Department of Disability & Aging | Family Support Program

TENNESSEE FAMILY SUPPORT GUIDELINES

Tennessee Family Support Guidelines

TABLE OF CONTENT

SECTION 1

ELLIGIBILITY

PRINCIPLES

Under the Tennessee Code Annotated statutes related to the Family Support Program (T.C.A § 52-5-201 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 <u>not</u> 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, Employment and Community First (ECF), Katie Beckett (KB) or CHOICES. Persons receiving these services are not eligible for Family Support services.]*

**Note: When a person is approved for a Home and Community Based Service (HCBS), they may continue receiving Family Support Services up to the service delivery date of the new HCBS service.*

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.

GUIDELINES

As stated in Tennessee Code Annotated (T.C.A.) § 52-5-203, 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 Member with a Severe or Developmental Disability

To be eligible for the Family Support Program, a family must have a family member with a severe or developmental disability.

"Family" Definition

Pursuant to T.C.A. § 52-5-201(1), "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.

"Developmental Disability" and "Severe Disability" Definition

Both "developmental disability" and "severe disability" are defined under Tennessee law. To meet eligibility requirements for Family Support, the family member must meet the criteria as outlined in either definition provided under Tennessee law.

Pursuant to T.C.A. § 52-1-101(5), "developmental disability" is defined based upon the age of the person, with one definition for an individual over the age of five (5) and one definition for an individual under the age of five (5).

a. For a person over five (5) years of age, "developmental disability" means a severe, chronic disability of an individual that:

    (i) is attributable to a mental or physical impairment or a combination of physical and mental impairments;
    (ii) Manifested before twenty-two (22) years of age;
    (iii) is likely to continue indefinitely;
    (iv) results in substantial functional limitations in three or more of the following areas of major life activity:
        a) self-care
        b) receptive and expressive language
        c) learning
        d) mobility
        e) self-direction
        f) capacity for independent living
        g) economic self-sufficiency; and

(v) reflects the person's need for a combination and sequence of special interdisciplinary or generic services, supports or other assistance that is likely to continue indefinitely and need to be individually planned and coordinated.

b. For a person up to five (5) years of age, "developmental disability" means a condition of substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in a developmental disability as defined above for persons over the age of five if services and supports are not provided.

Pursuant to T.C.A. § 52-5-201(4), "severe disability" is a disability that is functionally similar to developmental disability but which occurred after the person was twenty-two (22) years of age.

Pursuant to T.C.A. § 52-5-103, an individual with a diagnosis of developmental or severe disability based solely on having a mental illness or serious emotional disturbance 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.

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 oneself 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 DDA, the State Council, the Local Council, and/or Family Support provider agency to allow and/or request additional or other documentation when necessary.

Proof of disability is required annually unless medical documentation is provided stating that the disability is permanent and of lifelong 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 DDA, the State Council, the Local Council, and/or Family Support provider agency to request additional documentation when necessary.

Pursuant to the Tennessee Eligibility Verification for Entitlements Act (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. DDA 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 DDA 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. DDA 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

SERVICE 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 consider 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.

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". Applicants will be marked as "in-progress" until documentation has been submitted to determine eligibility. Once all required documentation is submitted for an eligibility determination to be made, the status may be changed from "in-progress" to "waiting". 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 DDA 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 assist 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.

GUIDELINES

The Plan for Services

A plan requires seven elements:

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

The written plan 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. § 52-5-205, 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. § 52-5-211, DDA administers the Family Support Services Program and establishes the annual benefit levels per family served. The current maximum annual limit on benefits is $6,000.00 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 for the program and benefits.

Fraud, Waste and Abuse

The Family Support Program and its staff, provider agencies and volunteers shall comply with DDA Reporting Fraud, Waste, and Abuse of Government Funds and Property 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 DDA 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 assisting families in obtaining access to services, programs, benefits, and information. Service coordination is a supportive rather than a directive function.

GUIDELINES

Service coordination is the process through which coordinators and families 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 STATE COUNCIL

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 DDA 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. § 52-5-208, the State Council shall be comprised of fifteen (15) members who are appointed by the Commissioner of DDA, 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 DDA 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 Disability and Aging (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. District Council Representatives:
   a) Must be consumers (i.e., an individual with a severe or developmental disability or member of a family containing a member with a severe or developmental disability).
   b) District Council representative may serve two consecutive three-year terms on State Council. If over the two-term limit, he or she must send another District Council representative.
5. Officers, election, and terms
   a. The State Council will have the following four Officer positions:
      (i) Chair of the State Council
      (ii) Vice-Chair of the State Council
      (iii) Chair of the Policies & Procedures Program Evaluation Committee; and
      (iv) Chair of the Public Awareness Training and Nominating Committee.
   b. Officers may not be an employee of the State of Tennessee, an employee of a Family Support agency, or employees of contracted agencies.
   c. The term of each Officer position shall be for two (2) years. A State Council member may be re-appointed to one of the Officer positions for a second term, for a maximum of two (2) terms and a total of four (4) years in that Officer position. This does not preclude a State Council member who has served in one Officer position for the maximum of two terms from serving in a different Officer position.
   d. The Public Awareness Training and Nominating Committee will present to the State Council any open Officer positions and the nominees for each open Officer position, including any potential re-appointments of an Officer. The State Council will then vote on each open Officer position as needed.

