POLICY: This policy provides guidelines for Mental Health Developmental Services to allocate general fund dollars to qualified children receiving developmental services to purchase specialized treatment/ skill building and organized programming, including, for children who meet qualification guidelines, evidence-based treatment for autism spectrum disorders, to assist the individual/family in successful integration into their community. A child may only receive funding through one self-directed program at any given time.

PURPOSE: To outline the criterion for receiving self directed services, and the types of services that are offered by MHDS through its self-directed programs.

SCOPE: Developmental Service Agencies

State-funded Self Directed Program

Purpose: To clarify service eligibility and program requirements for the purchase and reimbursement of services rendered in the self-directed model.

Procedures:

I. Self-directed Family Support Services shall be available to individuals who meet the following eligibility criteria:

A. The individual must meet the criteria for developmental services as determined by MHDS.

B. The individual must be a child under the age of 18.

C. The individual must be living in their natural home environment.

D. The family's gross income must not exceed 300% of the Federal Poverty Guidelines.

E. The treatment needs of children who qualify for this service must be determined by the team and clearly documented in the Individual Support Plan. Treatment goals must be consistent with those identified in the Individual Support Plan and reasonable for the individuals abilities, skill and/or tolerance level.

F. The child's parent(s)/caregiver(s) must understand the nature of the program and agree to actively participate in the assessment, planning, implementation and evaluation of the chosen supports and services.

G. Individual is not a Home and Community Based Medicaid MRRC Waiver Recipient.

H. Financial eligibility must be reviewed annually.

I. The family follows the terms of the Self-Directed Service.

J. Providers of self-directed family support services cannot be the parent, step-parent, spouse or primary caregiver living in the same residence as the person receiving services.

K. Non professional staff hired to provide in-home services and daily living skill training may not be paid more than $10 per hour.

L. Parents or guardians are responsible to ensure that those persons designated as providers in this program must be 18 years of age.

M. The self-directed family support service is not an entitlement. The Regional Center retains the right to decrease or terminate funding based on the state's financial status, under utilization and/or inappropriate use of funding.

II. This program specifically supports specialized treatment/therapies and/or an organized event to include specialized camps, clinics or centers assisting the child to developing appropriate skills to integrate into their community. The following are activities/treatment/services that may be purchased:

A. Behavior support training/management: utilization of in and out of home behavioral training/treatment.

B. Social/Recreation: specialized day and after-school care and recreation programs.

C. Daily Living Skills: utilization of an in home employee training, nutritional/dietary consult not covered by Medicaid or insurance.

D. Specialized Therapeutic Services: therapy not covered by Medicaid or insurance including occupational therapy, physical therapy, speech therapy, music therapy, art therapy, HIPPO therapy, sensory integration, massage therapy, yoga, cranial sacral therapy, and swim therapy.

E. Supervision for those individuals who require specialized care to remain living in the family home and are unable to participate in community programs/therapies. All such situations will be reviewed and approved by the Community Services Director of designee.

III. Children who receive Self-directed Family Support Services will not be eligible to concurrently receive the following Regional Center service: Respite, Purchase of Service, Self-directed Autism (Regional Center or Office of Disability Services), Jobs and Day Training Program and/or a Supported Living Arrangement. Children who receive Self-directed Family Support Services are not eligible for respite services except under emergency conditions. All emergencies will be reviewed by the Respite Coordinator. Criteria for determining an emergency would be:

A. Family Death

B. Family illness/hospitalization

C. Person in imminent danger of being abused

D. Other emergency situation as authorized by the Community Services Director or designee.

IV. Self-directed Family Support Service shall be available to families who act in accordance with the following Regional Center procedures:

A. The assigned Service Coordinator provides the family a comprehensive overview of the self-directed family support service program at the initial and annual planning meetings. Information reviewed should include an explanation of program intent and reinforce that this is a supplemental support service and should not replace those activities typically provided by natural and informal support systems, the services provided must be a direct service provided to the child to assist in skill development or maintenance. Teams who are unable to identify reasonable and measurable goals that may be purchased with this funding will be referred/linked to alternative resources.

