brewer
Tennessee Disability Coalition	Courtney Jenkins-Atnip
DMH - 1	Louise Barnes
DMH - 2	Avis Easley
Staff Support	Jan Coatney Department of Intellectual and Developmental Disabilities Andrew Jackson Building, 15 <sup>th</sup> Floor 500 Deaderick Building Nashville, TN 37234-0675 (615) 532-6530 E-Mail: Jan.Coatney@tn.gov

*Updated August 2011*



**APPENDIX J**

**FAMILY SUPPORT  
AGENCIES  
AND  
COORDINATORS**

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**FAMILY SUPPORT AGENCIES - FY 2011 - 2012**

**West Tennessee**

C. S. Patterson Training Center  
P. O. Box 229  
Trenton, TN 38382  
Phone: (731) 855-2316  
Director: Harry Adcock  
Family Support Staff: Amy Davidson  
Counties Served: Benton, Carroll, Crockett, Dyer, and Gibson

Helen R. Tucker Adult Developmental Center  
P.O. Box 648  
Ripley, TN 38063  
Phone: (731) 635-4290  
Director: Martha Drumright  
Family Support Staff: Ethel Tyus  
Counties Served: Henry, Lake, Lauderdale, Obion, Tipton, and Weakley

Madison/Haywood Developmental Services  
P.O. Box 11205  
Jackson, TN 38308  
Phone: (731) 664-6796  
Director: William (Bill) Brewer  
Family Support Staff: Bill Hall, Debbie Jeanes, and Pam Sykes  
Counties Served: Chester, Decatur, Hardeman, Hardin, Haywood, Henderson, Madison, and McNairy

Shelby Residential and Vocational Services, Inc.  
3592 Knight Arnold  
Memphis, TN 38118  
(901) 312-6877  
Director: Jeffrie Bruton  
Family Support Staff: Troy Allen, Cherry Davis, Pacely Cooper, and Michelle Harris  
  
Counties Served: Fayette and Shelby

**Middle Tennessee**

The Arc Davidson County  
111 North Wilson Blvd.  
Nashville, TN 37205  
Phone: (615) 321-5699  
Director: Norm Tenenbaum  
Family Support Staff: Mary Hildebrand  
Counties Served: Davidson

The Arc of Williamson County  
129 W. Fowlkes, Suite 151  
Franklin, TN 37064  
Phone: (615) 790-5815  
Director: Sharon Bottorff  
Family Support Staff: Sharon Bottorff  
Counties Served: Williamson

Buffalo River Services, Inc.  
P. O. Box 847  
Waynesboro, TN 38485  
Phone: (931) 762-3381  
Director: Philip Garner  
Family Support Staff: Mary Staggs

Counties Served: Giles, Hickman, Lawrence, Lewis, Maury, Perry, and Wayne

Family Support Agencies  
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Community Development Center  
111 Eaglette Way  
Shelbyville, TN 37160  
Phone: (931) 684-8681  
Director: Sarah Hunt  
Family Support Staff: Christy Jensen  
Counties Served: Bedford, Coffee, Franklin, Lincoln, Marshall, and Moore

Compass Coordination, Inc.  
420 Madison St., Suite B-1  
Clarksville, TN 37040  
Phone: (931) 906-1676; ext. 10  
Fax: (931) 906-1625  
Director: Randall Moore  
Family Support Staff: Janice White  
Counties Served: Montgomery and Stewart

Developmental Services of Dickson County  
115 Luther Drive  
Dickson, TN 37056  
Phone: (615) 446-3111  
Director: Don Redden  
Family Support Staff: Ruthelma Warf  
Counties Served: Cheatham, Dickson, Houston, and Humphreys

Habilitation and Training Services, Inc.  
545 Airport Road, P. O. Box 1856  
Gallatin, TN 37066  
Phone: (615) 575-4119  
Director: Ben Minnix  
Family Support Staff: Elaine Broyles  
Counties Served: Robertson, Sumner, and Trousdale

Pacesetters, Inc.  
P. O. Box 49018, 2511 Highway 111 North  
Algood, TN 38506  
Phone: (931) 537-9100  
Director: Karen Galbraith  
Family Support Staff: Jackie Haynes and Vickie Winstead  
Counties Served: Cannon, Clay, Cumberland, Fentress, Jackson, Macon, Overton,  
Pickett, Putnam, Van Buren, Warren, and White

Prospect, Inc.  
960 Maddox Simpson Pkwy.  
Lebanon, TN 37090  
Phone: (615) 444-0597  
Director: Eric Thompson  
Family Support Staff: Kathy Fyke  
Counties Served: Dekalb, Smith, and Wilson

UCP of Middle Tennessee  
P.O. Box 805  
La Vergne, Tennessee 37086-0805  
Phone: (615) 796-3341  
Director: Deana Claiborne  
Family Support Staff: Laura Crain

Counties Served: Rutherford

**East Tennessee**

The Arc of Washington County  
2700 S. Roan Street, Suite 300B  
Johnson City, TN 37601-7557  
Phone: (423) 928-9362  
Director: Malessa Fleenor  
Family Support Staff: Christi Suits and Linda Tilson  
Counties Served: Carter, Hawkins, Hancock, Johnson, Sullivan, Unicoi, and Washington

Cerebral Palsy Center  
241 East Woodland Avenue  
Knoxville, TN 37917  
Phone: (865) 523-0491  
Director: Robert E. Sexton  
Family Support Staff: Karen Shirk  
Counties Served: Knox

Emory Valley Center, Inc.  
715 Emory Valley Road  
Oak Ridge, TN 37830  
Phone: (865) 813-0577  
Director: Jennifer Enderson  
Family Support Staff: Nancy Vanderlan (865) 813-0577 and Andrea Johnson (865) 813-0578  
Counties Served: Anderson, Blount, Campbell, Cocke, Jefferson, Loudon, Morgan, Roane, Scott, and Sevier

Greene County Skills  
130 Bob Smith Boulevard  
Greeneville, TN 37745  
Phone: (423) 798-7106  
Director: Jim Gillen  
Family Support Staff: Mandy Casteel and Teresa Crawford  
Counties Served: Claiborne, Grainger, Greene, Hamblen, and Union

The Team Centers, Inc.  
Medical Towers, Suite 100  
1000 East 3<sup>rd</sup> Street  
Chattanooga, TN 37403  
Phone: (423) 622-0500  
Director: Peter Charman  
Family Support Staff: Robin Phillips; ext. 1133 and Kristi Tankersley; ext. 1134  
Counties Served: Bledsoe, Bradley, Grundy, Hamilton, Marion, McMinn, Meigs, Monroe, Polk, Rhea, and Sequatchie

*Revised August 2011*

**DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES  
FAMILY SUPPORT COORDINATORS**

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Nashville, TN 37214  
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Knoxville, TN 37919  
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Email: Guy.Jones@tn.gov

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Andrew Jackson Building, 15<sup>th</sup> Floor  
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Nashville, TN 37243  
(615) 532-6552  
Email: Jan.Coatney@tn.gov

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