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. § 52-5-210, 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 DDA FSP Statewide Director of the necessity of convening through telephonic or electron means. The DDA 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. § 52-5-210, 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, Chair of the Policies & Procedures Program Evaluation Committee and the Chair of the Public Awareness Training and Nominating Committee.
   b. The role of the Executive 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 DDA Office of General Counsel, DDA Deputy Director of Intake and Case Management, DDA Deputy Commissioner of Program Operations, Commissioner of DDA, 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 DDA personnel named in Step 3 above for review and final approval before enactment.

Step 6 – DDA shall either approve or disapprove the proposed changes within 30 days of receipt. The State Family Support Program Coordinator shall forward the decision of DDA to the State Council and to all coordinators for implementation, if applicable. Date of implementation shall be at the discretion of Commissioner of DDA 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 DDA 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, as outlined in Section A.5 of this Chapter.
      (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. § 52-5-209, unless the Commissioner of DDA determines that an exigent circumstance exists, DDA will seek input from the State Council prior to the adoption of 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.

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. The Local Council shall meet a minimum of once a quarter by a means that is best suited for the Council. 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 DDA 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 DDA Regional Office.

District Council

There shall be a District Family Support Council within each of the nine developmental districts of the state. The DDA 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 DDA 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 DDA 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. The District Council shall meet a minimum of once a quarter by a means that is best suited for the Council. 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, DDA, and DDA Regional Office.

SECTION 6

ROLE OF REGIONAL OFFICES

GUIDELINES

The DDA 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 solves 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 DDA.

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 DDA.
   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 DDA 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

DDA, 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 nonprofit, 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

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

a. DDA, DDA 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 DDA. Applications will be approved by DDA 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 DDA.

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 DDA.

f. The grantee must comply with Title VI – the Civil Rights 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 DDA Provider Manual). The original form and signatures must be maintained in the individual's file. Also, the grantee will submit data to DDA 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 DDA Relias on-line course training and are adequately trained to carry out their assigned functions;

Link to- Training Requirements for Provider Staff Categories

h. disseminate information so that eligible families will know of the availability of services;
i. comply with all applicable DDA 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 DDA 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 DDA that corrective action be taken, including but not limited to probation or termination. DDA 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 DDA 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, in-progress, 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, in-progress, 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, in-progress, or are denied 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. DDA has developed a Claims and Reporting System for data collection. This system will enable DDA to track all services for individuals with disabilities. Also, this will allow for more accurate data reporting and enable the DDA 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%).

DDA 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 DDA 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.

Procedure for Family Support Audit Funding Report

I. DEFINITIONS:

A. ICF/IID: Intermediate Care Facilities for Individuals with Intellectual Disabilities.

B. HCBS Waiver: Home and Community Based Waiver which would include but are not limited to, supportive living, community-based day (CB Day) services, Employment and Community First (ECF), Katie Beckett (KB) or CHOICES. Persons receiving these services are not eligible for Family Support Services.

C. Supported Setting: 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. Persons residing in such settings are not eligible for Family Support Services.

D. Audit Funding Report: a monthly report provided to the Family Support Agency Coordinators which includes a list of people who receive Family Support Services from their agency and have billed for a Home and Community Based Service or Service in a Supported Setting.

II. PROCEDURE:

A. When a person is identified on the Audit Funding report as receiving Family Support Funding, and billing has occurred from a HCBS Waiver Provider or a supported setting during the same period of time the person received Family Support Funding, the following protocol will be followed:

a. The Family Support Agency Coordinator will contact the person receiving Family Support Services and/or their family to inform them they are prohibited from receiving services from the Family Support Program as of the **date the service was first provided** for the HCBS Service.

b. The person receiving Family Support Services and/or their family should be informed that claim submissions will not be accepted for services provided from the Family Support Program if they were provided **after** the date of HCBS service provision.

c. The Agency Coordinator will review all claims submitted by the family to verify claims are only submitted to DDA for processing if the Family Support Service was provided **prior** to the HCBS Service provision.

d. The Audit Funding report will be sent to the Family Support Agency monthly and will serve as the official notification to the agency regarding status of people receiving Family Support Services **and** HCBS services.

e. If the Family Support Agency submits a claim(s) for services provided outside of the expectations listed above and **after** they have been notified of the person's HCBS status, a request for reimbursement or recoupment from DDA may occur. Claims submitted prior to the agency notification from DDA will not be considered for reimbursement or recoupment.

Secure Email for Claims Submission Form

It is critical that agencies respond to the email that was sent to them from DDA 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.

Claims Reporting User's Guide

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.

Families approved for the Family Support Program who applied during the open enrollment period can request reimbursement for services starting July 1 of the upcoming fiscal year.

Families approved for the Family Support Program who applied after the fiscal year begins can request reimbursement for services starting from their Intake Form submission date.

