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Title 55. Public Welfare

Department of Public Welfare
Chapter 6350. Family Resource Services



OFFICE OF MENTAL RETARDATION

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CHAPTER 6350. FAMILY RESOURCE SERVICES

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Authority

The provisions of this Chapter 6350 issued under sections 201, 301, 305, 506, and 509 of the act of October 20, 1966 (P. L. 96, No. 6) (50 P. S. §§ 4201, 4301, 4305, 4506, and 4509).

Source

The provisions of this Chapter 6350 adopted May 27, 1977, effective May 28, 1977, 7 Pa.B. 1430, unless otherwise noted.

Cross References

This chapter cited in 55 Pa. Code § 4305.11 (relating to exempt services).

§6350.1. Introduction.

The Family Resource Services (FRS) Program is designed to offer a variety of services to the family which has a mentally retarded family

member living within the community, as well as to mentally retarded persons who reside in community settings. The intent of the FRS Program is to reduce the need for institutionalization. The primary purpose of the FRS Program is:

- (1) To provide adequate resources within the community to enable the family with a retarded member to maintain that member at home with minimal stress or disruption to the family unit.
- (2) To provide adequate resources within the community to enable the mentally retarded individual to remain in a family context in a community setting, thus leading as normal a life as possible.

§6350.2. Purpose.

This chapter specifies requirements for family resource services.

§6350.3. Applicability.

This chapter applies to county mental health and mental retardation programs.

§6350.4. Legal base.

The legal authority for this chapter is sections 201, 301, 305, 506 and 509 of the Mental Health and Mental Retardation Act of 1966 (50 P. S. §§ 4201, 4301, 4305, 4506 and 4509).

§6350.5. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise.

Community Living Arrangements (CLA)—Apartments, group homes, developmental maximation units and foster homes.

Department—The Department of Public Welfare.

Family—A family exists in the following situations:

- (i) Natural or adoptive parents who provide care for their retarded child or adult in the home of the parents.
- (ii) Foster parents who care for their retarded child or adult in the home of the foster parents.
- (iii) Related or unrelated persons who provide care for a retarded child or adult within their home.

Family aid—A "sitter-type" service offered to parents who need a person to care for their retarded family member for a few hours at a time.

Family education training—Programs offered to assist parents of a retarded child or adult, retarded individuals who are parents, spouses and

siblings or other family members in dealing appropriately with a family member who is mentally retarded. This may include education/training in family dynamics, parent-child relationships, behavior management, genetic counseling, family planning, or other type of program designed to maintain the family as a cohesive unit.

Homemaker services—Homemakers may be available to perform essential household duties when family members or individuals are unable to manage such tasks effectively. This type of service may be to maintain continuity of care of a mentally retarded person within the home during a family illness or similar circumstance or to provide training in proper home management for the retarded person or his family or legal guardian with whom he resides.

Independent residence—Mentally retarded persons who are residing in the community, usually in their own home or apartment, who are able to pay for their own room, board, and clothing-type expenses.

Individual—A child or adult who is deemed mentally retarded by the county mental health/mental retardation administrator responsible for the county in which the individual resides. The evaluation process for mental retardation shall be in compliance with the Mental Health and Mental Retardation Act of 1966 (50 P. S. §§ 4101, 4102, 4201-4203, 4301-4305, 4401-4426, 4501-4512, 4601-4606, and 4701-4704).

In-home therapy—This service insures that the retarded family member will receive necessary treatment or therapy even when he is homebound. These therapies include but are not necessarily limited to the following:

- (i) Visiting nurses.
- (ii) Physical/occupational therapy.
- (iii) Speech/language therapy/audiology.
- (iv) Visual/mobility therapy.
- (v) Vocational therapy.
- (vi) Recreational therapy.
- (vii) Dental hygienics.
- (viii) Behavioral programming.

Recreation/leisure time activities—Services that allow the retarded person to experience normal community leisure time activities and increase his ability to participate more independently in similar activities.

Respite care—A temporary residence available to a retarded person when his family or legal guardian with whom he is residing is experiencing stress, personal crisis, or a need for a vacation.

