

OFFICE OF THE
COMMISSIONER
612/296-2701

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC WELFARE
CENTENNIAL OFFICE BUILDING
ST. PAUL, MINNESOTA 55155

GENERAL
INFORMATION
612/296-4117

PLEASE REPLY TO _____

INSTRUCTIONAL BULLETIN

#83-59

July 7, 1983

TO: Chairperson, Board of County Commissioners
Attention: Director

Chairperson, Human Service Board
Attention: Director

SUBJECT: Mental Retardation Family Subsidy Program (DPW Rule 19 (MCAR
2.019) Supersedes Instructional Bulletin #80-56 (April 25,
1980))

The Mental Retardation Family Subsidy Program is now entering its seventh year. It has changed from an experimental program to an established program. Appropriation for the program has increased from \$525,800 for fiscal year 1983 to \$555,800 for fiscal year 1984. One hundred eighty-three grants were used in the 1983 fiscal year by over 190 families. The additional appropriation should increase the number of grants available to approximately 195 with over 200 families using the grants during the fiscal year.

This program was established to assist in financing planned programming of mentally retarded children in their own homes as preferable to out-of-home placement of these children. For a family to be eligible for a grant, the child must be eligible for out-of-home placement, but the child could remain in his own home or return to his home from out-of-home placement if an MR Family Subsidy plan and grant was established.

The Department requests each county agency to evaluate each mentally retarded child now in out-of-home placement and each child being considered for out-of-home placement and determine if, with the use of an MR Family Subsidy grant, the child could return to his own home or remain in his own home. The Department expects each county agency to seriously consider and fully use this program (within the limits of the appropriation) to return children to their homes and to prevent out-of-home placements.

This is **a** state-funded program. The county agencies are reimbursed 100 percent for all approved service plans. This program does not have a means test. Rather, the county agency, the parents, other members of the child's social services team working with child and family determine the needs of the child and family according to the guidelines of approvable items. The items in the service plan must directly relate to retaining the child in his home. The family is then authorized to purchase the items. The grant"

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is **reimbursement** to the family for the specific approved items **in** the service plan. This **is** not considered to be an increase **in** the family's income. Therefore, these grants should not be considered as income when determining family eligibility for programs **with** means tests.. Note: No item in the service plan will be approved if there are public or private funds available to the family for the item.

All established grants require a review submitted by the county agency by July 15 and January 15 of each year. This review consist a of:

1. A document containing an accounting of funds spent during the past six months. signed by parent and agency.
2. The original and three copies of the service plan all signed, by both parent and agency. The maximum total grant request is \$250 per month The MR Family Subsidy Coordinator will return two signed copies of the service plan to the county agency.
3. An agency summary of:
 - a. The development of the child, and assessment of the family;
 - b. Any needed explanation of items in the service plan; and
 - c. A clear statement made by the agency, with substantiating statements as needed, that the potential for out-of-home placement of the child would again exist if the grant was cancelled. This is an agency rather than parent judgment.

Directly after receipt of the required material on the established grants the MR Family Subsidy Coordinator will use the additional funds for new grants to families on the waiting list. These grants will be retroactive to July 1, 1983. All new applications should be submitted prior to August 1 1983 to be considered for these additional grants. The county agencies should submit updating material on waiting list applications so that position on the waiting list can be redetermined. Note: The waiting, list is in order of eligibility and need rather than according to date of applica-

Applications received after August 11, if approved, will be placed on the waiting list along with other new applications which did not result in grants. Throughout the fiscal year, when a family drops out of the program, a grant will be made at once to the next family on the waiting list. Therefore, applications should continue to be submitted throughout the year.

Note: Established grants are not affected by this expansion of the program. Those grants will continue as long as eligibility exists.

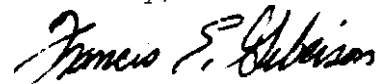
Attached is a revised application form, revised instructions to the county agencies, revised guidelines for reimbursable items in the service plan, unrevised monthly expense document, unrevised service plan, and revised instructions for agency reimbursement. Please photocopy as needed for your agency as no supply is maintained in the Department

INSTRUCTIONAL BULLETIN #83-59

For inquiries concerning the program, contact Shirley A. Bengtson, Mental Retardation Division, 612/296-2168.