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 DDA to Contracted Agencies

DDA 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 DDA 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 DDA Regional Office Family Support staff in writing or by phone to report the complaint or grievance. This notification shall occur within thirty days of the aggrieved occurrence. The Regional Office will forward the source of complaint or grievance in writing to the Local Council for resolution. The Local Council shall meet with the agency separately from the family and shall offer to meet with the family separately to discuss the complaint/grievance and present evidence. The agency is required to have a representative meet with the Local Council. It is the family's choice to either: (1) attend the meeting in person, ; (2) attend the meeting with an advocate; (3) send an advocate to the meeting on their behalf; or (4) have the Local Council, or rely solely on the documentation provided by the family. If the family does decide to have an advocate attend the meeting with the Local Council, the family will provide notice to the DDA Regional Office Family Support staff at least 48 hours prior to the meeting. If this deadline is not met, then the meeting will be re-scheduled to a time where the 48-hour timeline for notice by the family can be met. The meeting of the Local Council with the agency may occur at a different date than the meeting of the Local Council with the family or the review of the documentation submitted by the family without their attendance. The meeting(s) of the Local Council shall occur as soon as possible following the receipt of the written complaint/grievance. Within ten business days following both: 1) the meeting, of the Local Council with the agency, and (2) either the meeting of the Local Council with the family or a review of the documentation submitted by the family without their attendance; the Local Council shall compile a meeting summary, and submit it along with its decision to the DDA 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 DDA Regional Office Family Support staff in writing or by phone within ten business days following receipt of the notification from the Local Council of its decision. The Regional Office will forward the complaint or grievance in writing to the District Council for resolution. The District Council shall meet with the agency separately from the family, and shall offer to meet with the family separately, to discuss the complaint/grievance and present evidence. The agency is required to have a representative meet with the District Council. It is the family's choice to either: (1) attend the meeting in person; (2) attend the meeting with an advocate; (3) send an advocate to the meeting on their behalf; or (4) have the District Council rely solely on the documentation provided by the family. If the family does decide to have an advocate attend the meeting with the District Council, the family will provide notice to the DDA Regional Office Family Support staff at least 48 hours prior to the meeting. If this deadline is not met, then the meeting will be re-scheduled to a time where the 48-hour timeline for notice by the family can be met. The meeting of the District Council with the agency may occur at a different date than the meeting of the District Council with the family or the review of the documentation submitted by the family without their attendance. The meeting(s) of the District Council shall occur as soon as possible following the receipt of the written complaint/grievance. Within ten business days following both: (1) the meeting of the District Council with the agency, and (2) either the meeting of the District Council with the family or the review of the documentation submitted by the family without their attendance; The District Council shall compile a meeting summary and submit it along with its decision to the DDA 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 DDA Regional Office Family Support staff in writing or by phone within ten business days upon notification from the District Council. The Regional Office staff will forward the source of the complaint or grievance in writing to the Chairperson of the Family Support State Council and to the State Coordinator of the Family Support Program. The Family Support State Council will review the complaint or grievance at its next scheduled meeting following the date of the decision of the District Council. While the agency is required to have a representative at the State Council meeting, it is the family's choice to either: (1) attend the meeting in person; (2) attend the meeting with an advocate; (3) send an advocate to the meeting on their behalf; or (4) have the State Council rely solely on the documentation provided by the family. The Regional Office Family Support 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 business days following the meeting. The decision of the Family Support State Council is final.

DDA Regional Office Family Support Staff

West	***Middle***	***East***
11360 Milton Wilson Rd.	291 Stewarts Ferry Pike	PO Box 130
Arlington, TN 38002	Nashville, TN 37214	Afton, TN 37616
(901) 355-1571	(615) 231-5057	(423) 787-6953

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, DDA, and DDA 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)

Each Family Support agency will send the survey link or a hard copy of the survey to the families they serve in the Family Support Program annually based on the schedule above. DDA will compile the results and distribute the outcome to the State Council.

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 DDA to provide Family Support will be reviewed at least once during the agency's three (3) year contract and more often if needed. DDA and the DDA 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 contracts. DDA 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 DDA and the DDA Regional Office within thirty (30) calendar days (the Local

Council will assist the agency in this process). The DDA 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 DDA. 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 DDA that the contract be terminated for an agency that is not in compliance.

APPENDIX A

GUIDE TO

FAMILY SUPPORT LEGISLATION

Title 52

§ 52-1-101. Definitions

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

...(9) "**Department**" means the department of disability and aging;

...(5)(A) "**Developmental disability**" in a person over five (5) years of age means a severe, chronic disability of an individual 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) Is likely to continue indefinitely;

(iv) Results in substantial functional limitations in three (3) or more of the following major life activities:

(a) Self-care;

(b) Receptive and expressive language;

(c) Learning;

(d) Mobility;

(e) Self-direction;

(f) Capacity for independent living; 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;

(5)(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 in subdivision (5)(A) if services and supports are not provided;

(8)(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;

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

§ 52-5-103. 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... then the person is not eligible to have services or supports provided for the developmental disability primarily under this chapter.

Part 2- Family Support

§ 52-5-201. Part Definitions

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

(1) "**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;

(2) "**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;

(3) "**Family support program**" means a coordinated system of family support services administered by the department directly or through contracts;

(4) "**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

(5) "**State family support council**" means the council established by the department under § 52-5-208 to carry out the responsibilities specified in this part.

§ 52-5-202. 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.

§ 52-5-203. 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.

§ 52-5-204. Contracted agency; powers and duties

The contracted agency is 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 are the basis for determining what goods and services will be made available within the resources available.

§ 52-5-205. 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 respite care; personal assistance services; child care; homemaker services; minor home modifications and vehicular modifications; specialized equipment and maintenance and repair; specialized nutrition and clothing and supplies; transportation services; health-related costs not otherwise covered; licensed nursing and nurses aid services; and family counseling, training and support groups.

§ 52-5-206. 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.

§ 52-5-207. 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.

§ 52-5-208. State 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 caregivers. 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.

§ 52-5-209. Policy and procedure adoption; input from the state 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.

§ 52-5-210. Council; meetings; powers and duties; traveling expenses

(a) 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.

