

2.12	Family Support Direct Financial Assistance Program (MAG)	Page 1 of 2
Issue date: 12/99	Revision date: n/a	Division Staff
Form(s): 295S, 520		

Family Support Direct Financial Assistance program builds and strengthens family and natural community support networks in ways that respect family integrity and acknowledge the critical role of family members. Financial assistance payments are used to purchase supports and services identified as essential in the person's plan (Family-Centered Plan). This program is not meant to supplant, but to complement, current financial assistant programs.

The provision of these funds enables families to keep their children at home where they have a better chance of being integrated into community life by playing, learning and growing up with peers who do not have disabilities.

Direct financial assistance will be used only when all alternative methods to obtain supports and services have been exhausted. Supports and services should be delivered through a fiscal agent or contracted **Provider** unless needs are clearly outside of the parameters of existing contracts and are not covered by an approved **Waiver**.

Financial assistance payments are based upon the needs and supports identified in the **Person's** plan and are part of the **Person's** overall total allocation. Parents may choose to distribute their family support allocation between financial assistance, parent-managed family support or a full service purchase of **Service Provider**. Direct financial assistance payments are not matchable under **Medicaid**.

Procedure

Requirements of the program are as follows:

- a. The child must be under 22 years of age.
- b. The child must live with natural parents, adoptive parents or live in a non-subsidized family environment.
- c. The child must meet the definition of eligibility for services with the **Division**.

Annual Allocations:

- a. Direct financial assistance may be used only when all other alternatives have been considered. Direct financial assistance cannot exceed \$2,000 during a fiscal year. The family may receive no more than \$500.00 during a fiscal year to pay employees to provide direct services to their child. All payments for direct employment require supervisory approval. Approval will be granted only if supports delivered through fiscal agent or contracted **Provider** are unavailable.
- b. A financial assistance payment is paid directly to the parent. The payment is considered a Social Services Grant and, as such, is not taxable.
- c. Payments must follow State Procurement and Purchasing Policy. Any payment exceeding \$499.99 requires documentation of two competitive bids and must show the purchase of the support or service from the supplier offering the lowest quote.

- d. A **Form 295S** (One-Time Payment) or **Form 520 (Provider Billing)** is forwarded to the parent or guardian and the **form** must be signed and returned to initiate payment.

Accountability for Funds:

- a. The application process for financial assistance is designed to be simple, yet accountable. The parent signs a simple agreement stating the amount of funds and how the funds are to be used. After signing this agreement, the family is issued the cash assistance funds. The following month, the family provides the **Support Coordinator** original receipts for all supports and services purchased. A financial assistance log is given to the family to track funds. The family completes and forwards the log to the **Support Coordinator** on a quarterly basis.
- b. All supports and services purchased must be related to the **Person's** plan. The supports and services to be purchased with these funds must not be reimbursable through other funding sources (e.g. **Medicaid**, private insurance, etc.).

Eligible Uses of Funds:

- a. All supports and services purchased must relate to the **Person's** plan and must be included on the plan. Cash assistance may be authorized for the following uses:
- i. family/individual counseling upon professional request or recommendation
 - ii. special clothing specific to the disability (e.g., no-tear clothing)
 - iii. educational aids and toys upon recommendation of health care professional or educator
 - iv. medical expenses and health-related needs upon recommendation of health professional and not covered by the State **Medicaid** Plan (e.g., medical supplies, repairs to equipment, etc.)
 - v. diapers upon receipt of documentation of need, exceeding State **Medicaid** Plan provisions
 - vi. special foods upon recommendation of health care professional
 - vii. limited respite care upon exhausting all options under contract or fiscal agent
 - viii. camp, after-hours programs, adapted recreation programs, Special Olympics, and organized community recreation, which are not covered under contract
 - ix. speech or physical therapy upon professional request or recommendation, after exhausting State **Medicaid** Plan services
 - x. home repairs related to the individual with a disability (e.g., repairs to holes in walls)
 - xi. day care documentation of special circumstances such as no licensed provider available, illness etc.
 - xii. conferences, trainings, classes that address disability-related topics

Exceptions to Operating Procedure:

Exceptions to the procedure listed above are reviewed on a case-by-case basis by the **Region** Director.