For inquiries concerning agency reimbursement, contact Joan Manske, Financial Management Division, 612/296-4898.

Sincerely,

A handwritten signature in black ink, appearing to read "Francis E. Giberson". The signature is fluid and cursive, with the first name "Francis" being more prominent.

FRANCIS E. GIBERSON
Deputy Commissioner

Attachment

MR FAMILY SUBSIDY PROGRAM

APPLICATION - COUNTY AGENCY

The parent's application must be supplemented with the following material prepared by the county agency of county of residence:

1. Sufficient verifications that the child is diagnosed as mentally retarded, or that the child functions as mentally retarded. Copies of the evaluations may be submitted, but the agency must summarize the evaluations and make an agency judgement that the child is mentally retarded or functions as mentally retarded.
2. A clear description of the family, and a detailed description and developmental history of the child. This must include evaluation of family tensions or problems which are relevant to possible out-of-home placement of the child or return of child to the family.
3. An agency judgement, with summary statements on how judgement was reached, that potential for out-of-home placement of the child exists and an MR Family Subsidy grant would greatly reduce this potential.
4. An agency judgement, with summary statements on how judgement was reached, that the child could return home from an out-of-home placement if an MR Subsidy grant was made.
5. A copy of the agency's Individual Service Plan for the child which includes a projection of use of an MR Family Subsidy grant.
6. Agency recommendation for acceptance or rejection of the application.

NOTE: Agency recommendation for denial of the application must be made if it is the agency's judgement that remaining in the home or returning home, with the use of an MR Family Subsidy grant, would be detrimental to the child.

NOTE: If a grant is made to the family, a social service case must be opened by the county agency. This program is a social service program. The money grant is based on specific items the child and family need based on the agency's social services plan for the child and family.

NOTE: Parent application and the above supplemental agency material is submitted to: Shirley A. Bengtson, Assistant Director, MR Division, Department of Public Welfare, 4th Floor, Centennial Office Bldg., St. Paul, MN 55155.

APPLICATION - MR FAMILY SUBSIDY PROGRAM

PZ-02159-03

DPW-2159

(7-83)

MN 252.32, SECTION 22

DATE	
CHILDS NAME	DATE OF BIRTH
PARENTS NAME	TELEPHONE
ADDRESS	
COUNTY AGENCY	SOCIAL WORKER

Number of parents living in household _____ one parent _____ two parents.

Number of other children living in household _____

Major handicaps of other children (Specify) _____

Check appropriate response and/or give required information:

1. _____ Our child is not on a waiting list for a foster home or residential facility but we are actively pursuing such placement now with the social worker.

2. _____ Our child is on a waiting list for an out-of-home placement. _____

3. _____ Our child is not on a waiting list and we are not actively pursuing such placement, but this may become necessary in the near future. _____

4. Summarize why you feel that an MR Family Subsidy grant will allow you to keep your child at home longer or indefinitely. _____

5. If your child is now living outside the family home, summarize why you feel that an MR Family Subsidy grant would be the major factor in allowing the child to return home for an extended period of time or indefinitely. _____

6. Has your child had out-of-home placements, including respite care? _____

7. Confirmation of child's diagnosed mental retardation or functional retardation:

Type of last psychological evaluation _____ Date _____

Test scores and comments: _____

Untestable due to age or handicaps (Explain): _____

8. Other evaluations indicating that the child is functioning as a mentally retarded child: _____

9. Specific diagnosis if known: _____

10. Handicaps and behaviors of child:

_____ Hearing impairment or deafness

_____ Vision impairment or blindness

_____ Cerebral palsy or similar condition

_____ Seizures not controlled by medications

_____ Other physical problems (Specify): _____

_____ Semi-ambulatory-braces, walker, etc.

_____ Non-ambulatory

_____ Hyperactive; summarize problem _____

Other behavior problems: summarize problems: _____

_____ Autistic behaviors: summarize behaviors: _____

_____ Sleep problems: summarize problems: _____

Additional description of child, handicaps, special needs; summarize: _____

I have been informed that the information on this form will be used by staff of the statewide welfare system to determine my eligibility for the MR Family Subsidy Program. I further understand that I am not legally required to answer these questions, but refusing to do so may prohibit my eligibility for the program or greatly delay or hinder the process of this application. Private information on this form will be shared with employees of the statewide welfare system whose jobs reasonably require access to it, state and federal auditors to determine program effectiveness, other agency personnel under contract with agencies of the welfare system who are involved in providing services to you or your family.

