

STATE OF ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES SENIOR AND DISABILITIES SERVICES POLICY & PROCEDURE MANUAL	SECTION: 9 Grants	Number: 9-2	Page: 1
	SUBJECT: STAR Discretionary Funds Awards		
	APPROVED: /s/ <i>Kimberli Poppe-Smart</i> Acting Director		DATE: 12/7/10
	<i>Replaces policy signed 7/29/09</i>		

Purpose

To delineate responsibilities for management of STAR discretionary funds.

To describe the eligibility requirements and the application process for discretionary funds awards.

To clarify the services for which discretionary funds are available.

Policy

Senior and Disabilities Services (SDS) administers the Short-Term Assistance and Referral (STAR) grant program. Provider agencies apply to SDS for grant funds to make STAR programs available within the areas they serve. The STAR grants include discretionary funds that are made available to qualified individuals with developmental disabilities (DD) to meet disability-related needs on a short-term basis when no other source is available to fund services.

Applicants for STAR discretionary funding of services must meet the SDS DD eligibility requirements. STAR Coordinators, employed by the grantee provider agencies (STAR agencies), assist individuals and their representatives with the DD eligibility process. Those individuals determined to be eligible by SDS may submit applications for STAR discretionary funds up to a maximum of \$2,500.

Authority

AS §47.80.100 Programs for persons with disabilities; AS §47.80.130 (a)(5) Grant programs; 20 AAC §40.530 People with Developmental Disabilities.

Definitions

Discretionary funds: money, included in grants to STAR agencies, that is offered to applicants to meet short-term needs.

Health care professional (as used in this document): a physician; a physical, occupational, or speech/language therapist; or an Early Intervention/Infant Learning Program specialist.

Representative: a parent, guardian, or other individual with legal authority to act on behalf of an individual with developmental disabilities.

Responsibilities

1. **SDS** is responsible for
 - a. administering the STAR grant program, and
 - b. providing technical assistance and guidance.
2. The **applicant/representative** is responsible for
 - a. maintaining eligibility for services, and
 - b. working with the STAR agency to identify needs and to apply for discretionary funding.
3. The **STAR agency** is responsible for establishing a STAR Coordinator position and a STAR Advisory Board.

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4. The **STAR Coordinator** is responsible for
 - a. reviewing applications,
 - b. approving appropriate requests up to \$750,
 - c. maintaining fiscal oversight of discretionary funds, and
 - d. submitting required quarterly reports.
5. The **STAR Advisory Board** is responsible for reviewing and approving applications for requests over \$750.

Procedures

A. STAR agency requirements.

1. STAR Coordinator. The STAR agency has a full-time position
 - a. dedicated to the STAR program, and
 - b. with duties including
 - i. assistance with SDS DD eligibility and STAR application processes, and
 - ii. management of STAR discretionary funds.
2. STAR Advisory Board. The STAR agency forms a board which
 - a. consists of the STAR Coordinator and two or more employees; and
 - b. is trained regarding the requirements of the STAR discretionary funds program

B. STAR discretionary funding process.

1. Application.
 - a. The STAR Coordinator meets with the applicant/representative
 - i. to advise of the DD eligibility requirements, and
 - ii. to assist with the process of SDS eligibility determination.
 - b. The applicant for STAR discretionary funding is
 - i. eligible for DD services, and
 - ii. residing in the census area served by the STAR agency.
 - c. The applicant/representative submits
 - i. a *Discretionary Funds Application* (Attachment), and
 - ii. documentation supporting the requests for discretionary funds, e.g.,
 - A) written, itemized quote or estimate from a vendor,
 - B) catalog page showing item and completed order form,
 - C) written recommendation from a health care professional, or
 - D) copies of bills.

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2. Selection.

- a. The STAR agency approves requests when
 - i. no other source of funding is available, and
 - ii. the requested supports and services
 - A) are necessary to overcome obstacles to achieve stability,
 - B) are time-limited,
 - C) serve the purpose of early intervention or crisis intervention, and
 - D) fall within the funding availability guidelines or are approved by the SDS grants program manager.
- b. Amounts funded.
 - i. The STAR Coordinator approves requests up to \$750.
 - ii. The STAR Advisory Board reviews and approves requests over \$750, up to the maximum of \$2,500.
- c. Applicants whose requests are approved may receive services away from home and community on a temporary basis if authorized by the STAR Coordinator and SDS grants program manager.

C. **Discretionary funding availability guidelines.**

1. Supports and services.

- a. Respite support in or out of the home, on an hourly or daily basis, utilizing agency personnel or family-directed providers.
- b. Medical, dental, or other therapies (e.g., speech, mental health, physical, etc.).
- c. Short-term family counseling to address a specific issue or behavior.
- d. Employment supports necessary to prevent dismissal because of disability-related issues.
- e. Short-term programs to promote or augment identified goals when natural or other supports are not available.
- f. STAR discretionary funds are not available for services provided by the STAR Coordinator under terms of the STAR agency grant, e.g., case management, or advocacy and referral.

