INTRODUCTION:

We are pleased to provide you with a revised Addendum to the Department’s Family Support Guidelines and Procedures, updating the section on the Administration of Family Support Flexible Funding Allocations/Stipends and the categories of Allowable and Disallowable Expenditures. This revision is to support implementation of state-funded family support services in Fiscal Year ’11 and will become effective as of January 2011.

This information has been updated to reinforce and provide clarification where needed on the array of acceptable ways flexible funding allocations/stipends can be used by families, and to provide specific guidance on those expenditures that are not allowed. The Department’s articulated goals and principles of family support continue to provide the foundation for service delivery. This includes promoting flexibility, choice, respect, and the recognition of the expertise of families regarding their strengths, competencies, capacities, and needs, and what will help them best provide for their family member with a disability living with them at home.

This document has been designed for a variety of audiences including families, Family Support providers, and DDS staff. The Department’s Regional and Central Office Family Support Directors are a resource to all parties to provide additional information or guidance as needed.

1. ADMINISTRATION OF FAMILY SUPPORT FLEXIBLE FUNDING ALLOCATIONS/STIPENDS

A central feature of the Department’s system of family support services is the allocation of flexible funding allocations, primarily in the form of stipends. This flexible funding is available for the intermittent purchase of allowable supports and/or goods and services. This funding is designed to supplement assistance available to the individual or family through generic funding sources, including other state or federal assistance available to the family. This flexible funding is a state funded, non-Waiver program, and the maximum amount of stipend funding that an individual/family can receive is up to $3,000.00 annually. Note: Subject to Regional Director approval, in certain extenuating situations, the stipend funding level for a specific individual/family may exceed the $3,000 maximum limit.

Who is eligible to receive flexible funding/stipend allocations?
Children and adults who have been determined eligible for DDS services, and are living at home with their families can receive a stipend allocation. This includes:
- adults who live with their families who are not enrolled in one of the Department’s Home and Community-Based Waiver Programs, as well as
- adults who are enrolled in either the Adult Support or Community Living Waiver.
These allocation decisions are based on an assessment of individual/family need and availability of funding resources. When an adult who is enrolled in one of the Department’s Home and Community Based Waiver Programs elects to use the flexible funding/stipend option, it is important for Department staff to ensure the individual’s health and welfare needs can be met as determined by the assessment of their needs. If the individual’s health and welfare needs can not be assured through the stipend option, the individual will receive the appropriate waiver services to address those areas of assessed need.

Who can administer flexible funding/stipend allocations?
Stipends will primarily be administered by DDS funded Family Support Centers, Medically Complex Programs, Intensive Flexible Family Support Services programs, and Autism Support Centers. Additionally, in limited situations in which individuals/families are receiving services through an Agency With Choice Provider, the Agency With Choice provider may also administer flexible funding in the form of stipends.

How are flexible funding/stipend allocations administered?
Families may be able to receive their flexible funding allocation in the following ways:

- cash stipends in which funding is given directly to the family for purchase of allowable goods and services;
- reimbursement from the family support provider to the family for expenses incurred for allowable services and/or goods;
- direct payment to a vendor by the family support provider for specific allowable goods and services requested by the family.

These options enable families to tailor their purchases and supports to best meet their needs. A Stipend Expenditure Plan must be completed in order for an individual/family to receive a flexible funding/stipend allocation. This Stipend Expenditure Plan is required, even if an individual has an Individual Support Plan (ISP) or Family Support Plan. The Stipend Expenditure Plan must be completed and signed by both the family and Family Support Center/Provider staff, with a copy sent to the Area Office.

2. ALLOWABLE/ DISALLOWABLE EXPENDITURES

All family support is subject to appropriation, and all family support allocations are based upon existing resources. This funding should be used to supplement assistance available to the individual or family through other state, federal and generic funding sources. DDS funds shall not supplant other available resources.