(b) (1) Any council member who misses more than fifty percent (50%) of the scheduled meetings in a calendar year must be removed as a member of the council.

(2) 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 as prescribed in subsection (b)(1)

§ 52-5-211. 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.

§ 52-5-212. Persons with developmental disabilities other than intellectual disability; services needed; information provided to the department

In accordance with policies and procedures developed and adopted by the state family support council and the department, 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 the department on at least a quarterly basis.

APPENDIX B
INTAKE FORM
AND
ELLIGIBILITY CHECKLIST

TN Department of Disability & Aging | Family Support Program

Family Support Intake Form

THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY

Date:_____ County of Residence: _____

Name of person supported that Family Support is being applied for: _____

Social Security #:_____-_____-_____ Date of Birth:_____/_____/_____Age: _____

Name of Legal Representative, if different than above: _____

Person Supported' s Address:_____ E-mail: _____

_____ Phone:_____Phone:_____

Potential Support Services Needed/Requested (Check all that apply):

- ☐Before/After Care
- ☐Behavior Services
- ☐Daycare
- ☐ Emergency Living Expenses
- ☐ Family Counseling
- ☐Health Related
- ☐Homemaker Services
- ☐Home Modifications
- ☐Nursing/Nurse's Aide
- ☐Personal Assistance
- ☐Recreation/Summer Camp
- ☐Respite
- ☐Service Animals
- ☐Specialized Equipment & Maintenance/Repair
- ☐ Specialized Nutrition/ Clothing/Supplies
- ☐Training
- ☐Transportation
- ☐Vehicle Modifications
- ☐Other

Do you (the person applying for Family Support) receive any of the following? (Check all that apply):

- ☐Adoption Assistance
- ☐Food Stamps
- ☐Residential Services
- ☐Social Security Income
- ☐Social Security Disability Income
- ☐Foster Care
- ☐OPTIONS Program
- ☐Tennessee Early Intervention System (TEIS)
- ☐PACE (Program of All-Inclusive Care for the Elderly)
- ☐MAPs (Medicaid Alternative Pathway to Independence)
- ☐Vocational Rehabilitation
- ☐Nursing Services
- ☐Supported Living
- ☐None

What type of insurance do you (the person applying for Family Support) have?

☐TennCare (Medicaid) ☐Medicare ☐Private Insurance ☐ Uninsured

Have you (the person applying for Family Support) applied for or do you receive any of the following? (Check all that apply):

☐CHOICES ☐ECF Choices ☐DDA Waivers ☐Katie Beckett Program ☐ Any in home or community supports ☐None

To comply with Title VI, the following information is being requested:

1. **RACE (Check all that apply)** ☐American Indian/Alaskan Native ☐Asian ☐Black or African American ☐Hispanic or Latino ☐ Middle Eastern or North African ☐Native Hawaiian or Pacific Islander ☐White ☐ Other (including 2 or more races)

Family Support Intake Form, page 2

Primary Disability – Check which of the following "major disability categories" is most relevant to the person services are being requested for (as a primary diagnosis):

- ☐Autism
- ☐Cerebral Palsy
- ☐Blind
- ☐Deaf
- ☐Health Impairment
- ☐Traumatic Brain Injury
- ☐Other _____
- ☐Intellectual Disability
- ☐Neurological Impairment
- ☐Orthopedic Impairment/ Physical Disability
- ☐Spinal Cord Injury
- ☐Developmental Delay (Birth - 8 y.o.)
- ☐Down syndrome
- ☐Genetic Disorders: (ex. Rett, Angelman, Trisomy 9, etc.) Please specify_____

Did the person's primary disability occur: ☐ Prior to age 22 ☐ At age 22 or after

NOTES: Please explain in detail how the Family Support funds would assist your family. Based on the diagnosis of the applicant, what needs is he/she unable to obtain without these supports? How would the applicant's daily life be improved with this assistance? Use additional paper if necessary.

_____

_____

_____

_____

_____

_____

By signing and dating this Intake Form I, the person applying or their legal representative, indicate that all the information above is true and accurate. Furthermore, I understand that providing invalid, inaccurate, or Incomplete information could be considered as fraud and may result in a criminal investigation and disqualification from the program which would prevent re-application in subsequent years.

_____

Signature of Person Supported or Legal Representative Date

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

_____

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

Name of person making referral to Family Support: _____.

Agency:_____ Phone:_____.

Address: _____.

TN Department of Disability & Aging | Family Support Program

Family Support Eligibility Checklist

Date _____	Proof of Residency on File (mark one)	☐ Yes	☐ No
	Proof of Disability on File (mark one) *(needs to be from a certifiable resource)*	☐ Yes	☐ No
	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 person eligible for Family Support Services? *(Circle or check one)* ☐ Eligible ☐ Not Eligible

Before the 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- <u>Family</u>- 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- <u>Residence</u>

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 – <u>Functional Assessment</u> (Section 3 must be complete)

A. Does the individual have substantial functional limitations in three or more areas of major life activity? (For children, please consider activities in relationships with other children of the same age.)	☐ Yes	☐ No

For each area marked yes, briefly describe the limitations.