You have the right to complain if you feel that you have been discriminated against because of race, religion, national origin, or sex. Complaints may be registered with:

Department of Human Rights
240 Bremer Building
7th and Robert Streets
St. Paul, MN 55101

Department of Public Welfare
Centennial Office Building
St. Paul, MN 55155

Social & Rehabilitation Service
Department of Health, Education,
and Welfare
Washington, D.C. 20201

The above information is true to my knowledge.

If granted a subsidy under this program, I agree to **follow** the required procedures such as accounting of funds spent, communication with the agency social worker on the service plan and on the progress **of** child and family, and return of funds spent on unauthorized items or not spent.

Parent Signature _____ Date _____

Distribution:

- 1 signed application retained by parent
- 1 signed application retained by county agency
- 1 signed application sent to Department of Public Welfare

11. Estimated Service Plan:

Note: Each item in this plan must have some relationship to retaining child in home or returning him to the home.

Note: No item can be included if there are private or public funds available for the item, regardless of current receipt of such funds.

<u>Category</u>	<u>Amount Per Month</u>	<u>Explanation of Item</u>
Medical	_____	_____
Medications	_____	_____
Educational items or programs	_____	_____
Babysitting	_____	_____
Respite Care	_____	_____
Special Clothing	_____	_____
Special Diet	_____	_____
Special Equipment	_____	_____
Transportation	_____	_____
Other	_____	_____
TOTAL PER MONTH	_____	

Note: Total may not be higher than the maximum cited to the county agency annually.

Estimated amount needed per month to meet child's needs _____

Note: The above estimate is optional, but can be used to show how much of the child's needs could be met by the MR Family Subsidy Program. No over maximum grants will be made.

12. Other financial resources utilized:

Medical insurance _____yes _____no

Medical Assistance _____yes _____no

Social Security or Veterans benefits for the child _____yes _____no

Title XIX for the Child _____yes _____no

Title XX for the Child _____yes _____no

Other (Specify): _____

MR-SUBSIDY PROGRAM
GUIDELINES FOR REIMBURSABLE EXPENSES

MEDICAL

Medical and dental costs not covered by any medical insurance or medical assistance or other social service funds.

—Payments on previously incurred medical bills for the child up to a limit of \$83 per month.

Costs of medical personnel, such as visiting nurses providing special services to the child and consultation to the parents.

The child's portion of health insurance when his/her disability has caused the insurance premium to increase.

MEDICATION

Prescription drugs.

Over-the-counter drugs (e.g., distilled water used for respiratory devices, etc.) with doctor's prescription.

EDUCATIONAL PROGRAM

Programming costs not covered by the county for children under the age of four years and for whom special education is not mandated.

Diagnostic assessments, only if not covered by the public school.

Consultation and direct service fees for behavioral therapists and programs for severe behavior problems, hyperactivity and autism.

Not included are special therapies (e.g., speech therapy) which supplement those already provided by the school, unless therapy is not provided and is considered essential to child's development.

Water therapy/swim lessons are covered, unless special classes or individual lessons provided through Red Cross, etc.

Summer tutoring and/or therapy costs and summer camp expenses when not provided for by other funds.

Religious classes not subsidized.

BABYSITTING

Babysitting charges paid to a provider for day care.

Evening babysitting to allow parents to shop together, etc.

Evening babysitting for parents* or families' recreation allowed for only under unusual circumstances (e.g., single parent on AFDC who does not have pocket money for one-two evenings out).

Homemaker services allowed for in unusual circumstances (e.g., when both parents working full-time or in the case of a single parent working. The child's severity of handicap and subsequent required care are determining factors, along with parent(s') ability to provide adequate care without homemaker assistance).

RESPIRE CARE

Overnight care charges paid to a provider coming into the home for an occasional weekend and for family vacation time, equal to the county rate for foster care up to a total of 90 days in a calendar year.

Does not include any respite care which could be paid for by other programs.

Guidelines for Reimbursable Expenses

SPECIAL CLOTHING

Extra clothing and bed linens used for the nontoilet-trained child.

