



Department of
**Intellectual &
Developmental Disabilities**

Family Support
Program

TENNESSEE FAMILY SUPPORT GUIDELINES

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Tennessee Family Support Guidelines

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SECTION 1

ELIGIBILITY

PRINCIPLES

Under the Family Support Act (T.C.A. § 33-5-201 et seq.) there is a two-prong test for eligibility. Eligible families and or 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. Eligibility determination should be as simple and minimally intrusive as possible on the family. 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 answers four 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, or in an unsupported setting? *(A supported setting is a setting that is state or federally funded and includes supportive services, e.g., institutions (ICF/IID), and state funded foster homes. Persons residing in such settings are not eligible for Family Support services.)*
4. Is this family member a non-recipient of HCBS Waiver? *(HCBS waiver services would include, but are not limited to, supportive living, community based day (CB Day) services, or CHOICES. Persons receiving these services 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. The impact of the disability on a person's life and on family life is critical. Therefore, impact is determined by its effects on major life function, permanency, and a person's need for supportive services.

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As stated in Tennessee Code Annotated (T.C.A.) § 33-5-203, 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. Pursuant to T.C.A. § 33-5-201(2), family is defined as a unit that consists of either a person with a severe or developmental disability and the parent, relative, or other caregiver who resides in the same household or a person with a severe or developmental disability who lives alone without such support.

Family Member with a Severe or Developmental Disability (T.C.A. §§ 33-1-101, 33-5-103, 33-5-201)

Pursuant to T.C.A. § 33-1-101(11), an individual with a developmental disability has a disability that:

- a. is attributable to a mental or physical impairment or a combination of physical and mental impairments; (*Note: See statutory program exclusion in T.C.A. § 33-5-103 which is stated below.*)
- 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 a combination and sequence of special interdisciplinary or generic services, supports or other assistance that is likely to continue indefinitely and need to be individually planned and coordinated.

Pursuant to T.C.A. § 33-5-103 and T.C.A. § 33-5-201(5), an individual with a developmental or severe disability which is based upon mental illness or serious emotional disturbance without the addition of an intellectual or developmental disability or severe disability diagnosis is not eligible for services or supports provided through the Family Support Program.

Note: ADHD is considered a behavioral disorder and is categorized as a mental illness, therefore an individual with a sole diagnosis of ADHD is not eligible for services or supports as stated above.

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 developmental disabilities if services are not provided.

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 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.

- b. *"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.

The provider shall 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.

c. *"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.

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. Amyotrophic Lateral Sclerosis (ALS), Muscular Dystrophy (MD), and Multiple Sclerosis (MS).

Eligibility

Eligibility for families/individuals shall be determined annually. Annually shall refer to the fiscal year which is July 1 – June 30. Both the Family Support Services Intake Form and the Support Eligibility Checklist (Appendix B) shall be completed or updated annually.

The Family Support Services Intake Form shall be updated annually by all families/individuals applying to the program. It shall be the responsibility of the agency to ensure that families currently supported as well as those on the waiting list are contacted and allowed the opportunity to apply to the Family Support Program for the next fiscal year.

The Family Support Eligibility Checklist has been developed to assist the agency in determining both eligibility and selection. The Family Support staff shall complete the eligibility checklist instead of the family. Agencies shall maintain a record of communication with families/individuals on the signature page of the Family Support Eligibility Checklist.

Proof of residency is required annually. As required by and defined in T.C.A. § 71-5-120, at the time of application and when services are delivered, the individual must be a full-time resident of Tennessee. Because services are provided based upon the county in which a person resides, the proof of residency must reflect an individual's current physical address, not a postal box. Acceptable documents may include a utility bill (e.g., landline telephone, electric, water, gas, or cable); mortgage statement; copy of a lease; or a notarized letter from a landlord, parent, guardian, or head of household with whom he/she resides. All documents must be dated and/or be for services rendered within the past sixty (60) days from the date of submission of a completed Intake Form. It is up to the discretion of DIDD, the State Council, the Local Council, and/or Family Support provider agency to allow and/or request additional documentation when necessary.

Proof of disability is required annually unless medical documentation is provided stating that the disability is permanent and of life long duration. For a child with a disability, a letter from Social Security Administration may be submitted as proof of disability as long as it identifies the child as being disabled (DC); however, this document must be updated annually to ensure continued eligibility. It is up to the discretion of DIDD, the State Council, the Local Council, and/or Family Support provider agency to request additional documentation when necessary.

Pursuant to T.C.A. § 4-58-101 et seq., all program participants must present proof of citizenship or status as qualified alien prior to receiving benefits. This verification is only needed one time per applicant unless the applicant is a qualified alien, and in that instance, proof must be presented annually to verify continued qualification. DIDD and/or the contract agency reserve the right to request verification of citizenship at its discretion, though, in order to ensure appropriate statutory enrollment in the program. The attestation of citizenship is due annually from all program participants. The contract agencies are responsible for providing the name, Social Security Number (SS#), date of birth, and applicable qualified alien information of new applicants to DIDD Central Office Family Support staff before funding will be approved. Please see Appendix F for more information.

The questions on the Eligibility 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 this list should serve as a guide for a dialogue between family members and staff. DIDD staff has an expanded version of the checklist if the agency would like a copy for their personal use when interviewing families. Family Support staff is advised 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. During the meeting, the family and support staff shall identify any issues regarding eligibility for the program, as well as identify priorities for the selection process which is more fully described in Section 2 of the Family Support Guidelines.

Upon submission of a completed Intake Form and any supporting documentation, the agency shall determine eligibility in accordance with the Family Support Guidelines. Families will receive written notice of the determination letter from the agency via regular U.S. Mail or electronic format. If found ineligible, the mailing will include a postage prepaid envelope. Within ten (10) calendar days of the

date of the notice of determination letter, the family may request in writing by regular U.S. Mail or electronic format a reconsideration of the application. The reconsideration shall be conducted by the Local Council unless that council was involved with the original determination. In the latter instance, the reconsideration shall be conducted by the Executive Committee of the State Council. The reconsideration finding shall be final and not subject to further appeal.

SECTION 2

SELECTION AND ENROLLMENT

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 such as the available services within each specific country.

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.

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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. Selection must be open to all individuals each year, and prior selection cannot be considered as a priority. Selection shall not be determined on a first come, first served basis.

At all times, it is important to maximize the use of limited funds available to the program. The State Council has reached consensus that the following are primary priorities and issues that shall be considered in selection determination:

- ◆ family needs, including services currently available and in use, informal support systems available to the family, and the condition of family members.
- ◆ the immediacy of need, e.g. crisis or emergency,
- ◆ severity of the family problems,
- ◆ time awaiting services,
- ◆ the impact of the disability on the activities of everyday life for the whole family.

Each Local Council shall establish priorities for selection that agencies shall consider in addition to the primary priorities established by the State Family Support Council and listed herein.

Family Support Agencies

Each agency will have primary responsibility for eligibility intake, determination, 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.

Eligible but Unserved Applicants

Initially, a family must be determined to be eligible for the program. After that determination, if the family is not enrolled, then the family is placed on the "waiting list". A list of eligible but unserved applicants shall be maintained by the agency and documented as "waiting" in the Claims Submission Form and Reporting Excel spreadsheet that is submitted to DIDD each month. The data will be used for determining future district/local and statewide program needs.

Agencies shall keep information that identifies the family by name and the date services were requested.

NOTES

It is important to note the distinction between eligibility, 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.

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 assistance to agencies in such situations.

Family members who are paid to provide respite or personal assistance services shall not be the spouse, the parent or guardian of an adult or minor child, or 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

PRINCIPLES

The Family Support Act requires a written plan for each family/individual served that is 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.

