



Beverly A. H. Buscemi, Ph.D.
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Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
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3440 Harden Street Ext (29203)
PO Box 4706, Columbia, South Carolina 29240
803/898-9600
Toll Free: 888/DSN-INFO
Website: www.ddsn.sc.gov

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Applicability: Central Office; DSN Boards; Contracted Service Providers

The Department of Disabilities and Special Needs (DDSN) recognizes that families are the greatest resource available to individuals with disabilities. They should be supported in their role as primary caregivers and be provided the assistance needed to care for their family member at home, if possible. DDSN further believes that it is more efficient, cost effective and humane to support consumers and families in their efforts to care for their family members at home.

I. DEFINITION OF FAMILY

A “family” is an individual who is eligible for DDSN services and the parent(s), sibling(s), relative(s), or other caregiver(s), if applicable who reside in the same household as the consumer.

II. PURPOSE/OBJECTIVE

The purpose of Individual and Family Support and Respite (IFS-R) funding is to provide assistance to families in caring for a DDSN eligible person with an intellectual disability or related disability, autism, or traumatic brain injury or spinal cord injury or similar disability in order to:

1. Assist those families who are providing direct, hands-on care and supervision to the consumer; or

DISTRICT I

P.O. Box 239
Clinton, SC 29325-5328
Phone: (864) 938-3497

Midlands Center - Phone: 803/935-7500
Whitten Center - Phone: 864/833-2733

DISTRICT II

9995 Miles Jamison Road
Summerville, SC 29485
Phone: 843/832-5576

Coastal Center - Phone: 843/873-5750
Pee Dee Center - Phone: 843/664-2600
Saleeby Center - Phone: 843/332-4104

2. Help those consumers or their families, who, with the IFS-R, would likely be in an unsafe, risky or dangerous situation.

Funding is directed toward consumers or families who can care for themselves at home, but incur additional expenses due to the disability and not for any consumer residing in any DDSN residential facilities or receiving DDSN operated Home and Community Based (HCB) Waiver services. This funding should be used for needs that are not incurred routinely by families with non-disabled individuals. For interpreter services, please refer to DDSN Directive 700-02-DD.

In accordance with state law, IFS-R is not an entitlement program or a general public assistance benefit. IFS-R is typically time limited and should not be ongoing except in rare circumstances that tie back to the two primary objectives of IFS-R funding. Careful monitoring of these situations is required. DSN Boards at the local level are responsible for carrying out this Directive for applicable consumers in their county (ies) regardless of who provides service coordination or early intervention to such consumers.

To maximize funds to provide respite, DSN Boards and Other Qualified Providers are encouraged to offer respite to individuals in group settings which are properly licensed, also known as Support Center Services, where such services can meet the individual's needs.

III. STATE FUNDING AND APPROVAL REQUIREMENTS

Annually each DSN Board is given an award for family support stipends and respite based upon the number of consumers who live in their own or family's home and not enrolled in a DDSN HCB Waiver. **All consumers receiving services from other qualified providers will be given fair and equal access to these funds.** This award should be used strictly for services with no administrative cost being allocated to the IFS-R award.

IFS-R should only be made available to the consumer or family, when needed goods or services cannot be funded by the consumer and his family, by other public agencies or community resources or through other DSN services/programs. Documentation of these efforts must be included in the request for IFS-R. Requests to assist families with routine costs of daily living (rent, utilities, food, clothing, etc.) should be approved only in extreme or unusual circumstances and after careful review. DSN Boards may set a dollar limit as long as it is applied equally to all consumers.

DSN Boards are required to maintain a log on all requests received. This log should include the name of consumer, requested item, requested amount, and approval/disapproval. The log must be submitted to the District Office by the 10th of the month following the approval. District staff will review the logs to monitor expenditures and ensure DDSN policy is followed. In cases where discrepancies are noted, District staff will either request additional information, or visit the DSN Board to assist with future compliance.

First Step: Means Test (Applicable to Individual/Family Support Only – Does Not Apply to Respite)

- A. IFS-R funding is directed toward consumers and their families based on the income of the consumer and family members residing in the same home as the consumer. See Attachment A for income parameters.

