



Division Directive Number  
4.180

Effective Date: 11.05.2012

*Bernard Simons*

Bernard Simons, Director

**Title:** Choices for Families Services and Documentation

**Application:** Applies to Regional Offices, Senate Bill 40 Boards and other Targeted Case Management providers.

**Purpose:** Describe Division policy on the Choices for Families Program. The purpose of this program is to prevent or delay out-of-home placement or to facilitate the reunion of families whose individuals with Intellectual and Developmental Disabilities are already in out-of-home placement. It empowers families as the primary decision makers by providing funds for their use in planning and obtaining needed items and services from providers and vendors of their choice. Choices for Families is a funding resource which can be used for virtually any lower-cost family support service that meets the guidelines including, but not limited to, the following: environmental adaptations, respite, special clothing, transportation, and special dietary supplements.

**Definitions:**

**Authorization of Expenditures:** All expenditures must be authorized by a Regional Office through an Individual Support Plan and budget summary. The plans must be approved by the Regional Director/Designee, the Support Coordinator, and the family. Before being approved, the Support Coordinator shall ensure that families are assisted in obtaining all possible third party reimbursements for provision or payment of family support services.

**Choices for Families Respite Services:** Respite and care services provided by responsible caregivers of the family's choice, excluding immediate family members.

**Choices for Families Exception Request/Approval:** Form showing exception to the \$3,000.00 maximum amount allowable, supported by a recommendation from the Regional Director/Designee and approved by the Deputy Director/Designee. Exception form shall go through the approval process annually.

**Cost Reimbursement and Procedures:** The maximum annual assistance for each eligible individual with Intellectual and Developmental Disabilities is \$3,000.00. The Deputy Director/Designee may approve an exception. Services and items must be reimbursed at reasonable rates, agreed upon by the Regional Office, family and provider.

**Documentation:** All payments for items or services shall be properly documented. Regional Office shall maintain records for each recipient for review and reporting purposes. When requesting reimbursement, families must submit appropriate documentation, including but not limited to the following:

- A. Copies of receipts for all items and services purchased
- B. Choices for Families Services Monthly Documentation Form
- C. Transportation Services Monthly Documentation Form

- D. Provider picture ID and signature on file at Regional Office
- E. Budget Summary
- F. Notes to support Respite Services

After receiving the required documentation, Regional Office shall reimburse requests according to procedures established by Department of Mental Health/Division of Developmental Disabilities. Regional Office shall maintain records for each program recipient, including documentation of services provided.

**Environmental Adaptations:** Structural modifications (excluding home remodeling and increase in square footage) to the home or vehicle to create a barrier-free environment and provision of adaptive equipment and augmentative devices to assist an individual with Intellectual and Developmental Disabilities to live at home. Environmental adaptations may also include repair of equipment and devices. Environmental Adaptations may be funded only as they relate directly to the disability and after all other available funding sources have been accessed.

**Family:** The primary care-giving unit that assists an individual with Intellectual and Developmental Disabilities in meeting basic needs, including biological, step, adoptive and foster parents, and extended families.

**Forms:** Forms used in the Choices for Families program are as follows:

- A. Choices for Families Program Expenditure Plan. This plan is originated by the Support Coordinator and approved by the family, individual with Intellectual and Developmental Disabilities, and Regional Office that authorizes services, and shows how it will be funded. Copy maintained by Regional Office for documentation.
- B. Choices for Families Voucher (MO 650-4772 (12-90)). This is to be completed by the Support Coordinator and given to family to present to provider as guarantee of payment by the Regional Office.
- C. Choices for Families/Family Friend Services - Monthly Documentation. This is to be signed by family and respite care provider to document payment made for services submitted to Regional Office for reimbursement. The signature and picture identification of the provider(s) of service shall be on record at the Regional Office in order to receive reimbursement.
- D. It shall be the responsibility of the Employer to ensure that required documentation is current, correct, and a copy provided to the Support Coordinator. It shall be the responsibility of the Targeted Case Manager to routinely review all required documentation to ensure that it is current and on record at the Regional Office.
- E. Transportation Service - Monthly Documentation is to be submitted by the family to Regional Office for reimbursement of authorized travel expenses. Documentation shall include the name of the individual with the Intellectual and Developmental Disability, date/s of service, service/s provided, starting location and destination, purpose of trip, and number of miles traveled.
- F. Current Budget Summary on file.
- G. Current Individual Service Plan in Records.
- H. Current year Standard Means Test (MO 650-0216 (12-93)) on file at the Regional Office.
- I. Families also shall be required to submit information on their Family Friend Provider(s), including but not limited to, name, address, phone number and a photocopy of a picture identification that includes all providers' signatures.
- J. Individual Service Plan: A document resulting from a person-centered process directed by the individual with Intellectual and Developmental Disabilities served, with assistance as needed by a representative, in collaboration with an Interdisciplinary Team. It is intended to identify the strengths,

preferences, needs, and desired outcomes of the individual with Intellectual and Developmental Disabilities served.