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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 shall be reviewed by the agency with the family 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. Goods or services which are supportive of a family may be included as a part of the plan. Pursuant to T.C.A. § 33-5-205, 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
- ◆ Family Counseling, Training, and Support Groups

In Home Services

There are two (2) forms to be utilized when documenting in-home services – Advanced Payment for In Home Services and an Invoice for In-Home Services (Appendix C). The agency shall ensure that the Service Plan and the In-Home Service Form correlate so that the services and authorized costs are the same. 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 shall ensure that the family submits a receipt to the agency when the service has been provided. Until the receipt for the advanced payment has been submitted, the agency cannot assist this family with further services.

Limits on Benefits

Pursuant to T.C.A. § 33-5-211, it is the responsibility of DIDD to administer the Family Support Services Program and establish the annual benefit levels per family served. The current maximum annual limit on benefits is \$4,000.00 per individual with a severe or development disability in a family, however implementation of the program and the annual benefits level are contingent upon sufficient funding.

Fraud, Waste and Abuse

The Family Support Program and its staff, provider agencies and volunteers shall comply with DIDD Policy 70.2.1 related to preventing, detecting and reporting fraud, waste and abuse of government funding.

Individuals enrolled in the Family Support Program (and/or his/her guardian/conservator) shall comply with DIDD Policy 70.2.1 as applicable. See appendix I.

It is expected that the provider agency, volunteers, service providers and the individual enrolled in the Family Support Program (or his/her guardian/conservator) shall cooperate with investigative matters. Failure to cooperate could result in denial of a claim, termination of the Family Support contract, disenrollment from the program and/or a criminal investigation. Disenrollment from the program would prevent reapplication in subsequent years.

NOTES

A form for a written plan is appended to this document. It includes all seven (7) elements on a single page.

A written plan may be developed for as long as one (1) 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 State fiscal year that runs from July 1 through June 30. 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 original 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 it 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 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.

It is highly recommended that families/individuals circle the items on submitted receipts related to the family member with the disability. If it is an unusual item/service, ensure that the Service Plan gives a statement about the approval. The use of a highlighter can result in deterioration of the paper, and it typically does not transmit clearly when photocopied or scanned.

SECTION 4

SERVICE COORDINATION

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.

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Service coordination is the process through which coordinators and families ensure that services are obtained to best meet family needs and preferences. 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. troubleshoot problems in the system;
- d. coordinate with local agencies and resources; and
- 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 while also receiving the level of support they prefer.

SECTION 5

FAMILY SUPPORT COUNCILS

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 staffs treat people with a severe or developmental disability and their families with dignity by respecting their individual choices and preferences; that services are flexible and 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 DIDD in the development of program policies and procedures as well as the implementation of the Family Support Program. 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

- A. Membership and Terms of Service
- B. Meeting Attendance
- C. Expenses
- D. Standing Committees

A. Membership and Terms of Service

1. Pursuant to T.C.A. § 33-5-208, the State Council shall be comprised of fifteen (15) members who are appointed by the Commissioner of DIDD, of whom at least a majority shall be persons with severe or developmental disabilities or their parents or primary caregivers.
2. The State Council shall contact the following agencies and request the designation of a representative who shall be appointed by the Commissioner of DIDD and included in the aforementioned fifteen (15) person membership State Council:
 - a. Council on Developmental Disabilities
 - b. Tennessee Disability Coalition
 - c. Tennessee Network of Community Organizations (TNCO)
 - d. Centers for Independent Living (every three year term, representatives will be rotated among the federally funded centers)
 - e. Department of Intellectual and Developmental Disabilities (2 at-large representatives)

3. Each State Council member shall serve for a three year term and shall be limited to two (2) consecutive terms.
4. 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.
5. Officers, election, and terms
 - a. Officers: a) Chair b) Vice-Chair
 - b. Officers may not be a state employee, an employee of a Family Support agency, or employees of contracted agencies
 - c. Officers will not be nominated from the appointed members listed above in "B."
 - d. The term of an officer shall be limited to one year per three year State Council term; 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.
 - e. District Council Representatives:
 - (i) 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).
 - (ii) District Council representative may serve two consecutive three-year terms on State Council. If over the two-term limit, he or she must send another District Council representative.

B. Meetings

1. Frequency of Meetings:
 - a. Four meetings will be held each council year (July 1st to June 30th).
 - b. 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
2. The Statewide coordinator will work with the Chair in developing an agenda for upcoming meetings.
3. Quorum: The State Council consists of fifteen voting members, five 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, he or she shall inform state staff of his or her anticipated absence at least forty-eight (48) hours in advance to ensure a quorum at each meeting.
4. Pursuant to T.C.A. § 33-5-210, Any council member who misses more than fifty percent (50%) of the scheduled meetings in a calendar year shall be removed as a member of the council. The chair of the council shall promptly notify, or cause to be notified, the appointing authority of any member who fails to satisfy the attendance requirement.
5. If a State Council member is unable to physically attend a scheduled meeting, he or she may participate via Skype, teleconference, or other similar method, if available, which allows the council member to be engaged in the meeting. Participation in this manner shall be counted towards a member's attendance requirement as described above.

6. When an appointed State 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 State Council meeting. The representative may attend for information purposes only and does not have voting rights.
 7. When a District Council member cannot attend a scheduled State Council meeting, the District Council may send a representative to attend that meeting; however, the designee should be a consumer. The representative may attend for information purposes only and does not have voting rights.
 8. If a council member sends a representative to a scheduled State Council meeting, it is not considered as attendance in the meeting.
 9. To ensure appropriate consumer and agency representation on District Councils, there will be a yearly review of nominations and membership by the State Council.
 10. Conference Call and/or Electronic Voting: In the event an issue occurs which requires immediate consideration by the State Council but the physical presence by a quorum of the members is not practical within the period of time requiring action, then the Chair of the State Council shall notify the DIDD FSP Statewide Director of the necessity of convening through telephonic or electron means. The DIDD Statewide Director shall then send a detailed e-mail to all members of the State Council notifying them of the emergency issue and requesting that a conference call and/or electronic vote be held and/or submitted within a specified period of time. A quorum of the members must participate and first determine if the facts and circumstances are emergent in nature and, if so, remit his/her vote accordingly. If there is no quorum, then the vote is null and void and the matter cannot be acted upon. The documentation pertaining to the exigent matter must be maintained as well as the results and any relevant information regarding action taken shall be included on the agenda at the next available meeting and entered into the meeting summary.
- C. Expenses of District Council members and non-State agency representatives for attendance at State Council meetings.
1. The Department 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.
 2. 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. Pursuant to T.C.A. § 33-5-210, travel expenses such as food and mileage expenses will be reimbursed according to State rules.
 3. \$3,500 in Family Support funds will be budgeted to cover the cost of personal assistance and respite for council members.
- D. Standing Committees
1. Executive Committee
 - a. The State Council Executive Committee will consist of the Chair, Vice-Chair, and two Chairs of the standing committees who will be voted on by the Council at the last meeting.
 - b. The role of this committee is to continue council business with the Department between meetings. In addition, the Executive Committee may meet before council meetings in order to make recommendations to the council.
 - c. The Executive Committee will provide orientation to all incoming State Council members.

- d. If a family disagrees with the eligibility determination, given by the agency and Local Council, this committee will review documentation and give the final vote on eligibility.

2. Policies & Procedures Program Evaluation Committee

- a. This committee will be accountable for:

- (i) Recommending council policies
- (ii) Program guidelines and operating procedures

Process for changes being made to the guidelines:

Step 1 - Policy and Procedures Committee review recommended changes.

Step 2 - Policy and Procedures Committee submit recommendations to the State Council.

Step 3 - The recommended change(s) will be submitted to DIDD Office of General Counsel, DIDD Deputy Director of Intake and Case Management, DIDD Deputy Commissioner of Program Operations, Commissioner of DIDD, Family Support agencies, Local Councils, and District Councils for review and comment. Comments from the above will be submitted to the Policy and Procedures Committee within 45 days of receipt of the recommendations.

