

DEVELOPMENTAL DISABILITIES RESOURCE BOARD FUNDING POLICIES

Policy Origination: July 1, 2000
Revision Effective: July 1, 2009
Revision Approved: May 20, 2010

STRATEGIC PLAN

The DDRB's Strategic Plan guides funding decisions. The plan is reviewed annually and revised every 3 – 5 years. The plan is the result of a comprehensive planning process that includes input and guidance from all stakeholders. These stakeholders include, but are not limited to, individuals with developmental disabilities, family members, agency staff and board members, community leaders and funding partners.

ELIGIBLE SERVICE RECIPIENTS

Individuals with developmental disabilities as defined in Missouri Revised Statutes, and residents of St. Charles County are eligible to receive services funded by the DDRB. The Agency shall not utilize DDRB funds to provide services to ineligible recipients.

Agencies must verify that individuals served have a developmental disability by meeting one of the following criteria:

1. Participant must submit proof of eligibility determination by the St. Louis Regional Office of the Department of Mental Health containing at least one of the following information:
 - a. DMH Client Profile Form that includes client number and diagnosis,
 - b. Letter of eligibility determination or
 - c. CIMOR diagnosis access list.
2. Participants 0-3 years of age must submit a Missouri First Steps Child Detail form that includes the Individual Family Support Plan (IFSP). This form is obtained through the local System Point of Entry (SPOE) office. Participants between age 3 and their 5th Birthday who were enrolled in MO First Steps (and submitted the MO First Steps Child detail form) are eligible service recipients.
3. For sheltered workshop services only, DESE Certification Form must be submitted.

It is the agency's responsibility to understand and comply with current Region Center Office, Missouri First Steps and DESE eligibility requirements.

Agencies can make a preliminary determination of eligibility upon intake of an individual. This preliminary determination by the agency must be recorded and kept in the individual's file. Services may be provided for no more than 45 days or until final determination of eligibility. Individuals must initiate eligibility determination within the first 30 days of receiving DDRB funded services.

Agencies must meet all requirements for eligibility by June 30, 2010.

The Department of Mental Health currently uses the following state statute to determine eligibility.

Section 630.005(9) RSMo

"Developmental disability", a disability:

- (a) Which is attributable to:
 - a. Mental retardation, cerebral palsy, epilepsy, head injury or autism, or a learning disability related to a brain dysfunction; or
 - b. Any other mental or physical impairment or combination of mental or physical impairments; and
- (b) Is manifested before the person attains age twenty-two; and
- (c) Is likely to continue indefinitely; and
- (d) Results in substantial functional limitations in two or more of the following areas of major life activities:

- a. Self-care;
 - b. Receptive and expressive language development and use;
 - c. Learning;
 - d. Self-direction;
 - e. Capacity for independent living or economic self-sufficiency;
 - f. Mobility; and
- (e) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, habilitation or other services which may be of lifelong or extended duration and are individually planned and coordinated..."

REQUESTS TO THE BOARD

Agencies needing to submit correspondence to the Board for the Board meeting must submit their correspondence two weeks prior to the Board meeting to the DDRB office.

AGENCY APPLICATION

The DDRB contracts with agencies to provide services and supports to St. Charles County residents with developmental disabilities. The fiscal year is July 1st to June 30th. Agencies are required to submit proposals through the application process addressing the outcomes of the strategic plan. The annual application is a Board approved process. See Application Section for current Application.

Requests to the Board should describe how the capital funding or service supports the program that provides a controlled work environment, or is designed toward enabling an eligible person to progress toward normal living, or to develop his or her capacity, performance, or relationships with other persons, or provide services related to a place of residence or social centers for eligible persons, or is connected or associated with vocational training, vocational teaching, vocational activities, vocational workshops, and/or residential facilities.

FISCAL POLICY

1. *Funds Available:* Each year the DDRB sets a budget of available funds. Funds available for operations include, but are not limited to, tax revenue, interest and other income. All funds not used for operations or DDRB reserves are available for Capital Funding.
2. *DDRB Reserve:* 5% of the DDRB total budget is set-aside each year for emergencies. An emergency is defined as an unforeseen combination of circumstances calling for immediate action. This means there should be some sort of root cause or event that can be identified or, in other words, not as a result of poor planning.
3. *Funding Priorities:* Each year, the DDRB establishes funding priorities for the following year prior to releasing the Application For Funds. Priorities may include cost of living adjustments, service expansion, and priority service development.

REVENUES

Agencies receive funding from a variety of sources including, but certainly not limited to: Parent Fees, Fund Raising/Donations, Grants, Department of Mental Health, Medicaid Waiver, Missouri Division of Vocational Rehabilitation, Department of Elementary and Secondary Education, United Way, and local school districts. Agencies are expected to maximize funding from all other sources before applying for funding from the DDRB.

If an agency uses temporary funding to expand services, the agency is responsible for meeting the ongoing demand without additional DDRB support.

FUNDING CLASSIFICATIONS AND RELATED POLICIES

The following lists and defines the funding classifications and references related policies (if applicable).

Operational Funding

Defined as on-going program operating expenses. There are two types of operational funding available: A. Purchase of Service and B. Reimbursement

A. Purchase of Service

Specific, well-defined units of service are provided to St. Charles County citizens with a developmental disability, for a mutually agreed-to unit cost.

1. The DDRB will negotiate a unit cost rate annually based upon the following information:
 - a. Most recent independent audited unit cost
 - b. Previous year's costs and utilization and variance
 - c. Funding from other partners if applicable
 - d. Other funding sources' unit rate for comparable services
2. Once the negotiated Purchase of Service rate is agreed upon, the service shall not be eligible for a unit cost adjustment for the remainder of the contract period (exceptions can be made with board approval for emergencies as defined below in Off-Cycle Funding).
3. If the negotiated Purchase of Service rate reflects an overpayment according to an annual audit and DDRB staff review, the DDRB Finance Committee will review the overpayment utilizing Board approved criteria and may recommend to the full DDRB a repayment and/or a rate adjustment for the current year. If the negotiated Purchase of Service rate is a percentage of the full unit rate, the DDRB staff will apply that percentage to the audited unit rate to determine if an overpayment has occurred. If such overpayment has occurred, the DDRB Finance Committee will review the overpayment, utilizing Board approved criteria, and may recommend to the full DDRB a repayment and/or a rate adjustment for the current year.

B. Reimbursement

A percentage of total budget reimbursement for actual expenses incurred or a specific line-item reimbursement.

1. For programs that will be provided to participants who live outside of St. Charles County or to participants without a developmental disability, the DDRB will adjust the base operating program expenses to reflect the percentage of St. Charles County participants with developmental disabilities or the percentage of units utilized by St. Charles County participants.
2. For grants that reimburse a percentage of total budgets for actual expenses incurred, line item delineation is not required.
3. For grants that reimburse an agreed upon specific line item, line items of reimbursement must be delineated.
4. All reimbursement contracts will be taken out to two decimal places. Example: 62.34%
5. If the negotiated Reimbursement rate reflects an overpayment according to an annual audit and DDRB staff review, the DDRB Finance Committee will review the overpayment utilizing Board approved criteria and may recommend to the full DDRB a repayment and/or reimbursement rate adjustment for the current year.

Capital Funding

Items and/or services requested for reimbursement one-time.

1. **Capital:** Specific program or administrative requests for one-time funding necessary for the delivery of supports.

