

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

*Division of Mental Health and
Developmental Disabilities*

TONY KNOWLES, GOVERNOR

P.O. BOX 110660

JUNEAU, AK 99811-0660

PHONE: (907) 465-3370 FAX: (907) 465-2668

PROGRAM MEMORANDUM

DATE: July 1, 2002

TO: DMH/DD Staff and
Developmental Disability Programs

FROM: David Maltman
Developmental Disability Program Administrator

SUBJECT: Core Services Process and Guidelines

Purpose: Core Services offer individuals on the Waitlist limited but immediate services and supports designed to reduce their need for long-term care.

Philosophy of Core Services:

Core Services are basic services or supports that are offered to an individual or their family to address a disability related need or issue in the individual's life. As part of a strategy of early intervention and prevention Core Services may be offered as a way to forestall crisis situations. Core Services are designed specifically to address the needs of those individuals who are waitlisted for comprehensive supports. Funded supports do not include time-limited requests for services such as mini-grants or supports provided through Crisis Funding.

Core Services will be annualized and continue to be a benefit to the individual or family until the person's needs change or more comprehensive services are provided.

Limitations:

Core Services are provided within the limits of legislative appropriation and at the discretion of DMH/DD. Core Services may not be used for services or supports available from any other public or private program or benefit. Misrepresentation or misuse of Core Services will result in a denial of Core Services.

PROCESS (Any forms referenced are attached and/or available electronically)

I. New Plans

1. Selection Process: In order to receive Core Services individuals must be on the Waitlist. Selection for Core Services will be based on an equitable selection by the DMH/DD program by balancing individuals who have been on the Waitlist the longest time with individuals with the highest need. Selections will occur at intervals during the fiscal year determined by DMH/DD based upon the availability of funds. Any person receiving Core Services cannot receive any other annualized funding from the Division of Mental Health and Developmental Disabilities (e.g. base grant funding, Individualized Annualized Plans, Difficulty of Care, Home and Community Based Waiver Services). Once selected from the Waitlist, the Regional Program Specialist notifies the individual or their family by letter. Individuals and families drawn for Core Services must inform DMH/DD of their intention to utilize Core Services within 90 days of receipt of the Certified Return Receipt letter.
2. The individual and/or family select a service provider from a list of DD Grantees and inform the Regional Program Specialist of their choice. Then the Regional Program Specialist sends a written referral to the agency authorizing them to work with the individual and/or family in developing the Core Services Plan. The services in the Plan are selected by the family and the provider may not prescribe certain mandatory services such as Case Management.
3. The agency representative contacts the individual and/or family and initiates the process of outlining the service plan.
4. The final plan is described and itemized on the CORE SERVICES PLAN AND FUNDING AGREEMENT. This plan includes a description of services and a budget detail that clearly identifies agency costs, and must be signed by the consumer and approved by the agency. While many individual agency representatives may be designing and implementing the plan, the approval authority should remain with the director or designated individual with administrative responsibility for the Core Services Program.
5. The agency must fax a copy of the agency approved CORE SERVICES PLAN AND FUNDING AGREEMENT to the Regional Office for record keeping purposes and begins providing services.
6. The agency must complete the CORE SERVICES PLAN AND FUNDING AGREEMENT with the consumer and submit a budget revision, with copy of plan attached, within the same fiscal quarter in which the referral was accepted. Exceptions by the Regional Program Specialist may be considered on a case-by-case basis.

7. A review of Core Services plans will be part of the Integrated Quality Assurance Review process as well as part of the “Chart Review” process.
8. Core Services funding is individualized and annualized. Unspent funding may not be transferred to another individual or used for other programmatic purposes but should be returned to DMHDD via a Decrement Funding Request.

II. Amended Plans

When the needs of the consumer change, an amendment must be completed by the agency representative in collaboration with the consumer and/or family. An amended plan must be in writing and completed on the attached Core Service Amendment/Annual Plan with the following included:

0

- 1 1. New plan identifying the new services, deletion of services, or changes in the amount of existing services;
- 2 2. A new Budget Detail reflecting the service changes;
- 3 3. Signature of the consumer and/or guardian; and
- 4 4. Approval of the agency by the designated person with signature authority for the agency.