Self-Care:		
Receptive & Expressive Language:	☐ Yes	☐ No
Learning:	☐ Yes	☐ No
Mobility:	☐ Yes	☐ No
Self-Direction:	☐ Yes	☐ No
Capacity for Independent Living:	☐ Yes	☐ No
Economic Self- Sufficiency:	☐ Yes	☐ 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? If yes, please comment on the disability and why it may continue. _____	☐ Yes	☐ No
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? If yes, describe. _____	☐ Yes	☐ No

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: _____

APPENDIX C

SERVICE PLAN

INHOME SERVICES

MEDICAL TRAVEL

TN Department of Disability & Aging | Family Support Program

2025/2026
FAMILY SUPPORT SERVICE PLAN

THIS PLAN IS VALID THROUGH JUNE 30, 2026

Agency Name	Agency Address	Phone #	Fax #

Name of Person Supported:	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		Health Related		Service Animals	
Behavior Services		Home Modifications		Specialized Equipment & Repair and/or Maintenance	
Day Care		Homemaker Services		Specialized Nutrition, Clothing, and/or Supplies	
Education/Home School/Tuition		Nursing/Nurse's Aide		Training	
Emergency Living Expenses		Personal Assistance		Transportation	
Family Counseling		Recreation/Summer Camp		Vehicular Modifications	
Funeral/End-of-Life Costs		Respite		Other:	
			TOTAL Plan Amount not to exceed:	**$**	

Frequency/Duration _____ Method of 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 Person Supported or Legal Representative | Signature of Agency Representative

_____ _____

Date Signed | Date Signed

☐ Regular Plan ☐ Emergency Plan	Approved by the Local Council	*The Agency complies with Title VI, which prohibits discrimination on the basis of race, color, or nationality.*

TN Department of Disability & Aging | Family Support Program

Family Support Program Invoice for In-Home Services

MONTH	SPECIFIC DATES OF SERVICE	YEAR		INVOICE/CLAIM #

PERSON SUPPORTED'S NAME: _____

COUNTY: _____

SERVICE(S) APPROVED FOR: *(check one)*

RESPITE (includes babysitting)	PERSONAL ASSISTANCE	NURSING	HOMEMAKER	OTHER

AMOUNT REQUESTED: $ _____

MAKE CHECK PAYABLE TO:

NAME: _____

ADDRESS: _____

_____

**If the check is written to the service provider, the provider must give their SSN and phone number*

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 **Person Supported** or **Legal Representative** certifies by the signature given below that services for the total amount shown for the month listed above have been provide.

_____

Person Supported or **Legal Representative** **Date**

The **Provider** certifies by the signature below that s*ervices 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.

RDA pending DDA 6001

TN Department of Disability & Aging | Family Support Program

Family Support Program
Invoice for In-Home Services Advanced Payment

MONTH	SPECIFIC DATES OF SERVICE	YEAR	INVOICE/CLAIM #

PERSON SUPPORTED'S NAME: _____

COUNTY: _____

SERVICE(S) APPROVED FOR: *(check one)*

RESPITE (includes babysitting)	PERSONAL ASSISTANCE	NURSING	HOMEMAKER	OTHER

AMOUNT REQUESTED: $ _____

MAKE CHECK PAYABLE TO:

NAME: _____

ADDRESS: _____

_____

**If the check is written to the service provider, the provider must give their SSN and phone number*

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 **Person Supported** or **Legal Representative** certifies by the signature given below that services for the total amount shown for the month listed will be provided. It is the responsibility of the Person Supported or Legal Representative to submit a receipt for provided services within 30 days of the completion of service.

_____

Person Supported or **Legal Representative** **Date**

The **Provider** certifies by the signature below that s*ervices 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.

TN Department of Disability & Aging | Family Support Program

Department of Disability and Aging- 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.

Person Supported' s Name: _____ County: _____

Date	Place Left	Time Left AM/	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.

DDA-5199 ***RDA Pending***

APPENDIX D
SERVICE DEFINITIONS
SERVICE APPROPRIATE VS. NOT APPROPRIATE
AND
CLAIM REPORTING
PROCESS

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

Family Support Program- General Definitions

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.

Education/Home-School/Tuition
The Education/Tuition services are those related to educational materials purchased for school-related activities of the person with a disability, including home-schooling materials, tuition for school for the person with a disability, and academic tutoring for the person with a disability.

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

Funeral/End-of-Life Costs
The Funeral/End of Life Cost services are those related to end-of-life arrangements for the person with a disability if that person passed away during a Fiscal Year in which they were approved for other Family Support services. Such approved services are related specifically to necessary costs for end-of-life arrangements including burial expenses, caskets, and cremation services for the person with a disability. Additional services related to end-of-life arrangements, such as floral arrangements, clothing, etc. are not included as Funeral/End of Life Costs.

Health Related
Health related includes 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 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/ Summer Camp

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

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 sitters 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.

Service Animals

Service Animal services under the Family Support program are for the training and/or costs for a "service animal" for use by the person with a disability, as the term "service animal" is defined pursuant to 28 C.F.R. § 35.104 of the Code of Federal Regulations, which is: "any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability." As further noted in 28 C.F.R. § 35.104, "[o]ther species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition." Further, the "work or tasks performed by a service animal

must be directly related to the individual's disability" and therefore this service does not include costs for an animal obtained for the "crime deterrent effects of an animal's presence" or "the provision of emotional support, well-being, comfort or companionship." If a miniature horse, as defined by federal law, meets the same criteria as provided above, a Local Council may consider approval of services for the miniature horse.

Specialized Equipment & Repair/Maintenance

Specialized equipment and repair/maintenance mean 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.