See Funding Manual, Section 7

2. **Equity Investment:** Grants for major capital items, up to 80% of cost.

See Funding Manual, Section 7

3. **National Accreditation:** Expenses up to 100% for costs associated with surveys.

See Funding Manual, Section 12

4. **Start-Up:** Expenses associated with an individual with developmental disabilities moving into the community with residential supports. Requests can be made at any time during the year.

See Funding Manual, Section 14

Emergency Request

If the Agency experiences an “emergency”, a mid-year operations/one-time increase may be requested. An “Emergency” is defined as an unforeseen combination of circumstances calling for immediate action. This means there should be some sort of root cause or event that can be identified or, in other words, not as a result of poor planning. A written request with justification of increase must be submitted to the DDRB. The DDRB will consider the request at their next scheduled meeting. Approval will be based on need and available funds. A Board Resolution is required with the Emergency Request.

Requests to the Board must be submitted in writing at least 2 weeks prior to the Board meeting to the DDRB office.

Pilot Project

Direct cost of pilot projects may be requested. A letter of intent is required to determine if a full application is needed for Board consideration. Total DDRB pilot budget is determined by availability of funding, after operation and capital funding is considered.

See Funding Manual, Section 13

New Programs

New Programs may be considered by the Board as determined by the annual priorities. A letter of intent is required to determine if a full application is needed for Board consideration. Total DDRB budget for new programs is determined by availability of funding, after operation and capital/one-time funding is considered.

Summer Programs

For summer programs that cross over two fiscal years, agencies may request an automatic renewal option in their contract, subject to appropriation.

For summer programs that experience an increase in demand after the annual application deadline, agencies may submit an amended application by May 1 to request approval for additional individuals.

ALLOWABLE EXPENSES

1. **Program Expenses:** Program expenses are the expenses directly related to providing the program. Such expenses would include: salaries, rent, supplies, travel costs, depreciation, etc. Salaries include direct contact staff and program administrators responsible for the specific program. Social workers or other individuals who work directly with customers may be allocated as a program expenses across several programs.
2. **Administrative Expenses:** Administrative expenses are for activities and personnel not directly related to providing programs. These expenses include: management and general expenses and membership development, but exclude any direct expenses for fundraising/development. Personnel included in administrative expenses include, Executive Director, Assistant Executive Director, Personnel Director, Financial Director/Staff, Receptionists and Secretaries to administrative staff.

If administrative staff also directs specific programs, a percentage of their expenses may be allocated as a program expense. Please include a note of explanation, if this is the case.

Allocation of administrative expenses by program in the Application for Funds should be consistent with allocations included in Unit Cost Reports, if applicable.

3. **Depreciation:** is an allowable operational expense. Depreciation expense should be determined using GAAP (generally accepted accounting principles) and will be validated each year by the agency's annual audit. Each agency should have a depreciation schedule (a listing of fixed assets and their depreciation expense for the next XX years) of currently owned fixed assets. The combined depreciation expense for fixed assets allocated to a DDRB funded program is to be included in an agency program budget.

Due to the unique aspects of depreciation expense, it is highly recommended agencies contact the DDRB Finance Director to help determine the amount of depreciation for which each program is eligible. Agencies must contact the DDRB Finance Director the first time depreciation is included in a DDRB funded program budget.

4. **Other non-cash items:** are not allowable operational expenses.

INVOICING/PAYMENTS/CHECK SIGNATURE AUTHORIZATIONS

Agencies submit invoices as outlined and approved by the Board via the signed contract to purchase and provide services. DDRB staff review invoices and make payments for services per the annually approved agency contracts. The DDRB Treasurer, President, Vice President or Secretary signs all agency/DDRB staff checks. The DDRB Executive Director is authorized to sign other checks in amounts up to \$2,500 or as authorized by the Board.

Payment Cycle:

If an agency invoice is received by the 10th of the month, the check is mailed by the 20th of month and if an agency invoice is received by the 25th of the month, the check is mailed by the 5th of new month. If the agency has not received payment for services or a phone call within 30 days after submitting the invoice, call the DDRB office to confirm receipt of the invoice.

Invoicing Formats:

Agencies are required to provide all information contained in the DDRB Billing Forms, see section (28) for Invoicing Forms. Agencies may copy the DDRB format provided or an agency may create their format ensuring that the same information is included on that form. Please note that the forms to be used are determined by the "type" of operational grant your agency is contracting with. Your application outlines what "type" of grant you have with the DDRB.

Agencies are required to use the Capital/One-Time Invoice Form for all equipment billings. See Invoice Worksheets Section for invoice forms.

Fiscal Year End Deadlines: All final fiscal year invoices for services rendered must be received by the DDRB office by close of business on August 15. Invoices received after August 15 will not be paid. A postmark will not suffice. If August 15 falls on a weekend, invoices are due on the next business day by close of business. An email or fax will be accepted during normal business hours (8:00am-4:30pm). The agency must call to verify receipt of email or fax delivery.

Carryover Requests: All carryover requests, operations and capital, must be received by the DDRB office by close of business on June 1. Carryover requests received after June 1 will not be considered. A postmark will not suffice. If June 1 falls on a weekend, carryover requests are due on the next business day by close of business. ~~The total approved carryover amount must be expended by September 30.~~ **The carryover request must include the description of what the carryover is for, item, purpose and timeline for purchase.**

CASH FLOW

The agency must request from the Board a billing adjustment due to cash flow issues. Agencies must submit a cash flow projection with the request. Requests to the Board must be submitted in writing at least 2 weeks prior to the Board meeting to the DDRB office.

AGENCY ELIGIBILITY & REQUIREMENTS

1. "The Board may contract with any not for profit corporation including any corporation which is incorporated for the purpose of implementing the provisions of sections 178.900 to 178.970, RSMo, for

any common services, or for the common use of any property of either group.” (205.970, No. 6.) This does not prohibit the Board from contracting with other organizations or individuals.