**Immediate Family Member:** Sibling, aunt, uncle or grandparent of an individual with Intellectual and Developmental Disabilities who lives in the same household with that individual, and the biological, step or adoptive mother or father, whether living in the same household with the individual or not.

**Other Generic or Specialized Services:** Services included in the Individual Support Plan or temporary action plan and which are within the Division's statutory authority to provide or purchase.

**Reimbursement:** Department of Mental Health/Division of Developmental Disabilities payment to a family for family member's expenditures for services or items identified in the Individual Support Plan or Temporary Action Plan for maintaining an individual with Intellectual and Developmental Disabilities in the household.

**Standard Means Test:** Form (MO 650-0216 (12-93)) is a financial questionnaire completed at time of initial intake, and annually thereafter. The Standard Means Test determines whether or not the family's income and the income of an individual with Intellectual and Developmental Disabilities allows the State of Missouri to recoup its costs through an assessment of income and portion to pay toward services.

**Targeted Case Management:** Support Coordination services are broadly defined in 42 CFR 440.169 as services furnished to assist individuals with Intellectual and Developmental Disabilities. In the Missouri (MO) HealthNet service program, case management (support coordination) is referred to as Targeted Case Management, or TCM.

**Temporary Action Plan:** A written plan developed by at least the family and Support Coordinator to obtain and/or authorize needed services prior to implementation of the initial Individual Support Plan.

**Transportation:** To provide transportation when alternate resources have been exhausted.

**Voucher:** Form (MO 650-4772 (12-90)) which is issued to a family by a Regional Office for the family's use in obtaining items and services.

<b>CHOICES FOR FAMILIES GUIDELINES</b>
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Program Application

Families whose individuals with Intellectual and Developmental Disabilities are eligible for Regional Office services request through their Support Coordinator for services under the Choices for Families program.

Choices for Families presents a family with two options:

1. Reimbursements-The family may pay for items and services and then submit receipts for reimbursement by the Department of Mental Health/Division of Developmental Disabilities.
2. Voucher-The family may present a voucher to obtain items or services, and the vendor or provider submits the voucher to Department of Mental Health/Division of Developmental Disabilities to obtain payment for those items or services.

Families can either pay for services/supports and submit receipts for reimbursement or obtain vouchers to purchase services/supports. The vendors providing the services/supports can then turn the vouchers in for reimbursement. The program can be used for family support services for which there may not be a contracted provider. Funds are limited and will rarely meet all the needs of any family, so it is intended to supplement other support programs and agencies under which the family is eligible for services/supports.

### Policies

- Choices for Families shall not be provided in conjunction with any Medicaid Waiver services/supports.
- Individuals with Intellectual and Developmental Disabilities of any age must live in Missouri, be eligible for services from the Division of Developmental Disabilities and live in their family's home, or in their own home.
- Must be used to maintain or return an individual with Intellectual and Developmental Disabilities to his or her home.
- \$3000.00 (34.040.1.RSMo) is the maximum dollar amount to be used in a year, unless approved by the Deputy Director/Designee. An individual/family can only be reimbursed up to \$3,000.00 per year.
- Department of Mental Health/Division of Developmental Disabilities/Choices for Families is payer of last resort.
- Payments to a single agency or supplier cannot exceed \$3,000.00 per year (this includes all individuals with Intellectual and Developmental Disabilities served by the agency). Office of Administration bidding process for items \$3,000.00 or above applies.
- Services/supports must be prior authorized; if not, they will not be reimbursed.
- Services/supports must be directly related to the disability of the individual with Intellectual and Developmental Disabilities.
- Domestic worker law applies.
- Choices for Families dollars cannot be used to exceed contracted rates.
- Individuals with Intellectual and Developmental Disabilities in residential placement cannot access this service.
- 21 days (504 hours) of respite is the maximum allowed by law unless authorized by the Division Director (633.155. RSMo).
- Reimbursement will always be after the service has been provided.
- Respite may be provided by anyone who lives outside of the individual with Intellectual and Developmental Disabilities' home. A parent living in or outside of the home cannot provide respite nor be reimbursed for any other service/support through Choices for Families.
- Respite is paid by the family, and reimbursed at a later date. In certain circumstances, paying providers is allowed.
- Families are responsible for training and hiring their own support staff.
- All services need to be defined in the Individual Support Plan. There is a standard rate allowed for travel, according to Department of Mental Health/Division of Developmental Disabilities policy. All other sources of transportation shall be sought and utilized before Department of Mental Health/Division of Developmental Disabilities funds.