Step 4 - Policy and Procedures Committee will review all comments and prepare a summary for the State Council.

Step 5 - At the first meeting following the proposed changes, the Policy and Procedures Committee will present their summary of comments to the full Council and, if necessary, new wording will be discussed and voted on by the Council, whereupon, if passed, the new revisions will be submitted to DIDD personnel named in Step 3 above for review and final approval before enactment.

Step 6 - DIDD shall either approve or disapprove the proposed changes within 30 days of receipt. The State Family Support Program Coordinator shall forward the decision of DIDD to the State Council and to all coordinators for implementation, if applicable. Date of implementation shall be at the discretion of Commissioner of DIDD or his or her designee unless this right is specifically waived and authorization given to the full Council to determine date of implementation.

Step 7 - If the Commissioner of DIDD does not approve the proposed changes, the State Council may submit an additional proposed change in an effort to reach a resolution.

- (iii) Development and implementation of State level program evaluation.

3. Public Awareness Training and Nominating Committee

- a. Responsible for training activities and materials for agencies, staff, and councils;
- b. Accountable for oversight of agency outreach efforts;
- c. Review quarterly statistical data for accuracy; and
- d. Offers assistance to agencies in developing outreach strategies and materials.
- e. Responsible for the Nominating Committee

- (i) At least annually, the statewide coordinator will present the District Council nominations to the Nominating Committee for review and approval.
- (ii) The Nominating Committee is responsible for State Officer Nominations in February to be presented at the May meeting.
- (iii) At least annually, the statewide coordinator will present the status of the State Council appointments to the Nominating Committee for review.

E. Duties of the State Council:

1. Pursuant to T.C.A. § 33-5-209, DIDD and the State Council shall work together to adopt policies and procedures regarding:
 - a. Development of appropriations requested for Family Support;
 - b. Program specifications:
 - (i) Criteria for program services;
 - (ii) Methodology for allocating resources to families within the funds available;
 - (iii) Eligibility determination and admissions; and
 - (iv) Limits on benefits;
 - c. Coordination of the Family Support Program and the use of its funds equitably throughout the state, with other publicly funded programs, including Medicaid;
 - d. Resolution of grievances filed by families pertaining to actions of the Family Support Program, and a grievance process;
 - e. Quality assurance; and
 - f. Annual evaluation of services, including consumer satisfaction.

2. Pursuant to T.C.A. § 33-5-209, unless the commissioner determines an exigent circumstance exists, DIDD shall seek input from the State Council prior to adopting policies and procedures regarding program specifications, coordination of FSP and the use of its funds equitable throughout the state with other publicly funded programs; resolution of grievances, quality assurance, and 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 and ask for their input in developing an agenda for upcoming 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 who do not have electronic access will be contacted by the Council Chair.
3. The Local Council shall review eligibility documentation, if requested.
4. The Local Council shall serve as the first step in the resolution of grievances for selection - as outlined in Section 9.
5. 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 calendar days after the 2nd 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.
6. The Local Council assists the agency in writing responses to DIDD regarding the feedback received from the Family Support Review.
7. The Local Council will have a copy of the agency application.
8. The Local Council shall periodically review expenditure or disbursement of Family Support funds in the service area.
9. 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.
10. The Local Council shall promote Family Support in the community and work to build consensus and capacity in the community.
11. The Local Council shall have a representative on the District Council.
12. The Local Council shall fulfill other duties, as needed.
13. The Local Council shall designate an individual to take notes in an effort to summarize 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 DIDD Regional Office.

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 shall 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. To ensure appropriate consumer/agency representation on District Councils, there will be a yearly review of nominations and membership by the State Council.
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 and ask for their input in developing an agenda for upcoming 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 who 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 for selection - as outlined in Section 9.
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. If a State Council nominee is unable to attend the quarterly State Family Support Council meetings, then another District Council member can be chosen to represent the District Council.
9. In the event 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, DIDD, and DIDD Regional Office.

SECTION 6

ROLE OF REGIONAL OFFICES

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 eligibility determination when a family asks for a documentation review.
 - f. Coordinate the grievance process for eligibility 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. Ensure 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. Ensure 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. Ensure 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 ensure 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.
 - e. Oversee and track that all Local and District Council members receive the DIDD Privacy Practices and sign the confidentiality statement. Assure that new council members sign the confidentiality agreement when they join a Local or District Council.
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

PRINCIPLES

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 as well as informal networks of friends, neighbors, extended family and others, it is important to have local stakeholders involved. Community-based and locally operated services build capacity, commitment, and accountability. Developing contracts with local administering agencies brings Family Support to localities.

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.

GUIDELINES

Establishment of Grants/Contracts

DIDD, as the administering body for the 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

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, 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 (3) 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 DIDD. Applications will be approved by DIDD for a minimum of one (1) 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 by DIDD.
- 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 3rd quarter without State Council approval. Transfers of twenty-five (25%) percent 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 eighty-five (85%) percent 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 remain undistributed by 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 who 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 maintained in the individual's file. Also, the grantee will submit data to DIDD each July 31st, which will document the number of persons in the program and their race and gender (see FSG, Appendix I).

Roles and Responsibilities of Contract Agencies

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

- a. implement the program within the entire designated service area;
- b. designate one (1) 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 their participation, 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. if needs change throughout the year, reevaluate the family's needs, priorities, preferences, and concerns.
- f. utilize the forms in the guidelines, and if an agency wants to gather more information they can attach a supplement to the existing forms.
- g. ensure that agency personnel involved in Family Support services utilize DIDD Relias on-line course training and are adequately trained to carry out their assigned functions;

http://www.tn.gov/assets/entities/didd/attachments/Training_-_Requirements_for_Provider_Staff_Categories.pdf

- h. disseminate information so that eligible families will know of the availability of services;
- i. comply with all applicable DIDD fiscal policies and procedures;
- j. attempt to obtain competitive bids for goods, materials, and supplies for anything over \$2,000;
- k. keep program/client information available for the previous four years and the current year of a contract, for a total of five years;
- l. submit monthly data to DIDD by the end of the following month; and
- m. should it be discovered that a contract agency is not adhering to the Family Support Guidelines, the State Council may recommend to DIDD that corrective action be taken, including but not limited to probation or termination. DIDD shall make the final decision as to what, if any, corrective action shall be taken and notify the State Council of its decision.

Statewide Timeframes

February 1st – Priorities for the next fiscal year shall be submitted to DIDD Central Office so the State Council can review them at the February meeting. This becomes effective for Fiscal year 2016 but is advisory for February 2015.

3rd Quarter thru 4th Quarter – All families/individuals (active and waiting) shall receive the following information:

- Statement informing families of the selection process;
- Statement informing families that prior year's selection is not a guarantee for selection in subsequent years;
- Contact information for the Family Support staff; and
- Deadline for Submission

The agency shall contact each family/individual (active and waiting) to either complete or update an Intake Form and Eligibility Checklist by the end of the 4th quarter. This allows information to be ready for the selection process.

4th Quarter thru 1st Quarter of a new Fiscal Year – The Local Councils shall meet to approve/disapprove the applicants as presented to the council by the agency for the following fiscal year. This shall be completed by the end of the 1st quarter of a new fiscal year.

Note: Applications may be submitted at any time throughout the fiscal year; however selection is dependent upon the availability of funds. Once an application is received, the agency will contact the applicant within thirty (30) days in order to determine eligibility. If the applicant meets eligibility guidelines, then he/she will either be selected for services or placed on the waiting list for that fiscal year.

1st Quarter – All families/individuals shall be notified if they are approved for the program, placed on the waiting list, or are denied. All approvals, disapprovals, and denials shall be completed by September 30th of each funding year.

This time frame will take effect for FY 2015-2016.