Special innovative services—All services/opportunities considered for Family Resource Services (FRS) funding under this category must have written approval by the appropriate Department regional office prior to

implementation. The expenditures for all services/opportunities funded under this category by a given County Mental Health/Mental Retardation (MH/MR) Office may not exceed 10% of the total FRS allocation for that county office.

State centers—Residential facilities owned and operated by the Department for the care and treatment of the mentally retarded.

PROGRAM COSTS

§6350.11. Funding.

(a) Funding of the Family Resource Services (FRS) Program is based upon the 90% State/10% county matching formula.

(b) FRS funds may be utilized only to pay for eligible services.

(c) FRS funds may not be utilized to subsidize regular day programs, such as vocational, educational, day care.

(d) FRS funds may not be utilized to cover the direct costs of staff salaries; however, an agency which is program-funded by the County Mental Health/Mental Retardation (MH/MR) Office to provide FRS-eligible services may include the costs of staff salaries in its charges to the County MH/MR Office for the provision of those services for which it is program-funded.

§6350.12. Determination of liability.

The determination of liability for costs of services rendered is made under Chapter 4305 (relating to client liability—community services).

§6350.13. Collection of costs.

Payment for and collection of costs for Family Resource Services (FRS) Program services shall be made with county procedures consistent with section 506 of the Mental Health/Mental Retardation Act of 1966 (50 P. S. § 4506).

§6350.14. Charges.

The charges to clients and legally responsible relatives shall not exceed the verified going rate or similar services to nonhandicapped persons. In those situations in which no local prevailing fee exists, costs of such services may be negotiated between the County Mental Health/Mental Retardation (MH/MR) Program and the service provider. The difference between the actual cost and liability, if any, shall be borne by the County MH/MR Program.

§6350.15. Liability insurance for service providers.

Liability insurance for providers of services funded through the Family Resource Services (FRS) Program is handled under current Department policy which covers the issue of liability insurance for the provision of community-based mental health and mental retardation services.

§6350.16. Waiver option.

(a) The Department's regional commissioners for mental retardation may, in special situations, waive specific provisions within this chapter which govern the Family Resource Services (FRS) Program when an identified need for an FRS-eligible service cannot be met because of a restriction imposed by this chapter. This waiver option does not apply to Chapter 4305 (relating to liability for community mental health and mental retardation services).

(b) The request for a waiver of a provision of this chapter shall be consistent with the philosophy and intent of the FRS Program and shall relate to an FRS-eligible service.

(c) The County Mental Health/Mental Retardation (MH/MR) Administrator shall submit a written request to the appropriate Department's regional commissioner for mental retardation to have a specific provision of this chapter waived for a specific situation.

(d) The written request shall include documentation which explains why it is necessary to have a provision of this chapter waived.

(e) The request shall be for a specific situation and involve a specific person or group of persons to be served for a specific period of time.

(f) The Department's regional commissioner for mental retardation shall submit to the county mental health and mental retardation administrator written notification of the approval or disapproval of the request for a waiver prior to the implementation of the service.

(g) Copies of requests and decisions related to the waiver option shall be submitted by the regional commissioner to the central office of mental retardation for review.

SERVICE AREAS**§6350.21. Respite care.**

(a) The Family Resource Services (FRS) funds shall be made available for respite care services at the following places:

- (1) The retarded person's own home or place of residence.

(2) The home of a family that the county mental health and mental retardation office has approved. The "host" family may offer respite care to no more than two mentally retarded persons at one time.

(3) If the retarded person is in need of medical care and supervision, an approved medical facility such as a general hospital or nursing home may be utilized. For a facility to be used for respite care, the county mental health and mental retardation office or its designate shall document the retarded person's medical needs, and the county mental health and mental retardation administrator shall give approval of the retarded person's placement in the medical facility.

(b) FRS funds may not be used to pay for respite care in the following situations:

(1) State centers for the mentally retarded. The county mental health and mental retardation program is not responsible for paying for the care of retarded persons who are permanently or temporarily residing in state centers.