When reviewing family requests to utilize flexible funding/stipends, it is important to revisit the underlying values and guiding principles of family support. Family support should respond to family identified needs and direct input from individuals with disabilities. It should empower families to exercise control and direction over available supports, including flexible funds. Families need to be supported in their choices unless the requests fall into restricted categories.

Section A provides a description of the categories of expenditures for which family support allocations/stipends may be used, and provide examples of items that may be appropriate expenses with family support allocations. This list and the specific examples are not intended to be exhaustive. If families and individuals identify other individualized and unique support options this should be discussed in advance with DDS Area Office staff for consideration and approval.
When stipends will be used for the payment of staff supports (such as respite), it is important to inform families/individuals that these payments are subject to the Internal Revenue Service (IRS) regulations on Household Employees (www.IRS.gov).

Many of the allowable services listed below are also services offered through the Department’s Home and Community Based Waiver Programs, although the definitions may be slightly different. It is expected that adults who are enrolled in one of the Department’s Adult Waiver programs will first utilize services available to them through the Waiver program prior to using state funding in the form of a stipend to purchase a similar service.

Section B provides a description of the categories of expenditures that are not allowable with flexible funding/stipends. Questions regarding appropriate expenditures for family support allocations should be referred first to the DDS Service Coordinator or Area Office Director/designee. The Regional Family Support Director should be used as a resource by DDS staff, families, and Family Support Provider staff if guidance or clarification is needed about allowable expenses with family support allocations.

A. Categories of Allowable Expenses

1. Respite Support
   Respite is a service that provides temporary relief for families and caregivers. Respite can be provided in the individual's home, in the community, or in a variety of out-of-home settings. Allocations can also be used to pay for facility-based respite programs. Respite may be provided for varying lengths of time depending on the needs of the family and available resources. Respite reduces family/caregiver stress and thereby helps preserve the family unit, supports family stability, and prevents lengthy and costly out-of-home placements.

2. Recreational & Social Community Integration Activities
   Activities or supports aimed at increasing and/or enhancing the social integration of the individual with a disability. Examples can include fees for community recreation programs, scouting programs, camp programs, and payment of support staff to assist the individual to fully participate in recreational/social activities. Funds may also be used to contribute toward the cost of recreational opportunities for the family as a whole, such as a family membership at the local YMCA or fees for family recreation, if this enables the family member with the disability to participate in these activities.

3. Child Care
   After-school programs, child day care costs, or a family’s share of such costs for the individual with a disability.

4. Home Management Support Services
   This service consists of assistance with or the performance of general household tasks, such as routine household cleaning, meal preparation, and management of finances, that enable the family to provide for the individual with a disability when the individual regularly responsible for these activities is absent or unable to manage the home and care.

5. Short-Term Emergency Needs
Short-term emergency needs are defined as **not more than 3 months, or one-time expenditures**, that enable families and caregivers to continue to provide care for the individual with a disability. Examples of short-term emergency needs may include food, short-term rental assistance to prevent homelessness, clothing, car rental, car repairs, or general household costs.

6. **Specialized Evaluations and Therapeutic Services and Supports**
Prior to using DDS funding for these services, **MassHealth and private insurance should always be utilized first.** Additionally, MassHealth eligible children and young adults through age 21 who meet the criteria should be assisted in accessing resources available through the Children’s Behavioral Health Initiative. Services in this category can include access to occupational, physical, speech and behavior therapies for the individual with a disability, and other counseling and therapeutic services, as long as the individual is not eligible for or has exhausted other funding sources for these services. Therapeutic services and supports should be reviewed and monitored for effectiveness and progress. Other examples of approved uses may include costs for dental or medical care not covered by the family’s insurance. However, costs associated with private health insurance premiums and CommonHealth premiums are not allowable, and funds cannot be used to supplement MassHealth rates for medically necessary services.