SECTION 8 CLAIMS AND REPORTING

PRINCIPLES

Since the Family Support Program is the key program in which individuals with developmental disabilities other than intellectual disabilities qualify for services, DIDD has developed a Claims and Reporting System for data collection. This system will enable DIDD to track all services for individuals with disabilities. Also, this will allow for more accurate data reporting and enable the DIDD to generate reports and share data when requests are submitted from other entities.

GUIDELINES

Payments for Family Support Services by Contracted Agencies

Each provider will need to follow the Claims and Reporting Instructions in Appendix D.

The Claims Submission Form has four tabs:

1. Population Tab – This tab will collect demographics for individuals that apply for the program.
2. Expenditure Tab – This tab documents expenditures for which goods and/or services have been paid and a valid receipt has been obtained.
3. Year To Date Tab – This tab will keep a running total for each individual.
4. Certification Tab – This tab will generate an invoice each month or quarter (based on when the agency submitted the claim) for claims that have been paid. The spreadsheet will automatically generate the amount for direct services (85%) and administrative reimbursement (15%).

DIDD will send the Claims Submission Form to the agencies monthly or quarterly (based on when the agency submitted the claim). The agencies will enter demographics and data at least quarterly and no later than the last day of the following month of submission the agencies are to submit to DIDD the following:

- 1, The Claims Submission Form.
2. The computer will randomly generate a 10% sample of claims at least quarterly. The provider will attach receipts for the claims identified.
3. The agencies need to print the Certification Page, sign it, and attach it to the Claims Report for payment.

Secure Email for Claims Submission Form

It is critical that agencies respond to the email that was sent to them from DIDD with [secure email] in the subject line for attaching the Claims Submission Form, receipts, and the Certification Page. This will assure that the information is sent securely. If you need information regarding how to utilize secure email, go to the following link.

http://www.tn.gov/assets/entities/didd/attachments/FS_Claims__Reporting_Process_Users_Guide.pdf

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 provider 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 provider, the provider should ensure that it maintains appropriate documentation, including receipts.

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

- a. A Service 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 Service Plan.
- c. Equipment purchased for families becomes the property of the family.

Payments by DIDD to Contracted Agencies

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 at least quarterly.
- e. Agencies will submit a Claims Submission Form to DIDD Central Office at least quarterly.
- 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.
- h. The agency, along with the advice and consent of the Local Council(s) may establish a time frame for submission of receipts at the end of a fiscal year.

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 control of the funds 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.

SECTION 9

GRIEVANCE

PRINCIPLES

Families should have a non-threatening, easy to use mechanism available for settling disputes regarding program practices or complaints pertaining to program operations, staff, or decisions based on selection to enroll in the program. The grievance process should be easy to access and to understand. Once selected for services, the family shall receive a copy of the most current Family support Guidelines which contains information pertaining to the grievance process for selection. When addressing a complaint or grievance, every effort shall 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, a grievance process shall 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 a grievance 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 shall contact the DIDD Regional Office Family Support staff in writing or by phone. This notification shall 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, 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 calendar days following the receipt of the written grievance. Within ten calendar days following the meeting, the Local Council shall compile a meeting summary, and submit it to the DIDD Regional Office and Family Support staff as well as 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 shall contact the DIDD Regional Office Family Support staff in writing or by phone within ten calendar days following receipt of the 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, 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 calendar days following the receipt of the written grievance. Within ten calendar days following the meeting, the District Council shall compile a meeting summary and submit it to the DIDD Regional Office and Family Support staff as well as 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 shall contact the DIDD Regional Office Family Support staff in writing or by phone within ten calendar 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, 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 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 shall notify the family of its decision in writing within ten calendar days following the meeting. The decision of the Family Support State Council is final.

DIDD Regional Office Family Support Staff

West

11437 Milton Wilson Road
Arlington, TN 38002
(901) 745-7215

Middle

275 Stewarts Ferry Pike
Nashville, Tenn. 37214
(615) 231-5057

East

520 W. Summit Hill Drive
Suite 201
Knoxville, Tenn. 37902
(865) 594-9288

SECTION 10

PROGRAM EVALUATION

PRINCIPLES

Program evaluation is critical to sustaining a responsive and effective Family Support Program. All aspects of the program shall be evaluated periodically to determine its effectiveness in assisting families. Program evaluation can be used to assist agencies, DIDD, and 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 is 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 service; 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

Method of Evaluation

Family Support Evaluation: A standard form (Appendix E) 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 shall be distributed to families/individuals annually.

Distribution to families/individuals during the three year contract will be as follows:

Year 1 – 10% sampling (utilizing the claims reporting review of receipts)

Year 2 – 100%

Year 3 – 10% sampling (utilizing the claims reporting review of receipts)

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 September. DIDD will mail the evaluations to families in early October. The evaluations are due each November, and DIDD will compile the results and distribute the outcome to the appropriate agency and the State Council in January.

The evaluation shall address family/individual satisfaction and program responsiveness.

SECTION 11

FAMILY SUPPORT REVIEW

PRINCIPLES

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

GUIDELINES

The services provided by each agency that contracts with DIDD to provide Family Support will be reviewed at least once during the agency's three (3) year contract and more often if needed. 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 shall be reviewed during years two (2) or three (3) of their contract. DIDD will notify agencies of the date and the documents to be reviewed one to 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; and
- ◆ an examination of records.
- ◆ review signature pages regarding Fraud, Waste and Abuse policy

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 shall develop a written response following the completion of the review and forward a copy to the agency director within thirty calendar days. The agency must respond to the plan in writing if the response identifies recommendations for improving the agency's services. The agency shall be responsible for developing a plan of action that responds to the recommendations and returning its response to DIDD and the DIDD Regional Office within thirty (30) calendar 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 (30) calendar days.

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

The agency shall fulfill the Mission and Purpose stated in its application. The agency shall be held accountable for fulfilling the terms stated in its application and contract as well as adhering to the Family Support Guidelines. Accountability shall include but it is not limited to the State Family Support Council making a recommendation to DIDD that the contract be terminated for an agency that is not in compliance.

APPENDIX A

**GUIDE TO
FAMILY SUPPORT LEGISLATION**

Title 33

§ 33-1-101. Definitions

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

(9) "**Department**" means the department of mental health and substance abuse services when the statute at issue deals with mental illness or serious emotional disturbance and means the department of intellectual and developmental disabilities when the statute at issue deals with intellectual and developmental disabilities;

(11)(A) "**Developmental 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) Manifested before twenty-two (22) years of age;

(iii) 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; or

(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 need to be individually planned and coordinated;

(11)(B) "**Developmental disability**" in a person up to five (5) years of age means a condition of substantial 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 services and supports are not provided;

(16)(A) "**Intellectual disability**" means, for the purposes of the general functions of the department as set forth in § 4-3-2701(b), substantial limitations in functioning:

(i) As shown by significantly sub-average intellectual functioning that exists concurrently with related limitations in two (2) or more of the following adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work; and

(ii) That are manifested before eighteen (18) years of age;

(19) "**Mental illness**" means a psychiatric disorder, alcohol dependence, or drug dependence, but does not include intellectual disability or other developmental disabilities;

(22) "**Serious emotional disturbance**" means a condition in a child who currently or at any time during the past year has had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet psychiatric diagnostic criteria that results in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities and includes any mental disorder, regardless of whether it is of biological etiology;

§ 33-1-302. Additional department duties

(a) The department may:

(1) Make grants and contracts under terms and conditions that the commissioner prescribes to any county, city, or profit or nonprofit corporation or any combination of them for the construction, maintenance or operation of facilities, programs, or an array of high quality prevention, early intervention, treatment, and habilitation services and supports for service recipients and their families;

(2) Enter into cooperative programs for the construction, maintenance or operation of facilities, programs or services to provide care, habilitation and treatment for service recipients;

(3) Make and enforce rules that are necessary for the efficient financial management and lawful operation of the facilities, programs or services;

(4) Construct, maintain and operate the facilities, programs or services; and

(5) With the approval of the commissioner of finance and administration and the comptroller of the treasury, establish or cause to be established revolving loan fund programs to assist recipients of publicly funded services under this title to acquire or maintain affordable housing.