It is not necessary to submit Core Service Amendments to the Regional Program Specialist. DMHDD has already allocated and annualized the core service funds for the individual consumer with your agency. The amendment accounts for any changes in services and allocation of dollars within the already annualized amount. Amendments are kept on file with the grantee and made available upon request.

III. Annual Review

Core Services plans are to be reviewed and updated at least annually by the agency to ensure appropriateness of identified services. At the time of the review, a Wait List Re-assessment should be considered.

New fiscal year plans with changes in services or continuation of current services are to be documented on the Core Service Amendment/Annual Plan form that includes the same information outlined above for amended plans.

It is not necessary to submit a completed Core Service Annual Plan to the Regional Program Specialist. DMHDD has already annualized the core service funds for the individual consumer with your agency. The annual plan is an internal form to track any changes in services and allocation of dollars within the already annualized amount. They are not submitted to the Regional Program Specialist or designee, but must be kept on file and made available upon request.

IV. Change of Status/Decrement Funding

1. If a consumer makes a decision to change agencies for any reason, it is the agency's responsibility to assist the consumer in this transition, and notify DMHDD by completing and submitting a Change of Status form. DMHDD must also be notified if a consumer leaves Core Services for any reason including moving out of state or receiving more comprehensive services.
2. If a consumer leaves an agency or goes into a different funding source (Waiver or GF Comprehensive Service Funding), it is that agency's responsibility to complete a DECREMENT FUNDING REQUEST to withdraw the remaining amount from the current fiscal year and ongoing annualized core funding from their budget.
3. If the consumer is going to a new agency, the transferring agency should provide a copy of the Decrement Funding Request outlining the remaining direct service dollars and Administrative and General amount (A&G). The \$450 A&G may be proportionally and fairly divided between the agencies.
4. The agency must fax a copy of the completed and approved DECREMENT FUNDING REQUEST to the Regional Office for record keeping purposes.
5. The agency should complete the DECREMENT FUNDING REQUEST and submit a budget revision, with copy attached, within the same fiscal quarter in which a consumer leaves the agency.
6. When a consumer transfers into an agency, the accepting agency will follow steps 4 - 6 under the process set out in Section I (New Plans). This is the process for any new consumers and is the only way the accepting agency can allocate and annualize the consumer's core service funding with their agency.

V. Guidelines for Approving Services with Core Funding

Core Services are to be designed to meet the unique needs of the individual and their family. Listed below are examples of services and supports identified as being acceptable and unacceptable examples of Core Services. The list is offered to assist in the planning process, but should not be considered exhaustive. Please contact the Regional Program Specialist to discuss unique requests.

Within the limits of appropriation, the DD Program will maintain a minimum of 500 Core Service Plans in any fiscal year. Should someone receiving Core Services change status for any reason, another person will be selected from the Waitlist for the vacated Core Plan.

VI. Examples of Acceptable Core Services:

All support services that are traditionally offered to families and individuals utilizing personnel to provide respite support in or out of the home on hourly or daily basis with provider employee, or by voucher.

Habilitation supports either in or out of the home that assist with acquisition, retention, or improvement of skills related to ADL's, IADL's, as well as socialization and adaptive skills. These supports can also serve to reinforce skills or lessons taught in school, therapy, or other settings.

Vocational and pre-vocational supports to prepare an individual for employment, develop a job site/setting, and assist in obtaining and maintaining employment.

Subsistence support to mentor the individual in a non-vocational setting.

Chore and related services to maintain a safe and healthy home environment.

Inclusionary supports to assist an individual (usually a teenager or adult) in accessing recreational, educational, and leisure activities in the community.

Case management to assist an individual or family in coordinating, managing, and accessing programs and resources.

Training, consultation, and/or educational classes, to include required materials and supplies, in any area that will enhance the individual or family's ability to adapt and function more independently and effectively.

Dental, medical, or any therapies (i.e.: speech, mental health, physical, family counseling, etc) that cannot be funded through any other source and are justified by need or a professional assessment. If therapy is on going, close monitoring of progress and continued need is required.