2. Any entity that receives funding for services shall have in place an appeals process for participants.
3. The Agency will perform the services and carry out the activities as set forth in the targets and milestones of the Application For Funds. Board approved contract changes (deletion/addition of units or funds, etc) will be sent to the agency via written letter from the Project Manager and considered a part of the agency's contract.
4. The Agency agrees to, and understands that, services performed under the Contract Agreement are limited to those in the Application For Funds.
5. Reporting: The DDRB shall utilize the approved Application For Funds, as submitted by the Agency, to monitor service delivery and program expenditures. The Agency agrees to submit to the DDRB a semi-annual Agency Program Report and a semi-annual Agency Financial Report (for each DDRB funded program). Reports for the period of July 1 through December 31 are due by the close of business on January 31. Reports for the period of January 1 through June 30 are due by the close of business on August 15. Variations to these dates may be requested by the Agency and, if so stipulated, are noted on the contract document. Payments will be withheld from an Agency if reports designated here are not submitted on time.
6. Audit and IRS Form 990 Report: The AGENCY also agrees to submit to the DDRB 1 copy of its annual audit, **Management Letter** and IRS Form 990 within 4 ½ months after close of the AGENCY'S fiscal year. AGENCIES with a fiscal year ending December 31, audits, **Management Letter** and IRS Form 990 are due on May 15. AGENCIES with a fiscal year ending June 30, audits, **Management Letter** and IRS Form 990 are due November 15. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy in accordance with generally accepted accounting principles. The audit is to include a complete accounting for funds covered by this agreement, by program, unless exemption approved by the DDRB Finance Director. A DDRB program/unit cost audit report must also be submitted, if applicable. Payments will be withheld from an AGENCY if reports designated here are not submitted on time, unless otherwise approved by the Board.
7. Monitoring: The Agency agrees to permit the DDRB, the Executive Director of the DDRB, or designee, or any qualified individual(s) designated by the DDRB to monitor, survey and inspect the Agency's services, activities, programs and client records, to determine compliance and performance with the Contract Agreement, except as prohibited by laws protecting client confidentiality. In addition to the aforementioned, the Agency hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the DDRB or its designee(s) all records, facilities and personnel, for auditing, inspection and interviewing, to determine the status of the service, activities and programs covered hereunder and all other matters set forth in the Contract Agreement.
8. Client Information Release: All individuals receiving services funded by the DDRB must annually sign a Client Information Release Form. The Agency is responsible to secure the form and maintain a copy in the client's file.
9. Modification or Amendment: In the event the Agency requests to make any change, modification or amendment to funded services, one-time items, activities and/or programs, a request of the proposed modification or amendment must be submitted in writing to the Executive Director of the DDRB for Board approval, if necessary. A Board Resolution must be included with request. Requests to the Board must be submitted in writing at least 2 weeks prior to the Board meeting to the DDRB office.
10. Demand for Services: The DDRB must be informed immediately if the Agency experiences a substantial increase in the number of individuals requesting services. By substantially increasing the number of individuals it is serving, the Agency may be put in the position of requesting a large increase in funding from the DDRB to meet the service need. The DDRB and the Agency must plan together if this occurs to determine if funds are going to be available to serve the increased demand, and to determine if the increase in demand is within the priorities of the DDRB. The Agency shall not develop a new program or service, or expand an existing program or service for which the Agency may at some future time

request funding without consulting and informing the DDRB in writing before such a program/service is started.

11. **Violation of Client Rights:** Any alleged case of a violation of a client's rights in a program funded by the DDRB shall be investigated in accordance with the Agency's policies and procedures and in accordance with the state/federal regulations. Agency agrees to notify the DDRB Executive Director of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the DDRB of any substantiated allegations. Agencies must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination:** The Agency agrees that it has adopted and will enforce policies and practices to insure that it will not discriminate either in employment or in the provision of services in violation of any applicable federal, state, county or municipal statutes or ordinances.

13. **Conflict of Interest:** The Agency agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and the Agency, and this shall include any transaction in which the Agency is a party, including the subject matter of the Contract Agreement. "Conflict of Interest" as this term is used herein, shall be defined by Missouri law.

14. **Board Ownership:** If the Agency ceases to be funded by the DDRB or ceases to provide programs and services for St. Charles County citizens with developmental disabilities, all capital equipment, materials and buildings purchased with DDRB funds shall be returned to the DDRB in compliance with the Capital Funding Policy or unless so otherwise approved by a majority vote of the DDRB. In addition, if the agency no longer uses capital equipment, materials, and buildings purchased with DDRB funds for its original intent, the agency will need DDRB approval to re-direct its use.

15. **Failure to Perform/Default:** In the event the Agency, at anytime, fails or refuses to perform according to the terms of the Contract Agreement as set forth from the Application For Funds, as determined by the DDRB, such failure or refusal shall constitute a default hereunder, and the DDRB will be relieved of any further obligation to make payments to the Agency as set out herein. The Contract will be terminated at the option of the DDRB.

16. **Termination:** The DDRB or the Agency may terminate the contract agreement, with or without cause, provided that either party provides 30 days notice in writing.

17. **Standards:** The Agency will comply with all state/federal certification and licensing requirements and all applicable federal, state and local laws. In addition, if eligible, and if not otherwise so determined by the DDRB, the Agency shall be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) or The Council. Another national accreditation may be substituted with DDRB approval. If the Agency is not accredited, it shall submit to the Executive Director of the DDRB within sixty (60) days of signing the Contract Agreement a written plan for being surveyed for accreditation within one year. The Board may grant extensions and exemptions. **(See section 12 for National Accreditation Policy.)**

18. The DDRB maintains a permanent documents file "**Corporate Information**" for each funded agency. The following documents are required to be on file at the DDRB:

- a. Agency By-Laws
- b. Articles of Incorporation
- c. Current Certificate of Corporate Good Standing
- d. Certification/Accreditation Certificate(s) (or letter to request requirement waiver)
- e. Board Roster
- f. Mission Statement and Strategic Plan
- g. Most Current Audit and IRS Form 990 (due within 4 ½ months of close of fiscal year)
- h. Audited Program/Unit Cost Report
- i. Annual Report (if available)

Payments will be withheld from an agency if any of the following documents and/or waivers is not submitted on time.

19. **Indemnification:** The Agency agrees to hold harmless, defend and indemnify the DDRB for any and all liability for personal injury and or property damage stemming from any acts, negligence, misfeasance

or omissions arising out of the Agency's performance of the Contract Agreement. The Agency agrees it has or shall obtain liability insurance, including a blanket fidelity bond, in form and amount sufficient as determined by the DDRB pursuant to this clause for indemnification, and that it shall provide the DDRB with documentation evidencing this insurance.

20. **Publicity By Agency:** The Agency shall notify the DDRB of contact with media regarding DDRB funded programs or profiles of participants in DDRB funded programs. The Agency will acknowledge the DDRB as a funding source whenever publicizing DDRB-funded programs. The Agency will partner with the DDRB to inform the community about the ways its tax dollars are being invested in services and supports.

21. **Notice:** Any written notice or communication to the DDRB shall be mailed or delivered to the Developmental Disabilities Resource Board of St. Charles County, 156 St. Peters Centre Blvd., St. Peters, MO 63376.

APPEALS PROCESS FOR AGENCIES

If the Agency disagrees with a decision of the DDRB, the following are procedures for the Agency to appeal a decision by the DDRB:

- a. The Board of the Agency must vote in a Board meeting to appeal the decision of the DDRB.
- b. Within 60 days of the DDRB's decision, a letter must be received by the DDRB from the President of the Agency stating the Agency's decision to appeal and a copy of the minutes of the Board meeting stating the vote of the Board to appeal.
- c. The letter from the President of the Agency must state, in specific terms, the reason(s) for the appeal.
- d. The DDRB will review the appeal and provide a written response within 60 days from receipt of appeal.

**Developmental Disabilities Resource Board
Secondary Start-Up/Furnishings Availability and Reimbursement Request
For Group Home Residency**

GENERAL INFORMATION:

Date of Contact with lead agency : _____

Individuals Name: _____ Lead Agency: _____

Is this for Group Home? _____ List Home: _____

Current Address: _____ Years lived at current address: _____

**If you have lived at your current residence for less than 8 years please fill out the attached residency form.*

Address individual is moving to: _____ Date the individual is to move: _____

DMH/DDRB Case Manager _____ Amount of start up funds available _____

Lead Agency contact for receipts: _____ Phone Number: _____

DDRB Administrative Representative: _____ **Date:** _____

START-UP/FURNISHINGS ITEMS LIST:

DDRB Start-Up/Furnishings Items List: An itemized list must be completed for each individual. The list can be used as a tool to assist the person shopping. Items listed will be considered as owned by the individual for whom the list was compiled. This is the one list that should be submitted, on behalf of this individual, for reimbursement. **Items eligible for reimbursement are restricted to the items listed below.**

For reimbursement: list the amount spent (per receipts) next to the line item. Receipts must be attached to this list document. All receipts must be submitted to the DDRB within one year of the earliest purchase/receipt date.