(2) County residential facilities which are not licensed by Chapter 6400 (relating to community residential mental retardation facilities).

(c) Allowable time periods for respite care are as follows:

(1) Respite care shall be considered relief care lasting between 24 hours and 4 weeks.

(2) Respite care for any individual shall not exceed 4 weeks within a given fiscal year, that is, July 1 of a given year through June 30 of the following year.

(d) Respite care is provided only for the retarded family member and does not include caring for nonretarded siblings.

§6350.22. Family aid.

(a) This service shall provide relief lasting less than 24 hours in any one time period. This resource is available to families who previously have not been able to obtain "sitter" type service because the family member is mentally retarded.

(b) Each family aide shall be approved by the county mental health and mental retardation office after successful completion of a training program before working as a family aide.

(1) A portion of Family Resources Services (FRS) money may be set aside for basic training for those persons who will function as family aides.

(2) Follow-up training must be provided no less than once a year.

(3) The family aides may be paid while attending training sessions.

(4) The training program must be approved by the county mental health and mental retardation office.

(c) If the county mental health and mental retardation office contracts with another agency to provide this service, the following applies:

- (1) The agency shall provide a training program approved by the County MH/MR Office.
- (2) Each family must provide the Base Service Unit with information necessary for determining liability.
- (d) Family aides should be recruited and screened.
- (e) A list of approved aides will be kept in the County MH/MR Office or its designee, or both.
- (f) Families must contact the County MH/MR Office, Base Service Unit, or the contracting agency to request the service. Unless the County MH/MR Office or its designee has made the appropriate arrangements, the family aide will not be eligible to receive payment with FRS funds.
- (g) The family aide will be responsible for the care of every family member left in his charge. If any siblings are to be cared for other than the retarded person, the aide must be so advised before being given the assignment. The County MH/MR Office or its designee will determine the additional charge, if any, for the care of other siblings.
- (h) At the end of each care period, the aide must submit to the County MH/MR Office or its designee a written report which should include remarks about any significant events, incidents, and the like, that occurred during the care period and which may prove beneficial to other aides when and if the family receives FRS in the future. Such reports must be treated within the context of the rules of confidentiality and privacy so as to protect the rights of the service recipients.
- (i) Aides may not accept gifts from families for whom they are providing family aid.
- (j) The maximum time allowed for family aid service will be 24 hours per session. This may be overnight but shall not exceed the maximum time limit.
- (k) A recommended maximum of four sessions should be allowed per family per month. This may be adjusted by the County MH/MR Office based on individual needs and resources at a given time.
- (l) This service shall not take the place of day programming for the retarded person.
- (m) Family aid shall not be provided daily unless authorized in writing by the County MH/MR Administrator.
- (n) Family aid can be provided in the mentally retarded person's own home or place of residence, or the home of a family that the County MH/MR Office has approved.
- (o) If there is an expressed need, this service should be made available on a group as well as an individual basis within a home or appropriate facility.

§6350.23. Homemaker services.

- (a) The primary functions of homemaker services are to provide adult care and supervision for mentally retarded persons and other members of the family within the home when the adults regularly responsible are unable to provide them, and to provide training in proper home management. The homemaker not only provides personal care but also insures that regular daily homemaking and housekeeping tasks are performed. These services are also available to mentally retarded adults who are living independently in the community.
- (b) The homemaker's responsibilities may include, but are not limited to, any combination of the following:
- (1) Household chores, such as cleaning, cooking, meal planning, laundry, ironing, and marketing.
 - (2) Personal care of dependent children—not limited to the retarded family member.
 - (3) Budgeting or money management, or both.
 - (4) Instructing the family members or the mentally retarded individual, or both, in how to perform homemaking duties more effectively and efficiently.
- (c) The homemaker will be given, in writing, a list of specific responsibilities before an assignment.
- (d) The homemaker may assume live-in responsibilities if there is no other responsible adult who is able to care for the dependent children during the evening and night. This is allowable only if the homemaker is providing daytime duties within the same household. An example of this type of service would be a single parent who has no close relative and the parent is hospitalized, one parent is hospitalized and the other parent is out-of-town, or the parents are unable to care for the needs of their dependent children. The homemaker would then provide direct service, day and night, as well as instruction.
- (e) The homemaker must be assigned for a specific period of time for specific duties and responsibilities:
- (1) The initial time period may not be for more than 1 month. A mandatory 2-week interval must be observed for evaluation purposes prior to any extension of this service.
 - (2) All requests for extension must be evaluated by the Base Service Unit and approved in writing by the County Mental Health/Mental Retardation (MH/MR) Administrator with a copy to the regional mental retardation commissioner.
 - (3) For an extension after 6 weeks from the beginning of the service, the County MH/MR Office must document the lack of feasibility of other alternatives. Specific goals must be determined, and reasonable time limits necessary to meet them must be established.

