QUALITY LIFE CONCEPTS

POLICY/PROCEDURES: Family Resources
HBS 9

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Family Resources

Scope: This procedure applies to all Home Based Services (HBS) employees and affiliates of Quality Life Concepts (QLC).

POLICY:

The Infant and Toddler Program, the Family Education and Support Program (FES), Children’s Waiver Services (CWS), and the Children’s Autism Waiver (CAW) were established as a resource to provide or assist in obtaining special training and related services to children with disabilities or to children "at risk" for disabilities who have been determined eligible. The intent of each of these resources is to supplement, not take the place of, the services/resources the child and/or family currently receives.

PROCEDURES:

As QLC is one of the qualified providers for children’s services in Region II, it is necessary to establish procedures and guidelines that will assist in the monitoring and implementation of each program’s contractual obligations and requirements.

INFANT AND TODDLER (PART C) PROGRAM

Eligibility:

A child is eligible for the Infant and Toddler Program if the child meets the eligibility criteria for the Infant and Toddler Program. See HBS Entrance Policy/Procedure.

Services:

Following are types of services included under "early intervention services," and, if appropriate, definitions of those services:

1. Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, which improves the functional capabilities of children with disabilities. Assistive technology service means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include:

   a. The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child’s customary environment;
b. Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;

c. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices:

d. Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;

e. Training or technical assistance for a child with disabilities or, if appropriate, that child's family; and

f. Training or technical assistance for professionals (including individuals providing education or rehabilitation services), employers, or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of individuals with disabilities.

2. Audiology includes:

a. Identification of children with auditory impairment, using at risk criteria and appropriate audiologic screening techniques;

b. Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;

c. Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;

d. Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;

e. Provision of services for prevention of hearing loss; and

f. Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

3. Support Coordination means assistance and services provided by a support coordinator to assist and enable a child eligible under the Infant and Toddler program and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the state's Infant and Toddler Program.

4. Family training, counseling, and home visits means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child's development.

5. Health services are services necessary to enable a child to benefit from the other early intervention services under the Infant and Toddler program during the time the child is receiving early intervention services.
The term includes such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings of colostomy collection bags, and other health services; and consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services.

The term does not include:

a. Services that are surgical in nature (such as cleft palate surgery, surgery for club foot, or shunting of hydrocephalus);

b. Services that are purely medical in nature (such as hospitalization or management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose;

c. Devices necessary to control or treat a medical condition; or

d. Medical-health services (such as immunization and regular "well-baby" care) that are routinely recommended for all children.

6. Medical services only for diagnostic or evaluation purposes means services provided by a licensed physician to determine a child's developmental status and need for early intervention services.

7. Nursing services includes:

a. The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;

b. Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and

c. Administration of medications, treatments, and regimens prescribed by a licensed physician.

8. Nutrition services includes conducting individual assessments in:

a. Nutritional history and dietary intake;

b. Anthropometric, biochemical, and clinical variables;

c. Feeding skills and feeding problems; and

d. Food habits and food preferences;

e. Developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part, based on the findings in paragraph (d)(7)(i) of this section; and

f. Making referrals to appropriate community resources to carry out nutrition goals.
9. Occupational therapy includes services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child’s functional ability to perform tasks in home, school, and community settings, and include:

a. Identification, assessment, and intervention;

b. Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills, and

c. Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

10. Physical therapy includes:

a. Services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental;

b. Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction;

c. Obtaining, interpreting, and integrating information appropriate to program planning to prevent or alleviate movement dysfunction and related functional problems, and

d. Providing individual and group services to prevent or alleviate movement dysfunction and related functional problems.

11. Psychological services includes:

a. Administering psychological and developmental tests and other assessment procedures;

b. Interpreting assessment results;

c. Obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and

d. Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.

12. Social work services includes:

a. Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;

b. Preparing a social or emotional developmental assessment of the child within the family context;
c. Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;

d. Working with those problems in a child's and family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and

e. Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

13. Special instruction includes:

a. The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;

b. Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's Individualized Family Service Plan (IFSP);

c. Providing families with information, skills, and support related to enhancing the skill development of the child; and

d. Working with the child to enhance the child's development.