Bedroom Items	Indicate amount of receipt(s)	✓
Dresser (1)		
Mattress set/frame		
Night stand (1)		
Window treatment		
Bookcase		
Bed linens		
End Table (1)		
Window Treatments		
Recliner/Chair (1)		
TV Table (1)		
Lamps		
Rugs		

Housing/Moving Expenses	Indicate amount of receipt(s)	✓
Moving Fees		
1 st months rent and security deposit (one month only)		
Electronics		✓
T.V. – Limit \$500		
Antenna		
Converter Box		

TOTAL FUNDS REQUESTED: \$ _____

**Developmental Disabilities Resource Board
Secondary Start-Up/Furnishings Availability and Reimbursement Request
Group Home Residency Form**

Please list the last 8 years of residency.

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

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Years lived at address: _____

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Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Need to discuss how to fund individuals who are self directing services and other residential services.

**DEVELOPMENTAL DISABILITIES RESOURCE BOARD
Residential Start-Up/Furnishings Funding Policy**

Policy Origination: September 8, 1994

Revision Effective: July 1, 2010

Start-Up Guiding Principles:

It is the intent of the DDRB to fund basic items to assist an individual with developmental disabilities to begin living in a home or apartment and to replace furnishings for individuals who have never accessed initial Start-Up/Furnishings Funds. **The DDRB provides Residential Start-Up/Furnishings for individuals receiving residential services provided by a lead agency. Residential services include: Individualized Supportive Living (ISL); Independent Living Assistance (ILA); Group Home Services.** The DDRB values families making sound and educated choices in meeting the needs and wants by utilizing resources in creative ways. The DDRB does not intend to supplant the support of the natural family, other natural supports, contributions or funding available from the Department of Mental Health. Individuals moving from a state habilitation center into the community are eligible for Department of Mental Health Start-Up funding and are ineligible for DDRB Start-Up/Furnishings funding. The DDRB reserves an annual amount of start-up/furnishings funds for residential providers to access throughout the year (depending on available funds).

The discussion of needs for a home should begin within the person-centered planning process. The lead agency is the coordinating agent who should encourage advance financial planning and saving by the individual and/or family to cover the costs in a new home. At all times possible the person who will be utilizing the purchased goods, should be assisting in the actual purchasing for the home.

Should an individual move out of the living arrangement, individually owned personal items and any items so designated as theirs, when purchased with DDRB funds, should remain with the person. In recognition of roommate changes necessitating moves, the lead agency is given a discretionary role to negotiate with the individuals over continued ownership of items. Items purchased with DDRB funds and no longer needed by the original individual(s)/home site will be, at the discretion of the DDRB, designated for alternate use by an individual(s) in St. Charles County.

The DDRB realizes that home furnishing wear out and individuals may have the desire to move after living in the community for several years. These larger household items and moving cost/security deposits usually are a financial hardship. Individuals are eligible for Secondary Start-Up/Furnishings Funds 7 years after the individual first accessed Start-Up/Furnishings Funds. Individuals can purchase items on the Secondary Start-Up/Furnishings List.

General Information:

- Individual(s) moving from a state habilitation center are ineligible for Start-Up/Furnishings Funds. **Individuals that once lived in a state habilitation center are eligible for Secondary Start-Up funds after living in the community for 7 years.**
- **Agencies must provide the past 8 years of residency for individuals receiving Initial Start-up Funding and Secondary Furnishing Funding.**
- An agency new to the DDRB (without a current signed DDRB contract) must submit to the DDRB a signed Start-Up Contractual Agreement and Corporate Information. The requirement for Corporate Information can be waived if the agency is a current vendor of residential services through the Department of Mental Health. These items must be received prior to the agency purchasing start-up/furnishings items and prior to DDRB releasing start-up/furnishings funds. The DDRB reserves the right to meet with the new

agency prior to authorizing start-up/furnishings funding to learn about the organization and its services. A new agency will be informed of the location of the funding manual on the DDRB website.

- Agencies are strongly encouraged (but not required) to verify the availability of DDRB Start-Up/Furnishings funds for their customer. The agency is responsible for verification of the individual's fund balance.
- Agencies that do not receive ongoing operational funds are required to submit the individual's proof of eligibility with the reimbursement request.
- Individuals are eligible for Start-Up/Furnishings items based on their residential living situation. Individuals will either be eligible for items on the ISL/ILA list or the Group Home approved list.
- Agencies that provide residential services and receive Group Home funding have the ability in the Group Home budget to include home depreciation funding to provide furnishings in the common areas of the home. (Living room, kitchen, bathroom, etc.)
- Individuals living in a Group Home are eligible for \$1,500 to purchase items to be used in their bedroom, not common areas in the home.
- Individuals who are receiving ILA/ISL services and will be living with a roommate are eligible for up to \$2,500. Individuals who will be living alone are eligible for up to \$3,000. Individuals living in a group home are eligible for up to \$1,500. If the total eligible amount is not fully utilized, the remaining balance remains available for use at a later date. Requests are limited to the actual/direct cost of the item and cannot include allocation of indirect or administrative costs.
- Individuals who are accessing Secondary Start-Up/Furnishings Funds are eligible for an additional amount up to \$1,500. Any funds remaining from their first Start-Up/Furnishings approval will be added to the additional up to \$1,500. If the total eligible amount is not fully utilized, the remaining balance remains available for use at a later date.
- All items purchased and submitted for reimbursement must be listed on the DDRB Start-Up/Furnishings Availability and Reimbursement Request - items list section. The DDRB bidding requirements apply.
- Policies and forms must be given to staff or family members (parent/siblings) who may be coordinating the purchasing of items for the home.
- The DDRB reimburses the contracted lead agency for start-up/furnishings expenditures. All receipts must be submitted within one year of the date of the first purchase. Fiscal year deadlines are not applicable. If the total eligible amount is not fully utilized the remaining balance remains available for use at a later date.
- Payments are made within the current approved invoicing and payment cycle as authorized by the DDRB.

Procedures and required documentation for agencies:

Every lead agency requesting start-up/furnishings funding pursuant to this program is required to complete the following:

1. Agency contacts the DDRB to verify funding availability and need for contract/corporate information
(The DDRB will verify initial contact by sending the Start-up contract/corporate information and funding manual, if necessary, and the Start-Up/Furnishings Availability and Reimbursement Request form.)

2. If new, agency completes and submits the Start-Up Contractual Agreement.
3. If new, agency completes and submits Corporate Information.
4. New agencies are not authorized to begin purchases until contract and Corporate Information is received and reviewed. DDRB staff will contact the agency with authorization to proceed.
5. The completed Start-Up/Furnishings items list (one per person): the lead agency is to designate which items go into the categories indicated (receipts to be attached). This list is part of the Start-Up/Furnishings Availability and Reimbursement Request form.
6. ALL Receipts: DDRB reimbursements are processed from actual purchase receipts. The Lead Agency is to submit all receipts. Receipts should be submitted one time for each individual. Due to the nature of purchasing and collecting receipts, prior fiscal year receipts may be paid in the current fiscal period. All receipts must be submitted within one year of the date of the first purchase.
7. The DDRB reimburses the lead agency.