(f) A homemaker is not to be used for babysitting purposes only. This precludes the assignment of a homemaker, on an ongoing basis, to care for a retarded person while the adult family members work. A family aide may be assigned intermittently to a family for that purpose. Neither service should take the place of a "day program" for the retarded person.

§6350.24. Inhome therapy.

(a) This service should be available when the retarded family member must receive therapy or a nonpublic school program in his own home. It insures the family that the retarded family member will receive important treatment or therapy even in the event that he is "homebound." This service is primarily directed to those retarded persons who are multihandicapped or medically involved, or both. Except in unusual circumstances, it should not be utilized when the retarded person is capable of leaving his home to receive such needed therapy.

(1) Visiting nurses/related inhome medical therapy is an acceptable inhome therapy service. This service may include professional or paraprofessional personnel who perform such tasks as:

- (i) Assisting the parents with special medically related problems and training these parents to perform these functions when possible.
- (ii) Tube feeding, respiration control (oxygen), other special feeding techniques.
- (iii) Administering medication.
- (iv) Exercising.
- (v) Dietetics.
- (vi) Other medical treatment as directed by the physician.
- (vii) General health care.
- (viii) Caring for the convalescing retarded person after he has been hospitalized.

(2) Only a registered nurse or a licensed practical nurse may perform or direct inhome medical therapy.

(3) Inhome medical therapy will be paid for only if a physician has, in writing, prescribed the specific services required.

(4) The physician's written prescription must be available to the Base Service Unit and the County Mental Health/Mental Retardation (MH/MR) Office.

(b) Physical/occupational therapy services may be vital to the physically handicapped, mentally retarded person whose family, because of these handicaps, will need additional assistance in physical care and in basic self-care skills development. This service not only will help the retarded person to be self-sufficient but will also provide relief to other family members.

(1) The following eligible persons are listed in order of priority:

(i) Persons who are "homebound" and not able to go out of the home for therapy.

(ii) Persons who are attending a day program where no formal physical or occupational therapy is provided.

(iii) Persons who have had a minimal amount of physical and occupational therapy, but professional evaluation indicates that the person needs a more consistent program than has been available.

(2) A licensed physical therapist must perform or direct physical therapy. A registered occupational therapist must perform or direct occupational therapy.

(3) Physical therapy or occupational therapy will be paid for only if a physician has, in writing, either documented the need for or prescribed a specific therapy program.

(4) The written therapy prescription and program plan must be available to the Base Service Unit and the County MH/MR Office.

(5) Responsible family members must receive instruction and be a part of the therapy program.

(6) If a mentally retarded person is of school age, the public school system should provide the therapy service when it is a part of the person's individual prescriptive educational plan.

(c) Speech/language therapy/audiology services are acceptable Family Resource Service (FRS) Programs.

(1) The "eligible persons" listed in subsection (b)(1) apply equally to speech/language therapy/audiology.

(2) To be eligible, the retarded person must have been examined by a certified or certification-eligible audiologist for possible hearing deficiencies or a certified or certification-eligible speech therapist who have recommended a formal speech/language/audiology program. The ensuing program must be professionally prescribed and directed.

(3) A written program, including short- and long-range goals, must be available to both the Base Service Unit and the County MH/MR Office.