2. Equipment and supplies.

- a. Medical supplies excluding items normally provided by parents for children, e.g., diapers, wipes, non-prescription medications, and infant formula.
- b. Habilitative devices or products recommended in writing by a health care professional with expertise regarding suitability of such equipment for a physical, sensory, motor, or intellectual disability or delay.
- c. Therapeutic equipment when
 - i. recommended in writing by a health care professional with expertise regarding suitability of such equipment, and
 - ii. approved in writing by SDS.

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- d. Clothing if purchase warranted by
 - i. need for health and safety of the applicant, or
 - ii. need for appropriate attire for employment.
- e. STAR discretionary grant funds are not available for the following.
 - i. Toys, games or other types of entertainment, including dolls, stickers, coloring books and crayons, and developmental toys.
 - ii. Bicycles and other pedal-driven devices, micro cars, scooters, Segways, or other types of personal transportation.
 - iii. Electronic devices, including
 - A) lights or other devices to treat seasonal affective disorder;
 - B) computers, computer software, computer peripherals or other hardware, and handheld or palm computers (PDAs);
 - C) cell phones and cell phone services; and
 - D) devices that receive, record, or play audio or video signals (e.g., television sets, compact disc players, MP3 players, iPods, videocassette players, and DVD players) and playable components (e.g., videocassettes, DVDs, CDs, and MP3/iPod downloads).
 - iv. Hot tubs, spas, saunas, or permanently-installed hydrotherapy devices.
 - v. Exercise equipment, outdoor playground equipment, or scissors lifts.
- 3. Home and environment.
 - a. Rental assistance, but only a one-time payment to keep family in home.
 - b. Utilities assistance, but only a one-time payment for heating, fuel, or electricity while other sources for payment are pending.
 - c. Home modifications that
 - i. are necessary for the health, welfare and safety of the applicant, and
 - ii. increase accessibility, enabling the applicant to remain in or to return to the home.
 - d. STAR discretionary funds are not available for home improvements that do not directly meet a disability-related need, and that ordinarily would be the responsibility of the homeowner.
- 4. Travel.
 - a. Assistance in the form of bus passes or taxi vouchers for transportation to health care provider appointments.
 - b. Air or ferry transportation for medically-related needs for applicant and one escort (parent, guardian, or other escort approved by the STAR Coordinator).
 - c. Debit cards for the purchase of gasoline or diesel fuel for medically-related transportation to scheduled appointments outside the home community of the applicant when
 - i. supported by documentation from a physician indicating medical necessity,
 - ii. supported by evidence of inadequate family resources,
 - iii. approved in writing by SDS, and
 - iv. costs are based on the current state travel mileage rate.

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- d, STAR discretionary funds are not available for
- i. Travel not related to disability or habilitation.
 - ii. Purchase of any means of transportation (e.g., automobiles, trucks, snow machines, boats, airplanes or any other type of vehicle).
 - iii. Purchase of any items associated with ownership of any means of transportation (e.g., insurance, snow tires or plows, and parking or moorage fees).
 - iv. Maintenance or repair of automobiles or any other means of transportation.

D. Fiscal oversight.

1. Discretionary funds management. The STAR agency manages the awards by
 - a. purchasing all equipment and services directly from vendors,
 - b. retaining receipts, and
 - c. documenting all expenditures.
2. Reports. The STAR agency reports expenditures quarterly in
 - a. the Cumulative Fiscal Report, and
 - b. the DD On-line Census.
3. Records.
The STAR agency retains all applications and supporting documentation, and makes the materials available for SDS review upon request.

Attachment: Discretionary Funds Application

State of Alaska • Department of Health and Social Services • Senior and Disabilities Services

STAR Grant Program

Discretionary Funds Application

Applicant:		Date of Birth:	
Address:			
City:	State:	Zip code:	
Telephone:	Email address:		
Person completing form:		Telephone:	
Relationship to applicant:			
Date of Request:		Amount of request: \$	
Describe items, services, or payments requested. <i>Attach supporting documentation, e.g., estimate from vendor, catalog page/order, written recommendation of health care professional, or copies of bills</i>			
Vendor or service provider name:			
Address:			
Telephone number:			
STAR agency:			
Request reviewed by <input type="checkbox"/> STAR Coordinator <input type="checkbox"/> STAR Advisory Board			
<input type="checkbox"/> Approved	Date:	Amount: \$	
Approved by:			
Comments/Plan:			
<input type="checkbox"/> Denied	Date:	Amount: \$	
Denied by:			
Reason for denial:			