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**Developmental Disabilities Resource Board
Initial Start-Up/Furnishings Availability and Reimbursement Request
For ILA or ISL Recipient**

GENERAL INFORMATION:

Date of Contact with lead agency : _____

Individual's Name: _____

Lead Agency: _____

Is this ISL or ILA? _____

List Roommate(s): _____

Current Address: _____ **Years lived at current address:** _____

**If you have lived at your current residence for less than 8 years please fill out the attached residency form.*

Address individual is moving to: _____ **Date the individual is to move:** _____

DMH/DDR B Case Manager _____ Amount of start up funds available _____

Lead Agency contact regarding receipts: _____ Phone Number: _____

DDR B Administrative Representative: _____ **Date:** _____

START-UP/FURNISHINGS ITEMS LIST:

DDR B Start-Up/Furnishings Items List: An itemized list must be completed for each individual. The list can be used as a tool to assist the person shopping. Items listed will be considered as owned by the individual for whom the list was compiled. Costs for items of short life or minimal value can be designated in thirds or halves on the list and ownership is not a critical issue. This is the one list that should be submitted, on behalf of this individual, for reimbursement. **Items eligible for reimbursement are restricted to the items listed below.**

For reimbursement: list the amount spent (per receipts) next to the line item. Receipts must be attached to this list document. All receipts must be submitted to the DDR B within one year of the earliest purchase/receipt date.

Housing/Moving Expenses	Indicate amount of receipt(s)	✓
Moving Fees		
1 st month's rent and security deposit (one month only)		
Utility hookup fees		
Utility deposits		
1 st months grocery		
Electronics	Indicate amount of receipt(s)	✓
T.V. – Limit \$500		
Antenna		
Converter Box		
Appliances Items	Indicate amount of receipt(s)	✓
Coffee maker (1)		
Crock pot (1)		
Dryer (1)		
Iron, board and cover (1)		
Microwave and Stand (1)		
Mixer/blender (1)		
Refrigerator (1)		
Telephone (1)		
Toaster (1)		
Vacuum (1)		
Washer (1)		
Portable Dishwasher		
Bathroom Items	Indicate amount of receipt(s)	✓
Rug		
Scale (1)		
Shower rods/curtain/hooks		
Wastebasket		
Towels/face cloths		
Bedroom Items	Indicate amount of receipt(s)	✓
Dresser (1)		
Mattress set/frame		
Night stand (1)		
Window treatment		
Bookcase		
Bed Linens		
Clothes Hamper		

Furniture Items	Indicate amount of receipt(s)	✓
Couch (1)		
Kitchen table (1)		
Chairs (4)		
Lamps		
Recliner/chair /Loveseat		
TV Table (1)		
Window treatments		
Rugs		
End table(s)		
Kitchen Items	Indicate amount of receipt(s)	✓
All utensils/cutlery		
Bakeware/cookware		
Can opener		
Canister set		
Dish towels/cloths		
Dinner ware/bowls		
Glasses/cups		
Pots/pans skillets		
Storage containers		
Throw rugs		
General Items	Indicate amount of receipt(s)	✓
Clock		
CO2 Detectors		
Fire extinguisher		
First Aid supplies		
Large trash cans		
Lawn mower		
Mop/bucket/broom/dust pan		
Shovel		
Smoke Detector		
Step stool		
Lockbox /Safe		
Emergency Radio		
Storage Containers		

TOTAL FUNDS REQUESTED: \$ _____

Effective

**Developmental Disabilities Resource Board
Initial Start-Up/Furnishings Availability and Reimbursement Request
For ILA or ISL Residency Form**

Please list the last 8 years of residency.

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

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Developmental Disabilities Resource Board
Secondary Start-Up/Furnishings Availability and Reimbursement Request
For ILA or ISL Recipient

GENERAL INFORMATION: Date of Contact with lead agency : _____
 Individual's Name: _____ Lead Agency: _____
 Is this ISL or ILA? _____ List Roommate(s): _____
 Current Address: _____ Years lived at current address: _____
 *If you have lived at your current residence for less than 8 years please fill out the attached residency form.
 Address individual is moving to: _____ Date the individual is to move: _____
 DMH/DDR B Case Manager _____ Amount of start up funds available _____
 Lead Agency contact regarding receipts: _____ Phone Number: _____
 DDRB Administrative Representative: _____ Date: _____

START-UP/FURNISHINGS ITEMS LIST:

DDR B Start-Up/Furnishings Items List: An itemized list must be completed for each individual. The list can be used as a tool to assist the person shopping. Items listed will be considered as owned by the individual for whom the list was compiled. This is the one list that should be submitted, on behalf of this individual, for reimbursement. **Items eligible for reimbursement are restricted to the items listed below.**

For reimbursement: list the amount spent (per receipts) next to the line item. Receipts must be attached to this list document. All receipts must be submitted to the DDR B within one year of the earliest purchase/receipt date.

Housing/Moving Expenses	Indicate amount of receipt(s)	✓
Moving Fees		
1 st months rent and security deposit (one month only)		
Utility hookup fees		
Utility deposits		
Electronics	Indicate amount of receipt(s)	✓
T.V. – Limit \$500		
Antenna		
Converter Box		
Appliances Items	Indicate amount of receipt(s)	✓
Dryer (1)		
Microwave and Stand (1)		
Refrigerator (1)		
Vacuum (1)		
Washer (1)		
Portable Dishwasher		
Bedroom Items	Indicate amount of receipt(s)	✓
Dresser (1)		
Mattress set/frame		
Night stand (1)		
Window treatment		
Bookcase		
Bed Linens		
Clothes Hamper		

Furniture Items	Indicate amount of receipt(s)	✓
Couch (1)		
Kitchen table (1)		
Chairs (4)		
Recliner/chair/Loveseat		
TV Table (1)		
Window treatments		
Rugs		
End table(s)		
Kitchen Items	Indicate amount of receipt(s)	✓
Bakeware/cookware		
Pots/pans skillets		
General Items	Indicate amount of receipt(s)	✓
Lawn mower		

TOTAL FUNDS REQUESTED: \$ _____

Developmental Disabilities Resource Board
Secondary Start-Up/Furnishings Availability and Reimbursement Request
For ILA or ISL Residency Form

Please list the last 8 years of residency.

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

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**Developmental Disabilities Resource Board
Initial Start-Up/Furnishings Availability and Reimbursement Request
For Group Home Residency**

GENERAL INFORMATION:

Date of Contact with lead agency: _____

Individuals Name: _____

Lead Agency: _____

Is this for Group Home? _____

List Home: _____

Current Address: _____ Years lived at current address: _____

**If you have lived at your current residence for less than 8 years please fill out the attached residency form.*

Address individual is moving to: _____ Date the individual is to move: _____

DMH/DDR B Case Manager _____

Amount of start up funds available _____

Lead Agency contact for receipts: _____

Phone Number: _____

DDR B Administrative Representative: _____

Date: _____

START-UP/FURNISHINGS ITEMS LIST:

DDR B Start-Up/Furnishings Items List: An itemized list must be completed for each individual. The list can be used as a tool to assist the person shopping. Items listed will be considered as owned by the individual for whom the list was compiled. Costs for items of short life or minimal value can be designated in thirds or halves on the list and ownership is not a critical issue. This is the one list that should be submitted, on behalf of this individual, for reimbursement. **Items eligible for reimbursement are restricted to the items listed below.**

For reimbursement: list the amount spent (per receipts) next to the line item. Receipts must be attached to this list document. All receipts must be submitted to the DDR B within one year of the earliest purchase/receipt date.