7. **Adaptive Equipment and Supplies**
Prior to using DDS funding for these services, **MassHealth and private insurance should always be utilized first.** This category can include personal, adaptive equipment for the individual with a disability that is not covered by insurance. Examples may include positioning boards, special chairs, water or hospital beds, communication systems, and adaptive equipment for computers or specialized software. Funding can also be used for other household equipment to meet the specialized support needs of the family member with a disability that is not covered by other sources. This can include an air conditioner, air purifiers, or home safety equipment, such as window locks or an intercom for nap or night time monitoring.

8. **Specialized Nutrition and Clothing**
Prior to using DDS funding, payment by **MassHealth and private insurance should always be pursued and utilized first.** This category can include special diets or food and adaptive clothing or footwear. This can also include expenses for clothing that need to be replaced frequently due to excessive wear as a result of the individual’s special needs.

9. **Specialized Utility Costs**
This encompasses supplemental heating and air conditioning costs specifically related to the disability needs of the individual.

10. **Transportation**
Includes gas (or mileage), meals, and other related incidental expenses when extraordinary out-of-pocket expenses are incurred due to hospitalizations or to attend medical appointments as required to meet the individual’s special medical/health needs. Transportation costs normally associated with other DDS services and contracts are not allowable. Reimbursement for mileage will be at the same rate that is established by the Commonwealth of Massachusetts.

11. **Activities of Daily Living (ADL)/Independent Living Skill Building Activities**
These are services designed to assist individuals in acquiring, improving, and retaining the self-help, socialization and adaptive skills necessary to reside successfully in the family home and community based settings. The provision of instruction and guidance is intended to teach individuals to successfully complete routine daily living and independent living tasks which are age appropriate. Services are focused on skill development and intended to improve the participant’s ability to perform routine daily living tasks and utilize community resources more independently. Examples include travel training or payment for bus passes, social skills groups, computer classes, cooking classes, and development of self-advocacy skills.

12. Family Training
This includes services which enable family members to gain the knowledge and skills needed to participate more fully in various aspects of caring for and supporting their family member with a disability, including learning the various techniques and strategies necessary to help the individual to progress. This may include payment for registration costs and fees for family members (including siblings) to attend local trainings and conferences that provides them with knowledge, skills and support to more effectively care for their family member with a disability. This does not include payment for lodging and travel.

13. Educational Consultation and Support
Funding can be used by families to obtain consultation, assistance and advocacy support with educational planning and programming for their child/young adult with a disability who is entitled to receive special education services. This may include helping to prepare families for Individual Education Plan (IEP) meetings as well as attending IEP meetings with families. Funding for this purpose is only available to families with children/young adults from ages 3 through 21 who are MassHealth recipients (this includes all categories of medical assistance). Funding for this service is limited up to $500.00 per year. This funding cannot be used to pay attorney fees, legal fees or for educational appeals.

14. Vehicle Modifications
Family support allocations may be used toward the cost of vehicle adaptations or alterations to an automobile or van in order to accommodate the special needs of the individual with a disability. The vehicle being modified must be the primary means of transportation for the individual with a disability living with their family and must be necessary to enable the individual to integrate more fully into the community and to ensure their health, welfare and safety. Examples of modifications include adding a van lift, ramp, tie-downs, or adaptive seating. In addition, funding for adaptations to a new van or vehicle purchased/leased by a family can be made available at the time of purchase or lease to accommodate the special needs of the individual and help offset the additional costs related to the modification.

Any use of family support funds for vehicle expenses must be submitted and approved in advance following the process outlined below.

a) Family Support staff must explore and document the unavailability of alternative funding sources such as insurance, civic organizations, fund raising, and other generic resources before a proposal is submitted for the use of a family support allocation for a modification or contribution to the lease/purchase of a modified vehicle.

b) The proposal shall include the names and contributions of all generic funding sources that will be used in conjunction with Department resources.

c) The following steps to request approval for funding must be followed.
1. The Area Director of the local DDS Area Office must receive in advance for his/her review and recommendation the following information: a proposal detailing the request for funding; an explanation justifying the need for a vehicle modification; and the completed Vehicle/Home Modification Funding Request Form (Attachment A).

