

TENNESSEE
Traumatic Brain Injury
TARGETED FAMILY SUPPORT
GUIDELINES

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Tennessee Family Support Guidelines

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SECTION 1 ELIGIBILITY

PRINCIPLES

The Tennessee Department of Health's Traumatic Brain Injury Targeted Family Support Program is modeled after the Department of Developmental and Intellectual Disabilities (DIDD) Family Support Program described in the Family Support Act (TCA 33-5-201). The program is funded with state dollars by the Traumatic Brain Injury Program. The intent of the program is to benefit the individual with disability due to traumatic brain injury by assisting those individuals and their families to remain together in their homes and communities. For fiscal year 2021, the program is being managed via contract by The Arc Davidson County and Greater Nashville area (Agency).

For the Traumatic Brain Injury (TBI) Targeted Family Support Program, 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 disability due to traumatic brain injury, and the individual with disability due to traumatic brain injury must be residing in the community in an unsupported setting.

Several key principles guide eligibility determination which 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 TBI Targeted Family Support Program, but may not actually receive services, based on funds available, selection criteria and other factors. Eligibility determination answers three broad questions.

1. Is this a family?
2. Is there a family member with a disability due to a traumatic brain injury?
3. Is the family member with a disability due to a traumatic brain injury 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.)*

Another key principle is that determination of the presence of disability due to a traumatic brain injury 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.

Definition of Terms in Guidelines

Agency – the organization holding the contract with the Tennessee Department of Health for implementation of the Targeted TBI Family Support Program

Agency Staff – the staff of the contracting organization responsible for overseeing the Targeted TBI Family Support Program

TBI Family Support Council – the group of people organized specifically relative to this program to provide guidance to the Agency. The Council is comprised of five to seven members representing TBI survivors and their families from across the state.

Traumatic Brain Injury (TBI) Program – the state program charged with improving programs and services for TBI survivors and their families in the state. The TBI Program Director is responsible for overseeing the contract for the Targeted TBI Family Support Program.

Service Coordinators – the eight TBI Service Coordinators assist persons with brain injury and their families to identify and access needed programs and services in all ninety-five counties of the state. The TBI Program has contracts with non-profit entities across the state for the provision of service coordination.

Tennessee Department of Health (TDH) – the state department that issues the contract for the Targeted TBI Family Support Program

Traumatic Brain Injury Advisory Council – the nine member governor-appointed council that provides guidance and recommendations to the TBI Program

TBI Targeted Family Support Program (TBI Family Support Program) – Program funded by the TBI trust fund and intended to benefit eligible and enrolled individuals with traumatic brain injury and their families.

DIDD Family Support Program – Program in the Department of Developmental and Intellectual Disabilities as described in the Family Support Act (TCA 33-5-201) and used as a model for the TBI Targeted Family Support Program.

GUIDELINES

The primary focus of the Traumatic Brain Injury (TBI) Targeted Family Support Program is supporting:

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

Family

To be eligible for TBI Targeted Family Support, a family must have a family member with a disability due to a traumatic brain injury. For the purposes of this program, family is defined as a unit that consists of either a person with a disability due to a traumatic brain injury and the parent, relative, or other caregiver who resides in the same household or a person with a disability due to a traumatic brain injury who lives alone without such support.

Definition

For the purposes of this program, pursuant to T.C.A. § 68-55-101, "traumatic brain injury" is defined as an acquired injury to the brain caused by an external physical force resulting in total or partial disability or impairment. TBI includes open and closed head injuries that may result in seizures, and/or in mild, moderate, or severe impairments in one or more areas including cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem-solving, sensory, perceptual and motor abilities, psychosocial behavior, physical functions, information processing, and speech. Such term does not include brain injuries induced by birth trauma, but may include brain injuries caused by anoxia and other related causes, infectious disease not of a degenerative nature, brain tumor, toxic chemical or drug reactions.

For the purposes of this program, an individual with a disability which is based upon mental illness or serious emotional disturbance without the addition of a disability due to traumatic brain injury disability diagnosis is not eligible for services or supports provided through the TBI Targeted Family Support Program. 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. In addition, the definition of TBI is also not inclusive of injuries caused by stroke.

In addition, the definition does not include brain injuries induced by birth trauma. Such infant brain damage can be caused in a variety of ways, including oxygen deprivation (birth asphyxia), infant jaundice, physical trauma suffered during labor and delivery (including a protracted, difficult delivery), and perinatal infections.