Special Needs Trusts/ Supported Decision-Making/Power of Attorney/Conservatorship/Guardianship

The Family Support program will reimburse eligible families or individuals for legal fees for either: (1) the establishment of a special needs trust for the family member with the severe or developmental disability in accordance with state and federal law; (2) for engaging in the process of supported decision-making; (3) for the establishment of a power of attorney for the family member with a severe or developmental disability; (4) for petitioning a court for the appointment of a guardianship over a minor or conservatorship over an adult family member with a severe or developmental disability only when such an appointment would impose the least restrictive alternative upon the family member with a severe or developmental disability which is consistent with adequate protection of the family member, in accordance with Tennessee Code Annotated § 34-1-127; or (5) for petitioning a Tennessee court to modify or terminate an order of conservatorship or guardianship for the restoration of rights for a family member with a severe or developmental disability. Any other legal fees must be sent to the DDA Statewide Family Support Coordinator for consideration by the Department in order to be reimbursed by the Family Support program.

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, medical or 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, maintenance, at the discretion of the Local Council or an emergency car insurance premium, not to exceed once per year, in the amount of a three-month period.

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.

Family Support Program- Examples of Appropriate vs. Inappropriate Services

BEFORE AND AFTER CARE

Appropriate

The family works, so they drop their family member off at a day care service for a period of time on weekdays before or after school.

Not Appropriate

The family hires someone to come into the home to watch their family member during the day. If the service is requested in the home, this may be better billed as Personal Assistance or Respite.

DAY CARE

Appropriate

The family may have a child or an adult who cannot stay alone and will pay a day care center to watch their family member during the day.

Not Appropriate

The family hires someone to come into the home to watch their family member during the day.

EDUCATION/HOME-SCHOOL/TUITION

Appropriate

Supplies, curriculum, homeschool programs, educational materials and electronic devices necessary for traditional education and homeschooling that are not covered by other funding sources. Additionally, it encompasses fees for participation in community learning programs, tutoring services, and alternative classroom instruction. Graduation-related expenses, senior dues, such as the cost of cap and gown, required graduation activities, and diploma issuance, are also included if applicable. Those receiving Tennessee Education Freedom Scholarship Program Funding would be eligible if the services were not overlapping with Family Support services.

Not Appropriate

Benefits associated with homeschool programs are exclusively available to individuals actively receiving Family Support. These benefits do not extend to family members or children outside of this group. In cases where a parent is required to accompany a participant to an activity, the Local Council may authorize reimbursement for the parent's membership or ticket. However, expenses related to school photos, class rings, and elective events are not eligible for reimbursement.

EMERGENCY LIVING EXPENSES

Appropriate

A family has had a rough time due to unexpected circumstances and need one time assistance for housing costs.

Not Appropriate

A family asks for assistance for the mortgage payment every month.

FAMILY COUNSELING

Appropriate

Due to issues with the individual or parent/caregiver with a disability family counseling is requested.

Not Appropriate

The family requests family counseling for their child without a disability for their low self-esteem.

FUNERAL/END OF LIFE COSTS

Appropriate

Funeral Services, cremation, interment, cost associated with producing death certificates, transfer of remains, casket or urn, burial plot, marker or headstone, clergy, funeral ceremony, funeral home equipment or staff for the person with a disability.

Not Appropriate

Additional services related to end-of-life arrangements, such as floral arrangements, clothing, and similar items, are not included as covered Funeral/End of Life Costs. Additionally, expenses for publishing death announcements in local newspapers are not eligible for coverage.

HEALTH RELATED

Appropriate

Asking for assistance with dental care, medicine, medical bills, diagnostic evaluations, health related therapy, etc. for out-of-pocket expenses.

Not Appropriate

The individual has health insurance that has paid for the total service or care and the family asks for total reimbursement for medications or care.

HOME MODIFICATIONS

Appropriate

The family owns their own home and needs a ramp for their family member to get in and out of the house.

Not Appropriate

The family is renting a house and needs a ramp for their family member (a ramp can be purchased if it is a portable ramp that can be moved when the family moves). When possible, home modifications should be portable. When this is not possible, the landlord approval and local council should support the request.

HOMEMAKER SERVICES

Appropriate

The family hires someone to do household chores, cleaning, shopping, budgeting, cooking, etc.

Not Appropriate

The family pays their daughter money to clean the house and pick up some groceries.

NURSING/NURSES AIDE

Appropriate

A family member is medically fragile, and nursing care is requested.

Not Appropriate

The family asks for a neighbor to be reimbursed for nursing care, but she is not a certified nurse. This can be verified by the Agency Family Support Coordinator by reviewing the License Verification Website.

PERSONAL ASSISTANCE

Appropriate

The family hires someone to assist their family member with personal care.

Not Appropriate

The family hires someone to come and do household chores, unless they are directly related to the person receiving Family Support. If the household chores are not related to self-care of the person, the service may fit better under the Homemaker Service Definition.

RECREATION/SUMMER CAMP

Appropriate

The program pays for the individual with a disability to go to summer camp.

Not Appropriate

The family asks for the program to send all of the children in the family to summer camp.

RESPITE

Appropriate

The family hires a caregiver outside of the home for their child so they can get a break. (Respite care provides a break from care giving responsibilities and can include sitter or home care.)

Not Appropriate

The family pays a family member in the household for respite to take care of their child, but the family member is unable to get a break. Any exceptions must be approved by the local council.