Housing/Moving Expenses	Indicate amount of receipt(s)	✓
Moving Fees		
1 st months rent and security deposit (one month only)		
Electronics	Indicate amount of receipt(s)	✓
T.V. – Limit \$500		
Antenna		
Converter Box		
Telephone (1)		
Bathroom Items	Indicate amount of receipt(s)	✓
Scale (1)		
Wastebasket		
Towels/Face Cloths		
Rug		
General Items	Indicate amount of receipt(s)	✓
Clock		
Step Stool		
Lockbox/Safe		
Storage Containers		

Bedroom Items	Indicate amount of receipt(s)	✓
Dresser (1)		
Mattress set/frame		
Night stand (1)		
Window treatment		
Bookcase		
Bed linens		
Rugs		
Trash Can		
Laundry Hamper		
End Table (1)		
Window Treatments		
Recliner/Chair (1)		
TV Table (1)		
Lamps		

TOTAL FUNDS REQUESTED: \$ _____

**Developmental Disabilities Resource Board
Initial Start-Up/Furnishings Availability and Reimbursement Request
Group Home Residency Form**

Please list the last 8 years of residency.

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Years lived at address: _____

Developmental Disabilities Resource Board Supported Employment Follow-Along Policy

Policy Origination: January 11, 2001

Revision Effective: July 1, 2010

Scope of Supported Employment Services

Vocational Rehabilitation provides "time limited" Supported Employment services for those individuals with the most ~~severe~~ **significant** disabilities for whom competitive employment has not traditionally occurred or for whom competitive employment has been interrupted or intermittent as a result of a ~~severe~~ **significant** disability. Typically, the Division of Vocational Rehabilitation (DVR) provides services for an individual assessment, job development and job coaching.

In job coach models, long term support services (follow-along) should be provided when a person's supported employment plan has gone for nine months, or the customer only requires job coaching services 25% of the work time, whichever comes first.

DDRB Definition of Follow-Along

Supported Employment Follow-Along is defined as those on-going supports necessary to assist a person with a developmental disability to sustain competitive work in an integrated setting of their choice.

DDRB Follow-Along services are provided as a Purchase of Service; a specific, well-defined unit of service for a mutually agreed to unit cost. A unit of service is defined as either face-to-face support to the individual and/or employer or time spent on the phone talking directly with the individual, employer or parent/guardian related to the individual's employment.

Follow-Along supports are flexible to meet the needs of the employee. Typically, Follow-Along supports average between 2-6 hours per month. When circumstances occur, for example, change in job duties, issues from the employer, change in supervisors and/or life crisis, increases in supports can be provided. Usually, the increase is temporary.

If an individual's need for on the job support increases, the lead agency will estimate the number of additional support hours needed and the duration of the increase. If the increase in support will be no more than 12 hours and will last less than 30 days, the agency can provide the additional support with no DDRB prior approval. The need for the increase should be documented in the customer's file and must be submitted with monthly SEFA billing to be paid. If the increase in support is projected to last more than 30 days the lead agency will contact VR and request additional job coaching support. The agency then will contact the DDRB to request additional support until VR funding can be obtained. DDRB and the lead agency will agree to the number of additional support hours to be provided until the start of VR funding. If a customer receives no Follow-Along service during the month an explanation of the need for no service must accompany the billing.

Eligibility

Those agencies who are DVR vendors of Supported Employment and are providing Supported Employment services for St. Charles County residents can access DDRB Follow-Along services for their customers.

Supported Employment Providers interested in accessing Follow-Along funding needs to complete an annual application verifying that your agency is a vendor of DVR and complete a Supported Employment Follow-Along Reservations form during the annual application process.

New Supported Employment Providers to St. Charles are required to complete a Letter of Intent.

Guidelines

DVR requires the Supported Employment Provider to send a final report indicating the date job coaching will terminate and follow-along services (job retention) will begin. A copy of that final report must be submitted to the DDRB. DDRB will use the final report to verify that DVR funding has terminated. Individuals who did not go through DVR and are needing DDRB Follow-Along support, agencies must submit in writing a request with the following information:

1. Name of individual, address and reason for DDRB funding.
2. Place of employment and type of job.
3. Length of employment and current level of support for follow-along (# of hours per week needed).

Invoices cannot be paid without a copy of this final report and written note on file at the DDRB. DDRB will provide a written approval or denial to the agency. If a denial is determined the letter will state the specific reason or information that is needed to change the decision.

Supported Employment Providers can invoice monthly or quarterly. Billings must be submitted by name of each person, units of service provided, and dates of service. Units can be billable from ¼ hour of service to 1 hour of service. ***See Invoice Worksheets.*** Invoicing/Reporting Timelines and Fiscal Year End Deadlines as outlined in the DDRB Contract and DDRB Funding Policies are applicable.

A Supported Employment semi-annual report is required by each Supported Employment Provider, see attached. Program and financial reports are also due semi- annually.

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**Developmental Disabilities Resource Board
Reservations for Funds
for
Supported Employment Follow-Along**

Request for Fiscal Year: _____

Agency Name: _____ Contact Person: _____

Unit Cost: _____ Most Recent Audited Unit Cost: _____

Identify yearly units needed to support each person. Please keep in mind that typically, follow-along supports average 2-6 hours per month. You will then need to project how many new people your agency will serve in the upcoming fiscal year.

Name	Yearly Units
1.	DRAFT
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Total

While each person has their own reservation of units, if you find that one person is using less and another person is using more you can accommodate that within your total units reserved. *It is the agency's responsibility to manage within their reserved amount.*

Pending availability of funds, it will require Board approval to request additional units.

FY11 DDRB REPORT FOR SUPPORTED EMPLOYMENT JOB PLACEMENT AND FOLLOW-UP

Agency Name: _____

Reporting Period: July-Dec Jan-June
(Circle One)

Report Prepared by: _____

Phone No.: _____

Name of Customer	Employer/Job	Wage	Hours/ wk	List Date of New Placement or Job Change?	List employee benefits? (see key)	List Date job development began	Total hours of job development provided

St. Charles County Job Terminations

Name of Customer	Reason Lost Job and Current Status: Returned to workshop, at home in job development, other...	Employee Benefits Key
		N – none M – medical
		V – paid vacation O – other
		H – paid holidays
		S – paid sick

Prior Fiscal Year

Total # of St. Charles County people employed 6/30/10: _____

Current Fiscal Year (FY11)

Total # of St. Charles County people waiting for assessment:.....

Total # of St. Charles County people in assessment:.....

Total # of St. Charles County people in job development:.....

Total # of St. Charles County people in job coaching:.....

Total # of St. Charles County people in job retention:.....

Total # of St. Charles County people employed:.....

Average wage of all St. Charles Co. residents employed:.....

Average # of hours/wk of all St. Charles Co. residents employed:.....

Total # of St. Charles County people who work less than 20 per week:

Total # of St. Charles County people who receive benefits:.....