An individual with a disability due to a traumatic brain injury has a disability that:

- a. is attributable to a cognitive or physical impairment or a combination of physical and cognitive impairments;
- b. is likely to continue indefinitely;
- c. results in substantial functional limitations in three or more of the following areas of major life activity:
 - ◆ self-care
 - ◆ receptive and expressive language
 - ◆ learning
 - ◆ mobility
 - ◆ self-direction
 - ◆ capacity for independent living
 - ◆ economic self-sufficiency; and

- d. reflects the person's need for 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.

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

"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.

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

Capacity for independent living - This refers to the ability to engage in the activities needed to live, work, and recreate in the community. Examples may include such things as shopping, cooking, money management, time management (getting to work on time, keeping appointments) or, traveling about in the community. A person may need assistance and/or supports in order to be able to accomplish these activities.

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

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

"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 disability for TBI Targeted Family Support.

Source of Disability

A primary focus of the TBI Targeted Family Support Program is to provide services to families whose family member has been severely disabled by traumatic brain injury.

Eligibility

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

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 TBI Targeted Family Support Program for the next fiscal year.

The TBI Targeted Family Support Eligibility Checklist has been developed to assist the Agency in determining both eligibility and selection. The Agency staff shall complete the eligibility checklist instead of the family. The Agency shall maintain a record of communication with families/individuals on the signature page of the TBI Targeted 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. Therefore, the proof of residency must be a document that reflects a physical address, not a Post Office Box. If a utility, mortgage or cable bill is presented as proof of residency, then the dates of services must have occurred within the past sixty (60) days.

Proof of Disability is required annually unless medical documentation is provided stating that the disability is permanent and of life long duration. However, it is up to the discretion of TDH and/or the TBI Family Support Council to request additional documentation when necessary.

Federal Medicaid law requires proof of citizenship. In TDH proof of citizenship for all program participants through contracts, grants and/or recipients of services is required regardless of the funding source. This verification is only needed one time per applicant. The Agency shall verify citizenship for each applicant. For those where verification cannot be found, it will be up to the Agency to follow TDH rules for proof of citizenship.

The questions on the Eligibility Checklist are those that need to be answered by Agency 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. Agency 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 Agency 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 TBI Targeted Family Support Guidelines.

Upon submission of a completed Intake Form and any supporting documentation, the Agency shall determine eligibility in accordance with the TBI Targeted Family Support Guidelines. Families will receive written notice of the determination letter from the Agency via USPS 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 USPS or electronic format a reconsideration of the application. The reconsideration shall be conducted by the TBI Family Support

Council unless that council was involved with the original determination. In the latter instance, the reconsideration shall be conducted by the TBI Program. 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 TBI Targeted Family Support Program. However, it is expected that demand may outstrip resources. 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 differences such as the available services within each specific county.

The values of the TBI Targeted 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.

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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 the TBI Family Support Council 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 but is on-going.

At all times, it is important to maximize the use of limited funds available to the program for the purposes and services outlines in these guidelines. The TBI Program and TBI Advisory Council have reached consensus that the following are primary priorities and issues of equal importance 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; and
- ◆ the impact of the disability on the activities of everyday life for the whole family.

The TBI Family Support Council shall establish priorities for selection the agency shall consider in addition to the primary priorities established by the Family Support Council and listed herein.

Agency

The Agency will have primary responsibility for eligibility intake, determination, and decisions about enrollment and selection. Those decisions will be based on a variety of factors including the priorities established by the TBI Family Support Council.

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”. The Agency 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 TBI Targeted Family Support Program may be approved as eligible for services based on the definition of family, disability due to traumatic brain injury, and living circumstance. However, depending on resources and priorities, a fewer number of families may actually be selected to receive services and enrolled in the program.

The Agency will be confronted with the need to make complicated decisions that will affect families and communities. The TBI Targeted Family Support Council will provide assistance to the agency 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 TBI Family Support Council.

If a family encounters a problem with the selection and enrollment process, there is a grievance procedure available, described in Section 8.

SECTION 3
PLAN FOR SERVICES

PRINCIPLES

The TBI Targeted Family Support program 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 Agency and the family, with the family taking the lead in identifying and prioritizing family needs. The plan should maintain or increase the control of families in determining the kinds of goods and services provided to them and in choosing the providers of these supports.