B. The family requests Self-directed Family Support Service through their assigned Service Coordinator.

C. The family provides proof of gross income to the Regional Center.

D. If deemed ineligible for Self-directed Family Support Services the family will be provided a notice of decision.

E. The child will be placed on the Regional Center wait list for Self-directed Family Support Services.

F. Self-directed Family Support funding is based upon availability of funding.

G. When funding is available, the parent/guardian shall identify possible support resources; the team will be responsible to review service needs/challenges and identify those services they wish to purchase. The services identified by the team will be consistent with those identified in the Individual Support Plan and reasonable for the individuals abilities, skill and/or tolerance level.

H. Reasonable timelines for purchased services and the child's response to services will be reviewed quarterly. Documented progress may serve as justification to continue services.

I. The parent/guardian shall attend a mandatory standardized training to review start up procedures and processes for billing prior to the activation of services. This will include an orientation to the timesheet and required documentation defining specific activities/treatment and/or training completed with the child.

J. A Self-directed Family Support Service contract between the Regional Center and a Fiscal Intermediary shall be written and signed by the Regional Center, the parent/guardian, an agency representative and the Fiscal Intermediary in order to activate services. The contract must be signed each fiscal year thereafter in order to continue services.

K. The parent/guardian and Regional Center Service Coordinator shall sign and agree to the terms of the Self-directed Family Support Responsibilities Agreement prior to activation of services and each fiscal year thereafter.

V. Self-directed Family Support funding will be processed through a Fiscal Intermediary Agent. The responsibility of the Fiscal Intermediary Agent is to manage employment taxes and payroll. The Fiscal Intermediary Agent may require an advance to be held for expenditures not covered by the support plan.

VI. Self-directed Family Support funding shall be granted to recipients in monthly allocations and shall be based on the service eligibility criteria. The monthly spending shall not exceed the individual monthly allotment. Unutilized monthly allotments shall not be carried over into subsequent months. The parent/guardian shall be financially responsible for all costs incurred above the authorized monthly allocation.

VII. Self-directed Family Support funding is intended to be utilized on a monthly basis and must be used at a minimum every 90 days. After 60 days of non-use, the parent/guardian and the Service Coordinator will determine an agreement of future needs. Circumstances in which the funding is not utilized within a 60 day period may result in possible termination of services. Circumstances in which the funding is not utilized within a 90 day period will result in termination of the Self Directed Family Support Arrangement (SDFSA) contract. The Regional Center Service Coordinator shall send a service termination letter to the family within 5 business days of the 90 day period. If a family wishes to appeal the termination of services, the family will utilize the appeals process outlined in #12 below.

VIII. The parent/guardian shall be referred to as the employer of record. The employer of record shall be responsible to choose, screen, orient, train, supervise, hire, and fire persons and/or agencies to meet the service goals and ensure the health and safety of the child. This includes identifying with the agency service coordinator any new service and ensuring that services are commensurate with the Individual Support Plan recommendations.

IV. The employer of record is responsible to submit to the Regional Center necessary employee documents such as W-4, I-9, and W-9. If applicable, the employer of record is responsible for meeting State of Nevada workman's comp laws, to include carrying Worker's Compensation Insurance. The cost for Worker's Compensation Insurance may be paid by the employer out of their own resources or the cost may be subtracted from their annual individual budget. With the second option, remaining funds make up the actual individual budget to be expended for services over the term of the contract. The parent/guardian agrees that the Regional Center may contact any or all of the providers employed.

X. The employer of record shall submit timesheets or vendor payment forms along with detailed documentation that justifies authorized service to include the date of service, type of service provided, the recipient's response to said service and a summary of progress with specific recommendations for ongoing treatment. This documentation will be submitted to the Regional Center Service Coordinator for their review by the 15th and 30th of each month. The Service Coordinator shall review all timesheets/ vendor complete, consistent with the Individual Support Plan and the Self-directed Family Support service. Upon authorizing said form the Service Coordinator will sign and submit the documents to the Fiscal Intermediary agent within 5 business days of submission. Payments shall be made to the employees and vendors according to the policies of the Fiscal Intermediary Agent.