14. Speech-language pathology includes:

a. Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;

b. Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills, and

c. Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.

15. Transportation and related costs includes the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable a child eligible under this part and the child's family to receive early intervention services.

16. Vision services means:

a. Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;

b. Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
c. Communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

Other Information:

Infant and Toddler funds may only be used to purchase services designated on the IFSP. The amount of money spent on the family will be based on their needs, as identified in their IFSP. In no case can the Infant and Toddler dollars be used to pay for any service that is not included on an IFSP.

The Infant and Toddler program is the payer of last resort. Reimbursement through private insurance and/or Medicaid may be pursued and denial received before the Infant and Toddler funds may be spent. Our agency must retain evidence of payment denials for future audits by our contracting agent. Our agency may not require that families use private insurance to pay for early intervention services where the parents would incur a financial cost or loss. Financial costs or losses include, but are not limited to, the following:

a. A decrease in available lifetime coverage or any other benefit under an insurance policy;
b. An increase in premiums or the discontinuation of the policy; or
c. An out-of-pocket expense such as the payment of a deductible amount incurred in filing a claim.

Services provided under the category of "other" are NOT entitlement services. Although the agency would like to provide these it may not be possible to approve "other services" unless sufficient dollars are available after meeting all service needs mandated by the Infant and Toddler program. Infant and Toddler program funds are intended to pay for Infant and Toddler program services. On the other hand, we recognize that some valuable services, respite care for one, are not on the Infant and Toddler program services list. Consistent with the philosophy of the State of Montana Developmental Disabilities Program (DDP) and QLC, we should have a family support program that meets family needs, as well as funding source requirements. Therefore, the Infant and Toddler program funds can be used to pay for non-Infant and Toddler services if all of the Infant and Toddler service needs of all Infant and Toddler eligible clients on the caseload have been met before any Infant and Toddler program funds can be spent to provide non-Infant and Toddler services to any family. Services provided under "other" are NOT entitlement services unless sufficient dollars are available after meeting ALL service needs mandated by the Infant and Toddler program. An example of "other" services includes, but is not limited to Respite.

See Related Documents #1 and #6.

FAMILY EDUCATION AND SUPPORT (FES)

Eligibility:

A child is eligible for the FES if the child meets the eligibility criteria for FES Program (see HBS Entrance Policy/Procedure).
Services:

The major goal of FES is to assist the family and other caregivers to achieve the outcomes identified in the child and family’s IFSP, which includes Child Education, Family Education, and Resource and Support Coordination. The following services may be provided under FES based upon the availability of dollars.

Full and Limited Services

1. Assistive technology device/service.
2. Audiology.
3. Support Coordination.
4. Family training, counseling, and home visits.
5. Health services.
6. Medical services.
7. Nursing services.
8. Nutrition services.
10. Physical therapy.
11. Psychological services.
12. Social work services.
13. Special instruction.
15. Transportation and related costs.
16. Vision services.

See definitions for these services under the Infant and Toddler Program.

Follow-Up Services

Dollars cannot be accessed through this service.

Other Information:

FES funds may only be used to purchase services designated on the IFSP. The amount of money spent on the family will be based on their needs, as identified in their IFSP. In no case can FES dollars be used to pay for any service that is not included on an IFSP.
FES is the payer of last resort. Reimbursement through private insurance and/or Medicaid must be pursued and denial received before FES funds may be spent. Our agency must retain evidence of payment denials for future audits by DDP. In no case can FES funds be used to purchase services that could have been paid for from other sources.

FES funds are intended to pay for FES services. Consistent with the philosophy of DDP and QLC we should have a family support program that meets family needs, as well as funding source requirements. Therefore, FES program funds can be used to pay for non-FES services if all of the FES service needs of all FES eligible clients on the caseload have been met before any FES funds can be spent to provide non-FES services to any family.

See Related Documents #2 and #6.

CHILDREN’S WAIVER SERVICES (CWS)

Eligibility:

A child is eligible for CWS; if the child meets the eligibility criteria for CWS (see HBS Entrance Policy/Procedure).