(b)(1) Each governing body of the facility, program, or service shall have an annual audit made of its accounts and records. The comptroller of the treasury, through the department of audit, shall be responsible for ensuring that the audits are prepared in accordance with generally accepted governmental auditing standards and determining if the audits meet minimum audit standards that shall be prescribed by the comptroller of the treasury. No audit may be accepted as meeting the requirements of this subsection (b) until the audit has been approved by the comptroller of the treasury. The audits may be prepared by the department of audit, or with the prior written approval of the comptroller, by a licensed independent public accountant.

(2) All audits performed by the internal audit staff of the facility, program, or service shall be conducted in conformity with the standards established by the comptroller of the treasury under § 4-3-304(9).

§ 33-5-103. Ineligibility for service or support

If a person has a developmental disability solely on the basis of having a mental illness or serious emotional disturbance, the person is not eligible to have services or supports provided for the developmental disability primarily under this chapter.

§ 33-5-201. Definitions

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 of age; and

(6) **“State family support council”** means the council established by the department to carry out the responsibilities specified in this part.

§ 33-5-202. Policy; principles for program development

(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 support 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.

§ 33-5-203. Program focus

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

§ 33-5-204. Contracted agency: powers and duties

The contracted agency shall be responsible for assisting each family for who 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.

§ 33-5-205. Available services

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.

§ 33-5-206. Service coordination

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.

§ 33-5-207. Assistance to families of adults with disabilities

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.

§ 33-5-208. Family support council

The commissioner shall appoint a state family support council comprised of fifteen (15) members, of whom at least a majority shall be persons with 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 organizations, and one (1) representative of a center for independent living. The commissioner shall appoint two (2) at-large members for the department.

§ 33-5-209. Participation of department with family support council

- A. The department shall adopt policies and procedures regarding the development of appropriations requested for family support.
- B. Unless the commissioner determines an exigent circumstance exists, the department shall seek input from the state family support council prior to adopting policies and procedures regarding:
 - (1) 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;
 - (2) Coordination of the family support program and the use of its funds equitably throughout the state, with other publicly funded programs, including Medicaid;
 - (3) Resolution of grievances filed by families pertaining to actions of the family support program, and an appeals process;
 - (4) Quality assurance; and
 - (5) Annual evaluation of services, including consumer satisfaction.

§ 33-5-210. Council; meetings; powers and duties; traveling expenses

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.

§ 33-5-211. Program administration; funding

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.

§ 33-5-212. Persons with developmental disabilities other than intellectual disability; needs assessment study; cost-effective home and community-based needs plan; task dates

In accordance with policies and procedures developed and adopted by the state family support council and the department of intellectual and developmental disabilities (DIDD), information gathered through the family support program on persons with a developmental disability, other than an intellectual disability, for whom services are needed shall be provided to DIDD on at least a quarterly basis.

APPENDIX B

**INTAKE FORM
AND
ELIGIBILITY CHECKLIST**



Department of Intellectual and Developmental Disabilities

Family Support 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 of Residence: _____ E-mail: _____

Reason for referral to Family Support Program (include information on the impact of disability on the family)

Potential Support Services Needed/Requested (Check services needed):

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Before/After Care | <input type="checkbox"/> Home Modifications | <input type="checkbox"/> Specialized Equip. & Repair/Maintenance | <input type="checkbox"/> Recreation/Summer Camp |
| <input type="checkbox"/> Behavior Services | <input type="checkbox"/> Home Maker Services | <input type="checkbox"/> Specialized Nutrition/Cloth/Supplies | <input type="checkbox"/> Vehicle Modifications |
| <input type="checkbox"/> Day Care | <input type="checkbox"/> Nursing/Nurses Aide | <input type="checkbox"/> Training | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Emergency Living Expenses | <input type="checkbox"/> Personal Assistance | <input type="checkbox"/> Transportation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Family Counseling | <input type="checkbox"/> Respite | <input type="checkbox"/> Health Related | <input type="checkbox"/> Other: _____ |

Is the Individual or Family Currently Receiving Other Services (Check all that apply)?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Adoption Assistance | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Residential Services | <input type="checkbox"/> TennCare |
| <input type="checkbox"/> CHOICES Waiver | <input type="checkbox"/> Medicare | <input type="checkbox"/> Social Security Income | <input type="checkbox"/> Vocational Rehabilitation |
| <input type="checkbox"/> DIDD Waivers | <input type="checkbox"/> Nursing Services | <input type="checkbox"/> Social Security Disability Income | <input type="checkbox"/> PACE |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> OPTIONS Program | <input type="checkbox"/> Supported Living | <input type="checkbox"/> ECF |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Private Insurance | <input type="checkbox"/> Tenn. Early Intervention System | <input type="checkbox"/> Other: _____ |

To comply with Title VI the following information is requested:

- | | | | |
|------------------------------------|---|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> African-American | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other |
| <input type="checkbox"/> Female | <input type="checkbox"/> Male | | |

Family Support Intake Form, page 2

If someone other than the family/individual is making a referral:

Name of individual making referral to Family Support: _____

Agency: _____ Phone: _____

Address: _____

Primary Disability – Check 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"/> Health Impairment | <input type="checkbox"/> Spinal Cord Injury |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Developmental Delay (Birth - 8 y.o.) |
| <input type="checkbox"/> Other | |

Did the person's primary disability occur:

- Prior to age 22
- At age 22 or after

By signing and dating this form, I, the person supported or legal representative, indicate that all of the information above is true and accurate. Furthermore, I understand providing invalid, inaccurate or incomplete information may result in denial of a claim, disenrollment from the program and/or criminal investigation. Disenrollment from the program would prevent reapplication in subsequent years.

Signature of Person Supported or Legal Representative

Date

How was this information obtained (i.e. face to face visit, by phone)?

NOTES



Department of Intellectual and Developmental Disabilities

Family Support Eligibility Checklist

Date _____ Proof of Residency on File (mark one) Yes No

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

Proof of Citizenship Yes No

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 or Highlight 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, Section 2, and Section 3. 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 the family, in the community, in an unsupported setting? (A supported setting is a setting that is state or federally funded and includes supportive services e.g. institutions (ICF/ID), state funded foster homes, and HCBS waiver services. YES NO

Family Support Eligibility Checklist, page 2

SECTION 3 – Functional Assessment (Section 3 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.

Self-Care:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Receptive & Expressive Language:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Learning:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mobility:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Self-Direction:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Capacity for Independent Living:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Economic Self-Sufficiency:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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

D. Is the individual receiving care, treatment, or other services based on the presence of a disability? YES NO

If yes, describe.

NOTES

Family Support Eligibility Checklist, page 3

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.

Name of Family Member Contacted: _____ Staff Initial: _____ Date: _____

Name of Family Member Contacted: _____ Staff Initial: _____ Date: _____

Name of Family Member Contacted: _____ Staff Initial: _____ Date: _____

Name of Family Member Contacted: _____ Staff Initial: _____ Date: _____

Name of Family Member Contacted: _____ Staff Initial: _____ Date: _____

Name of Family Member Contacted: _____ Staff Initial: _____ Date: _____

Name of Family Member Contacted: _____ Staff Initial: _____ Date: _____

APPENDIX C

**SERVICE PLAN
IN HOME SERVICES
MEDICAL TRAVEL**



**Department of Intellectual and Developmental
Disabilities**

**2019 /2020
FAMILY SUPPORT SERVICE PLAN**
THIS PLAN IS VALID THROUGH JUNE 30, 2020

Agency Name		Agency Address		Phone #	Fax #
Name of Individual with Disability:		Social Security Number:		Date of Birth:	
Name of Primary Family Member:		Phone Number:		Email Address:	
Client ID# (optional):		Reason for the Need for Support:			

Services To Be Provided *Please check all which apply					
Before/After Care		Home Modifications		Specialized Equipment & Repair and/or Maintenance	
Behavior Services		Homemaker Services		Specialized Nutrition, Clothing, and/or Supplies	
Day Care		Nursing/Nurse's Aide		Training	
Emergency Living Expenses		Personal Assistance		Transportation	
Family Counseling		Recreation/Summer Camp		Vehicular Modifications	
Health Related		Respite		Other:	
TOTAL Plan Amount not to exceed:					\$

Frequency/Duration _____ Method for Payment for Service: _____

**Categories may be changed by recipient as needed as long as the maximum financial commitment is not exceeded. Program participation cannot be guaranteed beyond this contract year. The Family Support Program is funded under an agreement with the State of Tennessee.*

AGREEMENT

The Family Support Program is not responsible for payment of services exceeding the plan allotment. The person who has signed below has participated in the development of this plan and indicates their agreement to the plan by their signature.