XI. If the parent/guardian fails to provide required documentation payment for services rendered will be denied by the Service Coordinator.

XII. If a family wishes to appeal the denial/termination of Self-directed Family Support Services, the family must file a written appeal with the appropriate Regional Director or their designee within 15 days after the family receives the written notice of decision. The Regional Director or their designee may request documentation of evidence to support the appeal. The Regional Director or their designee shall complete a review of the appeal within 30 calendar days after receiving the written appeal. The decision of the Regional Director or their designee will be considered the final decision for the purposes of judicial review.

<u>Evidence-based services for children with autism</u>

Purpose: To provide access to evidence based treatment to families of children with autism for children enrolled in the State Funded Autism program by June 30, 2011. The State Funded Autism program will end effective July 1, 2011. Beginning July 1, 2011, those children enrolled in the State Funded Autism program will automatically receive Regional Center services through the evidence-based program until they age out of the program on their 11th birthday.

Procedures:

I. Regional Center services will be available to children who have been receiving Self Directed Autism Services (SDAS) as of June 30, 2011. Children who are not receiving SDAS from their Regional Center as of June 30, 2011, are not eligible for this program. There will not be a waiting

list established for services after this date. After June 30, 2011, as children leave this program, another child will not be provided this service.

II. These services are a non-waiver, state-funded service.

III. Children who are eligible for the program must meet the following eligibility criteria:

A. The child has a diagnosis of Autism (Autistic Disorder) and meets the criteria for developmental services as determined by a MHDS psychologist; children with a diagnosis other than autism (including PDD-NOS, Asperger's Disorder) are not eligible for this service.

B. The child is between the ages of 18-months and 10-years old.

C. The child must be living in their natural home environment.

D. The family's gross income must not exceed 300% of Federal Poverty Guidelines.

E. The child's parent(s)/caregiver(s) must understand the nature of the program and agree to actively participate in the assessment, planning, implementation and evaluation of the chosen supports and services.

F. The child is not a Medicaid Home and Community Based MR Waiver recipient.

G. The family understands and agrees to the terms as outlined in this policy.

H. Providers of these services cannot be the parent, step-parent, spouse or primary caregiver living in the same residence as the person receiving services.

I. Parents or guardians are responsible to ensure that those persons designated as providers in this program are at least 18 years of age.

IV. Eligibility (as outlined in #1 and #3 above) shall be reviewed annually.

V. This program specifically supports evidence-based treatment for autism. Evidence-based treatment is based on research defined as outlined in NRS 689A.0435 7(e) as follows: " …research that applies rigorous, systematic and objective procedures to obtain valid knowledge relevant to autism spectrum disorders."

VI. The following treatments are not covered in this program: music therapy, physical therapy, any type of medical treatment, occupational therapy, and speech therapy. This is not an all-inclusive list, and questions regarding whether a treatment will be covered should be referred through the Service Coordinator to the Community Services Director or designee.

VII. Evidence-based treatment will be implemented and/or supervised by a licensed psychologist or a Board Certified Behavior Analyst (BCBA). For rural areas where no qualified and/or willing individual exists within a 50-mile radius of an individual's residence, qualified Rural Services state staff may be utilized as the supervising behavior specialist, and will assume all duties and responsibilities incorporated in the behavior specialist role.

VIII. For families using in-home support staff for these services, the supervising staff (as outlined in #7 above) will provide a minimum of four hours of supervision to each staff each quarter. This supervision will include a direct observation of the staff working with the individual, a review of progress, review of data, as well as review of treatment plans and intervention strategies.

IV. The Supervising behavior specialist will prepare a written summary of progress each quarter which summarizes the information outlined in #8 above. This documentation will be provided to the service coordinator who will forward to relevant Team members for review to ensure progress toward treatment goals.