Developmental materials, *developmental* toys, and devices that are appropriate for the individuals functional level, as well as, age; and that are accompanied by the written recommendation of a professional with expertise in this area.

Specialized and adaptive equipment specific to the disability, not funded by another source or required under an IEP for special education, and accompanied by the written recommendation of a professional with expertise in this area. (i.e. Occupational Therapist, Physical Therapist, or Recreation Therapist). This could include communication devices; adaptive clothing, tools, utensils, and various devices; household furniture and supplies; or monitoring equipment or materials to ensure safety.

Home modifications required for health, safety, or accessibility.

Vocationally related materials, tools, clothing, or modifications not funded by DVR or expected to be provided by the employer, to assist in maintaining a job.

Transportation assistance to gain access to community services; vocational, educational, recreational and other activities; and resources that would otherwise not be available. This will only be utilized if the family, or other readily available and affordable transportation services, cannot provide the needed transportation.

Travel if related to family unification or for short-term training (not available in the state), educational conferences, professional conventions, etc. that will enhance the individual or family's acceptance and understanding of the disability.

If all other service needs are met, either by natural supports or as part of the Core Services Plan, the following items may be purchased with Core Service Funding:

Recreational, cultural, leisure activities, either therapeutic or community based, that assist the individual in socialization, physical fitness, and community inclusion.

Recreational and leisure related equipment and tools needed for an individual to participate in recreational, cultural, and leisure activities.

The agency will be responsible for the accurate documentation to support the use of Core Services Funding for activities or equipment. The written documentation must reflect the therapeutic nature of the activity or equipment purchased and how it will enhance or meet the individual's habilitation goals. The Division of Mental Health and Developmental Disabilities may request the documentation for examination at any time. It is recommended that any equipment purchased be donated to the provider agency or loan library when it is no longer being utilized.

Examples of Services Usually Not Acceptable:

Agency mandated services (e.g. case management)

Automobiles and insurance

Ongoing rent and utility payments

Food/groceries not specific to the nutritional needs related to the disability.

Non disability or safety related household furnishings and supplies

Travel unrelated to the individual's disability or habilitation

DECREMENT CORE FUNDING REQUEST

Agency/Provider: _____

Consumer Name: _____ **DOB:** _____

Parent or Guardian: _____

Current Address: _____ **City:** _____

Social Security # _____

Agency: _____

5 Effective Date Funding Discontinued _____

Section I (Describe why individual is discontinuing core services with your agency i.e.: moved, other funding, transfer to another agency, etc.)

Section II (Outline Budget Detail)

	<u>CURRENT FY</u>	<u>ANNUALIZE</u>	
		<u>D</u>	
Direct Service Funding-Unused	\$ < _____ >	\$ < _____ >	
A&G	\$ < _____ >	\$ < _____ >	
TOTAL	\$ < _____ >	\$ < _____ >	

Authorization below is the only signature required. Fax copy only to DMHDD regional office and include in next budget revision.

Agency Authorized Signature

Date

CORE SERVICES AMENDMENT AND/OR ANNUAL PLAN

Internal Agency Use Only

AMENDMENT:

OR ANNUAL PLAN:

Number

Fiscal Year

Consumer Name: _____

REVIEW OF CURRENT PLAN: (ESTABLISH NEED FOR CHANGES)

NEW SERVICE PLAN (IDENTIFY CHANGES AND ADDITIONS/DELETIONS)

BUDGET DETAIL IF AMENDMENT:

UNSPENT FUNDING \$ _____

BREAKDOWN OF HOW TO APPLY UNSPENT FUNDING: (Direct supports and/or equipment or fees provided by Plan.)

SUPPORT/SERVICE/EQUIPMENT _____ COST BY LINE ITEM

BUDGET DETAIL IF ANNUAL PLAN: **FY** _____

COST BREAKOUT (Direct supports and/or equipment or fees provided by Plan.)