The following must be received in the Family Support Office in order to receive services:

1. The signed copy of the Family Support Service Plan and Title VI "Discrimination is Prohibited" Form,
2. Verification of address,
3. Verification of disability and citizenship (if requested).

By signing and dating this form, I, the person supported or legal representative, indicate that all of the information above is true and accurate. Furthermore, I understand providing invalid, inaccurate or incomplete information may result in denial of a claim, disenrollment from the program and/or criminal investigation. Disenrollment from the program would prevent reapplication in subsequent years.

Signature of Service Recipient or Family

Signature of Agency Representative

Date Signed

Date Signed

<input type="checkbox"/> Regular Plan <input type="checkbox"/> Emergency Plan	Approved by the Local Council	<i>The Agency complies with Title VI, which prohibits discrimination on the basis of race, color, or nationality.</i>
---	-------------------------------	---



**Department of Intellectual & Developmental Disabilities
Family Support Program
Invoice for In-Home Services**

MONTH	SPECIFIC DATES OF SERVICE	YEAR	INVOICE #

RECIPIENT'S NAME: _____

COUNTY: _____

SERVICE(S) APPROVED FOR: _____

(check one) Respite *includes* Personal Nursing Homemaker Other:
babysitting Assistance

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: _____

By signing and dating this form, I, the person supported or legal representative, indicate that all of the information above is true and accurate. Furthermore, I understand providing invalid, inaccurate or incomplete information may result in denial of a claim, disenrollment from the program and/or criminal investigation. Disenrollment from the program would prevent reapplication in subsequent years.

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 Printed Name: _____

Provider Address: _____

Provider Phone: _____

Provider (SIGNATURE) **Date**

For Agency Use:

Circle One: Approved Denied

Agency Coordinator Date



**Department of Intellectual & Developmental Disabilities
Family Support Program
Invoice for In-Home Services Advanced Payment**

MONTH	SPECIFIC DATES OF SERVICE	YEAR	INVOICE #

RECIPIENT'S NAME: _____

COUNTY: _____

SERVICE(S) APPROVED FOR: (check one)	<input type="checkbox"/>				
---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Respite *includes* Personal Nursing Homemaker Other:
babysitting Assistance

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: _____

By signing and dating this form, I, the person supported or legal representative, indicate that all of the information above is true and accurate. Furthermore, I understand providing invalid, inaccurate or incomplete information may result in denial of a claim, disenrollment from the program and/or criminal investigation. Disenrollment from the program would prevent reapplication in subsequent years.

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 service.

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 Printed Name: _____

Provider Address: _____ **Provider Phone:** _____

Provider (SIGNATURE) **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 advance payment to you for the approved service. Additional funds will not be allocated until this completed form and a receipt is submitted.



Department of Intellectual and Developmental Disabilities

Transportation

Month/Year _____

Travel for the approved recipient will be reimbursed at either the state or agency mileage, whichever is lower. This form is used for travel for medical or nonmedical appointments (day services and other related activities).

Mileage - The amount will be calculated by the agency staff utilizing point to point mileage.

Meals - Receipts for the recipient are required.

Lodging - Receipts for the recipient are required.

Recipient's Name: _____

County: _____

Date	Place Left	Time Left AM/ PM	Place Arrived	Arrival Time AM/PM	Miles	Amt *	Lodging	Breakfast	Lunch	Dinner	TOTAL

GRAND TOTAL _____

By signing and dating this Transportation Form, I, the person supported or legal representative, indicate that all of the information above is correct.

Signature of Person Supported or Legal Representative

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 Reimbursement Form is to reimburse you for the approved travel.*

APPENDIX D

SERVICE DEFINITIONS
AND
CLAIMS AND REPORTING
PROCESS

CLAIMS AND REPORTING PROCESS USER'S GUIDE can be found on the DIDD Internet.

http://www.tn.gov/assets/entities/didd/attachments/FS_Claims__Reporting_Process_Users_Guide.pdf

General Definitions

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

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.

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.

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.

Emergency Living Expenses 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.

Family Counseling Counseling provided to the person or caregiver related to challenges in the life of the person with a disability.

Health Related 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.

While Family Support funding may be utilized to purchase medication, a recipient of Family Support funding must ensure all prescription medication purchases are appropriate and utilized in accordance with the prescribing physician and in line with standard medical practice. Any evidence of misappropriation of Family Support funds for narcotics or other drugs of abuse and/or "doctor shopping" will be reported to state law enforcement officials for appropriate

action under state and federal laws. Moreover, any payments for Family Support funding related to abuse of drugs may be withheld pending confirmation of appropriate medical use.

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.

Homemaker Services

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.

Nursing/Nurses Aid

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 in patient hospitals.

Personal Assistance

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.

Recreation/

Recreation/summer camp may include, but is not limited to, the cost

Summer Camp

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.

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.

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.

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.

Transportation

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 nearby community activities. Transportation may include vehicle repairs or an emergency car insurance premium.

Long distance travel includes the cost of mileage, meals for the recipient, and/or lodging associated with transporting the recipient.

A transportation form is in Appendix C of the Family Support Guidelines and must be completed to invoice for this service.

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.

APPENDIX E

**FAMILY SUPPORT AGENCY
EVALUATION FORM**



DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

Tennessee Family Support Program
Satisfaction Survey - FY 20__

Please list your county: _____

Completed by:

Person Supported

Family Member

Table with 7 rows of survey questions and 4 columns: Always, Sometimes, Never, Does Not Apply.

8. Where did you meet the Family Support coordinator (choose one)?

Form with checkboxes for: My home, A public place, At the agency, Phone call, Email, Other: _____

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

Form with checkboxes for: I could not pay for respite or personal assistance, I could not get medicine, food supplements, supplies or equipment, I could not attend day programs, medical appointments, or be involved in my community, I would not be able to work, My family member could not attend activities outside the home and/or my family member would have to live somewhere else, I would not be able to spend quality time by myself or with other family members, I could not stay in my own home, Other: _____

TENNESSEE FAMILY SUPPORT PROGRAM SURVEY – FY 20___, cont.

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:

11. Do you have additional needs not currently met by the Family Support Program or other programs?

Yes No

--	--

If yes, list them:

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. (if necessary attach an additional sheet.)

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

Please Send Your Completed Survey:
Department of Intellectual and Developmental Disabilities
UBS Building, 8th Floor
315 Deaderick Street
Nashville, TN 37243
Thank you for taking the time to fill out this survey.

APPENDIX F

**CITIZENSHIP
DOCUMENTATION**

CITIZENSHIP

Pursuant to T.C.A. § 4-58-101 et seq., every state governmental entity must verify citizenship for participants receiving federal, state, or local public benefit. Program participants must present proof of citizenship or status as qualified alien prior to receiving benefits. Furthermore, participants must attest to the applicant's status as either a United States citizen or a qualified alien.