Second Step: Needs Test

- B. **Priority of Requests - When considering the priority to be given to requests for IFS-R, the following circumstances should be given the greatest priority**
1. Those families who are providing direct, hands-on care and supervision of the consumer, or
 2. Consumers or their families who, without the IFS-R, would likely be in an unsafe, risky or dangerous situation.
- C. **Not Eligible to Receive IFS-R**
- Those who are not eligible for DDSN services.
 - Those who are enrolled in DDSN operated HCB Waivers.
 - Those who are eligible for DDSN services in the “At-Risk” category (children three (3) to six (6) years).
 - Individuals applying for Medicaid through TEFRA and child’s only involvement with DDSN is for assistance with the Level of Care process.

IV. APPLICATION FOR IFS-R

The following must be used in requesting IFS-R funds. All information requested below must be included as part of any request for IFS-R. DSN Boards can use the attached forms or create their own forms provided that the same information is incorporated.

1. **Initiating A Request**
 - A. The service coordinator/early interventionist identifies the consumer’s or family’s need for assistance during the assessment or planning process or as a result of the consumer’s or family’s situation changing during the year.
 - B. The consumer’s Plan or other documentation must include the specific goods or services needed and justification of the need for the service(s). The request must include specific information to show how the amount requested was determined. For IFS a description of the services must be provided and must include documentation showing that other funding

inquires have been explored, and that the income means test justifies the request (e.g., the consumer's and family's income are insufficient to pay for IFS).

- C. Form #350, "*Request Form – Individual and Family Support/Respite,*" must be completed by the service coordinator/early interventionist and signed by the family or consumer. For IFS requests only (not for respite), a copy of a current pay stub or other means of verifying both earned and unearned income must be included for all household members. Use of the consumer's Social Security Income (SSI) and any other income including family members living in the same home will be part of the review process. (Attach copies of all income statements, including SSI, SSA, W2s, 1099s, Survivors & Disability Insurance amounts, savings accounts, and the like).
- D. In requesting exceptions to this policy (e.g., use of funds for a person who does not meet the income criteria, but has significant expenditures related to the person's disability), the same documentation must be included in the request to the DSN Board that is required to be submitted for the original request. These exceptions must be rare; the Executive Director makes the final decision.

2. **Approval Procedures**

When requesting local IFS-R, the DSN Board's family support staff will review materials submitted (or return for additional information) and make a recommendation with final approval/disapproval by the Executive Director or Designee. The Executive Director has the final authority.

3. **Payments**

- A. The original Form #351, "*Individual and Family Support Respite - Request for Payment*" for the approval period including the approval amount shall be included with request when application is submitted. A separate Form #351, "*Individual and Family Support Respite - Request for Payment*" shall be completed for each month of payment if on-going.
- B. Any unspent funds should be returned to the DSN Board/Provider for reallocation as soon as it is determined that all of the funds are not needed.

4. **Monitorship and Review**

- A. The receipt of service use of IFS-R must be monitored by the service coordinator, if consumer is on Level I or by the early interventionist if the consumer is receiving special instruction. The service coordinator/early interventionist must monitor on-going service provision at least quarterly

to determine the family's satisfaction with the amount, frequency, and duration of the service provided. Verification of receipt of services must be completed by either visiting the consumer during the time of the service or by reviewing attendance records/service reports.

To verify receipt of any one-time item that was to be purchased, the service coordinator/early interventionist must either visit the consumer/family or request receipt of purchased item from the family. If during the visit or lack of evidence via receipt it is determined that the stipend was not used as requested or used to pay a specific bill this should be documented and future requests should include such historical information. The service coordinator/early interventionist should notify the Executive Director/CEO of inappropriate use of funds. The Executive Director/CEO should then take the necessary steps to recoup funds.

- B. If at any time the service coordinator/early interventionist determines that the need of IFS-R is no longer justified, then he/she must notify the person approving the request and on-going funds must end.
- C. Should a DSN Board/Provider revise its current Individual and Family Support Respite Policy, it must forward a copy to the applicable District Office for approval.



Susan Kreh Beck, Ed.S., NCSP
Associate State Director-Policy
(Originator)



Beverly A.H. Buscemi, Ph.D.
State Director
(Approved)

To access the following attachments, please see the agency website page "Attachments to Directives" under this directive number.

Form 350 – Request Form – Individual and Family Support /Respite
Form 351 – Individual and Family Support/Respite – Request for Payment

Attachment A