July-December, 2010	
Cumulative # of Persons Served	Unduplicated # Served Dec. 31, 2010

January-June, 2011	
Cumulative # of Persons Served	Unduplicated # Served June 30, 2011

Current Fiscal Year FY11 Targets

Projected # of St. Charles County people to be employed by 6/30/10: _____

Projected # of St. Charles County people to be served from 7/1/10 to 6/30/11: _____

Developmental Disabilities Resource Board
**Training Stipend Program Policy for Direct Support Professionals
and their Immediate Supervisors**

Policy Origination: December 9, 1999

Revision Effective: July 1, 2009

Purpose:

The DDRB values the role of direct support professionals and their immediate supervisors in providing supports to meet the needs of individuals with developmental disabilities. Direct support professionals and their immediate supervisors are encouraged to participate in conferences and educational opportunities that improve their quality of life as well as the individuals they serve. The Training Stipend program gives direct support professionals and their immediate supervisors the opportunity to attend trainings, seminars and classes that are not required as part of their job and that they might otherwise not be able to attend.

The Training Stipend Program for Direct Support Professionals (DSP) and their Supervisors:

Eligibility: General	The applicant must work in a program/service that receives DDRB operational funding or an agency that provides Residential or Day Habilitation services in St. Charles County and receives DMH funding for these services. Individuals must provide these services in St. Charles County.
Eligibility: DSP	The applicant must be a direct support professional whose job responsibilities require at least 85% face-to-face direct support of individuals with developmental disabilities. The staff member must have been employed for one year (full-time equivalent) or 2080 hours.
Eligibility: Supervisors	The applicant must be an immediate supervisor of direct support professionals whose job responsibilities require at least 25% face-to-face direct support of individuals with developmental disabilities. The staff member must have been employed for one year (full-time equivalent) or 2080 hours.
Training Criteria:	Training must be professionally recognized and job-related. College credit courses are allowed for individuals pursuing undergraduate studies. The applicant must exhaust employer-based tuition benefits prior to applying for DDRB training stipend funds. Future stipend consideration will be based on course completion with a final grade of C or better.
Amount:	A co-pay of 20% (not to exceed \$25.00) of the registration and related materials is required for each training or class. The DDRB will pay the remaining fee, up to a maximum of \$500.00 per year per person. Supplies and other expenses directly related to the training may be included.
Approval:	The employee's supervisor must approve the application. Applications are approved by the DDRB Executive Director based on eligibility criteria and available funding. Notification of funding decisions are sent to the applicant at the location listed in the personal information section of the application.

Application:

Submit applications to: DDRB, 156 St. Peters Centre Blvd., St. Peters, MO 63376, Attention: Training Stipend Program. Original applications are returned with the final funding decision. Applications are considered on a first-come-first-served basis.

Follow-Up: Individuals receiving stipends must submit to the DDRB within 60 days of course completion documentation of their final grade and/or certificate of completion along with the Training Feedback form in order to be reimbursed or considered for future stipend funds.

Developmental Disabilities Resource Board
**Training Stipend Program for Direct Support Professionals
And their Immediate Supervisors
APPLICATION**

Request for DDRB Training Stipend:

This form must be turned in prior to registering for the training. Once reviewed by the DDRB, the request form will be returned to the individual indicating final funding decision.

Stipend Request Date: _____ Class Start Date: _____

Name: _____

Address: _____
(Street) (State) (Zip Code)

Approved by Supervisor: _____ Date: _____
(Supervisor's signature required)

Employer: _____

I am interested in the following training opportunity: (attach official course/training description)

Total Cost for Registration: _____ (20% of total registration
Less co-pay _____ not to exceed \$25.00)
DDRB Stipend Request: _____

The DDRB will pay the registration fee and eligible expenses, less the co-pay, up to a maximum of **\$500.00** per year. Fees related to late registration, travel and lodging are not covered.

Choose one of the following:

I am requesting to be reimbursed directly. The official training description and my paid receipt for tuition and eligible expenses is attached. I understand my final grade and/or certificate of completion must be received within **60** days of training completion.

I am pre-registering for the training (official course description is attached). I would like the DDRB to send its portion of the registration to me and I will forward the check along with my portion of the registration and registration forms to the institution conducting the training. I understand all receipts, final grade and/or certificate of completion must be received within **60** days of training completion.

Make Check Payable to: _____

Send Check to: Name: _____

Address: _____

City/State/Zip: _____

DDRB Review:	Date: _____	Amount Approved: \$ _____
	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
	DDRB Representative Signature: _____	

Developmental Disabilities Resource Board
**Training Stipend Program for Direct Support Professionals
And their Immediate Supervisors'**
TRAINING FEEDBACK

This form, along with final grade and/or certificate of completion, must be received within 60 days of training class/course completion.

Title of Training Event Attended _____

Instructor: _____

Dates of Training: _____ Cost: _____

Location of Training: _____

1. How would you rate the instructor? Check all that apply or add:

- | | | |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Energetic | <input type="checkbox"/> Interesting | <input type="checkbox"/> Off-task |
| <input type="checkbox"/> Boring | <input type="checkbox"/> Likable | <input type="checkbox"/> Disorganized |
| <input type="checkbox"/> Knowledgeable | <input type="checkbox"/> Long-winded | <input type="checkbox"/> _____ |

2. How would you rate the overall content of the training?

- | | | | |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|

3. Will you be able to apply what you learned to your current job?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Explain: _____

4. How will this training enable you to improve the quality of life for the individual(s) you serve?

5. Would you recommend other direct support professionals and their immediate supervisors to attend this training opportunity?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Explain: _____

Signature: _____ Date: _____

Name: _____

Address: _____
(Street) (State) (Zip Code)

**Developmental Disabilities Resource Board
Supported Employment Transportation Stipend**

Policy Origination: June 19, 2003
Policy Revision Effective July 1, 2009

Supported Employment Services

Supported Employment services are for those individuals with the most ~~severe~~ **significant** disabilities for whom competitive employment has not traditionally occurred or for whom competitive employment has been interrupted or intermittent as a result of a ~~severe~~ **significant** disability. Typically, the Division of Vocational Rehabilitation (DVR) provides services for an individual assessment, job development and job coaching. The DDRB provides follow-along funding.

Often, individuals receiving Supported Employment Services need transportation in order to achieve their employment goals. Access to transportation is limited and transportation costs are often prohibitive.

The DDRB Strategic Plan

The DDRB strategic plan identifies transportation, as a specific service need.

Target: The number of individuals receiving transportation will increase annually.

Possible Implementation Strategy: Provide for priority transportation needs, including but not limited to, transportation related to health issues and employment.

Supported Employment Transportation Stipend

The DDRB Supported Employment Transportation Stipend is intended to temporarily support the transportation needs of individuals in Supported Employment Services. Specifically, it is intended to support the needs of individuals who are underemployed or in jeopardy of losing employment due to the lack of transportation. Individuals are encouraged to explore all transportation options. This stipend is not intended to cover the total transportation costs, but to enhance the options and opportunities while individuals explore long term transportation solutions.

The individual will be eligible for up to \$2,500 in transportation funding. These funds are a lifetime limit not a yearly amount. These funds can be accessed on an as needed basis, allowing the individual to use the money to enhance their employment options while seeking other supports to meet the ongoing transportation needs.