Prior to receiving benefits, **applicants who claim United States citizenship**, the applicant must present any (1) of the following:

- A valid Tennessee driver license or photo identification license issued by the department of safety; or a valid driver license or photo identification license from another state where the issuance requirements are at least as strict as those in Tennessee, as determined by the department of safety;
 - **NOTE:** Due to the potential for fraud, if a driver license or photo identification is utilized as proof of citizenship, then a copy of the citizenship or lawful permanent resident documentation (e.g., U.S. issued birth certificate, valid US passport, certificate of citizenship, permanent resident alien card, etc.) utilized to obtain the license must be provided as well.
- An official birth certificate issued by a state, jurisdiction or territory of the United States, including Puerto Rico, United States Virgin Islands, Northern Mariana Islands, American Samoa, Swains Island, Guam;
 - **NOTE:** Puerto Rican birth certificates issued before July 1, 2010, shall not be recognized as acceptable proof of citizenship.
- A United States government-issued certified birth certificate;
- A valid, unexpired United States passport;
- A United States certificate of birth abroad (DS-1350 or FS-545);
- A report of birth abroad of a citizen of the United States (FS-240);
- A certificate of citizenship (N560 or N561);
- A certificate of naturalization (N550, N570 or N578);
- A United States citizen identification card (I-197, I-179);
- A social security number that the entity or local health department may verify with the social security administration in accordance with federal law.
 - **NOTE:** Due to the potential for fraud, if a social security number is utilized as proof of citizenship, then a copy of the citizenship or lawful permanent resident documentation (e.g., U.S. issued birth certificate, valid US passport, certificate of citizenship, permanent resident alien card, etc.) utilized to obtain the social security number must be provided as well.

Prior to receiving benefits, **applicants who claim qualified alien status** must present two (2) forms of documentation of identity and immigration that are acceptable for verification through the SAVE (Systematic Alien Verification for Entitlements) Program, as determined by the U.S. Dept. of Homeland Security. This documentation includes a permanent resident card (Form I-551), certificate of eligibility for nonimmigrant student status (Form I-20), arrival/departure record (Form I-94), employment authorization card (Form I-766), and a valid foreign passport with an I-94 stamp. The applicant must provide a numeric identifier such as an alien number, arrive-departure record I-94 number, SEVIS identification number, certificate of naturalization number, certificate of citizenship number, or unexpired foreign passport number. Review and approval of this documentation by the contract provider and DIDD will serve as verification of status. If the applicant is not able to provide two (2) forms of documentation, then the applicant must provide at least one (1) such document, and DIDD will verify the applicant's status through SAVE or SEVIS (Student and Exchange Visitor Information System).

Pursuant to 8 U.S. Code § 1641, a qualified alien is defined as:

- An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act (INA) [8 U.S.C. 1101 et seq.];
- An alien who is granted asylum under Section 208 of the INA [8 U.S.C. 1158];
- A refugee who is admitted to the United States under Section 207 of the INA [8 U.S.C. 1157];
- An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least one year [8 U.S.C. 1182(d)(5)];
- An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) [8 U.S.C. 1253] or whose removal has been withheld under Section 241(b)(3) [8 U.S.C. 1231(b)(3)];
- An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980 [8 U.S.C. 1153(a)(7)];
- An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980 [8 U.S.C. 1153]; or
- Certain aliens who have been battered or were subjected to extreme cruelty [8 U.S.C. 1641(c)].



CITIZENSHIP ATTESTATION FORM

Date: _____ Family Support Provider Agency: _____

Name of Family Support Recipient: _____

Address of Family Support Recipient: _____

Phone Number of Family Support Recipient: _____

Please complete the section below and check the appropriate status.

I, _____ (name of Family Support recipient), hereby attest that I am [] a United States citizen or [] a qualified alien (please check appropriate box). I understand that if I do not provide the appropriate documentation necessary to verify my citizenship or qualified alien status, then I will not be eligible to receive Family Support benefits. Also, I understand that if I knowingly and willfully make a false, fictitious, or fraudulent statement or representation of citizenship or qualified alien status, I may be found to be liable under the False Claims Act in T.C.A. § 4-18-101 et seq., criminal charges under 18 U.S.C. § 911, or any other applicable federal or state statute.

Signature of Family Support Recipient

If form is completed by someone other than the Family Support recipient:

I, _____, hereby attest that the information provided in this form is true and accurate to the best of my knowledge. Furthermore, I was either given permission by the recipient or have the legal authority to complete and submit this form on his/her behalf.

Relationship to FSP Recipient

Signature

Phone #

NOTE: Return this signed form to your Family Support provider agency. This form must be completed annually.

APPENDIX G

RESIDENCY REQUIREMENT DETERMINATION

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 grieved 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 process that will be followed if a grievance is filed: Family Support Guidelines; Section 9)

[Acts 2002, ch. 880, § 14.]

APPENDIX H

TITLE VI

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.

<https://www.tn.gov/didd/divisions/office-of-civil-rights.html>



STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
UBS Tower, 8th Floor
315 Deaderick Street
Nashville, TN 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 31st 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 non-waiver* Service Recipients by Ethnicity:

Caucasian	African-American	Hispanic	Asian	Other	Total

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

Male	Female	Total

APPENDIX I

Fraud, Waste and Abuse

<https://www.tn.gov/content/dam/tn/didd/documents/policies/70/70.2.1%20-%20Reporting%20Fraud%20Waste%20and%20Abuse%20of%20Government%20Funds%20and%20Property.pdf>

	POLICIES AND PROCEDURES State of Tennessee Department of Intellectual and Developmental Disabilities	Policy #: 70.2.1 Page 1 of 4
		Effective Date: February 23, 2015
		Distribution: A, B, C
Policy Type: Administrative Supersedes: 70.2.1 (08/03/12)		
Approved by: Debra K. Payne, Commissioner		Last Review or Revision: November 12, 2014
Subject: REPORTING FRAUD, WASTE AND ABUSE OF GOVERNMENT FUNDS AND PROPERTY		

I. **AUTHORITY:** Fraud Enforcement Recovery Act (FERA) of 2009, federal False Claims Act 31 U.S.C.3729 (B)(1)(A)-(B), State False Claims Act Tennessee Code Annotated (TCA) 4-18-101 through 4-18-106, Tennessee Medicaid False Claims Act TCA 71-5-181 through 71-5-184, and The Deficit Reduction Act of 2005.

II. **PURPOSE:** The purpose of the policy is to provide guidelines for compliance with the federal laws listed above to address Medicaid fraud, waste and abuse. The Department shall comply with federal requirements and applicable state laws related to how to prevent, detect and report fraud, waste and abuse of government property.

III. **APPLICATION:** This policy applies to all Department of Intellectual and Developmental Disabilities (DIDD) staff, service providers and their subcontractors, vendors and volunteers.

IV. **DEFINITIONS:**

A. **Abuse** shall mean incidents or practices of providers that are inconsistent with sound fiscal, business, or medical practices, and result in unnecessary cost to the Medicaid program or in reimbursement of services that are not medically necessary or that fail to meet professionally recognized standards for health care.

B. **Fraud**, for the purpose of this policy shall mean the deception or misrepresentation made by a person with the knowledge that the deception could result in an unauthorized benefit to himself or another person. For purposes of this definition, no proof of specific intent to defraud is required.

C. **Waste** shall mean the extravagant, careless, or needless expenditure of government funds, or the consumption of government property, that results from deficient practices, systems, controls, or decisions. The term also includes improper practices not involving prosecutable fraud.

V. **POLICY:** The Department shall combat fraud and losses resulting from fraud, waste and abuse pursuant to federal and state policy. In accordance with the federal False Claims Act and the state False Claims Act (TCA 4-18-105) and the Tennessee Medicaid False Claims Act (TCA 71- 5-181) DIDD shall prohibit retaliation against staff, volunteers, providers and contractor staff who report information about suspected misconduct or questionable practices involving fraud, waste or abuse of government funds or property.