X. The employer of record is responsible to submit to the Regional Center necessary employee documents such as W-4, I-9, and W-9. If applicable, the employer of record is responsible for meeting State of Nevada workman's comp laws, to include carrying Worker's Compensation Insurance. The cost for Worker's Compensation Insurance may be paid by the employer out of their own resources or the cost may be subtracted from their annual individual budget. With the second option, remaining funds make up the actual individual budget to be expended for services over the term of the contract. The parent/guardian agrees that the Regional Center may contact any or all of the providers employed.

XI. Treatment goals must be identified in each child's Individual Support Plan and are developed by the individual's support team. Goals should be measurable, and reasonable given the individual's abilities, skill, and/or tolerance level. Goals and progress towards those goals shall be reviewed by the individual's support team at least quarterly, or more often if needed.

XII. Children who receive autism services through this program will not be eligible to concurrently receive the following Regional Center services: Purchase of Services, respite, and/or a Supported Living Arrangement. Children who concurrently receive targeted case management services from a Regional Center and services from Autism Treatment Assistance Program (ATAP) are not eligible to receive respite through the Regional Center except under emergency conditions. All emergencies will be reviewed by the Respite Coordinator. Criteria for determining an emergency would be:

A. Family Death

B. Family illness/hospitalization

C. Person in imminent danger of being abused.

D. Other emergency situation as authorized by the Community Services Director or designee.

XIII. Children who receive developmental disabilities services through this program may not concurrently receive services through the Office of Disability Services Autism Treatment Assistance program.

XIV. This Program shall be available to families who act in accordance with the following Regional Center procedures, and who are receiving SDAS prior to July 1, 2011:

A. The family requests these services through their Service Coordinator and is receiving these services prior to July 1, 2011.

B. The family provides proof that they meet the eligibility criterion for this program (i.e, 300% of Federal Poverty Guidelines). This includes submission of pay stabs, documentation of other income, and other documents as may be required to verify eligibility. The family must additionally provide proof annually that they continue to meet the eligibility criterion.

C. Families must notify their Service Coordinator within 15 days if their financial circumstances change so that their continued eligibility for this program can be confirmed.

D. Prior to receiving services, families must participate in a mandatory orientation to this program.

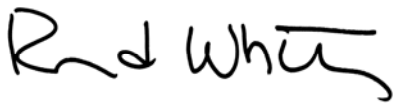
E. The individual's Service Coordinator and Team will work closely with the individual to identify evidence-based supports appropriate for the individual. These supports will be clearly identified in the Individual Support plan.

XV. Program monies shall be granted to children in monthly allocations based on the child's age. The age brackets are: 18 months through 5 years, 6 through 8 and 9 through the end of the 10th year. A schedule of current allotments will be available through the Service Coordinator and may be subject to change.

XVI. The monthly spending shall not exceed the child monthly allotment. Under utilized monthly allotments shall not be carried over into subsequent months. The parent/guardian shall be financially responsible for all costs incurred above the authorized monthly allocation.

XVII. Program allotments are intended to be utilized on a monthly basis and must be used at a minimum every 90 days. After 60 days of non-use, the parent/guardian and the Service Coordinator will determine an agreement of future needs. Circumstances in which the funding is not utilized within a 60 day period may result in possible termination of services. Circumstances in which the funding is not utilized within a 90 day period will result in termination of the allocation. The Regional Center Service within five business days of the 90 day period.

XVII. If a family wishes to appeal the denial/termination of these Support Services, the family must file a written appeal with the appropriate Regional Director or their designee within 15 days after the family receives the written notice of decision. The Regional Director or their designee may request documentation of evidence to support the appeal. The Regional Director or their designee shall complete a review of the appeal within 30 calendar days after receiving the written appeal. The decision of the Regional Director or their designee will be considered the final decision for the purposes of judicial review.



ADMINISTRATOR

EFFECTIVE DATE: 1/20/06
DATE REVISED/ REVIEWED:: 9/11/07; 8/27/08, 05/25/12
SUPERSEDES: Policy #4.062 - State Funded Self-Directed Autism Services
DATE APPROVED BY MHDS ADMINISTRATOR: 05/25/12
DATE APPROVED BY MHDS COMMISSION: 1/20/06, 05/25/12