Services:

CWS provides an array of services designed to maintain children in a home setting, natural, shared-care, or foster, who would otherwise require placement in an Intermediate Care Facility for the Mentally Retarded (ICF/MR). Activities are accomplished by provider staff, family, contracted personnel, other agencies and professionals.

QLC provides CWS and is a qualified provider who has been designated an organized health care delivery system. This designation allows for both the provision of direct service as well as contracting with other qualified providers to furnish services identified under the IFSP. Any of these services which are available under the Medicaid State Plan must be used prior to accessing services covered under the contract we have with the State of Montana.

Services that can be purchased, based upon the IFSP are identified in Appendix C of the 0208 Waiver. Caregiver Training and Support (CTS) and Waiver Children’s Case Management (WCCM) pay for the staff in HBS. Therefore, the minutes and units in CTS and WCCM must cover the costs for HBS employees.

See Related Documents #3.

Other Information:

CWS dollars may only be used to purchase services designated on the IFSP. The amount of money spent on the family will be based on their needs, as identified in their IFSP. In no case can CWS dollars be used to pay for any service that is not included on an IFSP.

CWS is the payer of last resort. Reimbursement through private insurance must be pursued and denial received before CWS dollars may be spent. Our agency must
retain evidence of payment denials for future audits by DDP. In no case can CWS dollars be used to purchase services that could have been paid for from other sources.

CHILDREN’S AUTISM WAIVER (CAW)

Eligibility:

A child is eligible for the CAW; if the child meets the eligibility criteria for the CAW (see HBS Entrance Policy/Procedure).

Services:

CAW provides an array of services designed to change child behavior through evidenced based practices geared through the application of Applied Behavior Analysis. Activities are accomplished by provider staff, family, contracted personnel, other agencies and professionals.

QLC provides CAW services and is a qualified provider through DDP. Any of the services which are available under the Medicaid State Plan must be used prior to accessing services covered under the contract we have with the State of Montana.

Services that can be purchased, based upon the IFSP are identified in Appendix C of the CAW. Program Design and Monitoring (PDM) and WCCM pay for the staff in HBS. Therefore, the minutes and units in PDM and WCCM must cover the costs for HBS employees.

See Related Documents #4.

Other Information:

CWS dollars may only be used to purchase services designated on the IFSP. The amount of money spent on the family will be based on their needs, as identified in their IFSP. In no case can CAW dollars be used to pay for any service that is not included on an IFSP.

CAW services is the payer of last resort. Reimbursement through private insurance must be pursued and denial received before CAW dollars may be spent. Our agency must retain evidence of payment denials for future audits by DDP. In no case can CAW dollars be used to purchase services that could have been paid for from other sources.

THE BUDGETING PROCESS

Prior to the development of the budget, each Family Support Specialist (FSS) will work with the child/family and other individuals involved with the child/family to identify needs. These needs will be identified through a developmental assessment, an evaluation(s), a family needs assessment, observation, etc. Those identified needs will then be prioritized and addressed in the IFSP. (See the IFSP Policy/Procedure).

As part of the budgeting process, it is imperative that the Budget Strategy Sheet be completed. This form will allow the FSS to address each identified need of the child and his/her family. As each need is addressed, the options for meeting that need will be discussed. This is a great time for brainstorming to occur. It may be possible that
within a family’s extended social network a need might be met without the use of any money. Once all the options for a particular need have been addressed, each family will identify their responsibilities in meeting that need. This might be as simple as scheduling an appointment or submitting their child’s bills to the insurance company for payment. In addition to the brainstorming that occurs while working on the options section, brainstorming can also occur as to the identification of other resources to meet a need. Other resources might include, but may not be limited to the following: other agencies in their community, in the state, out-of-state; private groups; and family members.

Once the Budget Strategy Sheet has been completed, it will be apparent to each FSS what needs to be budgeted for the IFSP Cost Plan. The cost plan must be completed with the assistance of the family as they are an integral part of the planning process. The plan consists of the child’s name, date of the request, name of the FSS, and the length of time the cost plan will be in effect. Once the needs have been identified in the IFSP, they can be individually addressed under “Service Description” with the frequency of the need identified, the rate of pay, the total cost, the payment source, and any other comments the FSS and the family might want to make.