SERVICE ANIMALS

Appropriate

Dogs or miniature horses that meet that the service definitions. Food, veterinarian care, training, insurance and purchase of the animal after verification the animal meets the training criteria described in the service definition.

Not Appropriate

Emotional support animals, including dogs, and any other animals outside of a dog or miniature horse, are not considered appropriate.

SPECIALIZED EQUIPMENT & REPAIR MAINTENANCE

Appropriate

A motorized wheelchair needs repairs.

Not Appropriate

A motorized wheelchair is needed every year.

SPECIALIZED NUTRITION/CLOTHING/SUPPLIES

Appropriate

A family member needs food items that are nutritional with a recommendation from a healthcare provider- such as ensure, boost… OR support from the Local Council if this is not a recommendation from the healthcare provider.

Clothing – specialized or for an individual who has mobility difficulties or has sensory preferences.

Cleaning Supplies – if the person is medically fragile and there is ongoing bathing and changing.

Not Appropriate

A family buys groceries for the whole family.

Clothing – for the family, purses, costumes…

Cleaning Supplies – for the household

TRAINING

Appropriate

A mom wants to attend a conference that will provide parent training to better care for their family member.

Not Appropriate

The mom wants to attend a training seminar unrelated to the Family Support service recipient.

TRANSPORTATION

Appropriate

The family requests assistance to repair their vehicle so they can get their family member to and from the doctor.

Not Appropriate

The family wants reimbursement for their car insurance for the whole year.

VEHICLE MODIFICATIONS

Appropriate

An individual with physical limitations needs hand controls for the steering wheel.

Not Appropriate

An individual requests a paint job for the car.

OTHER

Appropriate

Home Items – bedding, towels… if a person is medically fragile.

Electronics – for the individual if it will benefit them in some way.

Over the Counter Medications – for the approved individual

Not Appropriate

Home Items – curtains, lamps, paint, wrapping paper…

Electronics – for the family, camera…

Over the Counter Medications – for the family

Gifts/School Pictures

Junk Food – soft drinks, candy, cupcakes, burritos, cookies…

Alcohol, cigarettes, Fast Food

APPENDIX E

FAMILY SUPPORT AGENCY EVALUATION FORM

TN Department of Disability & Aging | Family Support Program

Tennessee Family Support Program
Satisfaction Survey – FY 2024-2025

Please list your county: _____

For internet submission: https://stateoftennessee.formstack.com/forms/family_support_program_survey
Spanish-https://stateoftennessee.formstack.com/forms/family_support_program_survey_spanish

Completed by *(please check one)*:

	Person Supported		Family Member

	Always	Sometimes	Never	Does Not Apply
1. Did the coordinator respect your choices?				
2. Did the coordinator contact you at least annually?				
3. Was the coordinator knowledgeable and helpful?				
4. Did you receive your reimbursement timely?				
5. Were you helped with selecting services?				
6. Were you able to change services when needed?				
7. Has Family Support made your life easier?				

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

- ☐ 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 that apply):*

- ☐ I could not pay for respite or personal assistance.
- ☐ I could not get medicine, food supplements, supplies or equipment.
- ☐ I could not attend 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: _____

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

☐	Friend	☐	Home Health Agency	☐	Doctor/Nurse
☐	Another Parent	☐	TEIS	☐	DDA
☐	Family	☐	School	☐	Media
☐	Family Support Agency	☐	Social Worker	☐	Health Department
☐	Social Service Agency	☐	Hospital/Rehab.	☐	SSI/SSA/TennCare
☐	Web Site	☐	Brochure	☐	Other:

11. Are you interested in volunteering for Local, District and or the State Council? (*Please check all that apply):*

☐ Local
☐ District
☐ State

12. 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.)

13. Are you interested in sharing how the Family Support Program has assisted your family, either via story or via video with assistance from our team?

Yes	No
☐	☐

If yes, and you would like to remain anonymous with your survey results, please contact your Family Support Coordinator or State Family Support Staff:

West Tn- Karla.Goodman@tn.gov, 901-355-1571
East Tn- Julia.Kiehna@tn.gov, 423-787-6953
Middle Tn- Tammie.Browning@tn.gov, 615-231-5057
Statewide- Jenna.S.Martin@tn.gov

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

Please Send Your Completed Survey:
PLEASE INSERT YOUR ADDRESS HERE
Thank you for taking the time to fill out this survey.

APPENDIX F
CITIZENSHIP DOCUMENTATION

CITIZENSHIP

Pursuant to the Tennessee Eligibility Verification for Entitlements Act (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 DDA 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 DDA 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)].

TN Department of Disability & Aging | Family Support Program

CITIZENSHIP ATTESTATION FORM

Date: _____ Family Support Provider Agency: _____

Name of Person Supported: _____

Address of Person Supported: _____

_____

_____

Phone Number of Person Supported: _____

Please complete the section below and check the appropriate status.

I, _____ (*name of Person Supported)*, hereby attest that I am (*please check one box*)

[ ] **a United States citizen** or

[ ] **a qualified alien** (as defined in T.C.A. §4-58-102)

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 law.

I hereby attest that the information provided in this form is true and accurate to the best of my knowledge.

_____

Signature of Person Supported or Legal Representative

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.