2. If the Area Director approves the proposal and recommends funding, the request is then forwarded to the Regional Family Support Director and Regional Director for review and recommendation of funding. Upon receiving approval from the Regional Director, the Area Director will be notified and the family and Family Support Provider are informed the funding request was approved.

Examples of vehicle modifications for which family support allocations may be approved, include:
- Van lift
- Tie downs
- Ramp
- Specialized seating equipment
- Seating/safety restraint

Examples of funding requests for which family support allocations shall not be approved, include:
- Contributions toward the cost of a vehicle purchase that is of general utility, does not need to be modified for accessibility, and is not of direct medical or remedial benefit to the individual
- Insurance costs
- Taxes

15. Home Modifications
Family support allocations may be used to contribute toward the cost of home adaptations that will directly benefit the individual with a disability and relate to his/her health and safety concerns. Any use of family support funds for home modification requests must be submitted and approved in advance following the process outlined below.

a) Family Support staff shall explore whenever possible, utilization of appropriate modifications that are portable to accommodate changes in residence, size of person, and changes in equipment and needs. In addition, all proposals for home modifications shall plan for the reuse of portable accommodations.

b) Family Support staff must explore and document alternative funding sources such as insurance carriers, civic organizations, and other state or federal funding resources before it submits a proposal for the use of a family support allocation for a home modification.

c) The proposal shall include the following: names and contributions of all generic funding sources that will be used in conjunction with Department resources; submission of 3 bids, at a minimum, that contain costs and a work agreement

d) Family support funding shall only be used for renovations that will allow the individual to remain in his/her home (primary residence), and must specifically relate to the functional limitation(s) caused by the individual’s disability.

e) The following steps to request approval for funding must be followed.

1- The Area Director of the local DDS Area Office must receive in advance for his/her review and recommendation the following information: a proposal detailing the request for funding; an explanation justifying the need for a
home modification; and the completed Vehicle/Home Modification Funding Request Form (Attachment A).

2- If the Area Director approves the proposal and recommends funding, the request is forwarded to the Regional Family Support Director and Regional Director for review and recommendation of funding. Upon receiving approval from the Regional Director, the Area Director will be notified and the family and Family Support Provider will be informed the funding request was approved.

Examples of home modifications for which family support allocations may be approved:

- Ramps
- Widening of doorways
- Bathroom modification
- Stair lift
- Yard fence
- Door alarm systems

Examples of home modifications for which family support allocations shall not be approved:

- Modifications that have no direct impact on the functional limitations of the disability of the individual
- Additions to an existing home
- Remodeling solely for the purpose of increasing the value of the home
B: Disallowable Expenses

In addition to other factors and considerations that have been mentioned previously in these Guidelines & Procedures, Family Support Funds shall not be used for the following purposes:

1. Items or activities that have limited benefit to the individual with a disability. An example is a home modification which has no direct impact on the functional limitations of the person with a disability.

2. Any purpose that may directly or indirectly jeopardize the integrity of the program, for example, support for criminal conduct or any activity which places the individual at physical or medical risk.

3. Purchasing of items or services that are not allowed by state regulation, including the regulations of the Division of Purchased Services regarding lobbying for litigation against the Commonwealth.

4. Luxury items and fixed capital improvements to the home, (such as a spa, pool, etc.).

5. The provision of services that are normally covered by other DDS service codes, in particular all residential supports outside of the family home. The purchase of other contracted DDS service codes, including day program services and transportation arranged and provided by the Department, are also excluded.

6. Payment for experimental and/or non-approved FDA (Federal Drug Administration) treatments or medications unless it is part of an approved clinical trial.