THE BUDGETING APPROVAL PROCESS

If at any time during the year the budget needs to be revised, complete and submit a Budget Revision or a Budget Amendment, if the child is enrolled in CWS or CAW, to the required individuals/committees (ICP Budget Technician/Budget Committee). Budget revisions should for the most part remain unnecessary. However, there may be a few occasions where children/families have a need that came up in the middle of the six month budget time frame. For example: a child’s pediatrician recommends an evaluation by a nutritionist. The child is not on Medicaid and the family’s insurance will not pay for those services, so the only avenue open is the Infant and Toddler Program. Remember, revisions should be rare.

Based upon the needs of children and families identified in the IFSP, budgets utilizing any FES will be developed at the time of the IFSP Meeting and become part of the IFSP. The level of service, such as Physical Therapy, must be tied to the individual needs of the child as determined by the evaluation process and as they relate to the accomplishments of the outcomes listed on the IFSP. FSS’s should ensure that families understand this requirement, and that families are never lead to believe that whatever level of services they demand must be provided. Families, other professionals, and FSS’s need to understand that they must negotiate with one another during the development of the IFSP regarding levels of service provision. In addition, FSS’s need to help families understand the following:

(a) That agency, state, and federal monies are not "unlimited";
(b) That related services when provided are based on the child’s evaluated needs as they are related to the accomplishment of IFSP outcomes/objectives;
(c) That they need to set priorities for their child and for the services they request; and
(d) That they need to work with their FSS and the agency to help find public and private means to assist in paying for services.

Listed below is the acknowledgment/approval process for each service:
Infant and Toddler Program

The budget will be developed annually and signed off on at the time of the IFSP development. No budget can be implemented without a signed IFSP in place. It is the responsibility of the FSS to synthesize the assessment information prior to the IFSP Meeting. Based upon this information, the FSS will have an idea if the budget will exceed $500. If this happens, the FSS MUST meet with the budget committee prior to the IFSP Meeting. The meeting with the budget committee and the FSS will allow for brainstorming alternatives to make sure other ways to meet the needs have not been missed. Any suggestions of the team will then be taken back to the family for consideration before the budget is finalized by the IFSP team.

Since there are a significant number of individuals/agencies providing qualified services in Region II, QLC has evaluated the costs of qualified pediatric providers in our region. Therefore, each service will be paid at the lowest payment rate per unit of service provided in each of the three service locations.

A budget developed for children and families enrolled in Infant and Toddler program will not have to be approved through the Budget Committee. However, the HBS ICP Budget Technician will need to sign the budget only as an acknowledgment that the budget is in place. A copy of the budget will be retained by the HBS ICP Budget Technician. The original budget will be maintained with the original IFSP.

Family Education and Support - Full Services

Each budget will be developed at the time of the IFSP. No budget will be implemented without approval of the HBS Budget Committee.

1. Full Services

The budgets along with the Budget Strategy Sheet for those children and families in services will be submitted for approval on an annual basis. This will occur upon the development of the annual IFSP. The budget may be developed over two fiscal years. For example: if you develop the annual plan in March, a separate budget will be developed for the fiscal year from March through June and the rest of the budget will be developed for July through February. Each budget will go through a committee comprised of at least one supervisor and two FSS’s. The committee will meet weekly.

2. Limited Services

The budgets for those children and families in limited services will be submitted for approval on an annual basis. Each budget will go through a committee comprised of at least one supervisor and two FSS’s. The committee will meet weekly.

Children’s Waiver Services and Children’s Autism Waiver

The budget will be developed annually for each fiscal year. No budget can be implemented without a signed IFSP in place. Each budget requires approval
from the HBS Director, the Chief Executive Officer and DDP prior to implementation of the budget.

**Enforcement**

Failure by an HBS employee to follow this procedure will result in the employees being subject to disciplinary action, up to and including termination of employment.

**RELATED DOCUMENTS**

1. Montana's Part C State Plan, Appendix A; and