Types of Fraud: actions that may constitute fraud, waste and abuse may include but are not necessarily limited to the following:

1. Knowingly presenting, or causing to be presented a false or fraudulent claim for payment or approval.
2. Knowingly making, using or causing to be made or used a false record or statement material to a false or fraudulent claim.
3. Conspiring to get a false claim allowed or paid.
4. Knowingly making, using or causing to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the government, or knowingly concealing or knowingly and improperly avoiding or decreasing an obligation to pay or transmit money or property to the government.
5. Having possession, custody or control of property or money used (or to be used) by the government and knowingly delivering (or causing to be delivered) less than all that property or money.
6. Being authorized to make or deliver a document certifying receipt of property used (or to be used) by the government and intending to defraud the government, making or delivering the receipt without completely knowing that the information on the receipt is true.
7. Knowingly buying, or receiving as a pledge of an obligation or debt, public property from an officer or employee of the government who lawfully may not sell or pledge property.

PROCEDURES:

A. Prevention and Detection of Fraud, Waste and Abuse. DIDD shall:

1. Provide staff, volunteers, interns, providers and contractors with information about the responsibility for reporting wasteful, inefficient, and/or fraudulent activity associated with the misuse of government funds and property.
2. Prominently display signs in the DIDD central and regional offices, ICF/IIDs, resource centers and developmental centers which inform staff, providers, volunteers, interns and contractors how to report false claims or wasteful, inefficient, or fraudulent activity involving government funds and property through the toll-free hotline (1-800-232-5454) established by the Tennessee Comptroller of the Treasury Department of Audit or through the DIDD Director of Risk Management and Licensure;
3. Make copies of federal and state laws available in the DIDD central and regional offices for staff, volunteers, and contractors to review upon request; and
4. Routinely include information on how to report false claims or fraud, waste or abuse of government funds and property in DIDD newsletters.
5. DIDD staff from all units shall immediately report tips and referrals as they identify evidence of potential fraud, waste and abuse. Tips and referrals may be reported either verbally or in writing to the DIDD Director of Risk Management and Licensure or the Tennessee Comptroller of the Treasury Department of Audit.

B. Cooperation with Investigations

1. Staff, volunteers, providers and contractors shall fully participate and cooperate with any investigation into suspected misconduct or questionable practices involving fraud, waste, or abuse of government funds or property and shall make records available for inspection and duplication in accordance with state and federal laws and DIDD policy and procedures; and
2. The Department shall support the full prosecution of involved individuals when there is an indication of false claims being made to any agency or if misconduct is uncovered involving fraud, waste, or abuse of government funds or property.
3. Providers and contractors that fail to cooperate in any investigation are subject to sanctions in accordance with Section A 21 of the Provider Agreement.

C. Deficit Reduction Act of 2005 Requirements. On an annual basis, the Office of Risk Management and Licensure shall identify all providers and grantees that received \$5,000,000 or more in annual Medicaid reimbursement. Providers and grantees that have crossed that threshold for the first time shall be notified in writing of their responsibility to abide by the following requirements:

1. To adopt written policy(s) about the False Claims Act and Tennessee's comparable anti-fraud statutes, including whistleblower provisions;
2. To inform staff about the fraud and abuse laws and about the whistleblower provisions in those laws, including such information in the provider's employee handbook where applicable; and
3. To submit their written policy(s) about the fraud and abuse laws and about the whistleblower provisions in those laws to the Office of Risk Management and Licensure for review and approval.

VI. **CQL STANDARDS:** None.

VII. **REVISION HISTORY:** November 12, 2014

VIII. **TENNCARE APPROVAL:** November 12, 2014

IX. **ATTACHMENTS:** None



APPEALS/GRIEVANCE PROCEDURE AND FRAUD, WASTE AND ABUSE POLICY

Appeals/Grievance Procedure

The following procedure shall be followed should a family become dissatisfied or have a dispute pertaining to program operations, staff, services provided, or decisions made. Every effort shall be made to settle the issue as quickly as possible and as close to the source as possible.

The complaint shall first be brought to the attention of the Family Support Coordinator at your local agency. The coordinator will attempt to remedy the situation to the satisfaction of all parties.

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 shall contact the DIDD Regional Office Family Support staff in writing or by phone. East, TN 865-594-9353, West, TN 901-745-7215, Middle, TN 615-231-5057. This notification shall occur within thirty (30) days of the aggrieved occurrence. The Regional Office shall 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 for supporting documentation to be reviewed. It is the family's choice to attend the meeting in person, attend the meeting with an advocate, send an advocate to the meeting on their behalf, or rely upon written documentation of the complaint to be presented at the meeting. This meeting shall occur no later than thirty (30) calendar days following the receipt of the written grievance. Within ten (10) calendar days following the meeting, the Local Council shall compile a meeting summary and submit it to the DIDD Regional Office and Family Support staff, as well as 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 shall contact the DIDD Regional Office Family Support staff East, TN 865-594-9353, West, TN 901-745-7215, Middle, TN 615-231-5057, in writing or by phone within ten (10) calendar days following receipt of the notification from the Local Council. The Regional Office shall 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 review any supporting documentation provided. It is the family's choice to attend the meeting in person, attend the meeting with an advocate, 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 (30) calendar days following the receipt of the written grievance. Within ten (10) calendar days following the meeting, the District Council shall compile a meeting summary and submit it to the DIDD Regional Office and Family Support staff, as well as 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 shall contact the DIDD Regional Office Family Support staff East, TN 865-594-9353, West, TN 901-745-7215, Middle, TN 615-231-5057, in writing or by phone within ten (10) calendar days upon notification from the District Council. The Regional Office staff shall 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, 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 at the next scheduled meeting for the Family Support State Council. The Regional Office staff shall help the family compile a written form of findings for the Family Support State Council meeting. The State Council shall notify the family of its decision in writing within ten (10) calendar days following the meeting. The decision of the Family Support State Council shall be final.

Fraud, Waste and Abuse Policy

The Family Support Program and its staff, provider agencies and volunteers shall comply with DIDD Policy 70.2.1 related to preventing, detecting, and reporting fraud, waste and abuse of government funding. Individuals enrolled in the Family Support Program (and/or his/her guardian/conservator) shall comply with DIDD Policy 70.2.1, as applicable. See appendix I.

It is expected that the provider agency, volunteers, service providers and the individual enrolled in the Family Support Program (or his/her guardian/conservator) shall cooperate with investigative matters. Failure to cooperate could result in denial of a claim, termination of the Family Support contract, disenrollment from the program and/or a criminal investigation. Disenrollment from the program would prevent reapplication in subsequent years.

By signing and dating this form, I, the person supported or legal representative, understand that I must abide by the procedures stated above and as applicable, incorporated in the Family Support Guidelines. Furthermore, I understand that providing invalid, inaccurate, or incomplete information may be considered as fraud, waste or abuse and may result in denial of a claim, disenrollment from the program and/or criminal investigation. Disenrollment from the program would prevent reapplication in subsequent years.

*A full copy of the Family Support Guidelines can be located at:

https://www.tn.gov/content/dam/tn/didd/documents/consumers/family-support/Family_Support_Program_-_Guidelines.pdf

**Note: A hard copy may be requested from the agency*

*****A signed acknowledgement form must be maintained in the file*****



**20__-20__ ACKNOWLEDGMENT OF RECEIPT OF THE APPEALS-
GRIEVANCE PROCEDURE and FRAUD, WASTE
AND ABUSE POLICY**

By signing and dating this form, I, the person supported, or legal representative indicate that I have received and understand the forms listed below:

Appeals/Grievance Procedure

Fraud, Waste and Abuse Policy

Signature of Individual

Date Signed

or

Personal Representative/Guardian as applicable

Date Signed

Signature of Agency Employee

Date Signed