(4) There must be evidence of involvement of responsible family members in the speech/language/audiology program.

(5) If the retarded person is of school age, the public school system should provide this service.

(d) Visual/mobility therapy (training) service may be vital to the severely visually impaired, mentally retarded person who, because of these handicaps, is unable to navigate around his place of residence or in the community.

(1) The ""eligible persons" listed in subsection (b)(1) apply equally to visual/mobility therapy (training).

(2) To be eligible, the retarded person must have been examined by a physician to determine the extent of visual impairment and to document the need for visual/mobility therapy (training).

(3) A trained mobility specialist/instructor must evaluate the visually impaired, mentally retarded person and develop a written visual/mobility training program plan specific to the service recipient.

(4) A trained mobility specialist/instructor must perform the visual/mobility therapy (training).

(5) The written therapy program plan, including short- and long-range goals, must be available to the Base Service Unit and the County MH/MR Office.

(6) There must be evidence of involvement by responsible family members in the visual/mobility training program.

(7) If a mentally retarded person is of school age, the public school system should provide this service.

(e) Vocational therapy consists of the provision of vocationally oriented services in the home of a mentally retarded person to help the retarded person become more self-sufficient, progress to an out-of-home setting, or maintain vocational skills previously acquired.

(1) The following are eligible persons for inhome vocational therapy:

(i) Persons who are engaged in community vocational programs but are temporarily "homebound" while convalescing from an illness, accident, or are receiving medical treatment related to a chronic handicapping condition.

(ii) Persons who are not currently engaged in a community vocational habilitation program and who are indefinitely "homebound" due to the severity of their mental or physical handicap. These persons could benefit from vocational services:

(A) To enhance their self-worth and self-sufficiency within the homebound situation.

(B) To assess their vocational potential and develop their social/vocational functioning to the point that they can enter an out-of-home vocationally-oriented setting.

(2) For eligible persons to participate in inhome vocational therapy, the following procedures must be followed:

(i) There must be a written physician's statement that the person's medical condition permits him to participate in homebound employment and which includes an estimate of the time needed for convalescence.

(ii) There must be a written individual habilitation plan for the homebound work prepared and implemented by the community vocational program in which the person has been participating.

- (iii) The written program must be available to the Base Service Unit and the County MH/MR Office.
- (3) Homebound employment may be funded for an initial interval of 2 months. Extensions, in intervals of 2 months, or less, may also be funded, provided that a medical statement indicates the person may not yet return to the vocational program in the community. Homebound employment may not be utilized beyond the point when the retarded individual is capable of leaving his home to participate in an out-of-home vocational program.
- (4) There should be evidence that the family supports the homebound employment program in terms of available work space and time in the home but does not do the work for the retarded individual.
- (5) For eligible persons to participate in inhome vocational therapy:
 - (i) The retarded person must be evaluated initially by a qualified vocational evaluator who recommends an inhome vocational therapy program.
 - (ii) There must be evidence, preferably a physician's statement, that the person cannot participate in a vocational program at an out-of-home setting due to the severity of his mental or physical handicap with an estimate of the duration of the homebound state.
 - (iii) There must be an individual inhome vocational therapy plan prepared and directed by a recognized community vocational habilitation program.
 - (iv) Except in unusual circumstances, as determined by the County MH/MR Office, there should be evidence within the individual's program plan that the inhome program will result in the individual eventually entering an out-of-home vocationally oriented setting.
 - (v) This written program plan must be available to the Base Service Unit and the County MH/MR Office.
 - (vi) Quarterly status reports must be submitted to the Base Service Unit and County MH/MR Office as part of the program plan implementation.
 - (vii) Vocational therapy for eligible persons may be funded for an initial interval of 6 months.
 - (viii) The initial vocational evaluation in the home may also be funded through the FRS Program. Extensions, in intervals of 3 months or less, may also be funded, provided that the quarterly program status report indicates that extended service is an integral part of the individual's vocational habilitation plan.
- (f) Recreational therapy/therapeutic recreation is for mentally retarded persons who, due to the severity of their mental or physical handicap, or both, may be deprived of having their minimal socio-recreative needs met because of

their homebound state and, consequently, may be showing signs of psycho-social regression, or physical atrophy, or both.