NOTE: The Family Support Program has its own Grievance process that will be followed if a grievance is filed. Please see Family Support Guidelines; Section 9

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 Disability and Aging.

https://www.tn.gov/disability-and-aging/about-us/divisions/office-of-general-counsel/office-of-civil-rights.html

TN Department of Disability & Aging | Family Support Program

STATE OF TENNESSEE
DEPARTMENT OF DISABILITY AND AGING
500 JAMES ROBERTSON
PARKWAY
NASHVILLE, TENNESSEE 37243
DAVY CROCKET TOWER, 2nd Floor

Family Support Program Title VI Self-Survey Information FY 2025-2026

Agency Name:_____ Date: _____

Person Completing Form:_____Phone Number: _____

Submit this information to the DDA Statewide Family Support Coordinator by July 31, 2026

This form needs to document the following information regarding people supported who received funding from the Family Support program for this Fiscal Year (July 1, 2025, through June 30, 2026).

I. Total Number of Persons Supported Receiving Funding:

Total Number of Persons Supported receiving funding during the reporting period:	

II. Total number of Persons Supported Receiving Funding by RACE*:

[*In 2024, the federal government revised its Standards for Maintaining, Collecting and Presenting Federal Data on Race and Ethnicity. This table conforms to those changes. If you have questions about these changes, please contact DDA.OCR@tn.gov]

American Indian or Alaska Native	Asian	Black or African-American	Hispanic or Latino	Middle Eastern or North African	Native Hawaiian or Pacific Islander	White	Other (including 2 or more races)	TOTAL

APPENDIX I
FRAUD, WASTE, ABUSE

Fraud, Waste and Abuse Policy

TN Department of Disability & Aging | Family Support Program

FAMILY SUPPORT PROGRAM
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 DDA Regional Office Family Support staff in writing or by phone to report the complaint or grievance. East, TN 423-787-6953, West, TN 901-355-1571, Middle, TN 615-231-5057. This notification shall occur within thirty days of the aggrieved occurrence. The Regional Office will forward the source of complaint or grievance in writing to the Local Council for resolution. The Local Council shall meet with the agency separately from the family, and shall offer to meet with the family separately, to discuss the complaint/grievance and present evidence. The agency is required to have a representative meet with the Local Council. It is the family's choice to either: (1) attend the meeting in person; (2) attend the meeting with an advocate; (3) send an advocate to the meeting on their behalf; or (4) have the Local Council rely solely on the documentation provided by the family. If the family does decide to have an advocate attend the meeting with the Local Council, the family will provide notice to the DDA Regional Office Family Support staff at least 48 hours prior to the meeting. If this deadline is not met, then the meeting will be re-scheduled to a time where the 48-hour timeline for notice by the family can be met. The meeting of the Local Council with the agency may occur at a different date than the meeting of the Local Council with the family or the review of the documentation submitted by the family without their attendance. The meeting(s) of the Local Council shall occur as soon as possible following the receipt of the written complaint/grievance. Within ten business days following both: (1) the meeting of the Local Council with the agency, and (2) either the meeting of the Local Council with the family or a review of the documentation submitted by the family without their attendance; the Local Council shall compile a meeting summary and submit it along with its decision to the DDA 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 DDA Regional Office Family Support staff in writing or by phone within ten business days following receipt of the notification from the Local Council of its decision. East, TN 423-787-6953, West, TN 901-355-1571, Middle, TN 615-231-5057. The Regional Office will forward the complaint or grievance in writing to the District Council for resolution. The District Council shall meet with the agency separately from the family, and shall offer to meet with the family separately, to discuss the complaint/grievance and present evidence. The agency is required to have a representative meet with the District Council. It is the family's choice to either: (1) attend the meeting in person; (2) attend the meeting with an advocate; (3) send an advocate to the meeting on their behalf; or (4) have the District Council rely solely on the documentation provided by the family. If the family does decide to have an advocate attend the meeting with the District Council, the family will provide notice to the DDA Regional Office Family Support staff at least 48

hours prior to the meeting. If this deadline is not met, then the meeting will be re-scheduled to a time where the 48-hour timeline for notice by the family can be met. The meeting of the District Council with the agency may occur at a different date than the meeting of the District Council with the family or the review of the documentation submitted by the family without their attendance. The meeting(s) of the District Council shall occur as soon as possible following the receipt of the written complaint/grievance. Within ten business days following both: (1) the meeting of the District Council with the agency, and (2) either the meeting of the District Council with the family or the review of the documentation submitted by the family without their attendance; the District Council shall compile a meeting summary and submit it along with its decision to the DDA 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 DDA Regional Office Family Support staff in writing or by phone within ten business days upon notification from the District Council. East, TN 423-787-6953, West, TN 901-355-1571, Middle, TN 615-231-5057. The Regional Office staff will forward the source of the complaint or grievance in writing to the Chairperson of the Family Support State Council and to the State Coordinator of the Family Support Program. The Family Support State Council will review the complaint or grievance at its next scheduled meeting following the date of the decision of the District Council. While the agency is required to have a representative at the State Council meeting, it is the family's choice to either: (1) attend the meeting in person; (2) attend the meeting with an advocate; (3) send an advocate to the meeting on their behalf; or (4) have the State Council rely solely on the documentation provided by the family. The Regional Office Family Support 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 business days following the meeting. The decision of the Family Support State Council is final.

Fraud, Waste and Abuse Policy

The Family Support Program and its staff, provider agencies and volunteers shall comply with DDA 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 DDA 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:

Family Support Guidelines

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

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

TN Department of Disability & Aging | Family Support Program

FAMILY SUPPORT PROGRAM

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 Person Supported or Legal Representative | Date Signed

_____ _____

Signature of Agency Employee | Date Signed