GUIDELINES

The Plan for Services

A plan requires seven elements:

1. The name of the family member with a disability due to traumatic brain injury and the primary responsible family member (if different than the individual).
2. The date the plan form was approved by the TBI Family Support 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 TBI Targeted Family Support Program may provide funds to families to purchase goods and services which are supportive of a family and included in the plan. TBI Targeted Family Support services may include, but are not limited to:

- ♦ Respite Care
- ♦ Personal Assistance
- ♦ Adult/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
- ◆ Recreation/Summer Camp
- ◆ Training

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. 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

It is the responsibility of TDH to administer the Targeted TBI Family Support Services Program and establish the annual benefit levels per family served. The current maximum annual limit on benefits is \$2,000.00 per individual with a disability due to a traumatic brain injury in a family, with a maximum of two people per household. Implementation of the program and the annual benefits level are contingent upon sufficient funding. NOTE: If the full allocation of \$2,000 is not expended within the fiscal year, the total allocation may be reduced in the following fiscal year, assuming re-enrollment.

NOTES

A form for a written plan will be developed by the Agency. It will include 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 the Agency 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 to another county in the state. The agency will pay the family the money to continue receiving Family Support for the fiscal year that the Service Plan has been approved.

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.

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 TBI Targeted Family Support Program. The Traumatic Brain Injury Program in the Department of Health has contracts with non-profit entities across the state for the provision of service coordination. The eight TBI service coordinators assist persons with traumatic brain injury and their families to identify and access needed programs and services in all ninety-five counties of the state. TBI Service 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.

GUIDELINES

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

The Agency will collaborate with the eight TBI service coordinators to assist families in considering and selecting needed supports and services, and in exercising control over their services. The service coordinators help to secure access to integrated generic services in the community whenever possible.

Any applicants to the TBI Targeted Family Support Program should be referred to the service coordinator in their area for assistance in the application process.

The role of the TBI service coordinator is to:

- a. Provide advice and support to the families as needed and requested;
- b. Troubleshoot problems in the system;
- c. Coordinate with local agencies and resources;
- d. Assist with completion of necessary paperwork; and
- e. Secure needed medical documentation.

SECTION 5
TBI FAMILY SUPPORT COUNCIL

PRINCIPLES

The TBI Targeted 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 disability due to traumatic brain injury 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.

The TBI Family Support Council is the group of people organized specifically relative to this program to provide guidance to the Agency. The Council is comprised of five to seven members representing TBI survivors and their families from across the state and charged with guiding the Agency on issues related to the TBI Targeted Family Support Program.

The Agency shall collaborate with the TBI Program in establishing and maintaining the TBI Family Support Council.

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Operating and Procedures

A. Membership and Terms of Service

1. The TBI Family Support Council shall be composed of persons familiar with disability issues who represent the three regions of the state. The Agency shall provide orientation to all incoming Council members.
2. The TBI Family Support Council shall contain between five (5) and seven (7) officially designated members. At least one member should also be a current member of the governor-appointed Traumatic Brain Injury Advisory Council.
3. The members of the TBI Family Support Council shall serve for one year with the option to serve an additional year(s).
4. A quorum for meetings must account for more than one half of the council membership or a majority.
5. The TBI Family Support Council shall receive no compensation for their service on the Council.
6. Attendance via conference call will be considered acceptable.

B. Duties of the TBI Family Support Council

1. The Council shall elect a Chair to preside over the meetings. The agency will keep the Chair appraised of program activities between the meetings.
2. The Council shall meet a minimum of once a quarter.
3. The Council will review the selection priorities annually.
4. The Council shall handle grievances and appeals.

SECTION 6 CONTRACTING

PRINCIPLES

TBI Targeted Family Support services are flexible and individualized; billing and payment procedures should embody and support the same concepts. The Agency should utilize payment methods that enable families to make decisions about the nature of the support they want and how they will use it. The Agency should facilitate the flow of dollars to families and for families without placing an undue burden on families.

GUIDELINES

Establishment of Grants/Contracts

TDH, as the administering body for the TBI Targeted Family Support Program, shall assist in developing community-based Family Support services by:

- a. operating a grant program with a non-profit agency to develop Family Support services; and
- b. actively encouraging providers, both public and private, including consumer groups, to establish services where services are not readily available.

Grant and Contract Procedures

TDH will contract annually with a non-profit agency for the management of the TBI Targeted Family Support program. Contract and payment procedures are included in the contract document.

The Agency 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 TBI Targeted 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). The original form and signatures must be maintained in the individual's file.