SUPPORT/SERVICE/EQUIPMENT _____ COST BY LINE ITEMS

Consumer or Parent/Guardian

Date

Authorization below is the only signature required to approve and annualize funding. DMHDD does not require copy. Keep in consumer's file with your agency.

Agency Authorized Signature

Date

CORE SERVICES PLAN AND FUNDING AGREEMENT

Consumer Name:

DOB:

Parent or Guardian:

Phone

Current Address:

City:

Agency:

Core Service Start Date:

Transfer New

Section I (Briefly describe the individual including their home environment and current needs):

Section II (Describe the services that will be provided):

Section III (Describe Budget Detail)

	CURRENT FY	ANNUALIZED
Direct Service Funding	_____	_____
A&G	_____	_____ 450
Total	\$ _____	\$ _____

Cost Breakout (Direct support, and/or equipment, or fees provided by Plan. Provide detail below)

After discussion with the family/individual, determine whether annualized core service funding can be anticipated to meet the individual's service needs in the foreseeable future. Check the appropriate box below regarding continued waitlist status.

- Service needs are met and individual can be **removed** from the waitlist.
- Service needs are not met and individual should **not be removed** from the waitlist

Signature below indicates that I have participated in the development of this core service plan and am in agreement with it:

Consumer or Parent/Guardian

Date

Authorization below is the only signature required to approve and annualize funding. Fax copy only to DMHDD regional office and include in next budget revision.

Agency Authorized Signature

Date

STATE OF ALASKA

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES**
(Insert regional office here)

TONY KNOWLES, GOVERNOR

Insert regional office address, phone and
fax numbers, etc. here

DATE

Consumer/Guardian/Parent
Address
Town:

CERTIFIED RETURN RECEIPT

Dear consumer/parent/guardian:

Subject: Core Services for consumer (DOB)

This letter contains important information that you will find helpful in obtaining services or supports that you may need.

[Name] has been identified as being eligible for Core Services. Because [his/her] was drawn from the Developmental Disabilities waitlist, [he/she] is eligible to receive \$3000 worth of Developmental Disabilities Core Services.

Core Services are basic services or supports that are designed on an individual basis and are intended to enhance the quality of life of an individual who experiences a developmental disability. Goods or services purchased with Core Services Funding should, therefore, address a disability related support need or issue in an individual's life. Although this funding may not be able to purchase all of the services that [name] may want or need, I hope it will provide [him/her] with some benefit.

The process for accessing Core Services is designed to be simple. You will work with your choice of service providers in designing a Core Services Plan. There are written guidelines that will help you in completing this plan. The final Core Services Plan for [consumer name] will include the services that you need and a budget that identifies the cost of those services.

Your prompt response is important. If you do not respond by close of business on [90 days from receipt of letter], we must assume that you do not need Core Services and we will remove [consumer name] from the state DMHDD waitlist and provide the funds to the next person on the list.

You may also respond by contacting me at the Division of Mental Health and Developmental Disabilities, [NRO/SCRO/SERO/ARO, local and 800 numbers]. We can discuss the Core Services Program in more detail at that time.

Sincerely,

RPS name

Cc: Agency of record

6Change of Status

To be completed by agency representative and submitted to appropriate regional DD office and Central Office at fax #465-2668 or email to DD_Programs@health.state.ak.us within 24 hours of change.

PLEASE INSERT AGENCY NAME HERE		
Consumer Last Name:	First:	Middle Initial:
DOB:	<u>SSN:</u>	
Date of Change:		
Associated Agencies:		
Reason for Change:		
<input type="checkbox"/> Admitted to Program		
<input type="checkbox"/> Discharged from Program		
<input type="checkbox"/> Transferred to		
<input type="checkbox"/> Deceased		
Other:		
Change of Address information:		
Contact Name:		
Guardian:		
Address:		
City:		
State:		
Zip:		
New Home Phone:		
New Work Phone:		
Cell Phone:		
Funding(s) Source (s)		
<input type="checkbox"/> Base Grant		
<input type="checkbox"/> Individualized Annualized Program		
<input type="checkbox"/> Core Services		
<input type="checkbox"/> HCB Waiver		
Other:		
Staff Signature or Name		Date Submitted