### Determining Projected Service Costs and Family's Rate of Pay

- The maximum annual assistance for each eligible individual with Intellectual and Developmental Disabilities is \$3,000.00, unless approved by the Deputy Director/Designee.
- Other generic or specialized services offered under the Purchase of Service program shall be paid with voucher or reimbursed at either regional average cost for that service or actual cost, whichever is less.

Non-Purchase of Service supports fundable under Choices for Families may be paid with voucher or reimbursed at reasonable and customary costs agreed upon by the Regional Office, the family, and the vendor/provider.

- When the voucher is used for items/services, bids are required for requested expenditures exceeding \$3000.00 with approval at the lowest bid.

### Services/Supports Approval and Authorization

- Support Coordinator will follow Regional Office budgetary process, noting funding will be Choices for Families.
- For families who may request Choices for Families reimbursement for more than one individual with Intellectual and Developmental Disabilities in the household, the requests will be made at the same time, following customary Regional Office budgetary process.
- Standard Means Test date must be recorded, and a copy on file at the Regional Office.
- Record the name of the payee in the contract provider space on the Choices for Families voucher.
- Record complete address (street #, state, zip code, and a phone number).
- Check the field indicating if the payment is a Voucher or Reimbursement.
- Support Coordinator will mail a form letter noting the necessity to read the liability release statement in detail and that no service/support will begin until they have received signed authorization from the Regional Office.
- Once all signatures are obtained and approval for funding has been granted, the authorization will be processed.
- Each month, the family is expected to complete the Reimbursement and/or Voucher form and mail to the applicable Regional Office for processing.
- There is a 90 calendar day limit to send appropriate documentation in for payment. After 90 calendar days, services/supports provided will not be reimbursed.

Once the Individual Support Plan has been developed, and the services and supports requested through Choices for Families have been established, the Support Coordinator will complete a Budget Summary. The plan, which includes the justification of need for services and supports, is presented by the Support Coordinator to the Regional Office. The Regional Director/Designee may request additional information or revision before final approval.

When an exception to exceed the maximum dollar amount has been requested, the Support Coordinator shall complete and present the Choices for Families Exception Request/Approval form to the Regional Director/Designee. When the Director/Designee agrees, he/she shall sign and forward the request to the Deputy Director/Designee, who will approve or deny the request. Exception requests shall be approved one time during the program year. The amount of exception will not carry over into the next program year budget.

All authorizing signatures must be obtained prior to the purchase of services and supports/items. Written notification by the Regional Director/Designee is provided to the family and individual as to the status of their request.

### Reimbursement Procedures

When requesting reimbursement, families must submit appropriate documentation, including the following:

- Copies of receipts for all items and services/supports purchased
- Choices for Families/Family Friend Services Monthly Documentation Form
- Transportation Services Monthly Documentation Form

- Families need to make sure that all documentation submitted is filled out completely and correctly. Incomplete, unsigned or inaccurate documentation forms may be returned and delay payment.
- Family will receive a voucher for each month of service.
- Family will complete the form on a monthly basis.
- Family will complete the voucher form for the month the service/support is provided. The month of service will be entered by the Support Coordinator at the top of the form.
- Family will have the provider complete the Vendor/Provider section.
- Vendor will then complete the Authorized Item and Service section.
- Family will review the voucher completed by the provider and complete the receipt of Items/Services section.
- Family will then mail the form back to their Regional Office.
- After receiving the required documentation, Regional Office shall process reimbursement requests according to procedures established by Department of Mental Health/Division of Developmental Disabilities. Regional Office shall maintain records for each program recipient, including documentation of services provided.

### Program Evaluation

Families and/or Providers will be reviewed for verification of services/supports. Any misrepresentation of reimbursement expenses may result in suspension from the Choices for Families service delivery and all funds verified to be false will be paid back to the Regional Office by the family. Families are responsible for any payroll, withholding taxes, and Workers Compensation as required by law and information regarding these may be obtained from a professional accountant.

#### **Authority:**

[4.060 - Person Centered Planning Guidelines and Quality Enhancement Review](#)

9 CSR 45.3010 Individual Habilitation Plan Procedures <http://www.sos.mo.gov/adrules/csr/current/9csr/9c45-3.pdf>

DMH DD [Service Coordination Manual](#)

Financial Policies and Procedures, Chapter 6 <http://dmhonline.dmh.state.mo.us/admin/financial/chap6/6A04.htm>

[PCP Guidelines](#)

RSMo Chapter 633, Sections 105-115, 155 <http://www.moga.mo.gov/STATUTES/C633.HTM>

The Missouri Values Test <http://dmh.mo.gov/docs/dd/scmanual/F11ValuesTest.pdf>