7. Funds cannot be used to supplement MassHealth rates for medically necessary services.

8. Costs associated with CommonHealth and other private health insurance premiums.

9. Long-term assistance (greater than three months) to purchase food and pay housing costs, such as rental assistance.

10. Payment for housing supports such as the principal on a mortgage, the down payment on a residence, or tax or other municipal bills on property.

11. Payment of an attorney or legal fees for any purpose. Examples include fees related to trusts, guardianship, citizenship, or educational appeals.

12. Any expenses or fees related to obtaining guardianship for the individual with a disability, including but not limited to attorney and legal fees or any other fees associated with the guardianship process. Family Support Provider Agencies and DDS staff will assist in directing families to alternative resources if this is a need requested by the family.

13. Share of cost of family vacation and or housing rental.

Questions regarding the appropriateness of a proposed use of family support funding should be discussed with the individual’s service coordinator and the involved Family Support provider. The Family Support provider staff shall confer with the Area Director or his/her designee, or the Regional Family Support Director. See 808 Code of Massachusetts’s Regulations 1.00 et seq. (compliance, reporting and auditing for social and human services).

Utilization of family support funding to cover unapproved or disallowable expenses including those specified in these Guidelines may jeopardize the continued participation by the family in the family support program.
ATTACHMENT A

VEHICLE OR HOME MODIFICATION PRIOR APPROVAL FUNDING REQUEST FORM

This form must be completed when making a request to authorize funding for any of the following: vehicle modification or home modification. This form and the funding proposal estimates should be submitted in advance to the Area Office Director for review and recommendation.

Name of Individual: ____________________________  Date of Birth: ____________________________

Area Office: ____________________________  Service Coordinator: ____________________________

Family Support Provider: ____________________________  Person Completing Form: ____________________________

What is the request for?  Vehicle Modification ______  Home Modification ______

Total modification cost: ____________________________  Requested amount of DDS funds: ____________________________

Does the request relate directly to the functional needs of the individual?  Yes____  No____

Please identify item and explain justification of need: __________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

Other generic funding resources need to be explored and documented. Please describe resources and funding amounts if applicable. __________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

************************************************************************************************************

Area Director Review and Recommendation: Yes_____  No____

Comments: __________________________________________________________

Area Director Signature: ____________________________  Date: __________________

Regional Director Review and Recommendation: Yes_____  No____

Comments: __________________________________________________________

Regional Director Signature: ____________________________  Date: __________________

ATTACHMENT B
This form must be completed when making a request to authorize flexible funding/stipend allocations above $3,000.00. This form, along with any other pertinent information (such as Family Support Plan, etc.), must be completed and submitted in advance to the Area Office Director for review and recommendation. Upon approval by the Area Director, this information must be forwarded to the Regional Director for his/her approval and signature.

Name of Individual: __________________________  Date of Birth: __________________________

Area Office: ________________________________  Service Coordinator: ______________________

Family Support Provider: ________________________________

Staff Person Completing Form: ________________  Date of Request: __________________________

Total Amount of Flexible Funding Requested: ________________________________

Please provide a brief rationale describing the needs of the individual and family and how these additional funds will be used to address those needs:

________________________________________________________________________________________
________________________________________________________________________________________
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Area Director Review and Recommendation: Yes_____ No_____

Comments: _____________________________________________________________________________

Area Director Signature: ________________________________  Date: ______________

Regional Director Review and Recommendation: Yes_____ No_____

Comments: _____________________________________________________________________________

Regional Director Signature: ________________________________  Date: ______________
Department of Developmental Services
FLEXIBLE FUNDING/ STIPEND EXPENDITURE PLAN FOR STATE FUNDED SERVICES - FY 11

| Individual’s Name: __________________________ | DDS Area Office: __________________________ |
| Family’s Name: __________________________ | DDS Service Coordinator: __________________________ |
| Family’s Address: __________________________ | DDS Approved Allocation Amount: __________________________ |
| DOB: __________________________ | Family Support Center/Provider: __________________________ |
| Telephone #: (1) __________________________ | Family Support/Agency Staff Person: __________________________ |

Please indicate how you plan to use your stipend allocation, and report the total amount for each category and the specific purpose.