Individuals will select their own transportation provider, which may include any public transit provider, or individual not residing with the customer. Individuals may utilize the funds towards driver education or related training, automotive purchases, automotive sales tax, initial licensing and major automotive repairs for vehicles owned by the individual. Funds may not be used for driver skill or competency assessments. If funds are used to purchase an automobile or motor vehicle requiring licensure by the Missouri Department of Revenue, a copy of the customer's drivers' license, proof of insurance, **bill of sale** and the bluebook value of the car must be attached to the application for funds. If the funds are used for motor vehicle repairs, two estimates, proof of ownership and proof of insurance by the customer must be submitted to the DDRB for approval prior to repairs being authorized. The customer will submit receipts to the lead agency. The lead agency will validate receipts and invoice the DDRB for reimbursement.

Job Training

Individuals who participate in short-term (0-2 months) job training/assessment may be eligible to utilize funding for transportation expenses during the training/assessment if and only if such training results in employment within 3 months. Each case must be individually reviewed and approved prior to expenses being incurred. Reimbursement will be made after employment is secured.

Role of the Agency

The agency representative will educate the customer about the Transportation Stipend ~~Pilot Project~~. The customer will receive a "Supported Employment Transportation Stipend ~~Pilot Project~~" brochure, which outlines the program guidelines. The agency will assist the customer in exploring all transportation options and inform the customer that this is a pilot program and there is a \$2500 lifetime limit in transportation funds per individual. Agencies will ensure a Transportation Stipend Application is completed and submitted to the DDRB Program Manager for all eligible individuals. No funds can be spent until the agency has received an approved application from the DDRB.

Eligibility

Those agencies that are DVR vendors of Supported Employment and are providing Supported Employment services for St. Charles County residents can access DDRB Supported Employment Transportation Stipend funds for their customers.

Guidelines

1. Lead Agencies will submit a Transportation Stipend application for each customer wanting to access funding.
2. DDRB will send the agency and the individual a copy of the approved or denied application for their records.
3. Lead Agencies will submit proof of customer's valid driver's license, ownership and insurance for expenses related to motor vehicle purchases, bill of sale and sales tax, initial licensing and major motor vehicle repairs.
4. Lead Agencies must submit Kelley Blue Book value documentation of the vehicle to be purchased.
5. Lead Agencies will receive approval from the DDRB before authorizing Transportation funds for their customers.
6. Lead Agencies will verify receipts submitted by their customers.
7. Lead Agencies will reimburse their customers for approved transportation expenses.
8. Individuals must submit receipts to the Lead Agency within 90 days of expense.
9. Lead Agencies will have 120 days from the date of expense to submit billing to the DDRB.

Supported Employment Transportation Stipend Application

Date: _____

Participant Name:

First Middle Last

Current Address:

Street City State Zip

Social Security Number _____

Lead Agency: _____

Employment Contact: _____

Check the appropriate service the participant is currently receiving:

Job Coaching Follow Along

Category of Need:

Check appropriate scenario and describe why the participant needs the fund and how they will use it (off set the cost of cabs, pay a neighbor or co-worker, purchase a car, pay sales tax, initial licensing, major automotive repairs or driver education training).

1. To maintain employment _____

2. To change jobs to enhance employment _____

If funds for a family member to provide transportation is requested explain circumstances:

Individuals receiving this funding are eligible for up to \$2,500 lifetime funding. The customer is responsible for obtaining valid receipts and submitting them to their lead agency for reimbursement. The lead agency is responsible for working with the customer to access long-term transportation options. This funding is intended to provide assistance that may open employment opportunities while exploring long-term transportation solutions. Individuals should explore all options (Social Security Work Incentives, ride share, etc.)

I have reviewed and agree to this funding policy. This also serves as authorization to release/obtain records and general information deemed necessary for the purpose of the Supported Employment Transportation Program to the DDRB.

Signatures:

DRAFT

_____	_____
Participant	Date
_____	_____
Lead Agency Representative	Date
_____	_____
DDRB Program Manager Approval	Date

Amount approved: \$ _____

Date copy mailed to Agency: _____ Initials: _____

Date copy mailed to individual: _____ Initials: _____

DEVELOPMENTAL DISABILITIES RESOURCE BOARD

In-Home Respite Care

Policy Origination: December 22, 2006

Policy Effective: July 1, 2010

The Developmental Disabilities Resource Board of St. Charles County (DDRDB) and the Department of Mental Health- MRDD Division (DMH) have entered into a funding agreement to provide In Home Respite Care Services in St. Charles County.

Definition of Respite Care Services:

Respite Care Services are hereby defined as temporary relief to the primary caregiver from the challenge of caring for a family member with a developmental disability. Respite Care Services are recognized as an essential part in assuring the emotional and physical well being of the primary caregivers.

Respite Care Services shall be used for the primary purpose of relieving families of the responsibilities inherent in caring for a family member with a developmental disability for a few hours, a day, a weekend, or other short-term periods of time. The DDRDB recognizes that the availability of this support may contribute to the reduction of family stress and the prevention of unnecessary and/or premature out of home placement. In Home Respite Care is not care usually associated with attendants or personal care assistants.

This service allows the primary caregiver(s) the following opportunities:

To rest, relax and find relief.

To deal with a family crisis unrelated to the individual with a developmental disability such as illness, hospitalization, or death of a family member.

To provide time away from the individual with a developmental disability in order to conduct occasional activities important and necessary to the overall individual's and /or family's well being.

To access Respite Care Services individuals must:

Be a Saint Charles County resident.

Have a case manager through the Department of Mental Health/Regional Center or DDRB.

Have a yearly Person Centered Plan that outlines necessary needs and supports

Process for accessing funding:

The individual's case manager will complete a yearly Person Centered Plan and the DDRDB In-Home Respite Eligibility Tool. The Utilization Review Committee will review the individual's plan and respite recommendation. Any appeals to the recommended allocations should follow the UR process. If additional appeals are requested, they will be reviewed by the Respite Review Committee, which will include a representative from the Provider Agency, DMH and DDRB. All decisions from the Respite Review Committee are final.

The individual will be authorized a funding allocation for their plan year. If a family's needs change during their plan year, they may request their case manager amend their

plan to document this change. The case manager can then update the DDRB In-Home Respite Eligibility Tool to reflect the family's current situation.

The individual's In-Home Respite Eligibility Tool will be forwarded to the respite provider agency. The respite provider agency will enroll the individual and provide assistance, if needed, with finding a respite provider for the family. The respite provider agency will provide the family with reimbursement for their respite expenses when the completed billing forms are received by the agency.

Families will be able to utilize their yearly allocation to meet their family's needs as they arise. Families may determine their reimbursement rate for their respite provider. Families are encouraged to budget their funds to cover their needs for the individual's entire plan year.

~~In Home Respite Care can be provided by someone the family chooses. Anyone residing in the family home or under the age of 16 years old is not eligible to be a respite provider.~~

In Home Respite care can be provided by someone the family chooses. Respite provider must be 16 years old or older and not reside in the family's home. A parent living outside the family home is not eligible to be a respite provider. Respite providers must pass a background screening completed annually by the provider agency.

Program Funding Availability:

In-Home Respite Care Service funding is dependent on the annual funds available and allocated by the DDRB Board and DMH. If all available funding is utilized in the fiscal year a waiting list will be established and maintained by the provider agency. A request for additional funds to serve the needs on the waiting list will be presented to the DDRB Board during their regular funding cycle.