Roles and Responsibilities of the Agency

The Agency will collaborate with the TBI Program to develop and update as needed the required forms as follows:

- Intake Form
- Eligibility Checklist
- Service Plan Form
- Forms for In Home Services and Transportation
- Family Support Agency Evaluation Form
- Citizenship Documentation
- Residency Requirement – Determination
- Title VI

For the provision of TBI Targeted Family Support services, the Agency will ensure that their program will:

- a. implement the program statewide;
- 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 TBI Family Support Council and follow the Council guidelines in Section 5 of the TBI Targeted Family Support Guidelines;
- d. in cooperation with the family:
 1. identify eligible families and with their participation, determine their needs and preferences for services;
 2. collaborate with the TBI service coordinators who will 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.
- e. develop needed forms and update as necessary;
- f. ensure that agency personnel involved in Family Support services are adequately trained to carry out their assigned functions;
- g. disseminate information so that eligible families will know of the availability of services;
- h. promote the TBI Targeted Family Support Program statewide via the agency newsletter, the organization webpage and print media and disseminate information to inform families of the availability of services;
- i. comply with all applicable TDH fiscal policies and procedures; and
- j. keep program/client information available for the previous five years and the current year of a contract.

The following guidelines should be adhered to in expending TBI 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 TBI Family Support services as approved in the Service Plan.
- c. Equipment purchased for families becomes the property of the family.

Contract Payments

Contract and payment procedures for the TBI Targeted Family Support Program are:

- a. The amount of funds in the contract is to be considered and managed as restricted funds. TBI Family Support services funds can only be used for TBI Family Support services and cannot be transferred to other agency programs.
- b. Grant funds will be reimbursed to the provider agency on the actual expenses incurred at least quarterly.
- c. At the end of the third quarter, the agency will report any funds that will not be expended by June 30.
- d. The agency, along with the advice and consent of the TBI Family Support Council may establish a time frame for submission of receipts at the end of a fiscal year.

SECTION 7 REPORTING

PRINCIPLES

Service Reporting

As further described in the contract between the Agency and TDH:

- a. The Agency shall create and maintain a file on each service recipient describing the provision of services described in Section A.2.c of the contract. The service recipient file(s) shall be available to the State upon request. The State or its designee shall as needed, conduct monitoring and review the documentation.
- b. The Agency shall submit quarterly reports using the standardized form in the most recent version of the TBI Targeted Family Support Guidelines with all supporting documentation as needed to correspond to the service provided and reimbursed during the reported quarter.
- c. The Agency will collaborate with the TBI Program office to distribute a customer satisfaction survey to the recipient families. A report on the survey results will be available 45 days after the end of the contract.
- d. The Agency shall submit a final narrative report using a standardized form to the Traumatic Brain Injury Program Director by September 30 of each fiscal year.

SECTION 8 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 TBI Targeted 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 TBI Targeted Family Support services, families should be a part of the team which makes the final decision in response to a grievance or complaint.

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

1. *TBI Family Support Council Review* - The family shall contact the Agency staff in writing or by phone. This notification shall occur within thirty days of the aggrieved occurrence. The contracting agency will forward the source of complaint in writing to the TBI Family Support Council for resolution. The 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 (10) calendar days following the meeting, the Council shall compile a meeting summary, and submit it to the contracting agency Family Support staff and the TBI Program as well as notify the family of its decision in writing.
2. *State Program Review* - If the family is not satisfied with the TBI Family Support Council decision the family shall contact the Traumatic Brain Injury Program staff in writing or by phone within ten (10) calendar days upon notification from the TBI Family Support Council. The Agency will help the family compile a written form of findings for the state TBI Program. The state program shall assemble a panel of three to five state employees to review the grievance and make a decision. The state program will notify the family of the decision in writing within ten (10) calendar days. The decision of the state TBI Program is final.

SECTION 9

PROGRAM EVALUATION

PRINCIPLES

Program evaluation is critical to sustaining a responsive and effective TBI Targeted 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 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

An evaluation form will be used for TBI Targeted Family Support Evaluation. The instrument will gather sufficient information to allow for effective planning, refinement, and improvement of the program to meet the needs and desires of families. The evaluation shall be distributed to families/individuals annually.

All families served during the contract period should receive an evaluation form.

The Agency needs to submit a cover letter with their agency name and the TBI Program Director's name as contact person for the families to call if they have questions. The Agency will send the cover letter and mailing labels of all the families they serve in the TBI Targeted Family Support Program to the TBI Program Director during the first week in June. The TBI Program Director will mail the evaluations to families in June. The evaluations are due in July and the TBI Program Director will compile the results and distribute the outcome to the agency, the TBI Family Support Council and the TBI Advisory Council by August 15.

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