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<th>Category</th>
<th>Allowable Expenditures</th>
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<th>$ Amount</th>
<th>Purpose/Specific Uses</th>
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<td>Respite Support</td>
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<td>2</td>
<td>Recreational &amp; Social Community Integration Activities</td>
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<td>3</td>
<td>Child Care</td>
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<td>4</td>
<td>Home Management Support Services</td>
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<td>Short-Term Emergency Needs</td>
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<td>Specialized Evaluations &amp; Therapeutic Services &amp; Supports</td>
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<td>13</td>
<td>Educational Consultation and Support</td>
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<td>14</td>
<td>Vehicle Modifications (Requires Prior Approval)</td>
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<td>Home Modifications (Requires Prior Approval)</td>
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<td>Other approved use (specify)</td>
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Grand Total: 

I/my family will comply with all DDS requirements for the use of this state funding for non-waiver goods and supports, which includes adhering to the allowable uses for stipends/flexible funding, as defined in the January 2011 Department’s Family Support Guidelines and Procedures Addendum. When hiring support workers directly, my family will take responsibility to provide orientation and training on the specific support needs of my family member, including emergency procedures. My family has received information on the IRS tax rules and requirements when hiring support workers directly.

Family Signature and Date/or Date Plan Discussed with Family: __________________________ Date: __________________________

Family Support/Agency Staff Person Signature: __________________________ Date: __________________________

DDS Area Office Signature (if required): __________________________ Date: __________________________
**Disallowable Expenses:**

Family Support Funding shall not be used for any of the following purposes:

14. Items or activities that have limited benefit to the individual with a disability. An example is a home modification which has no direct impact on the functional limitations of the person with a disability.

15. Any purpose that may directly or indirectly jeopardize the integrity of the program, for example, support for criminal conduct or any activity which places the individual at physical or medical risk.

16. Purchasing of items or services that are not allowed by state regulation, including the regulations of the Division of Purchased Services regarding lobbying for litigation against the Commonwealth.

17. Luxury items and fixed capital improvements to the home, (such as a spa, pool, etc.).

18. The provision of services that are normally covered by other DDS service codes, in particular all residential supports outside of the family home. The purchase of other contracted DDS service codes, including day program services and transportation arranged and provided by the Department, are also excluded.

19. Payment for experimental and/or non-approved FDA (Federal Drug Administration) treatments or medications unless it is part of an approved clinical trial.

20. Funds cannot be used to supplement MassHealth rates for medically necessary services.

21. Costs associated with CommonHealth and other private health insurance premiums.

22. Long-term assistance, (greater than three months), to purchase food and pay housing and utility costs, such as rental assistance.

23. Payment for housing supports such as the principal on a mortgage, the down payment on a residence, or tax or other municipal bills on property.

24. Payment of an attorney or legal fees for any purpose. Examples include fees related to trusts, guardianship, citizenship, or educational appeals.

25. Any expenses or fees related to obtaining guardianship for the individual with a disability, including but not limited to attorney and legal fees or any other fees associated with the guardianship process. Family Support Provider Agencies and DDS staff will assist in directing families to alternative resources if this is a need requested by the family.

26. Share of cost of family vacation and or housing rental.

Questions regarding the appropriateness of a proposed use of family support funding should be discussed with the individual’s service coordinator and the involved Family Support provider. The Family Support provider staff shall confer with the Area Director or his/her designee, or the Regional Family Support Director. See 808 Code of Massachusetts’s Regulations 1.00 et seq. (compliance, reporting and auditing for social and human services).

Utilization of family support funding to cover unapproved or disallowable expenses including those specified in these Guidelines may jeopardize the continued participation by the family in the family support program.

FY 11: Last Updated- January 2011