(1) Inhome recreational therapy services may only be made available to those mentally retarded persons who are "homebound."

(2) Recreational therapy/therapeutic recreation services should be provided or *directed* by an individual with training in recreation or an allied human services field. Appropriate training may be obtained from a formal academic education as well as participation in seminars, workshops, inservice training programs, and the like.

(3) Inhome recreational therapy services may be paid for through the FRS Program provided that the services result from a goal-oriented recreational therapy plan for the individual mentally retarded service recipient. This program plan must include the following:

(i) A statement which defines the needs of the retarded person for inhome recreational therapy service.

(ii) A statement of short and long-term goals which serve as the rationale for the recreational therapy program.

(iii) A general description of the program.

(4) The written plan for the recreational therapy program must be available to the Base Service Unit and the County MH/MR Office.

(5) Responsible family members must receive instruction in and be a part of the recreational therapy program.

(g) Professional inhome dental hygiene services may be made available to those mentally retarded persons who because of the mental and/or physical handicaps are "homebound."

(1) Only those inhome dental hygiene services provided by a dentist or licensed dental hygienist are eligible for FRS funding.

(2) The dental hygiene program must be approved by the County MH/MR Office.

(3) A copy of the dental hygiene treatment plan/program must be available to the Base Service Unit and the County MH/MR Office.

(4) Responsible family members must receive instruction in and be a part of the approved dental hygiene program.

(h) Behavioral programming and other related services may be provided through the FRS Program with the provision that they are consistent with the general intent of the FRS Program and the specific **inhome** therapy guidelines.

§6350.25. Family education/training.

(a) Family education/training services may be made available to parents of a retarded child or adult, to retarded persons who are parents, and to spouses and siblings or other family members to assist them in dealing appropriately

with a family member who is mentally retarded. Programs under this service may include education/training in family dynamics, parent/child relationships, behavior management, genetic counseling, family planning, or any other type of program designed to maintain the family as a cohesive unit.

(b) Family education training services may be funded through the Family Resource Services (FRS) Program provided that they are consistent with the following criteria:

(1) The nature and purpose of the training program must be consistent with the intent of the FRS Program.

(2) All education/training programs funded through the FRS Program must be approved by the County Mental Health/Mental Retardation (MH/MR) Office.

(c) The County MH/MR Administrator has the following options in providing family education/training through the FRS Program:

(1) The education/training program may be provided directly through the County MH/MR Office.

(2) It may be provided indirectly by purchasing the education/training service from another individual or agency vendor.

(3) The education/training program may be provided indirectly by paying on a fee-for-service basis the charges incurred by a service recipient's participation in a family education/training program approved, but not sponsored directly, by the County MH/MR Office.

(d) FRS funds may be used to pay for education/training programs designed for families who have mentally retarded family members within the home as well as retarded individuals who are parents. FRS funds may not be used to pay for inservice or staff training programs. Other resources should be utilized for those programs.

(e) FRS funds should be used for family education/training programs when all other applicable funding sources have been eliminated.

§6350.26. Recreation/leisure-time activities.

(a) Recreation programs should allow the retarded person to experience regular community leisure-time activities, increase his ability to participate in these activities independently, and enhance his physical or psycho-social development, or both.

(b) It is important that the retarded person is given every opportunity to interact with nonrelated people in the mainstream of activity within the community. The following eligible situations are listed in order of priority and should be considered when funding recreation programs through the Family Resource Services (FRS) Program:

- (1) The retarded person is integrated into regular community facilities and programs, that is, the retarded person participates in a regular program designed for nonretarded persons.
 - (2) The retarded person is in a segregated program but in existing community facilities intended for the general population and where nonretarded people are recreating at the same time, such as, a summer recreation program designed specifically for a group of retarded individuals which takes place on a community playground where nonretarded individuals are also recreating.
 - (3) The retarded person is in segregated programs in existing community facilities intended for the general population but regular recreation programs are not scheduled at the same time, such as, a scout troop with membership limited to the mentally retarded may hold its functions in a community facility during times when nonretarded persons are not scheduled to participate in programs at the facility.
 - (4) Special facilities and programs within the community serving only the mentally retarded or other handicapped persons are used for recreation purposes, such as, a sheltered workshop which operates an evening recreation program.
 - (5) Segregated recreation programs are provided in isolated areas outside of the community which do not allow any socially integrative opportunities, such as, recreation programs designed for mentally retarded persons living within the community which take place on State center grounds.
- (c) The County Mental Health/Mental Retardation (MH/MR) Office may arrange for or provide recreation services/opportunities which may be funded through the FRS Program preferably on a fee-for-service basis:
- (1) Existing community recreation services should be utilized whenever they are available, such as, YMCA, municipal recreation programs, community parks and pools, and the like.
 - (2) Private agencies or organizations which deal only with handicapped persons, such as, United Cerebral Palsy, Association for Retarded Citizens, Easter Seal, and the like, should operate FRS funded programs only when alternatives are not and cannot be readily available.
 - (3) The charges for these services/opportunities should generally be based upon the number of persons served in the recreational program and shall include the cost of facilities, equipment, supplies, and staff; however, to assure maximum benefit for the individual service recipient, blanket program funding allocated to agencies or organizations for the provision of recreational services/opportunities must be considered the exception rather than the rule.
- (d) Recreation programs should be ancillary to day programs which operate daily during the week.

- (1) Evening programs which operate during the week, Monday through Friday.
- (2) Day or evening programs which operate on Saturdays and Sundays.
- (3) Day recreational services/opportunities may be provided for retarded adults who are currently unemployed. This provision must be secondary to full day programming.
- (4) Day or evening recreational services/opportunities may be provided during periods of time in which the retarded person is on vacation from employment or school.
- (e) Programs must be recreational in nature. They should not take the place of educational programs but may substitute for family aid services.
- (f) Recreational programs should encourage skill development, be designed to meet the socio-recreative needs of the individual, and be normal leisure-time activities, such as, bowling, swimming, dancing, camping.
- (g) Each recreational program must be approved by the County MH/MR Office as being therapeutic for the service recipient.
- (h) Whenever possible, the participants should assist in deciding on particular activities within the program. Services/opportunities designed for adults must provide for client involvement in the selection of activities.
- (i) FRS funded recreation programs may not be a part of a regular day program. A portion of a day program—day care or vocational—may not be paid for with FRS recreation funds even though part of the day program provides recreational opportunities.
- (j) FRS funds may be used for individual activities as well as for group recreation programs.
- (k) Rationale for the use of FRS funds to pay for service recipient's participation in individual and/or group recreational programs must be consistent with the overall FRS Program philosophy.
- (l) The participation of service recipients in FRS funded individual or group recreation programs must be approved by the County MH/MR Office as being therapeutic for the individual service recipient.
- (m) "Therapeutic" is defined here as that which is designed to meet the specific socio-recreative needs of the individual service recipient in the context of socially acceptable norms.

§6350.27. Special innovative services.

It is recognized that there may be instances in which a given County Mental Health/Mental Retardation (MH/MR) Office may discover an unmet need for the provision of a new, innovative service/opportunity for mentally retarded individuals living in a community setting or for families who have a retarded family member living within the home, and such a service/opportunity may not

be specifically defined in this chapter. Such services/opportunities may only be funded through the Family Resources Services (FRS) Program if they meet the following criteria:

- (1) The new, innovative program must conform to and be consistent with the definition and intent of the FRS Program.
- (2) The new, innovative program must not contain provisions which are contradictory to any of the provisions specified in the existing FRS Program service areas as defined in this chapter.
- (3) All services/opportunities considered for FRS funding under this category must have written approval by the appropriate Department's DPW regional office prior to implementation.
- (4) The expenditures for all services/opportunities funded under this category by a given County MH/MR Office may not exceed 10% of the total FRS annual allocation for the County MH/MR Office.

CHAPTERS 6351 to 6399
[Reserved.]