Medically prescribed articles, such as orthopedic shoes.

Specially designed clothing for physically handicapped children.

SPECIAL DIET

Unusually high food and supplement costs due to special diets as prescribed by a physician in an amount over and above the U.S.D.A. moderate food plan for a child at a given age.

SPECIAL EQUIPMENT

Medical devices are prescribed by a physician, such as hearing aids, glasses.

Special furniture required for basic maintenance, such as wheelchairs, car seats, commodes, hospital beds.

Physical therapy equipment as prescribed by a therapist/physician for home use only.

Recreational and educational equipment for the older MR child, severe behavior problem, hyperactive or autistic child of all ages as prescribed by the teacher or therapist.

Stairway ramps.

Special lifts.

Backyard fences when the child's safety is at stake and when written verification of this fact by the parents and social worker is provided.

TRANSPORTATION

Gasoline expenses (19 cents/mile) in transporting the child more than 50 miles one way to medical facilities or special schools when no other funds available.

Other related transportation costs when deemed essential.

OTHER

Individual or family therapy when county funds or services not utilized.

Long distance telephone reimbursement not included.

Unusual expenses approved individually by DPW.

NOTE: No expense can be approved if the family receives or is eligible for private or public funds covering the specific expense.

NOTE: High expense items can be pro-rated over one fiscal year (e.g, backyard fences, ramp).

MONTHLY EXPENSE DOCUMENT MR-FSP DPW # _____

CHILD'S NAME _____ COUNTY AGENCY _____

Parents, with county agency assistance as needed, complete the documentation of the actual expenditures made using subsidy funds. DPW-MR-FSP - must receive these by January 2 and July 2 of each year, regardless of the date the grant was established.

Period Covered: (x) _____ Jan.-June, 19____ July-Dec., 19____

CATEGORY	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Medical												
Medications												
Educational												
Babysitting												
Respite Care												
Special Clothing												
Special Diet												
Special Equipment												
Transportation												
Other: Specify items												
Monthly Totals												

Total for period reported \$ _____

The above information is accurate to the best of my knowledge.

Parent Signature _____ Date _____

Agency Signature _____ Date _____

Distribution: (Complete and sign 3.)

Parent retains one.

Agency retains one.

One is sent to MR-FSP-DPW, Attn: Shirley A. Bengtson.

DT-alg

CRITERIA	WEIGHT	SCORE
1. "At risk" of out-of home placement:		
a. County has determined that the child is "at risk" of placement into a state licensed facility or foster home.	1	
b. County has determined the child will be placed within one year, into a state licensed facility or foster home.	1	
c. County has placed child on a waiting list of out-of-home placement is being actively pursued.	2	
2. Out-of-home placements:		
a. Child has had out-of-home placements (non-respite)	1	
b. Child will return home from a foster home if subsidy is granted	2	
c. Child will return home from a community residential facility if subsidy is granted	3	
d. Child will return home from state hospital if subsidy is granted	4	
3. Type and severity of handicapping conditions/behaviors:		
a. Degree of retardation:		
Borderline	1	
Mild	2	
Moderate	3	
Severe	4	
Profound	5	
b. Physical handicaps:		
Hearing impairment - 1 Deaf - 2		
Sight impairment - 1 Blind - 2		
Cerebral palsy and other neurological impairments	1	
Uncontrolled seizures	1	
Mobility impairment - 1 Severely mobility impairment - 2		
Other	1	
c. Other handicaps/behaviors:		
Autistic and/or stereotypic behavior	2	
Hyperactive	1	
High medical needs (e.g., gastro tubes, endocrine problem)	2	
Other (e.g. severe sleep problems)	1	
4. Single parent family	1	
5. Individual service plan:		
a. Goals, adequately address habilitation of identified handicaps or problems of child and/or family	1	
b. Service plan of subsidized expenses is directly related to goals which address handicaps, problems of child and/or family	1	
6. Anticipated grant outcome:		
a. Response/potential response to use of subsidized items indicate need for grant for progress of child and family.	2	
b. Response/potential response to use of subsidized items indicates need for grant for <u>prevention of regression</u> of child and/or family.	1	
7. Special considerations:	1	
		TOTAL SCORE _____